

The Shape of Training Review:

What's the big deal?

by Dr Sonia Panchal and Dr Steven Alderson on behalf of the National Medical Director's Clinical Fellows 2013-14

In March 2013, the organisations responsible for medical education and training in the UK launched a review of how doctors were trained, following their qualification from medical school. This has now been published, and makes a number of recommendations which could radically change how doctors train in the UK.

What are the changes?

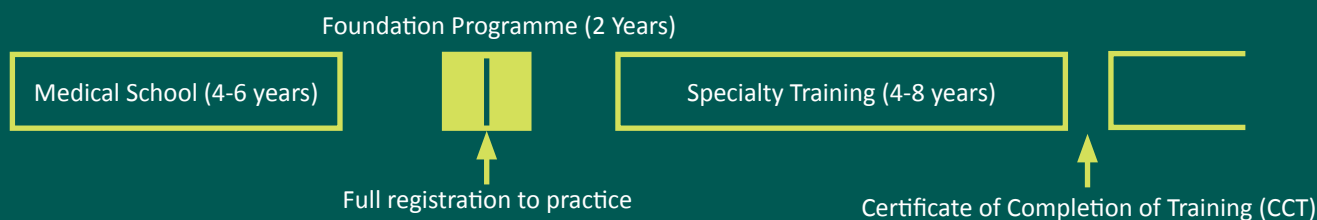
New doctors should be given 'full registration' at graduation. At present, new doctors (FY1s) are first given 'provisional registration' to practice medicine. This imposes some limits on their practice. Trainees should now be given full registration when they graduate, but they will be expected to show they are able to work at this level.

Specialty training should be much broader. Existing specialties should be grouped into broad care 'themes' with common curricula: for example, Obstetrics & Gynaecology and Community Sexual & Reproductive Health could be grouped into 'Women's Health'. Trainees will then train within these broad 'themes'.

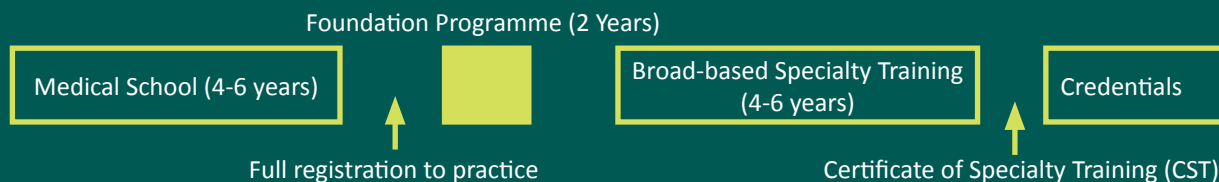
Specialty training should be more flexible. Trainees should be able to transfer freely between specialties within a 'theme', without having to start their training again from the beginning.

Specialty training will generally be shorter, but not 'completed'. The current 'Certificate of Completion of Training' (CCT) will be replaced with a 'Certificate of Specialty Training' (CST). Doctors should be trained to the same level of ability, in a broader area, but their training should be shorter. Afterwards, they should be able to complete more training in other areas, through 'credentials'.

The current shape of training



The future shape of training



What's it got to do with me?

Future specialty trainees will be expected to spend most of their time working in broad areas (e.g., general internal medicine). Trainees who want to work in more specialised areas (e.g., interventional cardiology) may need to complete additional credentials. They may also be expected to work across different specialties within their theme.

Future foundation trainees will also work in broader areas and settings. New doctors (FY1s) may be expected to have additional knowledge and skills, given their full registration. They should be able to apply for broader specialty training programmes, however, giving more time to decide on career plans.

Future medical students will have placements in broader areas and settings. Given that new doctors will gain full registration at graduation, medical students may also be expected to have additional knowledge and skills before they qualify.

Potential controversies...

Will all new doctors get a job? The British Medical Association (BMA) have said that moving full registration to the point of graduation may allow more doctors from the European Union to apply for the foundation programme in the UK. This could lead to more competition for jobs.

Is broader training viable in all specialities? The Royal College of Surgeons (RCS) have said that it may be difficult for trainees working in particular broad areas to gain the specialised skills and experience they need. This could lead to much longer surgical training.

The rise of a sub-consultant grade? The BMA are also worried that replacing the current CCT, and requiring additional credentials to work in specialised areas, will lead to the development of a 'sub-consultant'. This could lead to more barriers to career progression.

What happens next?

The Shape of Training Review has set out a series of steps which should now take place. Most major changes are not expected to take place for 2-5 years, however. It remains unclear too, of course, whether the recommendations will be followed at all...



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