

The Foundation Programme should provide a broader experience including community placements

- How can medical leaders deliver this?

Better Training Better Care

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BTBC =

Bringing different bodies together in joined up thinking to deliver national positive change to the way medical education and training is delivered, directly effecting patient care and safety.

Cohesive small changes = large improvements

Aims to improve the quality of training and learning for the benefit of patient care

- Commissioned by DH Ministers with SoS approval
- Professor Sir John Temple: *Time for Training*
- Professor John Collins: *Foundation for Excellence*
- Similar findings from other reports: Wilson, PMETB survey, Lord Patel review, QAFP reports
- Medical Education England, now HEE, is taking forward the work through the BTBC National Taskforce

Our workstreams

1. Local implementation and pilots
2. Role of the trainee
3. Role of trainers
4. Workforce planning
5. Improving careers guidance and availability
6. Integrated technology enhanced learning
7. Harmonising and improving training
8. Regulatory approach to supporting Better Training Better Care
9. Funding and education quality metrics

- Evaluated the Foundation Programme in the context of the needs of patients and trainees and the changing healthcare environment
- Identified Trusts that were doing well, having changed practices to cope with reduced working hours
- Highlighted concerns that in some cases some of the junior trainees are asked to practice beyond their level of competence and without appropriate or adequate supervision
- The evaluation of the Foundation Programme led to an agreed purpose and enhancements to the programme

Broader Based Beginnings

Recommendation 16:

The successful completion of the Foundation Programme should normally require trainees to complete a rotation in a community placement, e.g. community paediatrics, general practice or psychiatry

Recommendation 17:

The distribution of specialty posts in the Foundation Programme is predominantly in two specialties and this must be reviewed by 2013 to ensure broader based beginnings, to share the supervision of trainees among a wider number of supervisors and to ensure closer matching with current and future workforce requirements. Transitional arrangements may need to be put in place – at least in the short term – to ensure that service delivery is not adversely affected by such change

- Broader based beginnings are critical to support the NHS to move towards a more patient centred and integrated approach to care
- Educational objectives to prepare people to work in an NHS where patients are cared for throughout their whole journey
- Requirement to re-engineer how we train doctors to deliver the service

Taking the work forward

Task & Finish Group:

- Develop communication and engagement plans
- Agree and approve work of the sub-groups

Better Training Sub-Group:

- Meeting Foundation curricula
- We are now reviewing good practice
- Develop options for new training places
- Implementation and delivery

Better Care Sub-Group:

- Review good practice and models of care that do not rely on foundation doctors in hospitals
- Develop options for redesign
- Implementation and delivery

Workshop and discussion

The Foundation Programme should provide a broader experience including community placements – how can medical leaders deliver this?

Answer these questions:

1. What are the key challenges in implementing these changes?
2. What needs to change and how can medical leaders support the change?
3. What are the benefits for medical leaders?

Feedback

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