

Changes in medical education in the UK: a personal perspective

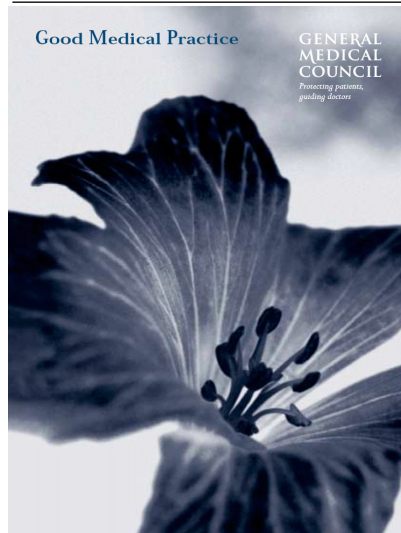
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Outline of presentation

- Current status UG medical education
- Current status PGMDE
- Modernising Medical Careers (MMC)
- Workforce planning



GMC – Tomorrow's Doctors



- Curriculum outcomes
- Curriculum content, structure and delivery
- Assessing student performance and competence
- Student health and conduct
- Putting recommendations into practice




Undergraduate medical education

- Traditional course
- Integrated course
- Problem based learning
- Graduate entry course
- Gender – 61% female entry



Undergraduate Medical Education in UK – recent changes

- Increased medical school intakes (eg Cardiff now 350)
- Graduate entry 4 yr programmes (eg Wales 35 per annum)
- New medical schools in England (opportunity to introduce new curricula eg PBL)
- Use of e-learning (Blackboard)

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- Cardiff – 72% core, 28% SSC (Student Selected Components)
 - Premed course (non-science A levels)
 - Intercalated degree (20% take up)
 - Career advice/development
 - Portfolios
 - Rely on trainers from NHS



SSC

- Yr 2 – 20 days (15 days Oct-Jan, 5 days April); variety of placements; can include language study (10 days)
- Yr 3 – oncology project (all); plus general SSC (after core intermediate MB exam) – can include Erasmus participation
- Yr 4 – evidence based methods, data assessment, skills. Use of Audit cycle
- Yr 5 – 2 SSC (Elective and Senior Clinical project)



Careers advice (UG)

- Early tasters
- Career advice (Yr 3 & 4)
- Careers fair (yr 5)
- Generic careers advice – writing CV, information, job planning



Portfolio (UG)

- Personal development portfolio
- Yr 1 – reflective on clinical experience
- Yr 3 – oncology project portfolio based
- Elective – reflective portfolio
- Yr 5 – medicine in the community learning portfolio



Assessment (UG)

- Knowledge and understanding
- Skills and competencies
- Attitude and conduct
- Assess competencies but not competency based assessment

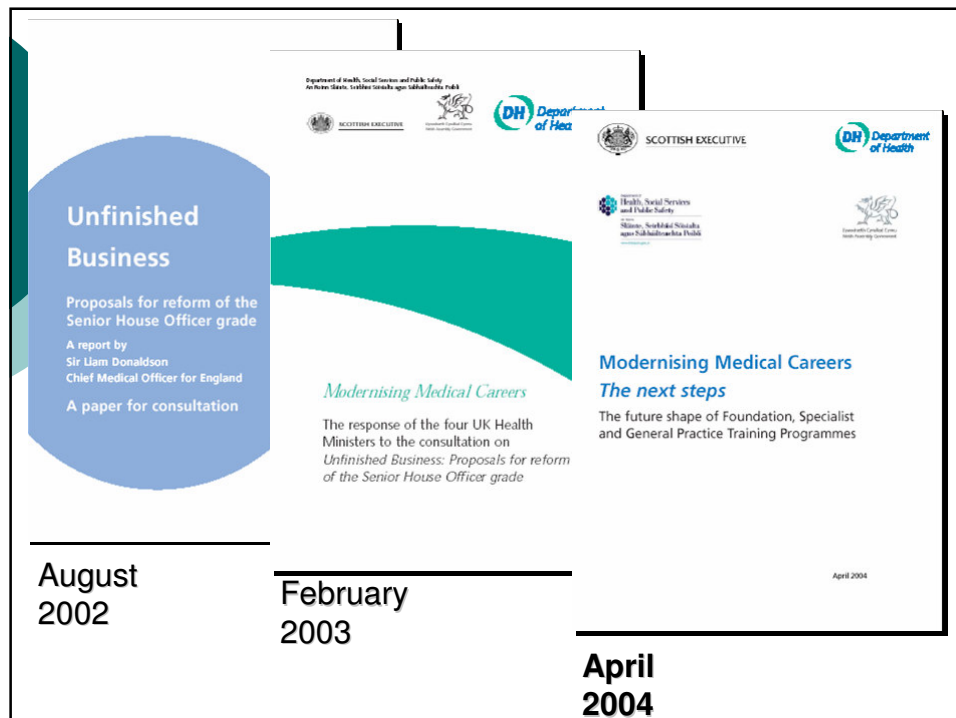


Postgraduate medical education

- Responsibility of the Deanery
- Joint responsibility for pre-registration year (formerly PRHO, now F1) with University
- Change programme currently under way throughout UK – Modernising Medical Careers (MMC)

Modernising Medical Careers

- UK initiative
- Introduces concept of Foundation Programmes
- Foundation programme consists of two years generic training (F1, F2)





Foundation Year 1 (F1)

- Similar to previous PRHO year – open to those with provisional GMC registration
- 3 x 4 month attachments in Medicine, Surgery and third specialty
- Satisfactory completion allows full registration with GMC



F1 Assessment

- Portfolio required
- Competency based assessment
- 360° assessment (TAB – team assessment of behaviour)
- Full registration with GMC at end F1

Team Assessment of Behaviour

Please use the comments boxes to commend good behaviour and to describe any behaviour causing you concern. Give specific examples.

This form will be sent to the trainee's educational supervisor, who may ask you privately to enlarge on any concern behaviour you report. At least 9 other forms will also be considered. The trainee will receive private feedback, but you will not be identified in person without advance discussion with you.

ATTITUDE AND/OR BEHAVIOUR	No concern	You have some concern	You have a major concern	COMMENTS: Anything especially good? If you cannot give an opinion due to lack of knowledge of the trainee say so here. You must specifically comment on any concern behaviour, and this should reflect the trainee's behaviour over time – not usually just a single incident.
Maintaining trust / Professional relationship with patients Listens. Is polite and caring. Shows respect for patients' opinions, privacy, dignity and confidentiality. Is unprejudiced.				
Verbal communication skills Gives understandable information. Speaks good English, at the appropriate level for the patient.				
Team-working / Working with colleagues Respects others' roles, and works constructively in the team. Hands over effectively, and communicates well. Is unprejudiced, supportive and fair.				
Accessibility Accessible. Takes proper responsibility. Only delegates appropriately. Does not shirk duty. Responds when called. Arranges cover for absence.				
Name of assessor:	Post/ designation:		Signature:	

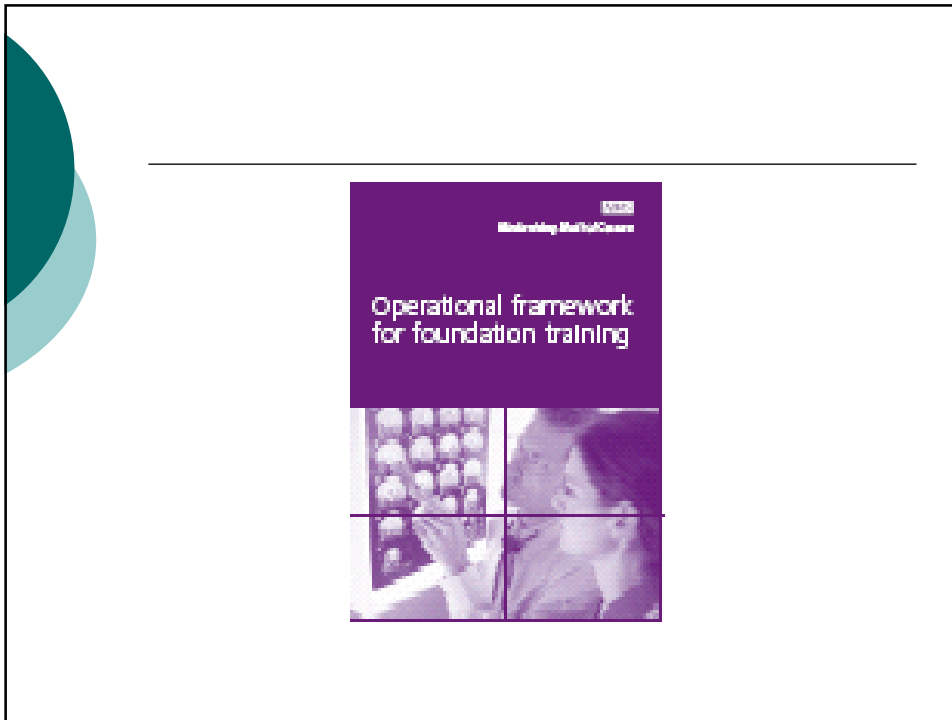
Foundation year 2 (F2)

- Competency based assessment
- 3 x 4 mth – eg Paeds, A+E, critical care, psychiatry, general practice, laboratory medicine. Plus 'tasters' eg radiology, histopathology, public health
- Care of the acutely ill patient (generic)
- Foundation curriculum
- Operational guide
- Portfolio
- Reflective practice



Foundation Portfolio

- UK portfolio has been developed
- In Wales a variation is being used to reflect differences in terminology, policies & procedures & assessments
- Portfolio contains 6 sections:
 - 1. Planning your Personal Development Programme
 - 2. Structured meetings and reviews
 - 3. Reflective Practice – Learning from Experience
 - 4. Assessment of competence
 - 5. Sign off (F1 and F2)
 - 6. Policies and Procedures

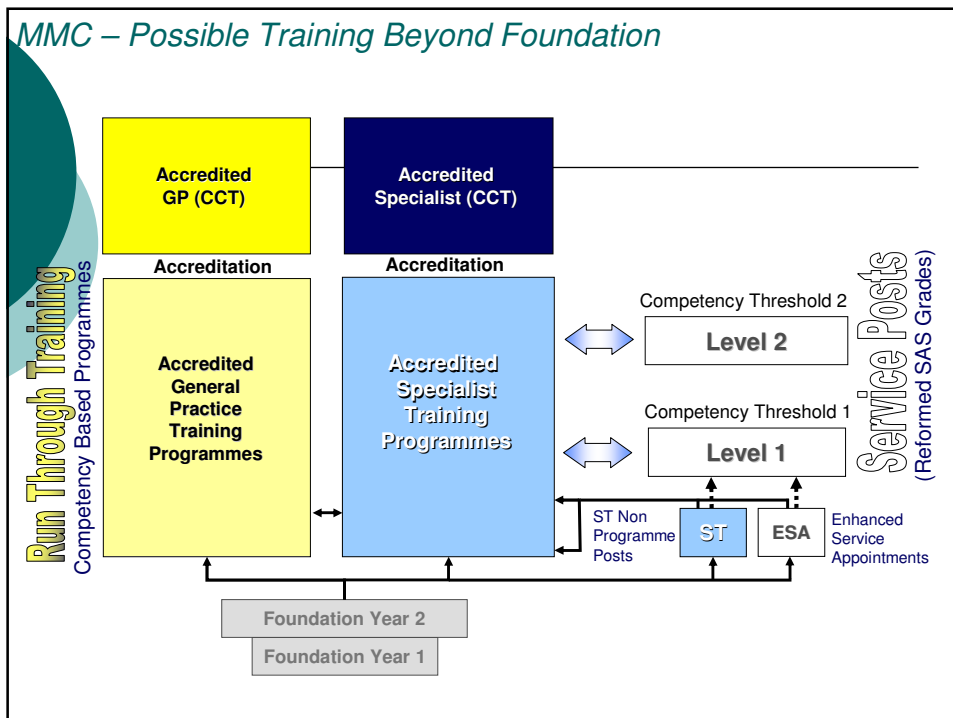


F2 Assessments

- At least 1 Team Assessment of behaviour (TAB)
- 6 Mini-Clinical Evaluation Exercises (Mini-CEx)
- 6 Direct Observation of Procedural Skills (DOPS)
- 6 Case based discussions (CbD)

What happens after Foundation ?

- Entry into specialist training
- Open competitive entry
- Primary or secondary care
- Selection and assessment (? Role of assessment centres)
- Run through training
- Competency based
- Defined curricula





Specialty training

- Currently under discussion by all 4 Health Departments
- Possible implementation (some specialties) in August 2007



Workforce planning

- Need to align NHS needs with educational capacity
- Close UG/PGMDE working to promote lifelong learning
- Short term vs long term issues (eg changes in treatments etc)
- Trainees need to be aware of the need to match their aspirations with the needs of the service



Addressing special needs

- Educational
- Disability
- Discrimination
- Performance issues
- Fitness to practice
- Regulatory requirements



Quality Assurance

- GMC QAs UG and F1
- Postgraduate Medical Education and Training Board (PMETB) responsible for all PGMDE (jointly with GMC for F1)
- Patient safety
- Communication
- Clinical Governance



Key principles

- Bridging the gap between UG and PGMDE
- Close liaison essential
- Students and doctors in difficulty
- Students and doctors with special needs
- Managing careers
- Aligning trainee aspirations with workforce needs of the NHS



Key principles

- Competency based training throughout UG and PGMDE
- Wider introduction of PBL
- Trained trainers
- Time to train (vs needs of service)
- Impact of Bologna



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