

## State of physicianly training in the UK

Report 2 2019

### Commentary

The first report on the State of Physicianly Training in the United Kingdom (UK) was published in 2017.<sup>1</sup> This report was based on a novel national quality assurance framework developed by the Joint Royal Colleges of Physicians Training Board (JRCPTB) for evaluating the quality of physicianly training using multiple key quality datasets. This second report aims to evaluate data using the same framework with comparison to the first report.

Six key quality datasets across the now 30 physicianly specialties and three sub-specialties were evaluated nationally and by specialty and region. These were mapped against the General Medical Council (GMC) themes and standards of postgraduate medical education and training.<sup>2</sup> A thematic analysis was done to identify factors affecting quality of training.

**Four major themes were identified:**

- Rota gaps in the acute medical specialties affecting workload.
- Imbalance of service delivery of general internal medicine (G(I)M) affecting specialty training experience.
- Commissioning and re-design of services impacting on training.
- Single specialty issues affecting deliverability of curricula.

The first two themes are similar to the first report. These negatively impact on many of the GMC themes and standards of medical education and training, including potentially affecting patient safety. The third theme is new with many more specialties affected by service re-design and commissioning. The last theme includes single speciality issues, some of which are new, whilst some have improved since the first report.

The reports provide an evidence-based benchmark allowing useful comparisons of the quality of postgraduate physician training over time thus allowing specialties and local education providers to review concerns and develop targeted action plans. This framework could potentially be adapted and used for other specialties and programmes.

Examples of areas of good practice are shown in Figure 1. These could be adopted by other specialties and programmes in different regions. The recommendations for the major themes from the report are shown in Figure 2.

We hope and expect other stakeholders such as the GMC and Health Education England (HEE) will use this report when reviewing their own responsibilities for quality improvement.

The Federation and JRCPTB will continue to undertake its own programme of work to measure and enhance the quality of physician training with the aim of helping drive up the quality of postgraduate education.

***References:***

1. [www.jrcptb.org.uk/state-physicianly-training-uk-2017](http://www.jrcptb.org.uk/state-physicianly-training-uk-2017)
2. [http://www.gmcuk.org/Promoting\\_excellence\\_standards\\_for\\_medical\\_education\\_and\\_training\\_0715.pdf\\_61939165.pdf](http://www.gmcuk.org/Promoting_excellence_standards_for_medical_education_and_training_0715.pdf_61939165.pdf)

Figure 1. Examples of areas of good practice mapped to the GMC's theme

<p>GMC Theme 1 Learning Environment and Culture</p>	<ul style="list-style-type: none"> <li>• <b>Initiatives to boost recruitment</b> - Eg. TakeAIM, Geriatrics 4 Juniors initiatives; diabetes &amp; endocrine, renal, rehabilitation medicine - joint working with national societies, colleges and local education offices (LEOs) to raise profiles; taster sessions in smaller specialties eg. Clinical Pharmacology &amp; Therapeutics (CPT).</li> <li>• <b>Improving regional teaching</b> -Eg. Allergy/Immunology - greater provision of high quality coordinated national training days; Genitourinary Medicine (GUM)- joint regional training days; exam focused teaching and revision days in Respiratory &amp; GUM; Rehabilitation medicine - larger quarterly training events; multidisciplinary national endocrine symposia aimed to improve training opportunities.</li> <li>• <b>Study leave</b> - with recent changes to study leave provision, many SACs have reviewed and mandated courses mapped to the curriculum which have improved access/equity of provision for trainees eg. AIM specialist skills; cardiology, CPT.</li> <li>• <b>Improved access to educational resources</b> - Eg. CPT developed website for specialist training on British Pharmacological Society (BPS) website to signpost courses/ teaching and highlight good practice for portfolio/ ARCP preparation;</li> <li>• <b>Greater use of multiprofessional staff</b> to address service versus training balance - Eg. Renal triage nurse deals with all calls to renal registrars (Wessex).</li> </ul>
<p>GMC Theme 2 Educational Governance and Leadership</p>	<ul style="list-style-type: none"> <li>• <b>CMT quality criteria</b> - overall improvements in quality of training over last 4 years (56% improvement in rota distribution; 10% improvement in simulation training).</li> <li>• <b>G(I)M and A(I)M quality criteria</b> launched March 2018.</li> <li>• <b>Greater trainee involvement with new initiatives:</b> leadership and management - GUM involve trainees with commissioning of services; Renal - (NW and Scotland).</li> <li>• <b>Supra-regional ARCP process in immunology</b> - considered best practice.</li> <li>• <b>Joint working of colleges, SACs</b> Eg. Combined infection training - joint process for recruitment, training and assessment.</li> <li>• <b>Introduction of an educational contract</b> between trainee local education providers (LEP) and HEE aimed to improve quality of training and guarantee time to participate in key educational opportunities (Neurology, Wales deanery).</li> </ul>
<p>GMC Theme 3 Supporting Learners</p>	<ul style="list-style-type: none"> <li>• <b>National/regional networks</b> to support training and increase educational opportunities - Eg. CPT/BPS set up national specialist trainee advisory group; diabetes and endocrine - regional network meeting (SW Peninsula);</li> <li>• <b>Peer mentoring schemes for specialist trainees</b> - Geriatrics (Severn, West region of Scotland); respiratory medicine (West Midlands).</li> <li>• <b>Social media</b> used to boost morale, improve communication, support for trainees and signpost training opportunities - Eg. Endocrinology gaggle group (South West); rehabilitation medicine set up facebook group nationally.</li> <li>• <b>Regular trainee led forum</b> Eg. Medical oncology, Scotland.</li> <li>• <b>Trainee led research initiatives</b> - to help develop research. academic skills - Eg. Respiratory Medicine (West Midlands); Medical Oncology - better collaboration of cancers centres to increase research opportunities.</li> </ul>
<p>GMC Theme 4 Supporting Educators</p>	<ul style="list-style-type: none"> <li>• <b>External Advisor Training</b> - CMT live webinars set up to improve &amp; standardise EA training.</li> <li>• <b>Research guidance</b> for educational supervisors (ES)- aimed to help non-academic trainees fulfil research components of curriculum - rheumatology (North East).</li> <li>• <b>Structured framework for ES feedback</b> improving quality of ES reports and supervised learning events - gastroenterology (NE), renal and rheumatology (NW).</li> </ul>
<p>GMC Theme 5 Developing &amp; Implementing Curricula and Assessment</p>	<ul style="list-style-type: none"> <li>• <b>Changes in curricula</b> - allergy and immunology curricula to merge and align with shape of training principles; clinical genetics - extended to include new genomic technologies; nuclear medicine - inclusion of core radiology training.</li> <li>• <b>Developing courses to better meet curriculum requirements</b> - courses badged by British Association of Dermatology; diabetes and endocrine free course for specialist certificate examination (SCE); sports and exercise medicine combined with radiology trainees for introduction to ultrasound day.</li> <li>• <b>Newer assessments</b> - Allergy - new knowledge based assessment included in new curriculum; clinical genetics - postgraduate certificate in genomics was a local initiative for London clinical genetics trainees, and has now been made available to all UK trainees; MSc in Genomic medicine offered by many universities with teaching involvement from clinical centres.</li> <li>• <b>Specialty training programme pilot</b> in primary care in rheumatology to meet new curricula requirements (South London)</li> </ul>

**Figure 2. Recommendations and actions from State of Physicianly Training Report 2**

Themes	Recommendations
<b>Rota gaps in acute medical specialties affecting workload</b>	<ol style="list-style-type: none"> <li>1. JRCPTB will work closely with the Medical Workforce teams to actively address the issues of rota gaps.</li> <li>2. JRCPTB will continue to work with SAC's, National Societies, HEE to raise profile of acute medical specialties at medical school, foundation and core trainees. Promote local/national initiatives such as AIM initiative to boost recruitment.</li> <li>3. JRCPTB will continue to promote greater use of the multi-professional workforce. Eg physician associates and advanced clinical practitioners.</li> <li>4. Support local workforce teams trying to bridge the gaps with use of overseas schemes such as the medical training initiatives (MTIs) and support incentivising posts with additional training eg. Postgraduate certificate, quality improvement (QI) projects.</li> <li>5. Work with National Recruitment teams to explore flexibility in recruitment rules and training pathways to forward plan gaps in rotations.</li> </ol>
<b>Imbalance of Service Provision of General (Internal) Medicine affecting specialty experience</b>	<ol style="list-style-type: none"> <li>1. Deliver the Federation Shape of Training proposals to improve the training experience in Internal Medicine and ensure equity across programmes towards contribution to G(I)M and on call.</li> <li>2. Wider implementation of G(I)M and A(I)M registrar quality criteria should help drive improvements in quality of G(I)M training and support local QI.</li> <li>3. Joint collaborative working with HEE, NHS employers, NHS improvements and BMA with the implementation of the G(I)M and A(I)M quality criteria will help its effectiveness and improve quality of training and experience.</li> <li>4. Support greater use of Advanced Nurse Practitioners/ Physician Associates for internal medicine and specialty routine work to increase exposure to subspecialty experience.</li> </ol>
<b>Commissioning and redesign of services and impact on training</b>	<ol style="list-style-type: none"> <li>1. Support the need for a collaborative approach to address impact of commissioning and service redesign onto training. Support the need to evaluate the impact on training before re-designing services. Need for pro-active discussion with service providers to ensure training and supervision can be adequately provided.</li> <li>2. Heads of Schools/SAC chairs to work with TPDs to address clinical supervision issues in Genitourinary Medicine (GUM) in line with HEE recommendations.</li> <li>3. Support SACs with discussion with pathology labs to optimise training in Haematology; developing remote education systems for all trainees to access lab training delivered centrally.</li> <li>4. Support Palliative Medicine SAC which recommends urgent review of services nationally with specialty input with clearer guidance to localities to ensure appropriate training experience can be provided. Need to ensure appropriate backfill/ medical staffing.</li> </ol>
<b>Single specialty Issues: deliverability of curricula</b>	<ol style="list-style-type: none"> <li>1. To continue supporting SACs working on curriculum mapping and identify opportunities for training to address gaps.</li> <li>2. To embed some procedural competency training in simulation programmes (worked effectively for cardiology).</li> <li>3. Immunology – options being explored to fund national ACP days with support from British Society of Immunology.</li> <li>4. Neurology – service redesign of thrombectomy services needs to consider impact on training.</li> <li>5. Sports and Exercise Medicine – SACs working to ensure a consistent approach and an agreed delivery plan with the new curriculum.</li> </ol>
<b>Global theme: Improving Quality Management Processes</b>	<ol style="list-style-type: none"> <li>1. Provide the regulator, HEE, SACs and Heads of Schools with accurate, comparative data on the processes and outcomes of physician trainees.</li> <li>2. To work with SACs and the GMC on SSQs and map these to the GMC themes to enable more useful comparison between specialties.</li> <li>3. To fully support the active use of Equality and Diversity data to improve the training experience for all trainees and narrow the Differential Attainment gap.</li> <li>4. To standardise, streamline collection and reporting of JRCPTB quality datasets.</li> <li>5. To develop a quality dashboard with key quality indicators from this report and align these to the GMC themes to provide a robust quality assurance framework.</li> </ol>

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