Professionalizing postgraduate medical education: schools and academies

In the UK, the Modernising Medical Careers (MMC) initiative has promised a new approach to postgraduate medical education, through programmes of curriculum-driven, competence-based, in-service learning designed to ensure that doctors are safe to deliver patient care in teams and in an NHS which has patients at its centre. Implementation of the proposed changes will be substantially supported and driven by the new Competent Authority for postgraduate medical education, the Postgraduate Medical Education and Training Board.

One of the key structural outcomes of these changes is that all postgraduate medical education will be programme, rather than post, based. Appointment will be to a programme and not to individual posts, and an individual's training will be managed within that wider programme. Given that 'form follows function' it is perhaps not surprising that wider aggregates and functional units are being developed – schools and academies are becoming de rigueur in a wide range of postgraduate medical settings. Do such establishments improve to training? This issue of *BJHM* explores the added value of developing histopathology training schools in two different contexts, one for entry into the specialty, and the other as a 'fast-track' school for doctors with prior experience in the specialty.

The school of histopathology

The concept of an senior house officer (SHO) school of histopathology arose from concerns around poor recruitment into the specialty, and a concurrent shortage of consultants to train additional trainees using the traditional model. At the same time, there was a national drive to identify innovative solutions to provide patients with better and more timely access to cancer services, including diagnostic services. The specialty enthusiastically explored possible opportunities to move itself out of the training doldrums. This resulted in a business case for the development of three histopathology schools, which was accepted by the Department of Health (England). In 2001 a project team was established, bids sought, and sites for the first three schools selected. The perceived success of the initiative led to further development, and there is now an England-wide network of schools. This year, all stand-alone training posts at the SHO level in England have been phased out and, in future, all trainees will begin their histopathology training in one of the 11 schools.

A 'variation' on the theme of SHO schools has been the development of the intensive training and assessment (ITA) programme for doctors who have had significant training in histopathology overseas and who do not necessarily need to undertake a full year of SHO training. Instead, competitive entry to, and success in, the ITA programme allows them to be assessed and inducted into the specialty in 3 months. Subject to passing the end of first year assessment (taken towards the end of the 3 months), they then gain exemption from the SHO year and become eligible to compete for entry into specialist training.

The schools were established to bring trainees into the specialty through the SHO grade, and to provide them with 12 months' SHO experience – an entry requirement for higher specialist training. The introduction of 'run-through training' by the MMC programme means that this historic division between early, basic training and specialist training is changing, and histopathology is the first specialty in the UK to move towards implementation of 'run-through'. This year's appointees to the SHO schools will, subject to satisfactory progress, move seamlessly forward with specialist training.

Can we learn from this?

So how have the schools done? Can they offer a model for other specialties? Grant and colleagues (2005) evaluated the schools over a 2-year period and compared them to traditional models of SHO training. Even though the numbers evaluated are small, overall, the schools appear to have produced trainees who are more adequately prepared for their higher specialist training. Although there are some additional costs associated with training a cohort in the schools, in terms of hours of consultant effort per trainee there is an efficiency gain of more than 11%, with even greater time saved on amending reports and on formal teaching. Costs are further reduced downstream by producing specialist trainees who are able to contribute more and sooner to the service, with less overall supervision required by consultant trainers. The evaluation report concludes:

'…innovations in postgraduate training should be introduced with the sole purpose of producing a better-trained doctor more efficiently. This report suggests that histopathology schools do achieve that aim.'

The evaluation of the ITA programme by Barucha et al (p. 566) is equally encouraging. Eight overseas doctors went through the programme over the course of a year (two in every 3 months) and all have secured specialist training placements in histopathology. The ITA has the potential to serve as a model for both assessing and orientating overseas doctors to specialty training in the UK. In the future, this approach of intensive, focussed training and assessment might even serve as a strategy for enabling doctors in one specialty potentially to switch to training in another, or to assess the level of performance of a doctor where this is required.

The experience in histopathology has underlined the potential for schools to enhance and organize training in a way that is attractive to potential applicants. The specialty has found itself able to recruit to its first year of training through a national appointment process that now appoints over 100 doctors a year into the specialty. Cohort training is popular and effective. As time goes on, it might well prove to be even more resource efficient, especially if e-learning strategies are further integrated into learning programmes, as demonstrated by Naik et al (p. 563). Undoubtedly some investment is required in order to pump-prime and support such models, but it appears that much can be achieved given a relatively modest amount of funding.

The future of postgraduate training?

This educational model of cohort training in schools will be transferable to other specialties. It provides an important opportunity to professionalize the delivery of postgraduate medical training, reminding the NHS and patients that high-quality professional training is at the core of delivering safe services. Indeed, it is already being used to develop foundation training – the early postgraduate generic training following on from medical graduation – and in some postgraduate training, e.g. anaesthesia. Radiology is now developing cohort training through academies. So will we be seeing schools of medicine, surgery, obstetrics and gynaecology, etc? Almost inevitably. BJHM

KEY POINTS

- Evaluation of the schools suggests that they may deliver a better-trained doctor more efficiently.
- In England, training cohorts of doctors in postgraduate training schools in histopathology has improved recruitment into the specialty.
- The schools have enabled the development of 'run-through' training in the specialty. Once accepted, subject to satisfactory progress, there are no further competitive hurdles for trainees to overcome before accreditation.
- A 'fast-track' model based on the school concept has been developed to help overseas doctors undertake the first year of UK training in the specialty.
- Professionalizing postgraduate medical education by bringing proper funding and management to it will ensure that training is seen as core to the delivery of good patient care now and in the future.

Julia Moore
Chair
National Histopathology Training Schools Strategy Group
Department of Health
London SW1A 2NL
Shelley Heard
Lead Postgraduate Dean
Pathology
London Deanery
Stewart House
London

Grant J, Maxted M, Owen HM, Gale R, Chambers K (2005) *Evaluation of Histopathology Schools 2003–2004. Final Project Report.* Open University Centre for Education in Medicine, Milton Keynes