

Modernising Medical Careers or 'Modernising Clinical Careers'?

Modernising Medical Careers (MMC) (Department of Health, 2003) was 2 years old in February 2005. It marks a new era in UK medicine and sets the context for a programme of change that will have a far-reaching impact on the delivery of safe patient care, and on the nature of the British medical workforce. An early foundation programme emphasizes the acquisition of clinical and professional skills followed by specialist training that is focused on the needs of the NHS for accredited doctors. Both are designed to create a modern workforce that works effectively with other health professionals for patients.

Doctors in postgraduate medical education deliver much of patient care in the UK. It may be that we do a disservice to them and to the work that they do by designating them as 'doctors in training'. UK postgraduate doctors are fully registered, but develop their professional careers further by undertaking training to become accredited specialists and general practitioners. MMC encourages doctors to think about their careers, giving them the opportunity to explore a range of potential options, while ensuring that their acute clinical and professional skills are secure and robust.

THE COMING CHANGES

The Symposium on MMC in this edition of *Hospital Medicine* sets out some of the emerging themes about the coming changes:

- *Standards and quality assurance of postgraduate medical education*: Dr Anita Thomas describes the new Competent Authority, the Postgraduate Medical Education and Training Board (PMETB) which will establish standards and quality assure the delivery of them
- *Trainers and the new curricula*: Dr Andrew Long explores what the

changes will mean to the trainers responsible for implementing them

- *Service impact*: Dr Chris Clough tackles the question of the potential impact of MMC on patient care.

These three areas are key pressure points in the development and implementation of MMC. There are real and genuine concerns that both the scale of the changes proposed and the resources required to make them happen with equity and to the standards required will not be made available.

Why is it important that they are? The first reason is that MMC is governmental policy and therefore must be implemented. The potential impact of MMC is so significant that 'doing it well' must be the aim. If the goals of ensuring an excellent medical workforce, which is patient focused, flexible, and accountable to the public, are worth achieving, then we must embrace it fully. To do this, the debate on resourcing MMC now needs to progress and be resolved.

FUNDING

Funding is required in three specific areas in order to develop:

- An educational faculty to support in-service education and assessment
- An educational infrastructure that enables postgraduate medical education to be managed professionally
- Educational opportunities in a range of specialties and across a number health-care settings.

The required costs are not inconsiderable. They will have to be justified and defended against priorities set for other areas of development both in the NHS

and in the rest of the public sector – but they are worth fighting for. Implementing this kind of major change across the NHS without resources to 'pump prime' and then sustain it needs addressing. MMC is certainly about ensuring that tomorrow's doctors are fit for purpose, but it should also secure systems that allow clinical staff to be appropriately trained and professionally developed. Postgraduate medical training must be delivered within the service but it should not be entirely driven – or driven out – by it.

THE FUTURE

MMC cannot just, in the end, be about medical careers. If the NHS is firm in its commitment to deliver patient-focused care then this means training health professionals to work, not just in teams with each other, but in teams which are defined primarily by the patient and his/her needs. MMC must be about modernizing *clinical* careers. When the pressures and targets of service delivery overwhelm the ability of the service to also deliver training to its clinical staff then the other core responsibility of the NHS – to produce a clinical workforce for the future – is inevitably neglected.

Professor Shelley Heard

*Deputy Dean Director
London Deanery*

Department of Health (2003) *Modernising Medical Careers. The Response of the four UK Health Ministers to the Consultation on Unfinished Business: proposals for reform of the SHO grade*. Department of Health, London

KEY POINTS

- Modernising Medical Careers (MMC) marks a new era in UK medicine.
- MMC will have a far-reaching impact on the delivery of safe patient care.
- The Symposium in this issue of *Hospital Medicine* covers the issues related to the implementation and potential impact of MMC.