



Modernising Medical Careers: is it good for patients?

Postgraduate medical education and training is about to be overhauled in a way that will make the Calman reforms of specialist training seem modest in comparison. August 2005 sees the launch of a new structure and curriculum for the first 2 years, called the foundation programme.

Plans for modernizing higher specialist training programmes are currently being thrashed out in royal colleges, specialist societies and postgraduate deaneries, and will come on stream in 2007 – which already feels uncomfortably close. Training for general practice will be dramatically altered by the commitment to ensure that the majority of doctors spend some time working in a primary care setting during their foundation programme, and by a change in emphasis of vocational training schemes to ensure they are designed to deliver the kind of training that future GPs actually need to do their jobs. None of this will happen without huge effort and some pain across the NHS, and without the commitment of all involved in managing, delivering and indeed undertaking postgraduate training.

Medicine is generally regarded as a conservative profession that does not readily embrace change. This is odd when one looks at the breathtaking speed of medical advances in the last decades, and the rapidity with which new drugs, procedures and medical technologies are invented and taken up. The reality is that changes which doctors believe will improve patient care are swiftly adopted. Before the medical profession can be expected to embrace change to medical training it needs to be convinced that the quality and safety of patient care will be the gainer. Arguments that postgraduate medical training is too long, too arduous, too uncertain or too expensive cut no ice.

So what is it about the impending changes to training that might benefit patient care? The first difference is that all doctors will be exposed to a range of emergency situations, in a range of settings, in their first 2 years. Most will have the opportunity to work in an emergency department

– something that currently only about half of trainees get the chance to do. All will have to demonstrate their skills in recognizing the acutely ill patient and initiating their management. Whatever specialty they go into, they will have a firm foundation of clinical experience to build on.

The second difference is that doing time and gaining experience will not be enough. In order to complete foundation successfully, trainees will have to demonstrate their competence through a suite of four kinds of assessment, carried out in the workplace by a range of senior colleagues and peers. Experience from the pilots of this process suggests that most trainees appreciate having their clinical performance observed, scored and commented upon. And it must be good for safe patient care for young doctors to be routinely observed and, where necessary, corrected as they carry out their jobs.

An increased emphasis on quality improvement, clinical risk management, clinical governance and safe effective team working are all further features of the new foundation curriculum. All are key to safer patient care. These changes deserve the support of all those engaged in improving health care in the NHS.

The foundation programmes will produce doctors:

- Who have solid skills in acute medicine, and can recognize and manage sick patients
- With developed generic professional skills
- Who have had experience in a range of specialties
- Who have undergone and succeeded in competency-based assessment.

BJHM is supporting the development of core clinical skills as set out in the foundation curriculum with this new additional supplement. It is hoped that the articles it includes will be used by both trainees and their trainers. **BJHM**

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