

Modernising Medical Careers and the career framework

Postgraduate medical training in the UK is undergoing a major change in focus and direction, reflecting in many ways the changes taking place in the NHS. The impetus for this change was the publication of *Unfinished Business* (Department of Health, 2002), a review by the Chief Medical Officer originally designed to consider the senior house officer (SHO) grade of postgraduate training, but ultimately taking a wider view of the structure and purpose of postgraduate training overall.

The outcome of the review was announced in February 2003 with the publication of *Modernising Medical Careers* (Department of Health, 2003). This launched the major new change programme in postgraduate medical education and in the development of the medical career pathway which has come to be known as MMC (Modernising Medical Careers).

The vision of MMC

The UK's MMC programme is about:

- Recognizing that doctors trained in the UK are world class
- Building on this to develop further a medical workforce which:
 - Is purpose trained to care and support patients and families in health as practiced in the 21st century
 - Receives training which is both safe for patients and for doctors
 - Can demonstrate during training and as their careers progress that they have achieved and can maintain the standards required to practice medicine in their chosen specialty
 - Is sufficient in its size and flexibility.

It will achieve this by:

- Ensuring that standards of competence required for doctors are explicit and met
- Streamlining postgraduate medical training so that doctors are trained in the minimum appropriate time
- Championing effective approaches to safe training using skills, drills and rehearsals so that doctors always have the safe care of patients uppermost in their practice.

Main features

MMC heralds two broad strategic changes to postgraduate medical education. The first is around the focus and content of training. With the establishment of the Postgraduate Medical Education and Training Board (PMETB) explicit and incremental standards for training, including the competences to be acquired and the assessment of these, have been set out in the new specialty curricula. Entry to the specialist register may be achieved in two ways – through training and acquisition of the Certificate of Completion of Training (CCT) or through article 14 for doctors offering equivalent training, qualifications and experience.

The second relates to the structural changes to postgraduate medical education envisioned by MMC, which are set out in the career framework proposal (Figure 1). These, in combination with the PMETB standards and requirements for training, herald significant changes to postgraduate medical education.

Changes to the structure of the medical career pathway

Figure 1 shows the new structure of postgraduate medical education, recently

agreed by the UK MMC Strategy Group. The Group has now also agreed some overarching principles (Department of Health, 2006) which will determine how these changes are to be introduced. The key features of the model are:

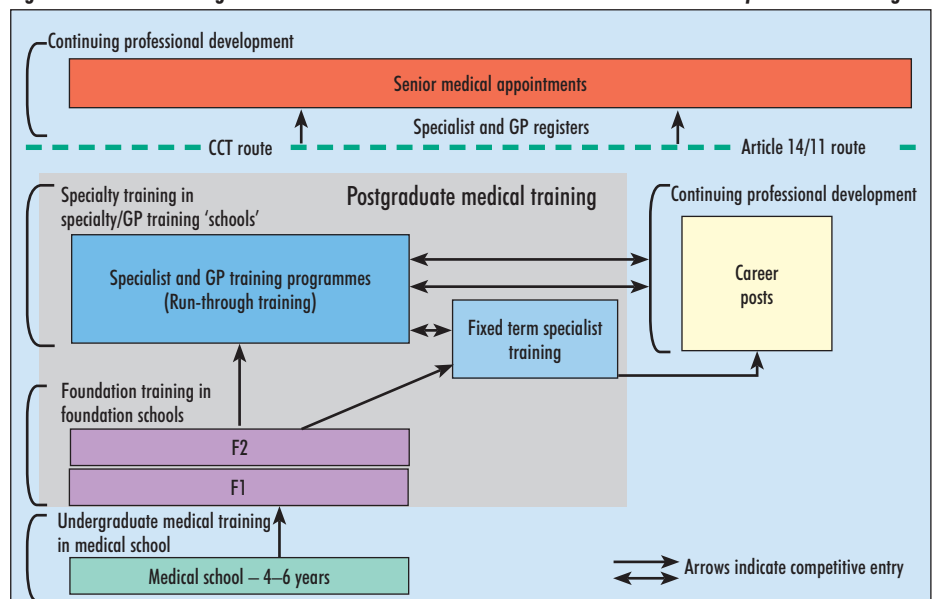
1. Foundation training
2. 'Run-through' specialist training
3. Fixed term specialist training appointments (FTSTAs)
4. Career posts.

This new structure will result in the dissolution of the SHO grade from 2007 with the development of a single grade of specialist training from that date. New career pathways for academic medicine have been described elsewhere (Modernising Medical Careers and the UK Clinical Research Collaboration, 2005).

Foundation training

This 2-year programme is designed to help medical graduates bridge the gap between medical school and working as a registered doctor. Registration takes place after the first year and the second year is used to further develop and consolidate the competences required in the foundation curriculum. These largely relate to the safe management

Figure 1. UK Modernising Medical Careers career framework. CCT = Certificate of Completion of Training.



of the acute ill patient and the development of generic professional skills. In addition, the foundation years are specifically designed to help young doctors gain more experience in a range of specialties before making a decision about their future career.

Run-through specialist training

Once transition from the old curricula and structures to the new has been implemented, selection into specialist training will take place from foundation training. However, during the early years of transition, there will also be recruitment from the SHO grade into the new specialist training programmes, at different levels of the training programme, so that there are cohorts of peers applying on a level playing field for entry into the programmes. All trainees who are appointed into specialist training will receive a national training number (NTN) to signify that they have been appointed to a run-through specialist training programme.

Entry will be into one of 17 programmes, several of which offer a core programme of training before full specialization. The 17 programmes (which include general practice) are shown in *Table 1*. In five of these – medicine, surgery, psychiatry, basic neurosciences training and acute care common

Table 1. Entry into specialty programmes

Medicine in general
Surgery in general
Psychiatry in general
Basic neurosciences training (BNT)
Acute care common stem training (ACCS)
Obstetrics and gynaecology
Paediatrics
Anaesthetics
General practice
Radiology
Histopathology
Medical microbiology/virology
Chemical pathology
Public health
Ophthalmology
Oral facial maxillary surgery
Otolaryngology (ENT)

stem training – doctors who start off in the broad programme will subsequently be allocated (through a competitive process from within the cohort group) to one of the specialties in the group. For the remaining specialties, once doctors are selected into the specialty, subject to their progress, they will complete their training in that specialty and acquire a CCT.

Fixed term specialist training appointments

These are training appointments available for 1 year at a time. They will offer specialty training for broadly the first or second year in a specialty to the same standards of training and assessment as offered on the run-through programme. However, doctors undertaking these posts will not receive a NTN and thus will not be entitled to undertake the full run-through training programme in the specialty. Once a doctor has undertaken two such appointments in a specialty, there will be no value in repeating another post in that specialty. The doctor will then have three options:

1. Seek appointment to a career post
2. Apply for a run-through specialty training programme
3. Apply for a FTSTA in a different specialty.

Career posts

Career posts replace the current wide ranging group of posts described as non-consultant career grade posts. They are an important element of the new medical career structure since doctors in these posts offer significant service to patients in the NHS. These are not training posts but doctors who occupy them may wish to consider the possibility of competing for entry into run-through training programmes in order to supplement any pre-

vious experience, professional development and training they may have had with more structured training, particularly if they are considering entry to the specialist register through article 14.

Career development

A critical element of the MMC programme is the recognition that good career planning and management is fundamental to developing the medical staff of the future. Doctors will therefore have regular access to career information and advice and will need to recognize that their career decisions must reflect not only their personal aspirations but the needs and requirements of patients and the NHS.

Conclusions

The changes to the medical career pathway envisioned by MMC will influence the direction of medical practice in the UK for years to come. They have been introduced to ensure that patient safety and explicit standards of care are at the heart of medical practice in the UK. **BJHM**

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KEY POINTS

- Modernising Medical Careers introduces major changes to postgraduate medical education in the UK.
- Foundation training and run-through specialist training programmes are the key structural features of training under Modernising Medical Careers.
- Career posts make a significant contribution to patient care and provide the opportunity for professional development. By competing for training opportunities in specialty programmes, doctors in career posts can enter specialty training, and through a combination of experience, development and training apply to the Postgraduate Medical Education and Training Board through article 14 for entry to the specialist register.
- Good career support and planning will be at the core of ensuring that medical careers are well-aligned with the needs of patients and the NHS.