

Post-CCT fellowship pilot programme: the physician experience

The Joint Royal College of Physicians Training Board set and maintain standards for the postgraduate medical education and training of c.10 000 physicians in training. Between 2013 and 2016 the Joint Royal College of Physicians Training Board supported the delivery of the Post-Certificate of Completion of Training (CCT) fellowship pilot programme in a number of physician specialties.

The pilot programme

Run over 3 years, each 1-year programme provided an opportunity for post-CCT physicians to develop greater in-depth knowledge and experience within an appropriate, defined scope of practice. All fellowship programmes were approved against a structured educational framework, with fellows being appointed via open competition at trust level. No fees were charged to trusts or fellows during the pilot programme.

The purpose of the pilot was threefold:

1. To provide post-CCT physicians with accredited experience certified by the Joint Royal College of Physicians Training Board, to demonstrate the attainment of competences outwith the CCT curricula
2. To introduce a common minimum standard and set of educational outcomes
3. To evaluate the feasibility and need for accredited post-CCT fellowships in the future.

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Accredited experience demonstrating competences

Certain specialties, such as dermatology and cardiology, were reporting that there was an emerging service need for doctors with additional surgical or procedural skills in certain, discrete areas of practice. While it was acknowledged that the entirety of the trained workforce would not need these skills, there was a drive to enhance skills and knowledge for a small number of doctors.

Common minimum standard

Some specialties and trusts already have post-CCT fellowships. There was no common educational framework or supporting assessment structure. The pilot programme allowed the Joint Royal College of Physicians Training Board to work with specialties to develop and maintain a core set of standards which each fellowship programme would be required to meet.

Feasibility and need for accredited post-CCT fellowships

In line with the now-published General Medical Council (2015) consultation on 'Introducing Regulated Credentials', this pilot programme was used to evaluate market need for regulated, structured fellowships. The lessons learnt from this programme would also be used to inform future development of credentials or other such programmes, and associated costing models.

How did the pilot programme work?

The application process

Trusts, via medical directors, were invited to seek approval for fellowship posts during 2013–14.

Units were required to provide information, via a structured pro-forma, including a brief description of unit activity, patient numbers, named educational guide(s) as well as an outline as to how the programme fulfilled the prescribed learning outcomes and a description of how the requirements of the core components of the education standards framework would

be met (professional skills, education of self and others, leadership, management and research).

A total of 50 posts were submitted, across 15 specialties, covering 11 deanery or local education training board areas.

The approval process

Submitted programmes were reviewed using a structured checklist by the appropriate specialty advisory committee. Of the 50 posts, 49 received approval.

Upon receiving approval, the employing trust was able to advertise the post as being accredited by the Joint Royal College of Physicians Training Board. Upon successful completion, the individual fellow received a certificate of experience, denoting the title and location of his/her fellowship.

How many posts were filled?

A total of 26 fellows were appointed during the pilot programme. Ten of the 15 specialty areas were successful in placing a fellow. All geographical regions appointed at least one fellow.

In order to recognize the existing fellowships in some specialties there was an opportunity for retrospective accreditation to be awarded to a fellow, if the post in which he/she sat was recognized under the pilot. Such accreditation was awarded to five fellows in dermatology (*Figures 1 and 2*).

How were the fellows supported?

Each fellow was paired with an 'educational guide', whose role had some similarity to that of an educational supervisor during postgraduate medical training. Using the approved framework and structured pro-forma, both formal meetings and on-the-job feedback and support were used to monitor the progress of each fellow.

The assessment reports were developed considering those already available in postgraduate training, and were well received by both fellows and educational guides. For the purpose of the pilot they were not made available via an electronic portfolio.

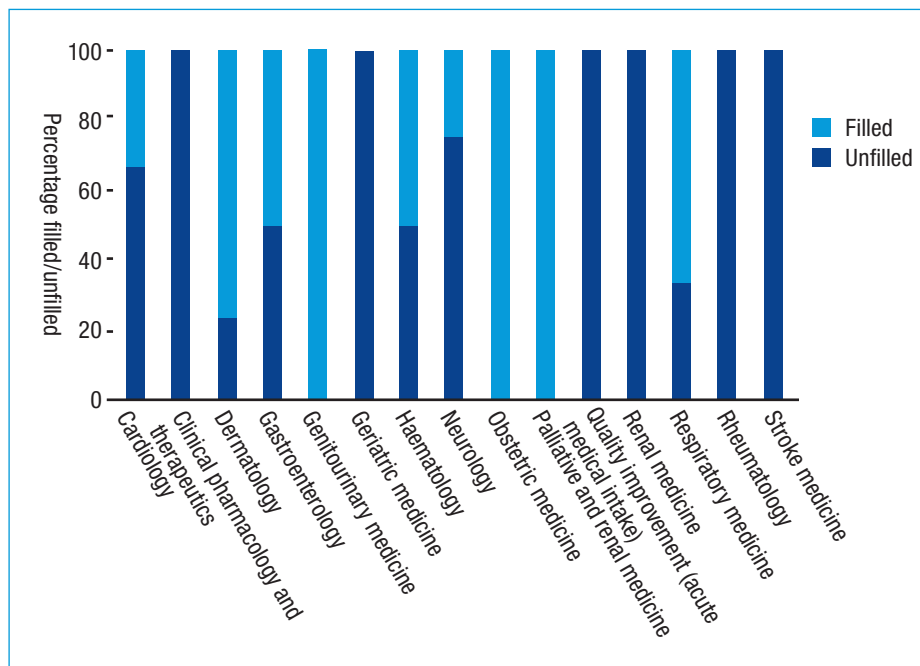


Figure 1. Fill by specialty.

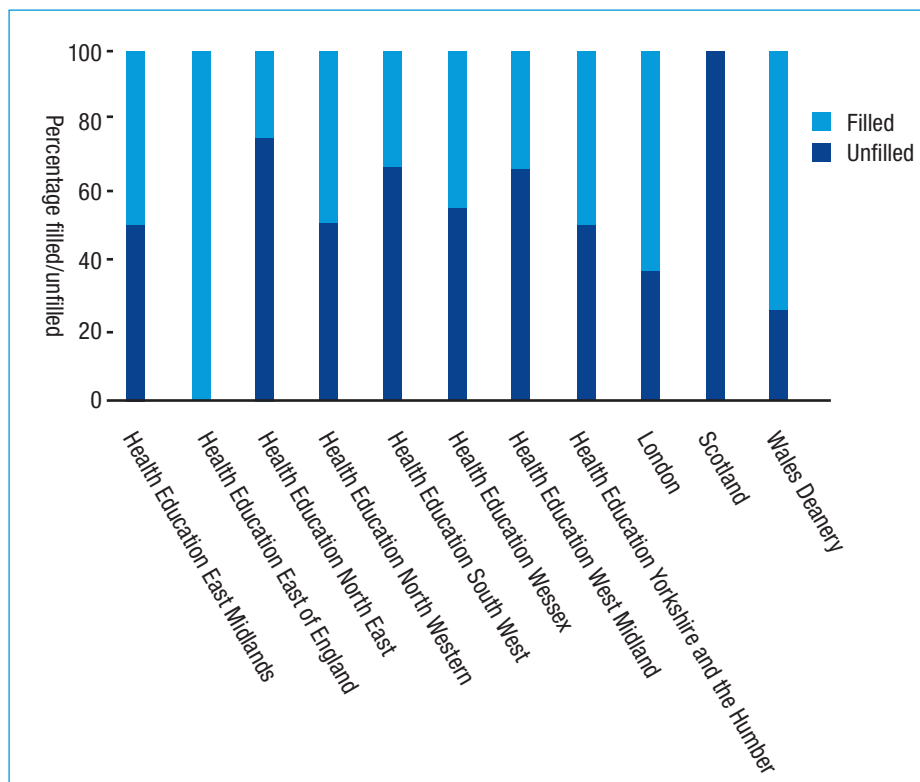


Figure 2. Fill by geographical area.

Two fellows undertook their programmes on a less than full time basis. The maximum time spent in post was 2 years.

Upon completion of a programme both the fellow and the guide made submission for final sign-off via the relevant specialty advisory committee.

Evaluating the value of the pilot programme

Data were drawn from a range of sources using a mixed-methods approach, including quantitative and qualitative information gathered via questionnaires, focus groups, telephone interviews and group discussions.

Sources of feedback on the programme included specialty advisory committee chairs, medical directors and clinical directors working in trusts, as well as postgraduate deans.

All participating fellows and educational guides were asked to complete a structured questionnaire upon notification of completed fellowship. A total of 46% (12) of fellows appointed to the programme responded, along with 19% (five) of the educational guides. There were challenges in getting participants to engage with the formal evaluation, the key one being that several fellows obtained substantive consultant posts during their fellowship, of which the team were only advised in retrospect. However, despite the relatively small number of respondents, the feedback provided from fellows and educational guides appears to mirror that gained from other stakeholders.

The feedback gained suggests there were a great deal of opportunities in the area of post-CCT fellowships, but that there are challenges to implementation and delivery that must be considered.

Opportunities

Development of recognized, accredited programmes for patient benefit

Fellows and service providers recognized the value in developing centrally coordinated fellowships, using a common standards framework and accreditation framework. In ensuring that such fellowships became recognized ways in which a doctor could acquire additional practice-specific competences, both patients and employers would be assured as to the level and standard of additional training the fellow had received.

Fellows on the programme benefited from structured, educationally valuable experiences. All responding fellows rated their overall experience of the fellowship as 'very good' or 'excellent', and all of them stated that they would recommend undertaking a post-CCT fellowship. Fellows all reported receiving excellent mentoring and 'supervision' via their educational guides and there was a consistent feeling that they felt more readily prepared for consultant practice.

One fellow noted that the fellowship: 'gave me insight into the types of queries and difficulties consultants deal with and

gave me independence and greater scope to make decisions.' Each educational guide respondent was able to demonstrate direct examples of the benefit of post-CCT fellowships on patient care.

National coordination of training opportunities, responsive to service need

At present a number of trusts offer locally-delivered fellowship programmes in a range of clinical areas. There is a risk that this approach may create a challenge to service delivery, while supporting career opportunities for doctors. Without coordinated, central oversight it is very challenging to ensure a responsive, agile workforce. One respondent noted:

'If post-CCT fellowships were to become a recognised part of training the workforce they should be considered within the HEE [Health Education England] framework and managed in the same way as CCT.'

Opportunities to cross 'specialty borders'

Post-CCT fellowships were seen by some to be an opportunity to offer a more integrated service across primary and secondary care, via fellowships in general practice or broader areas such as 'frailty'. Additionally specialty advisory committees have also considered where fellowships would be appropriate for gaining additional experience and training outside of one's own specialty.

Beneficial impact on recruitment and retention

Some respondents identified the benefit to employers in offering a recognized fellowship programme, with one stating:

'If the RCP/Joint Royal College of Physicians Training Board had a badged accredited programme, it would be highly advantageous to the organisation delivering it.'

This, coupled with an ability to centrally coordinate likely future employment opportunities related to particular service need, could assist with the retention of doctors at post-CCT level.

Challenges

Availability of funding

'...funding for post-CCT fellowships was a challenge. Trusts would have to be very keen

in order to provide support in addition to paying salaries.' (respondent in stakeholder feedback session)

Funding was cited consistently as a challenge to the development of such a programme. At present there is no central funding. For the pilot programme trusts had to identify all funding required to pay for and support the fellow. One respondent noted:

'...currently medical education and training brings funding and [it is] hoped that the credentialling system would continue in the same way.'

As yet it is unclear as to whether there would be any centralised funding available for post-CCT fellowships or General Medical Council-regulated credentials.

The changing postgraduate training landscape and the role of credentials

As detailed in the findings of Greenaway (2013) in the *Shape of Training* review, it was suggested that postgraduate training of all doctors should be more patient focused, more general (especially in the early years), with more flexibility of career structure leading to a certificate of specialist training, after which further training could take place with credentialling. It is as yet unclear at present what role regulated credentials may have in training in the future.

Several respondents also referenced challenges in delivery, particularly concerned with where the boundaries for responsibility would fall between trusts and any other organizations involved with postgraduate medical education.

Is there a future for post-CCT fellowships in physicianly training?

The experience of Joint Royal College of Physicians Training Board is that future development is not without challenge. The key challenge is likely to be funding. The current provision of funding for postgraduate medical education ceases at the point of CCT, and at present it is unclear whether funding for the development and management of such fellowships will be available in the future. The development of fellowship programmes is resource-intensive for both clinical and non-clinical staff, and this will need to be carefully considered. Additionally there will need to be clear governance structures in place, as with

KEY POINTS

- A 3-year pilot programme, led by the Joint Royal College of Physicians Training Board, considered the role of post-Certificate of Completion of Training fellowships in physician education and training.
- A total of 26 fellows participated in the scheme, which was run in a number of specialties, across a range of geographical locations.
- The experiences of the employing trust, educational guides and fellows were considered using quantitative and qualitative information gathered using a range of methods.
- The findings of the pilot programme suggested that a structured, coordinated programme of post-Certificate of Completion of Training fellowships had the potential to offer great benefit to fellows, employers and patients.
- However, it was acknowledged that there are challenges related to funding, and the present lack of clarity surrounding the role of regulated credentials, which may impact the development of post-Certificate of Completion of Training education and training in the future.

training, to ensure programmes are delivered to a consistently high standard.

However, the evidence and experience gained during the pilot programme indicates that a structured post-CCT fellowship programme can have a positive impact on patient care and service provision in defined areas of practice.

Whether General Medical Council-regulated credentials are introduced or not, a nationally-coordinated fellowship programme has the potential to enhance postgraduate medical education, and afford an opportunity to increase synergies between both primary and secondary care, as well as within hospital-based specialties. **BJHM**

Conflict of interest: none.

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Greenaway D (2013) Securing the future of excellent patient care: Final report of the independent review. www.shapeoftraining.co.uk/reviewsofar/1788.asp (accessed 20 September 2016)