December 2014

Royal College of Surgeons

Position statement

RCS ADVANCING SURGICAL STANDARDS

Shape of Training Review

Summary of our position

- The Shape of Training review provides an opportunity to improve the quality of medical education and training and to meet the needs of patients.
- Any changes made must improve the quality of care for patients if we are to justify the inevitable distraction that a further reorganisation of medical training will cause.
- Patients need a balance of both generalist and specialist doctors to treat an ageing population with multiple conditions and to protect access to specialist services where these are required.
- A 'one size fits all' approach does not work for medical training. Medical specialties should tailor the way they implement the review's recommendations and the medical professions must be fully engaged with developing and implementing any proposals for change.
- Time for training is an issue which must be addressed by reducing the reliance on trainees to deliver the service and by looking at the role of the wider team.
- Any pilot schemes to improve training need to attract more doctors to careers in emergency surgery, and to encourage more women to enter surgery.
- The changes should do more to support doctors who wish to develop competencies ('credentials') in particular areas of specialist practice and link these to the needs of the service and patients.
- Undergraduate training must also improve with the introduction of a national curriculum and national examination.

About the Shape of Training review

The Shape of Training review was an independent review into whether changes are required in postgraduate medical education and training to ensure it continues to meet the needs of patients, society and the NHS in the future. The report[1] made 19 recommendations for change. In particular, it recommended a longer period of more generalised medical training after medical school. The four UK health departments are now responsible for agreeing and implementing any changes.

Current RCS President Miss Clare Marx was a member of *Shape's* expert advisory group.

[1] http://www.shapeoftraining.co.uk/

Position statement on Shape of Training review

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Why medical training needs to change

- Patient needs have changed. Many older patients have multiple conditions and need doctors with a broader range of skills and competencies to care for all their clinical needs.
- We need to attract more doctors to work in emergency care which often requires more 'general' medical/surgical skills.
- More can be done to attract women into surgical training by making the training pathways more flexible.
- The way we provide care is also changing: for example, more health and social care staff are needed in primary care and community settings.
- It can be difficult at present for doctors to change specialty later in their career which reduces the flexibility of the workforce.
- Surgical training needs particular reform. The GMC's regular survey of trainees consistently finds that surgical trainees are the least satisfied with their training.

Specialisation vs generalisation

The focus of the Shape of Training review was on whether the current workforce has become over-specialised and is unable to meet current patient need. While more generalist skills are needed throughout the medical workforce, it is important to stress that patients with complex surgical problems still require specialised surgeons who have better outcomes due to their greater expertise.

In particular, it is important that we do not lose the benefits of specialist training where necessary. In some areas of surgery the introduction of more generalist skills would be inappropriate, for example, in neurosurgery.

Time for training

We urge the Government to consider how surgical trainees can spend more time training without compromising the delivery of care. At present there is an over-reliance on trainees to deliver the service, particularly at night, to the detriment of their training and quality of care. By freeing up time spent on service delivery, and by considering the role played by members of the wider team, trainees can concentrate on developing practical surgical skills at an earlier stage. 29% of trainees have said the current arrangements can compromise patient safety and 71% felt they do not have enough time to train[2].

We should also move to a competence, rather than time-based approach to the length of training. This could, with reduced reliance on the delivery of service and better use of time in training, lead to a shortened training programme for some doctors in some specialties. This will need careful planning.

Credentialing

An increasing number of doctors are developing competencies in particular areas of medical practice. The General Medical Council (GMC) has recently piloted 'credentialing' of some medical areas and the College is presently considering how to formally certify surgeons regarded as competent to undertake cosmetic procedures.

We agree with the Shape of Training review that credentialing should be introduced. These areas need to be based on curricula developed and quality-assured by the profession and

[2] http://www.asit.org/news/EWTD_Task_Force

approved by the GMC. Legislation should be introduced to allow the GMC to annotate their registers with these credentials so doctors' formal training can be verified by the public and employers.

Consideration must also be given to how such training programmes are funded and how credentials reflect national standards and service specifications.

Emergency training

There is a shortage of doctors wanting to work in emergency surgery and emergency medicine. Demanding on-call arrangements and pressures in emergency departments have led to a negative perception among trainees. Any reforms must examine how we can make emergency surgery a more attractive and sustainable career option. A&E training should be reintroduced for all trainee surgeons and potentially other medical professionals.

Women in surgery

The Shape of Training review should be used as an opportunity to attract more women into specialties such as surgery. We are committed to working with all parties to explore how to increase the numbers of women working in surgery. Trusts need to become more accommodating of flexible working patterns to attract the best candidates, whether male or female.

Undergraduate curriculum

We are disappointed that the Shape of Training review did not recommend changes to the undergraduate curriculum. There is a need for a national curriculum for medical undergraduates and the RCS is currently developing one, partly to address the lack of standardisation and the variation in quality in the curriculum. A national examination also needs to be brought in to ensure a level playing field.

Postgraduate medical education and undergraduate education need to be reformed in tandem so that we focus all aspects of medical education and training on meeting patients' needs.

Apprenticeship-based training

There is an over-emphasis on the technical aspects of training. The impact of shifts and rotas has also had a detrimental impact on coaching and mentoring trainees. We believe more apprenticeship-style training would achieve greater excellence and professionalism in training although we recognise the difficulties in implementing this.

Next steps

Any proposed changes should have the support of patients, medical professional bodies, and employers. They should also be properly piloted and evaluated before implementation. The Royal College of Surgeons looks forward to working with the Government, the General Medical Council, and the NHS to make changes to surgical training that ultimately benefit patient care.