

General paediatric training in the United Kingdom

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Abstract

Training of general paediatricians in the UK has produced high quality doctors with skills to deliver holistic care to the broad range of children presenting to secondary services with undifferentiated illness. They also play a key role as part of a regional network of care involving deployment of subspecialty knowledge and skills. Current recommendations from the Shape of Training review (Oct 2013) from Professor Greenaway emphasise the importance of the generalist who has important skills to deal with the majority of problems presenting to hospitals and community services and to filter those children requiring expert specialist services and direct them appropriately. There are significant problems with this vision of a shorter training time which coupled with current overproduction of CCT holders and subspecialists means that revision of the balance of training between generalists and subspecialists is needed. Changes in population needs mean that a revision of the current content of general paediatric training is also required. This should include more skills to deal with the rising tide of emotional and mental health problems and skills in the areas of quality improvement, team leadership and system analysis.

Keywords general paediatrics; shape of training review; training

Whither training

It is perhaps symptomatic of our anxiety ridden times that we see a regular flow of reports and reviews that attempt to diagnose and then prescribe solutions for the implicit assumption that there is something fundamentally wrong with our postgraduate medical training programmes. There has been much tinkering with these precious jewels in the crown of our healthcare system. They have been reformed, revised and reviewed and the latest report in this sequence offers still more challenges for the future. This report is the 'Shape of Training' review conducted by Professor Greenaway and published in October 2013.

As paediatricians we need to study and reflect on the Shape of Training review. This is the latest in a series of reviews prompted by the mess surrounding the introduction of Modernising Medical Careers in 2007. Governments around the world are frustrated by the cost and time it takes to train doctors and thus are keen to reform training to get fully trained staff delivering care sooner and more efficiently than the current systems do.

One of the great heroes of medical education, Sir William Osler, wrote of the 'unbroken continuity of methods and of ideals' that characterises our profession. He states that the methods doctors use, are to 'carefully observe the phenomena of

life in all its stages... to cultivate the reasoning faculty so as to be able to know the true from the false.' In so doing the doctor seeks 'to prevent disease, to relieve suffering and to heal the sick.'

It is crucially important that revisions of medical education and training in this country hold on to the 'continuity of methods and of ideals' that have delivered excellence and competence up until now.

Nevertheless we also need to be aware that the needs of our population are changing. Doctors are an expensive resource: it now costs £560 000 to train a Consultant. It is incumbent on us as a profession to ensure that our training programmes produce people with the right skills and values to match the needs of our future children and families.

Following the disastrous introduction of Modernising Medical Careers in 2007, Sir John Tooke was given the task of analysing what went wrong. He made recommendations to recover us from the ensuing mess in his report, 'Aspiring to Excellence'. Three broad themes emerged, underpinned by the goal of the title. These were; to make training more flexible, to make it more broadly based and to integrate better the elements of service delivery and training into workforce planning.

Subsequently we have had : Foundation for Excellence (Prof John Collins), A High Quality Workforce; The NHS Next Stage Review (Prof the Lord Darzi of Denham); The Final Report of the Education and Training Regulation Policy Review (Lord Patel); Time for Training (Prof Sir John Temple) and The NHS Future Forum Summary Report (Prof Steve Field).

These erudite Lords and Professors find some common ground:

- Training should be more flexible and broadly based.
- Training should be centred on delivering a skilled workforce that is ready to meet the changing needs of the people it will serve in the future.
- Training needs to be delivered against a curriculum that fits the needs of future patients and systems of healthcare.
- Training can be delivered in the shorter working hours but an extended hours consultant presence is necessary for this to occur. A consultant delivered service has benefits for both trainees and crucially patients.

The Shape of Training report builds on this work with a plan which if and when implemented will produce very significant challenges for revision of paediatric training in the UK. Much of what it says can be viewed positively from a general paediatric perspective but it must also set in train an important debate within our own College about how we provide the right balance between the generalist and the subspecialist, in terms both of trainee numbers and their aspirations and ambitions.

What type of doctor do we need?

To return to an important observation in Sir John Tooke's report, he noted that role of the future doctor was unclear. We clearly cannot 'aspire to excellence' unless we know what the target product looks like. It depends on the nature of our future healthcare systems. As Professor Clayton Christensen argues in his compelling critique of healthcare 'The Innovator's Prescription' future provision is likely to shift care away from both specialists and hospitals. It is highly likely that we will need more generalists to deal with undifferentiated problems, slimmed

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down hospitals providing care to the truly sick on a more intensive basis and with both elective care and chronic disease management delivered with much less 'medical' or doctor provided input. Developments in information technology will drive much of this 'democratisation' of knowledge and hence the system change.

We will still need doctors to fulfil the 'Role of a Doctor' as described in a consensus statement published by just about every organisation concerned with healthcare and training in 2009. Part of that definition is:

"Doctors as clinical scientists apply the principles and procedures of medicine to prevent, diagnose, care for and treat patients with illness, disease and injury and to maintain physical and mental health. They supervise the implementation of care and treatment plans by others in the healthcare team and conduct medical education and research."

Training to be a paediatrician should have the flexibility to fit within these paradigms. Paediatricians of the future will still need a considerable wealth of scientific knowledge including lots of facts about pathology, epidemiology, physiology and pharmacology but they will also need to be much more orientated to a future care system that requires new skills too.

Atul Gawande, addressing the graduating class of Harvard Medical school in 2013, noted that 30% now had or were about to acquire qualifications in business management, quality improvement or economics alongside their basic medical credentials.

Working as part of a multi-disciplinary team with excellent communication skills is something we already value highly in paediatric practice and trainees are selected with these skills strongly in mind. We are taught to understand systems of care and how we operate within a network of care stretching from the patient at home through local hospitals and departments to distant centres of subspecialty expertise. Thus as paediatricians we are already moving in this direction and selecting trainees who will be excellent team players and brilliant communicators with real emotional resilience.

Future selection to training programmes may need to move further in this direction to find doctors that will display these future required skills. Team working, emotional intelligence, humility and resilience may all be the must have skills set of the future doctor.

Indeed in a recently published personal view, Ahmed Rashid argued that it would be better to select our future doctors for the qualities that are going to be needed to deliver health services in that changed future. He notes how Boston University Medical School is confident that this is possible. Using applicants' interviews, essays, and letters of reference to identify evidence of service engagement, cultural sensitivity, and emotional resilience, they attempt to match universally important traits with elements of applicant data that reveal or predict them.

In five places in the US revised curricula involving shortened training programmes which focus on integrated care with a community focus, use of technology to improve outcomes and an intense focus on patient safety and quality improvement are already developing.

While a picture may be emerging that paediatricians of the future will need many of these personal qualities we also need to

consider how changes in the needs of the population itself will drive this agenda too.

Matching future doctors to the changing case mix and epidemiology

It is a truism that the pattern of both acute and non-acute presentations to healthcare systems by families and young people has changed significantly in recent times.

We see a rise in emotional and mental health problems: of anxiety, depression and self-harm; increased numbers of young people with somatisation disorders and unexplained fatigue: we also see rising numbers of children presenting as emergencies.

These changes are so significant that we need to revise our curricula to embed training in skills of recognition and treatment for these problems. The scale of the problem is such that we can only rely on colleagues in Mental Health to deal with the severe end of the spectrum.

Also as our neonatal and PICU services deliver success in management of serious illnesses we see more children with complex care needs and disabilities. Community paediatric services are seriously overstretched, with significant gaps in consultant numbers.

For the most part these changes represent rises in problems that need to be dealt with locally not by tertiary services but local community services with strong links to primary care services. Future paediatricians are likely to be spending more time teaching and training in primary care settings.

We have two significant drivers for change. Changes in healthcare delivery in the future will need more generalists with skills to manage undifferentiated illness and to be a key local player in delivery of programmes of care. Changes in the types of problems we see will require us to revise our curricula to produce paediatricians with greater skills in dealing with mental and emotional health problems.

It is worth examining the current state of play and what our current workforce looks like.

The paediatric workforce: what we currently deliver

The RCPCH embraced Run Through Training (RTT) and first recruited to such programmes in 2007. While many other Colleges have moved away from RTT, reintroducing selection at ST4 level, our own College has retained this system with its problems of inflexibility and yet with the attraction to trainees of a clear route to becoming a consultant once selected for the programme.

Sub-speciality frameworks for Level 3 training were published in 2009 and the curricula were endorsed by the GMC in 2010 with revisions in place in 2013. Selection into these 16 subspeciality training programmes is via the National Grid system devised between the RCPCH and deaneries.

Our training programmes have also embraced Work Place Based Assessments (WPBA) to aid in the construction of a clear framework to assess trainee progress and performance. The GMC awards trainees who have successfully completed an entire GMC approved training programme with a Certificate of Completion of Training (CCT). This allows the doctor to be entered onto the GMC Specialist Register. The CCT is also the recognised European qualification for graduates in the UK.

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