Medical school – 4-6 years

Foundation Year 1

Foundation Year 2

Specialist training in Specialist/GP training “schools”

Specialist and GP training programmes (Run-through training)

CCT route

Specialist and GP Registers

Article 14/11 route

Senior medical appointments

Continuing professional development

Careers posts

Fixed term specialist training

Continuing professional development

MMC Career Framework 2006

Arrows indicate competitive entry
Aspirations

- Earlier choice of speciality
- Flexibility to move between run-through programmes
- Curriculum based
- Competency rather than time-based
- Robust assessment frameworks
- Better workforce planning
Foundation Programme

• Replaced PRHO and 1st year SHO
• Clear curriculum
  – ‘Acute care safe’
  – Ethics, governance, communication etc
• Competency-based
• Foundation Year 2 ‘tasters’
• Pass / fail at end
Foundation Programme

• Piloted 2004-5
• Started August 2005
• First trainees emerged July 2007......to enter run-through training
Transitioning from old to new system
MTAS – Selection into training

- On-line system - application form and marking system designed without adequate consultation
- Failed to discriminate adequately
- Not enough jobs, tension between UK graduates and international medical graduates
- Computer security problems – all details, including sexual orientation of applicants, leaked
- Computer system abandoned – some trainees not mapped to posts until day before starting work
- Major government embarrassment!!
The Marvels of the Internet

Even as Vera entered the last few digits of her credit card number, the first batch of incomplete and damaged garden furniture in the wrong colour was being delivered to her door.
'I'm leaving the NHS for New Zealand'

Thousands of trainee doctors have marched through London and Glasgow to protest about a new system for allocating specialist jobs, despite promises from the government that the system has been improved.

Iain Davies, 29, is looking for work as a trainee in emergency medicine.

Like 28,000 other UK junior doctors, he has applied for his next post online through the Medical Training Application Programme, which along with other changes to the training programme, has been attacked by doctors.

He says: "I have been one of the lucky ones. I have had an interview for an emergency medicine post in Newmarket."
The Paediatric Training Pathway

Fixed term training appointments / Career posts recruited at trust level / Academic Training

Level 1 Training
(Specialty Training ST1-3: 24-36 months)
- General paediatrics based in acute settings to include:
  - Emergency duties
  - Inpatients/Outpatients
  - Neonates

Level 2 Training
(Specialty Training ST4-5: 12-24 months)
- General Paediatrics (12 months)
- Neonatology (6 months)
- Community Paediatrics (6 months)

Level 3 Training
(Specialty Training ST6-8: 24-36 months)
- General Paediatrics (24-36 months with possibility to spend 12 months in a sub-specialty)
  OR
  Sub-specialty training (24-36 months depending on programme)

Paediatric Consultant
- Community Paediatrics
- General Paediatrics (may have specialist interest)
- Sub-Specialty Paediatrics

Paediatric Sub-Specialties*
- Child Mental Health
- Clinical Pharmacology and Therapeutics
- Community Child Health
- Diabetes and Endocrinology
- Emergency Medicine
- Gastroenterology, Hepatology and Nutrition (PGHAN)
- Immunology, Infectious Disease (IID) and Allergy
- Inherited Metabolic Medicine
- Intensive Care
- Neonatal Medicine
- Nephrology
- Neurodisability
- Neurology
- Oncology
- Palliative Medicine
- Respiratory Medicine
- Rheumatology

* With the exception of Community Child Health, sub-specialty training is via competitive entry to the NTN Grid.

The Royal College of Paediatrics and Child Health
5-11 Theobalds Road, London WC1X 8SH
Tel: 020 7092 6000  www.rcpch.ac.uk
BACK TO THE CHILDREN
## Total health care cost segmented by diagnosis category

### 2011/12; Southwark & Lambeth population aged < 18 years

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost (Base)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Child</td>
<td>(88,707)</td>
</tr>
<tr>
<td>Acute Mild</td>
<td>(5,409)</td>
</tr>
<tr>
<td>Acute Severe</td>
<td>(1,532)</td>
</tr>
<tr>
<td>CLTC (Base = 1,491)</td>
<td></td>
</tr>
<tr>
<td>SLTC (Base = 892)</td>
<td></td>
</tr>
<tr>
<td>Cx (Base = 1,126)</td>
<td></td>
</tr>
<tr>
<td>Safe Guard (Base = 13)</td>
<td></td>
</tr>
</tbody>
</table>

Legend:
- **Primary**
- **Prescribing**
- **Mental Health**
- **Community**
- **Acute (non-peri.)**
- **Perinatal IP**
Children’s Healthcare Needs

**PRIMARY CARE**

- **SHORT-TERM CONDITIONS**
  - Minor

- **LONG-TERM CONDITIONS**
  - Day-to-day

- **ACUTE ILLNESS**
  - Minor

**SECONDARY CARE**

- **SERIOUS**
  - Strategic

- **STRATEGIC**
  - Serious
The Primary-Secondary Gap

PRIMARY CARE

SHORT-TERM CONDITIONS
Minor

LONG-TERM CONDITIONS
Day-to-day

ACUTE ILLNESS
Minor

SECONDARY CARE

Serious

Strategic

Serious
Incomplete fill by Secondary Care

GAP SET TO WIDEN – SECONDARY CARE MODEL NOT SUSTAINABLE!

SECONDARY CARE

PRIMARY CARE

Minor | Day-to-day | Minor

Serious | Strategic | Serious
Workforce challenges – Too many trainees, but not enough to cover rotas? (Facing the Future 2011)
Current challenges - CCTs and Consultant Growth
THE WORKFORCE CHALLENGE
Out-of-Hospital Services

PRIMARY CARE

OUT-OF-HOSPITAL PAEDIATRICS

SHORT-TERM CONDITIONS

LONG-TERM CONDITIONS

ACUTE ILLNESS

HOSPITAL CARE
A SEMI-PERMEABLE MEMBRANE BETWEEN PRIMARY AND SECONDARY CARE?
THE HEALTHCARE SYSTEM

Interfaces
- Primary-secondary interface
- Transition to adult services

Evaluation of models
- Chronic care models
- UK vs European models

Data
- Child mortality database
- International benchmarking

NO PHYSICAL HEALTH WITHOUT MENTAL HEALTH! All above must be applied to MH services
<table>
<thead>
<tr>
<th>First access model</th>
<th>General practice</th>
<th>Combined GP and paediatrician</th>
<th>Paediatrician</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UK</td>
<td>Netherlands</td>
<td>France</td>
</tr>
<tr>
<td>Meningococcal disease</td>
<td>0.47 6</td>
<td>0.24 4</td>
<td>0.14 3</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>0.65 6</td>
<td>0.47 5</td>
<td>0.17 1</td>
</tr>
<tr>
<td>Asthma</td>
<td>0.27 6</td>
<td>0.07 5</td>
<td>0.06 4</td>
</tr>
</tbody>
</table>
KEY DIFFERENCES EUROPEAN MODELS

• More doctors per capita (GP and paediatric) looking after children
• Most countries – mandatory & specific post-graduate training in paediatrics for GPs
• Co-location of primary and secondary care practitioners
• No perverse financial incentives between primary and secondary care
• Choice of first-access professional
VERTICAL INTEGRATION

SERVICES

- Urgent care – evenings, weekend days?
- Health promotion, immunisation etc.
- Long-term condition management including children with disabilities, diabetes, eczema etc.
- Other non-urgent care - e.g. skin lesions, constipation, ‘tummy aches’ etc.

Children’s Hubs / Primary Care Networks

SHARED STAFF

- Paediatricians
- Children’s nurses
- GPs / GPVTS
- CAMHS staff
- AHPs
‘SHAPE OF TRAINING’
QUO VADIS?
<table>
<thead>
<tr>
<th>Undergraduate degree</th>
<th>Postgraduate medical training</th>
<th>Professional practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOUNDATION PROGRAMME</strong></td>
<td><strong>BROAD-BASED SPECIALTY TRAINING</strong></td>
<td><strong>Continuing Medical Education (CME)</strong></td>
</tr>
<tr>
<td>Graduation</td>
<td>Clinical academic training</td>
<td>Optional year spent working in a related specialty or undertaking leadership or management work — this can be taken at any time during broad-based training.</td>
</tr>
<tr>
<td></td>
<td>Academic training focused on a particular research area combined with broad-based specialty training. Doctors can move in and out of academic training at any point.</td>
<td>Doctors are able to practice with no clinical supervision within multi-professional teams and networks. They are able to make safe and competent judgements in broad specialty areas.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>With further opportunities to:</td>
</tr>
<tr>
<td></td>
<td>Patient safety, communication with colleagues and patients, teamwork, management, and leadership, evaluation and clinical application of research.</td>
<td>- maintain capabilities and develop practice through CME</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- enhance career and gain additional expertise through credentialing in special interest areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- develop depth of knowledge by learning through experience and reflecting on their practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- move into education, management and leadership roles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Certification of Specialty</td>
</tr>
<tr>
<td>Training duration</td>
<td>2 years</td>
<td>4-6 years (depending on specialty requirements)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Within broad-based specialty training, doctors can:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- train across the breadth of specialties</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- theme their training within particular patient groups at any point in the training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- change specialties by transferring competences within or between groups of specialties</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- combine specialty training with academic research.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rest of career</td>
</tr>
</tbody>
</table>
**Clinical academic training**

Academic training focused on a particular research area combined with broad-based specialty training. Doctors can move in and out of academic training at any point.

All doctors develop generic capabilities in key areas, including:

- patient safety
- communication with colleagues and patients
- teamwork, management and leadership
- evaluation and clinical application of research.

Specialties or areas of practice grouped by patient care themes, such as:

- women’s health
- child health
- mental health

Optional year spent working in a related specialty or undertaking leadership or management work – this can be taken at any time during broad-based training.

4–6 years (depending on specialty requirements)