

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

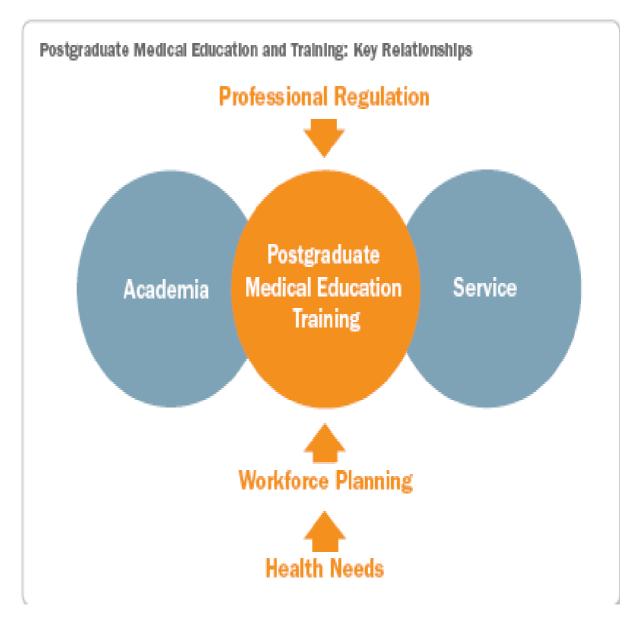
- Replaced PRHO and 1st year SHO
- Clear curriculum
 - 'Acute care safe'
 - Ethics, governance, communication etc
- Competency-based
- Foundation Year 2 'tasters'
- Pass / fail at end

Foundation Programme

- Piloted 2004-5
- Started August 2005
- First trainees emerged July 2007.....to enter run-through training

Transitioning from old to new system





	Extensis View Window Help			
Dave Geleci Fille	Undo Stupid Changes	Ctrl+Shift+S		
Adobe Photoshop	Read Boss' Mind	Ctrl+Alt+R Ctrl+Shift+A		
	Adjust Boss' Attitude			
	Create Idea	Ctrl+l Ctrl+B		
	Insert Brilliance			
	✓ Extend Deadline	Ctrl+D		
	Enhance Salary	Ctrl+Y		
	Find Better Client	Ctrl+Alt+C		
	Restore Wasted Evening	s Ctrl+W		
	Save Weekend	Ctrl+S		

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.



HEALTH

TRAINING

UK 'I'm leaving the NHS for New Zealand' England Thousands of trainee doctors Northern Ireland have marched through Scotland London and Glasgow to Wales protest about a new system Business for allocating specialist jobs, **Politics** despite promises from the Health government that the system Medical notes has been improved. Education Science/Nature

medicine.

Video and Audio

Also in the news

Technology

Entertainment

Have Your Say Magazine In Pictures Country Profiles Special Reports Iain Davies, 29, is looking for work as a trainee in emergency

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."

SEE ALSO

- Doctors' selection system changed 10 Mar 07 | Health
- Review into doctor recruitment 07 Mar 07 | Health
- Jobs protest planned by doctors 02 Mar 07 | Health

RELATED INTERNET LINKS

- Remedy UK
- British Medical Association
- Department of Health

The BBC is not responsible for the content of external internet sites

TOP HEALTH STORIES

- Ambulance crews demand stab vests
- Alcohol health group criticised
- ▶ Placenta 'fools body's defences'



MOST POPULAR STORIES NOW

The Paediatric Training Pathway

Fixed term training appointments / Career posts recruited at trust level / Academic Training Level 3 Training Level 1 Training Level 2 Training **Paediatric Consultant** (Specialty Training ST1-3: (Specialty Training ST4-5: (Specialty Training ST6-8: 24-36 months) 12-24 months) 24-36 months) General paediatrics based General Paediatrics General Paediatrics Community Sub-Specialty General (12 months) in acute settings to include: (24-36 months with possibility Paediatrics **Paediatrics Paediatrics** Neonatology (6 months) to spend 12 months in a Emergency duties (may have sub-specialty) Inpatients/Outpatients Community Paediatrics specialist Neonates (6 months) OR interest) Sub-specialty training (24-36 months depending on programme) Paediatric Sub-Specialties* MRCPCH **EXAMINATIONS** · Child Mental Health Inherited Metabolic Medicine (post grad medical Clinical Pharmacology Intensive Care qualification in and Therapeutics paediatrics) Neonatal Medicine Community Child Health Nephrology MUST BE COMPLETED Diabetes and Endocrinology Neurodisability BY THE END OF ST3 Emergency Medicine Neurology Gastroenterology, Hepatology Oncology and Nutrition (PGHAN) Palliative Medicine

Immunology, Infectious

Disease (IID) and Allergy

via competitive entry to the NTN Grid.

Respiratory Medicine

Rheumatology

* With the exception of Community Child Health, sub-specialty training is

The Royal College of Paediatrics and Child Health 5-11 Theobalds Road, London WC1X 8SH Tel: 020 7092 6000 www.rcpch.ac.uk

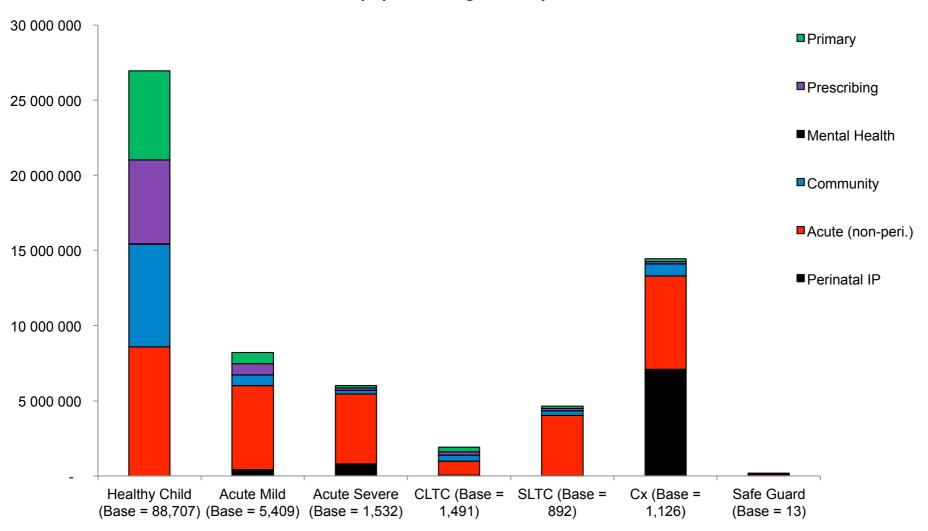


BACK TO THE CHILDREN

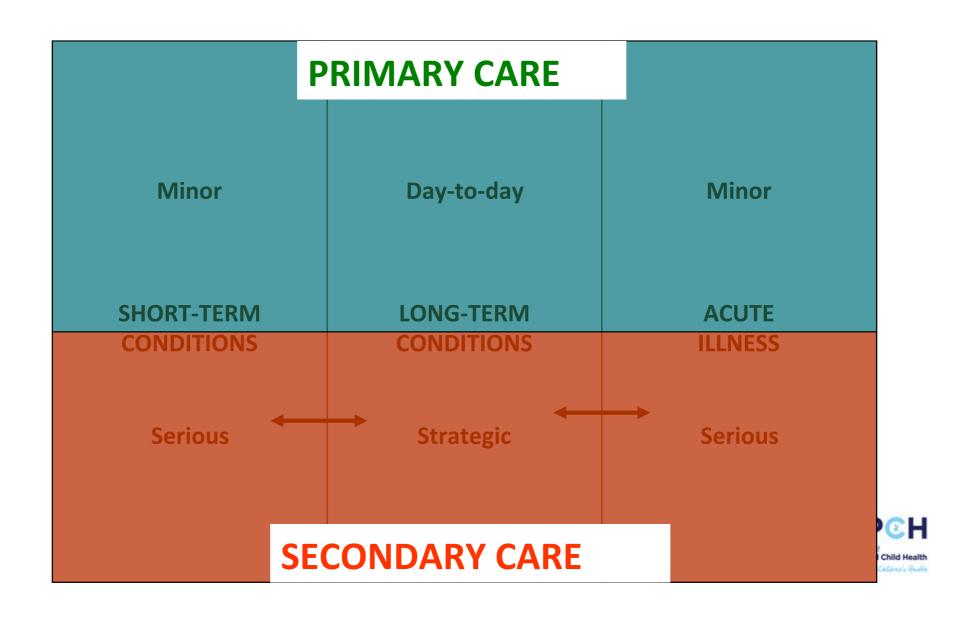


Total health care cost segmented by diagnosis category

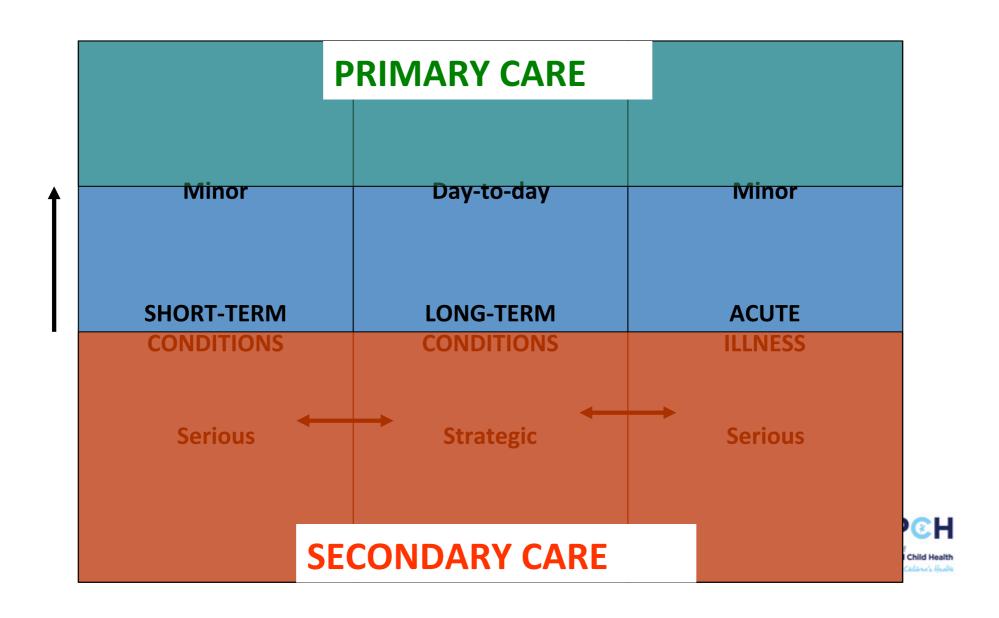
2011/12; Southwark & Lambeth population aged < 18 years



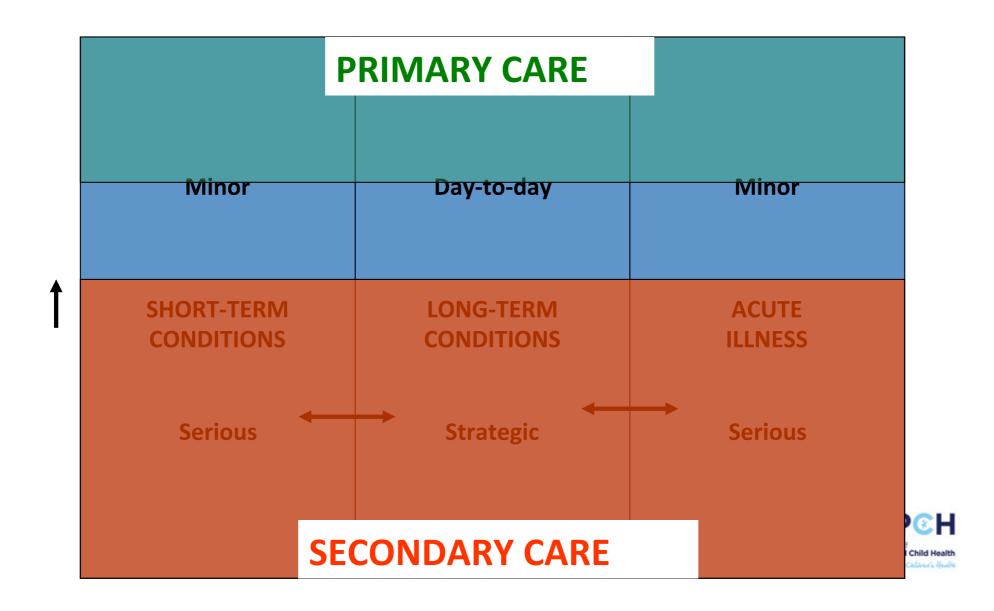
Children's Healthcare Needs



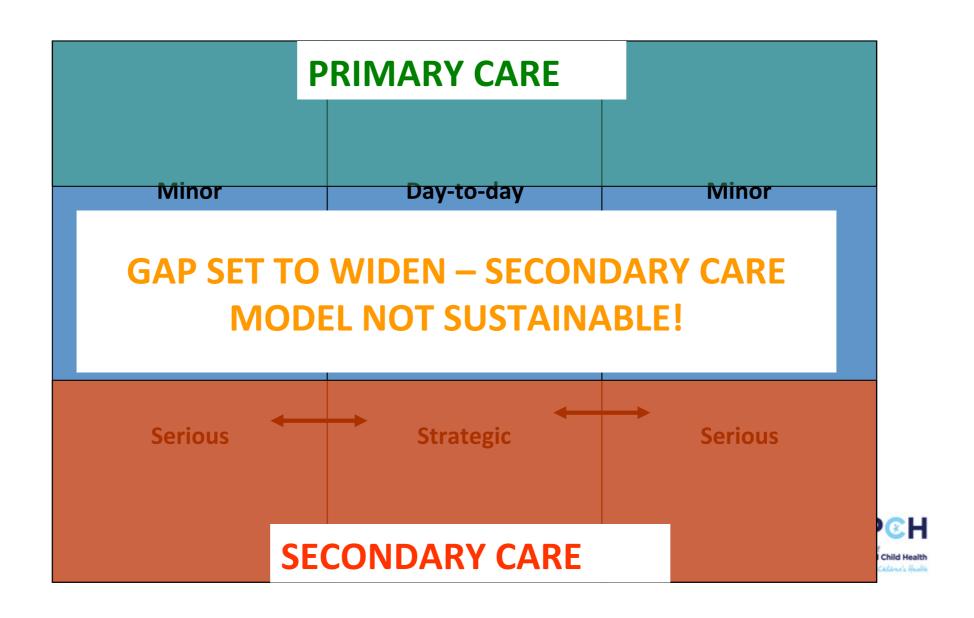
The Primary-Secondary Gap



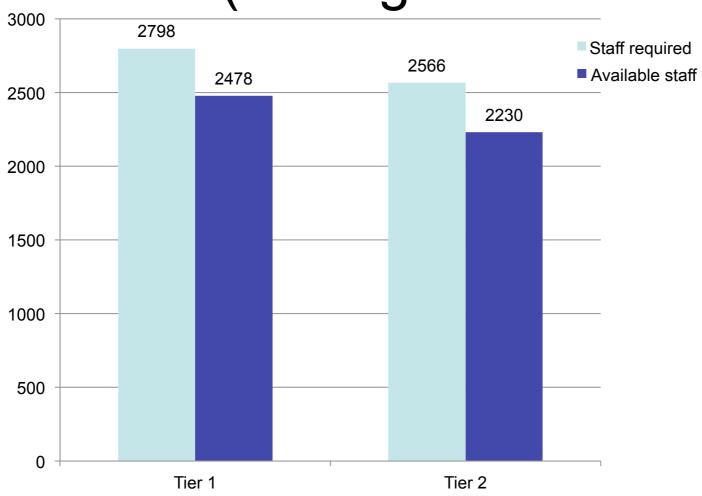
Incomplete fill by Secondary Care



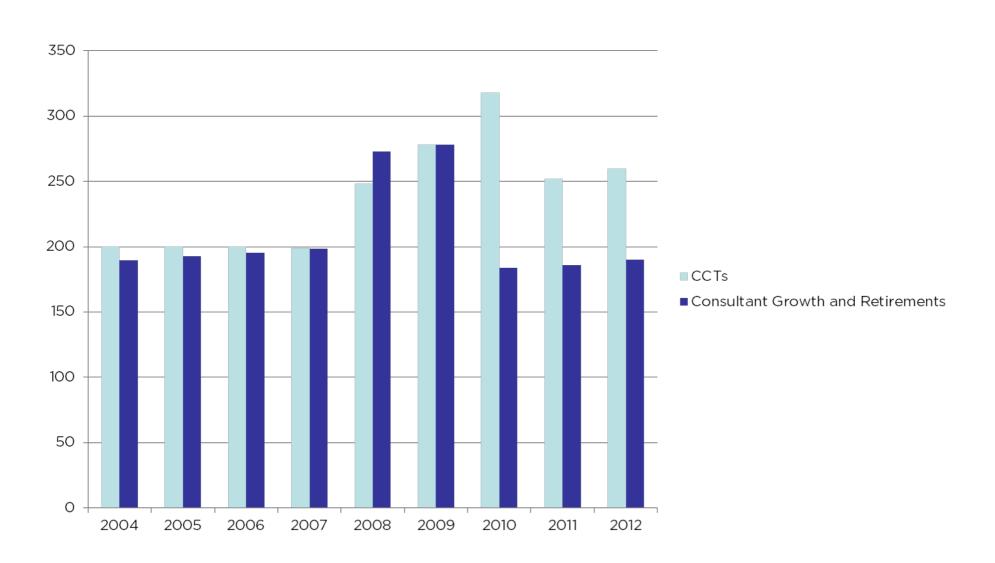
Incomplete fill by Secondary Care



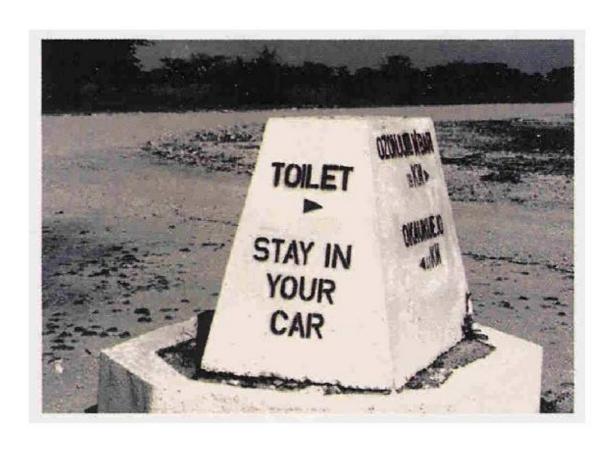
Workforce challenges – Too many trainees, but not enough to cover rotas? (Facing the Future 2011)



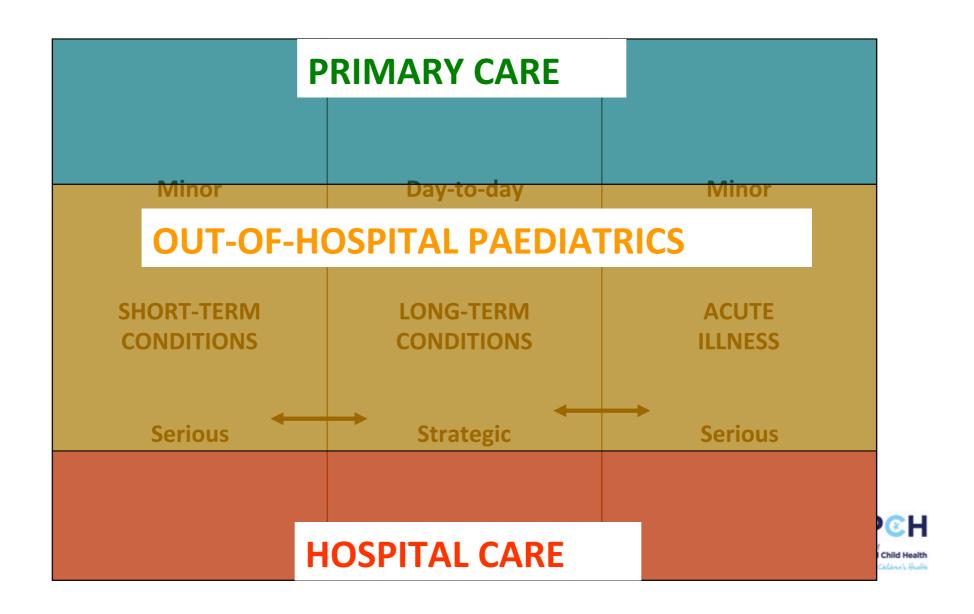
Current challenges - CCTs and Consultant Growth



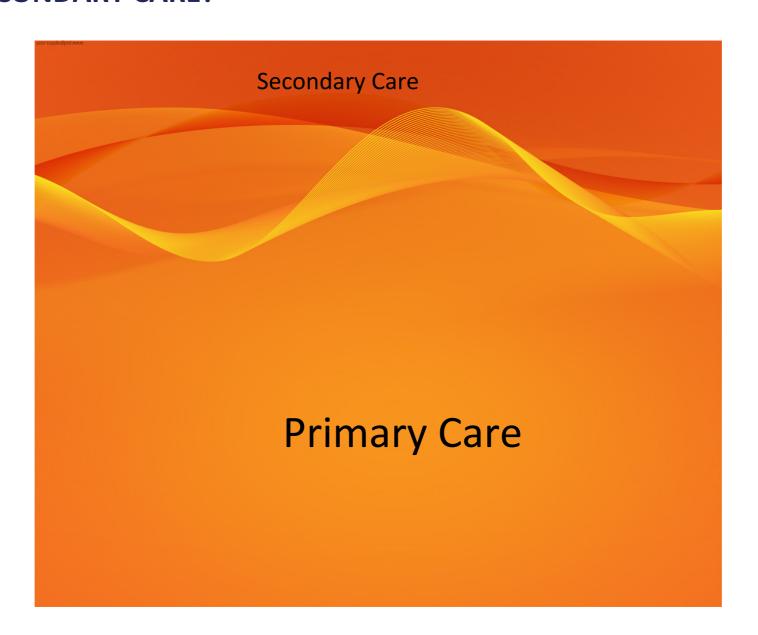
THE WORKFORCE CHALLENGE



Out-of-Hospital Services



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







CAUSE-SPECIFIC MORTALITY

First access model	General practice		Combined GP and paediatrician			Paediatrician
	UK	Nether- lands	France	Sweden	Germany	Italy
Meningo- coccal disease	0.47 6	0.24 4	0.14 3	0.09 1	0.25 5	0.13 2
Pneumonia	0.65 6	0.47 5	0.17 1	0.29 2	0.42 4	0.34 3
Asthma	0.27 6	0.07 5	0.06 4	0.01 1	0.05 3	0.01 1



KEY DIFFERENCES EUROPEAN MODELS

- More doctors per capita (GP and paediatric) looking after children
- Most countries mandatory & specific postgraduate 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

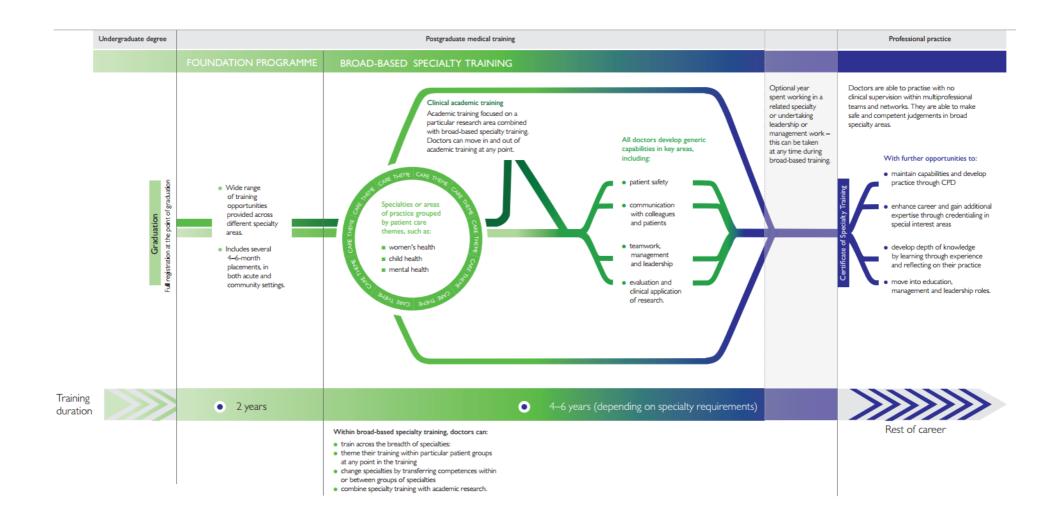


VERTICAL INTEGRATION

Hospital **SHARED STAFF** Paediatricians **SERVICES** •Children's nurses Urgent care –evenings, weekend •GPs / GPVTS days? Children's Hubs / •CAMHS staff •Health promotion, immunisation **Primary Care Networks** •AHPs etc. •Long-term condition management including children with disabilities, diabetes, eczema etc. •Other non-urgent care - e.g. skin Group Group Group lesions, constipation, 'tummy **Practice A Practice B** aches' etc.

'SHAPE OF TRAINING' QUO VADIS?





BROAD-BASED SPECIALTY TRAINING Optional year Clinical academic training Academic training focused on a particular research area combined with broad-based specialty training. Doctors can move in and out of All doctors develop generic academic training at any point. capabilities in key areas,

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

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

- ARE THEME CARE TH

- women's health
- child health
- mental health

CARE THEME CARE THEME

including:

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

4–6 years (depending on specialty requirements) 0



Questions / comments

