

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

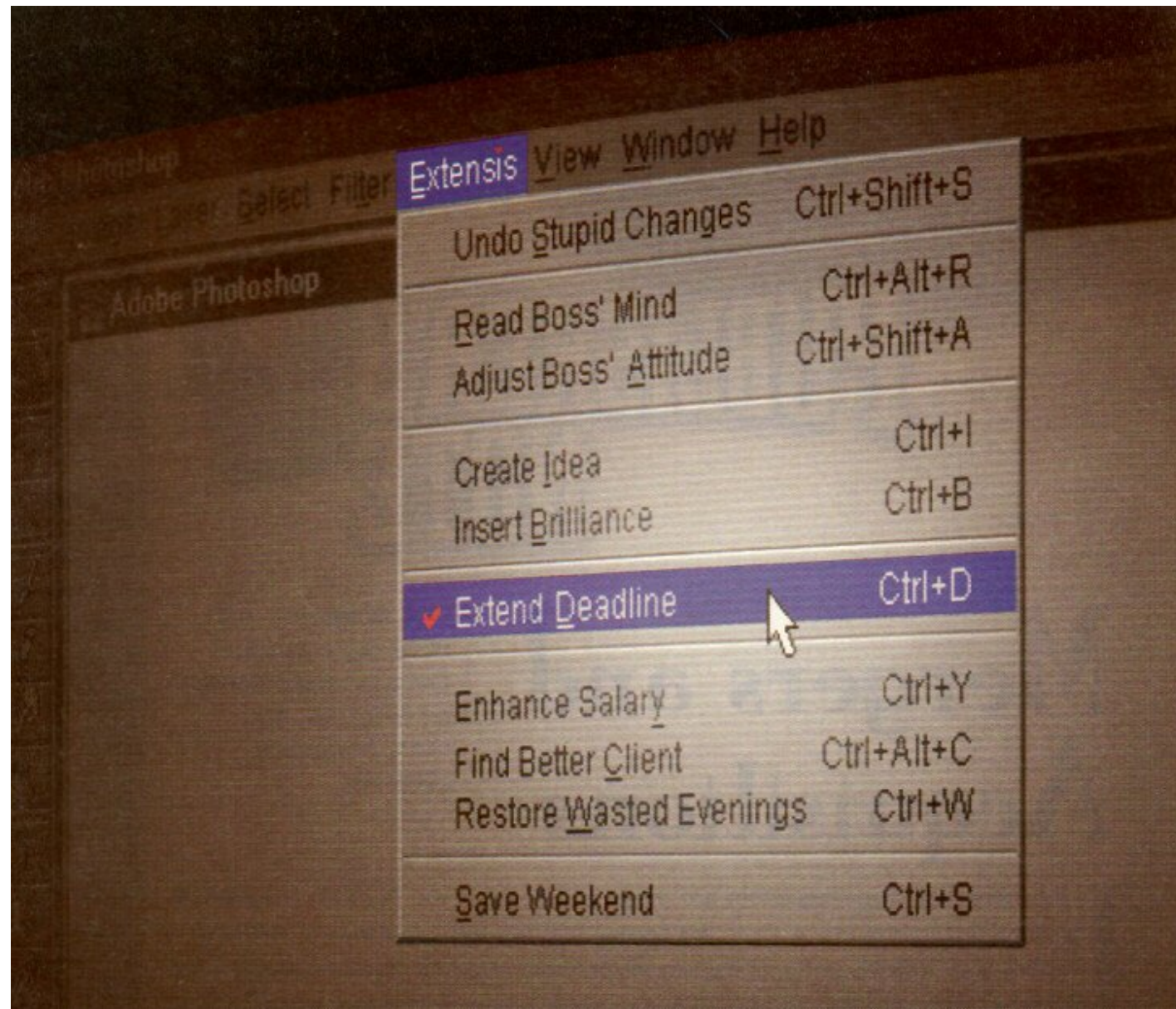
- Piloted 2004-5
- Started August 2005
- First trainees emerged July 2007.....to enter run-through training

Transitioning from old to new system



Postgraduate Medical Education and Training: Key Relationships





Extensis View Window Help

Undo Stupid Changes Ctrl+Shift+S

Read Boss' Mind Ctrl+Alt+R

Adjust Boss' Attitude Ctrl+Shift+A

Create Idea Ctrl+I

Insert Brilliance Ctrl+B

✓ Extend Deadline Ctrl+D

Enhance Salary Y Ctrl+Y

Find Better Client Ctrl+Alt+C

Restore Wasted Evenings 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.

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Last Updated: Saturday, 17 March 2007, 19:46 GMT

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'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."

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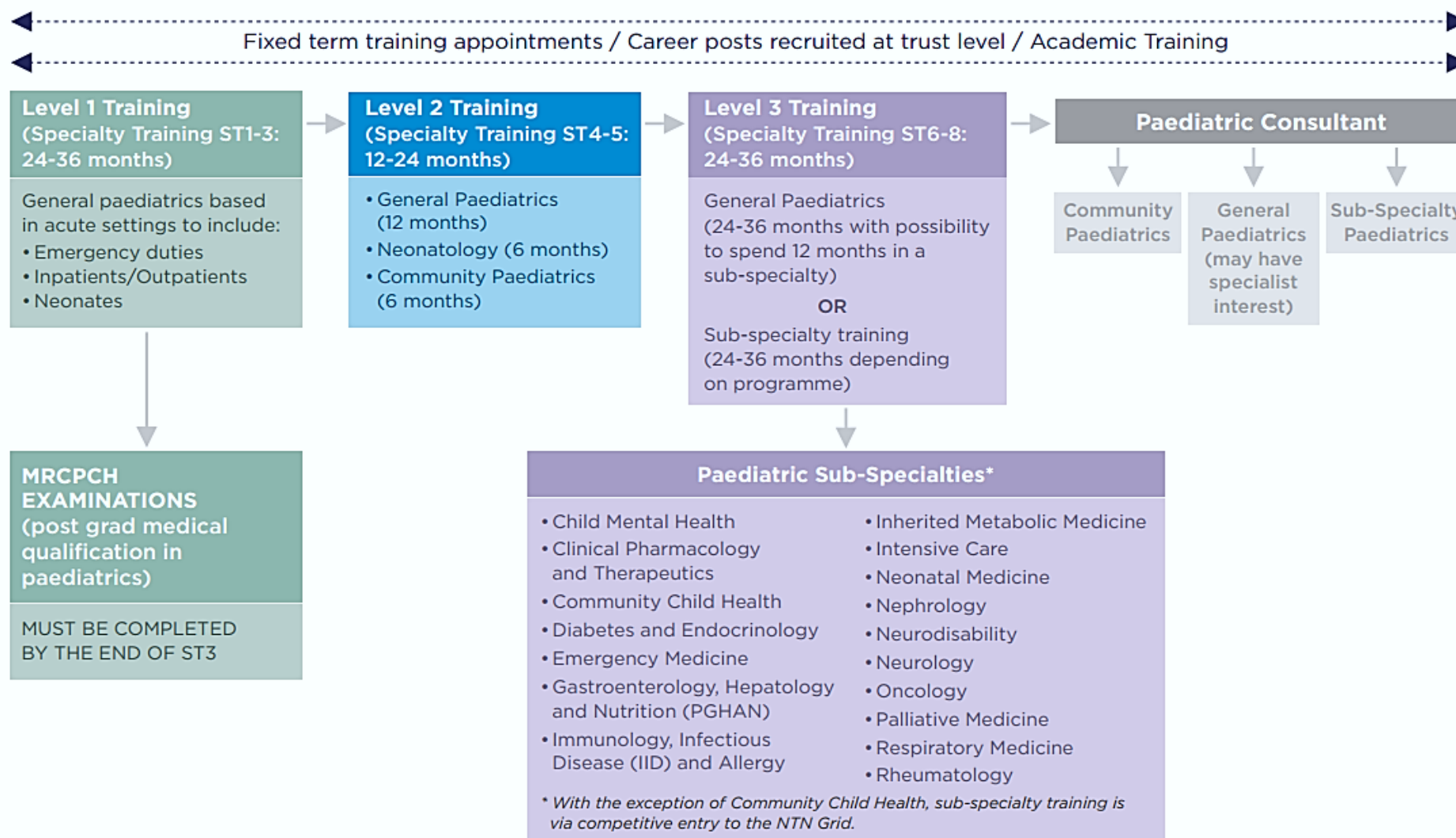
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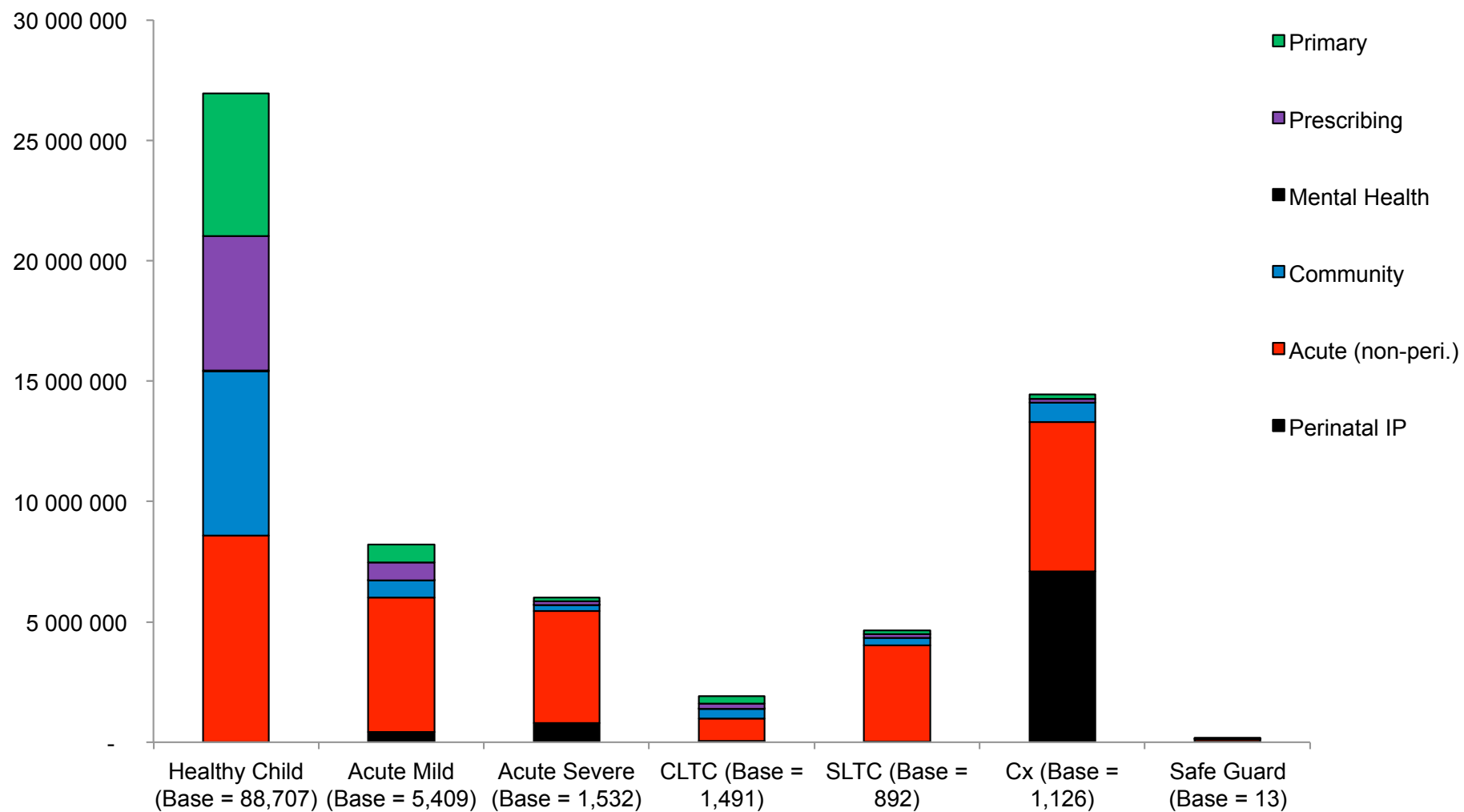
The Paediatric Training Pathway



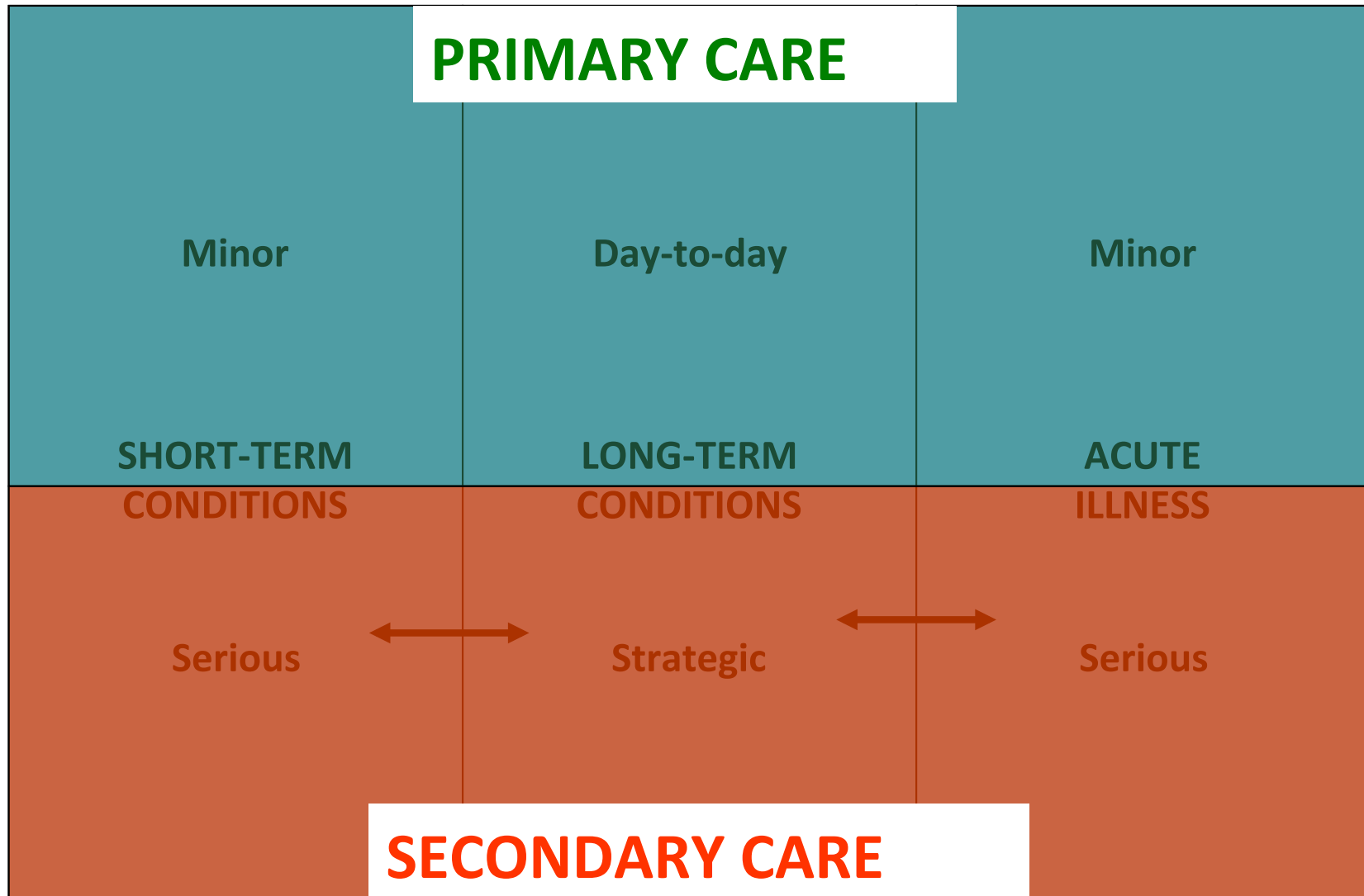
BACK TO THE CHILDREN

Total health care cost segmented by diagnosis category

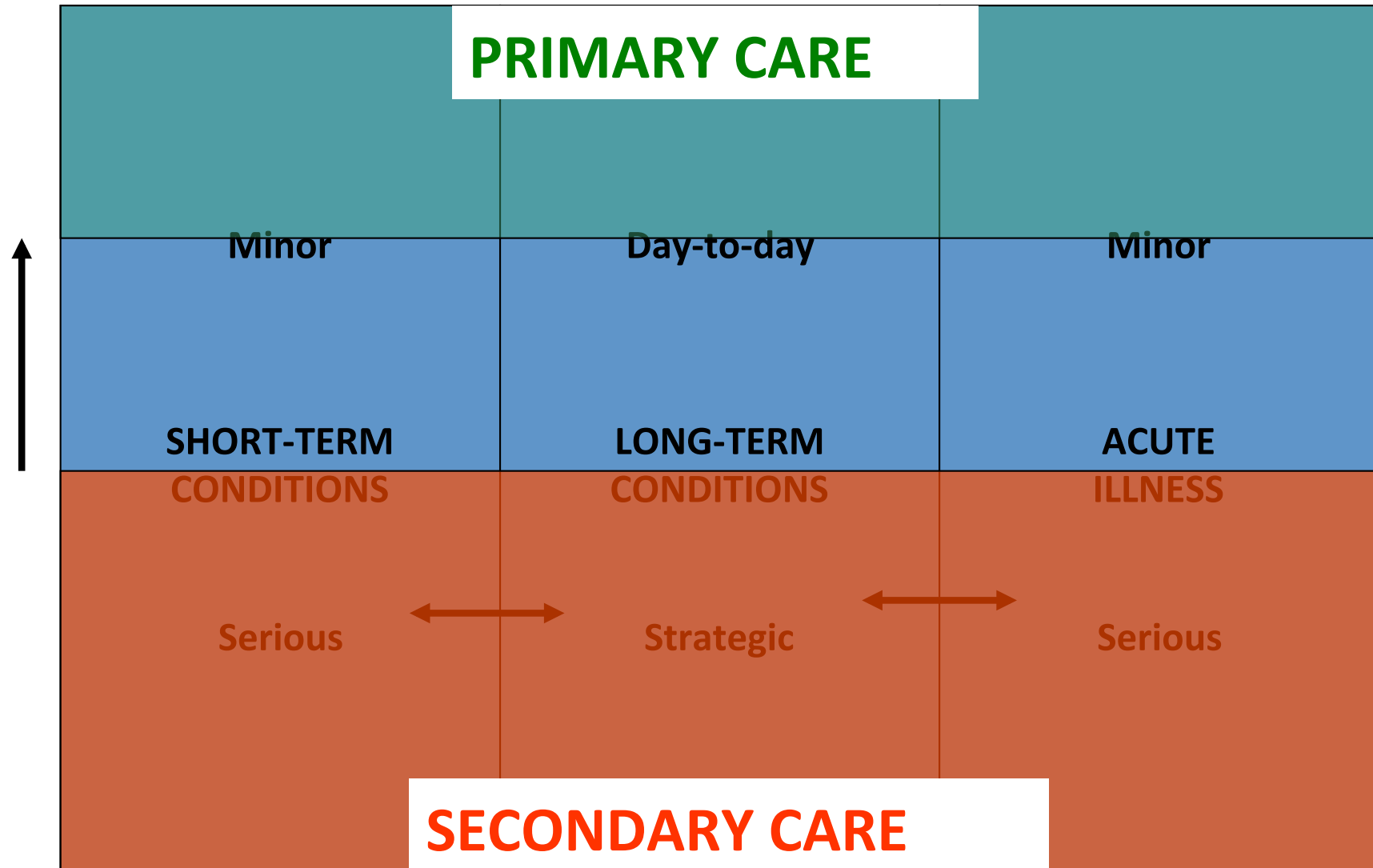
2011/12; Southwark & Lambeth population aged < 18 years



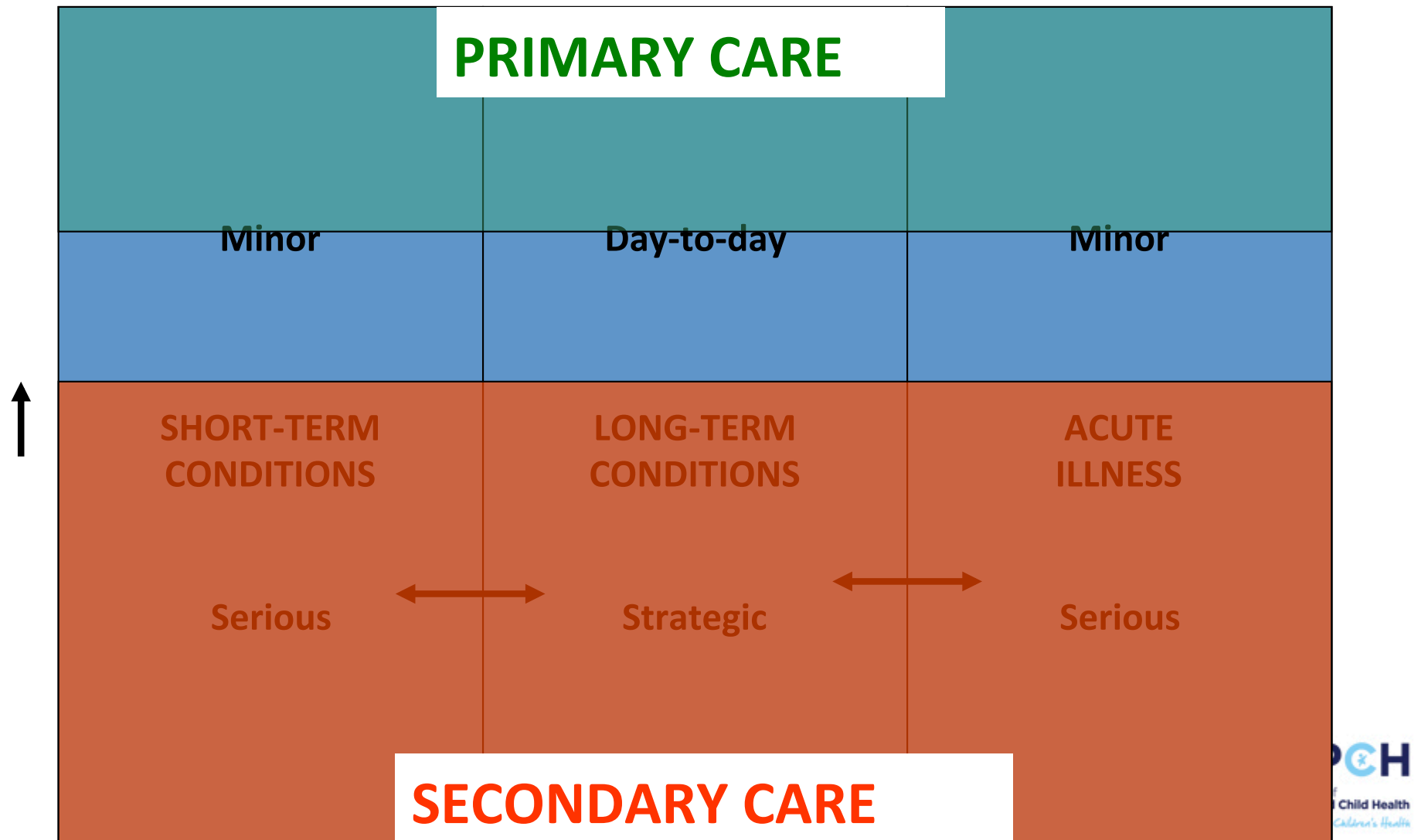
Children's Healthcare Needs



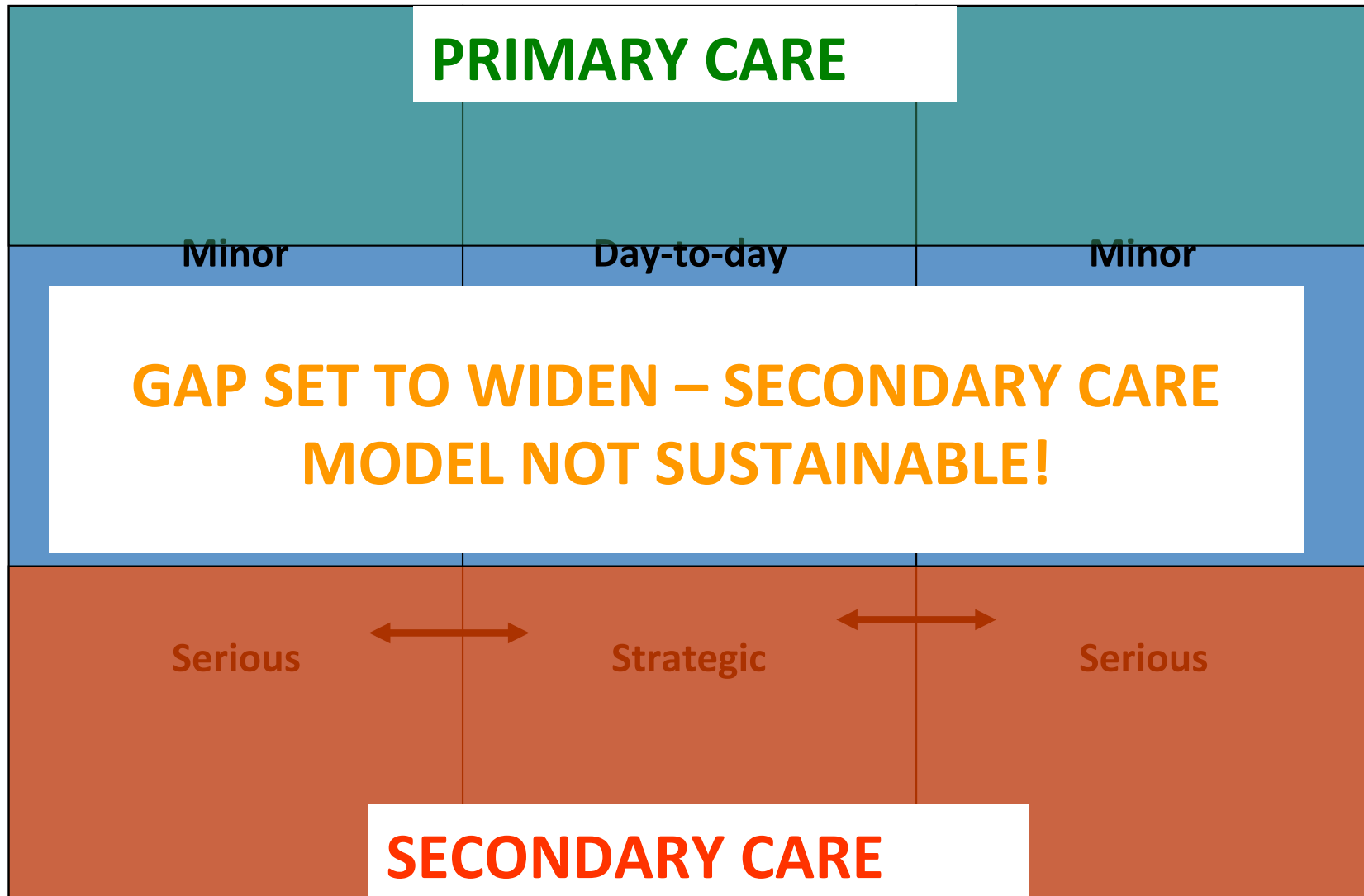
The Primary-Secondary Gap



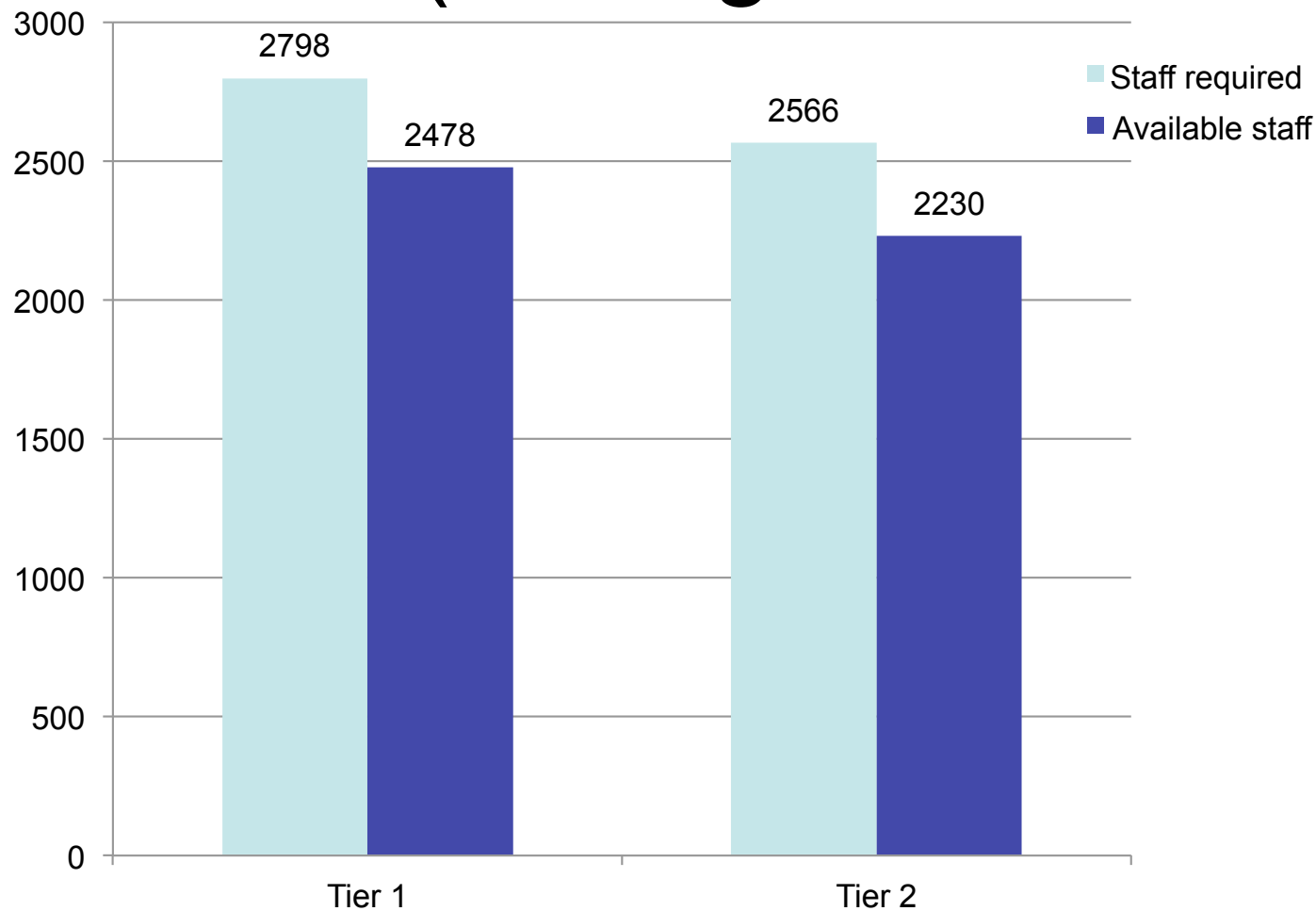
Incomplete fill by Secondary Care



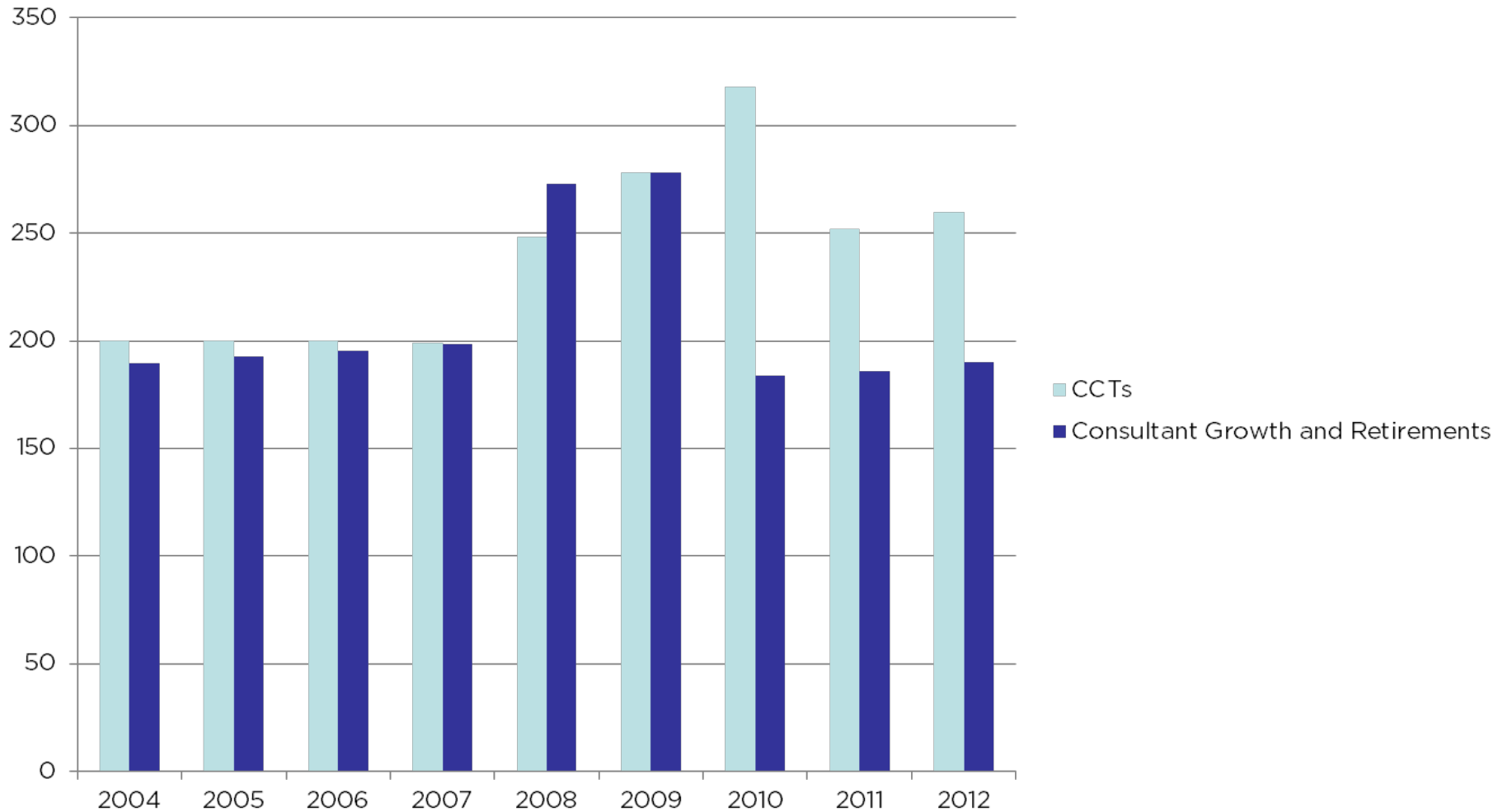
Incomplete fill by Secondary Care



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



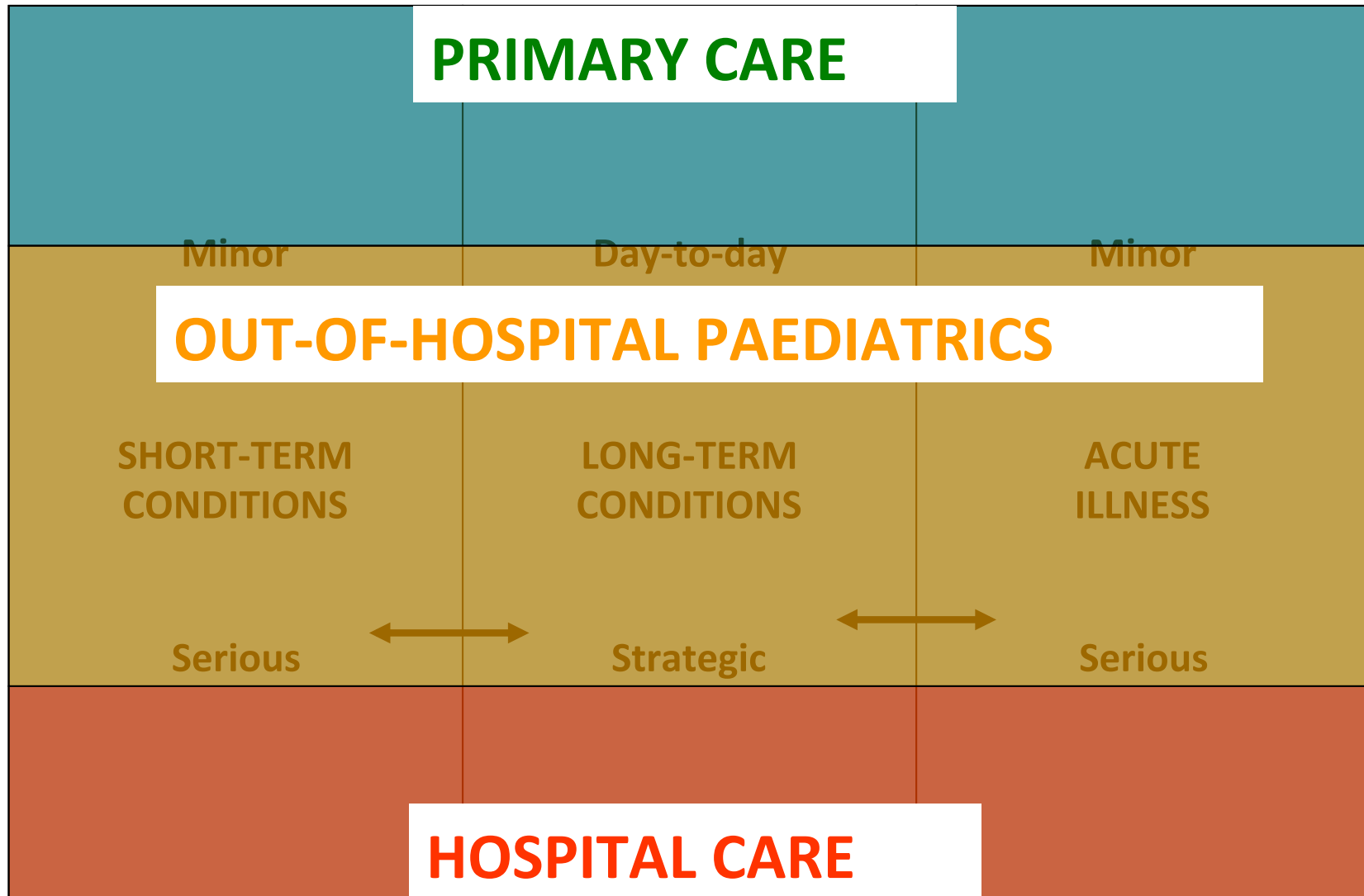
Current challenges - CCTs and Consultant Growth



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



NO PHYSICAL HEALTH WITHOUT MENTAL HEALTH!
All above must be applied to MH services

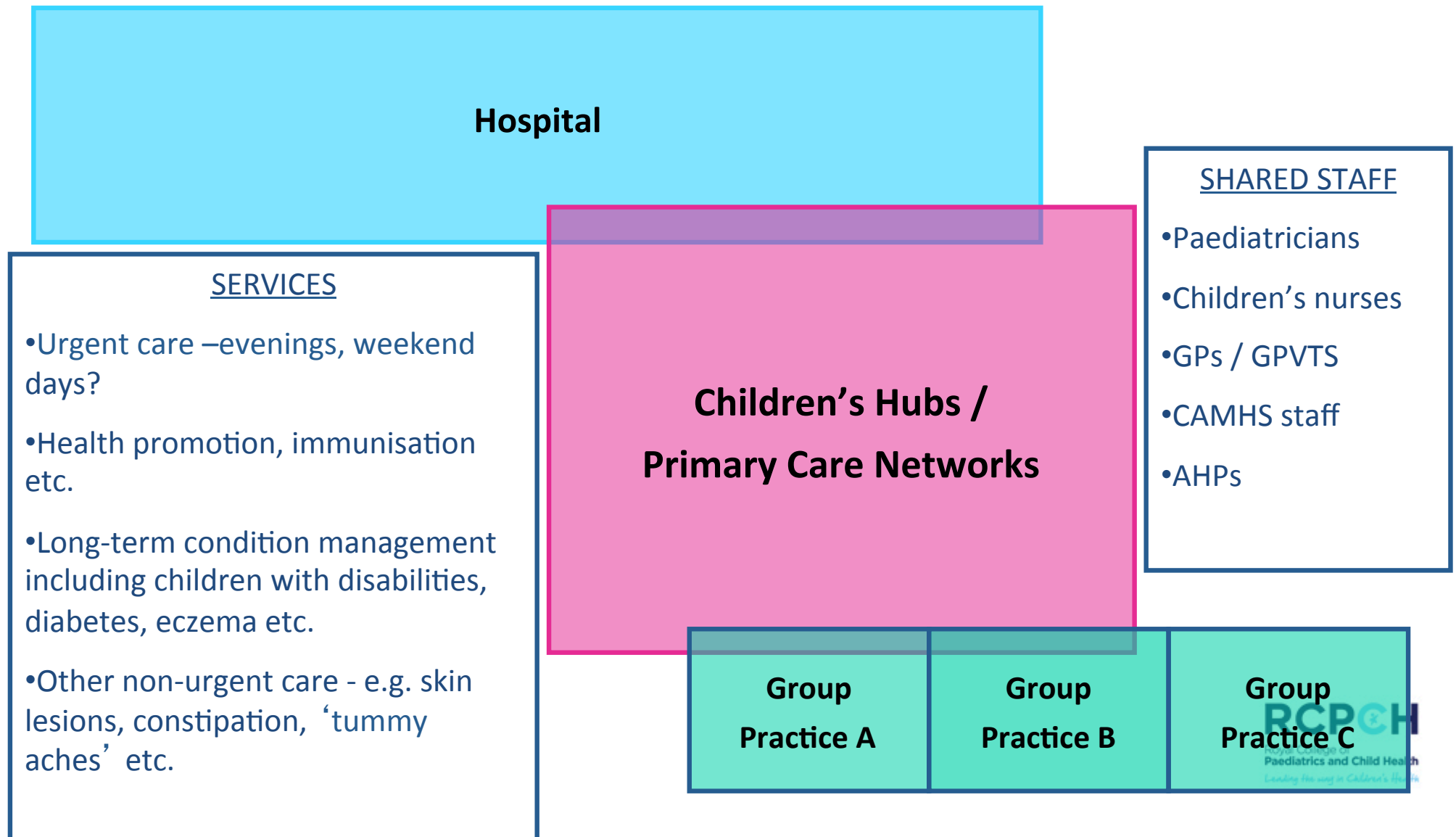
CAUSE-SPECIFIC MORTALITY

First access model	General practice		Combined GP and paediatrician			Paediatrician
	UK	Netherlands	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

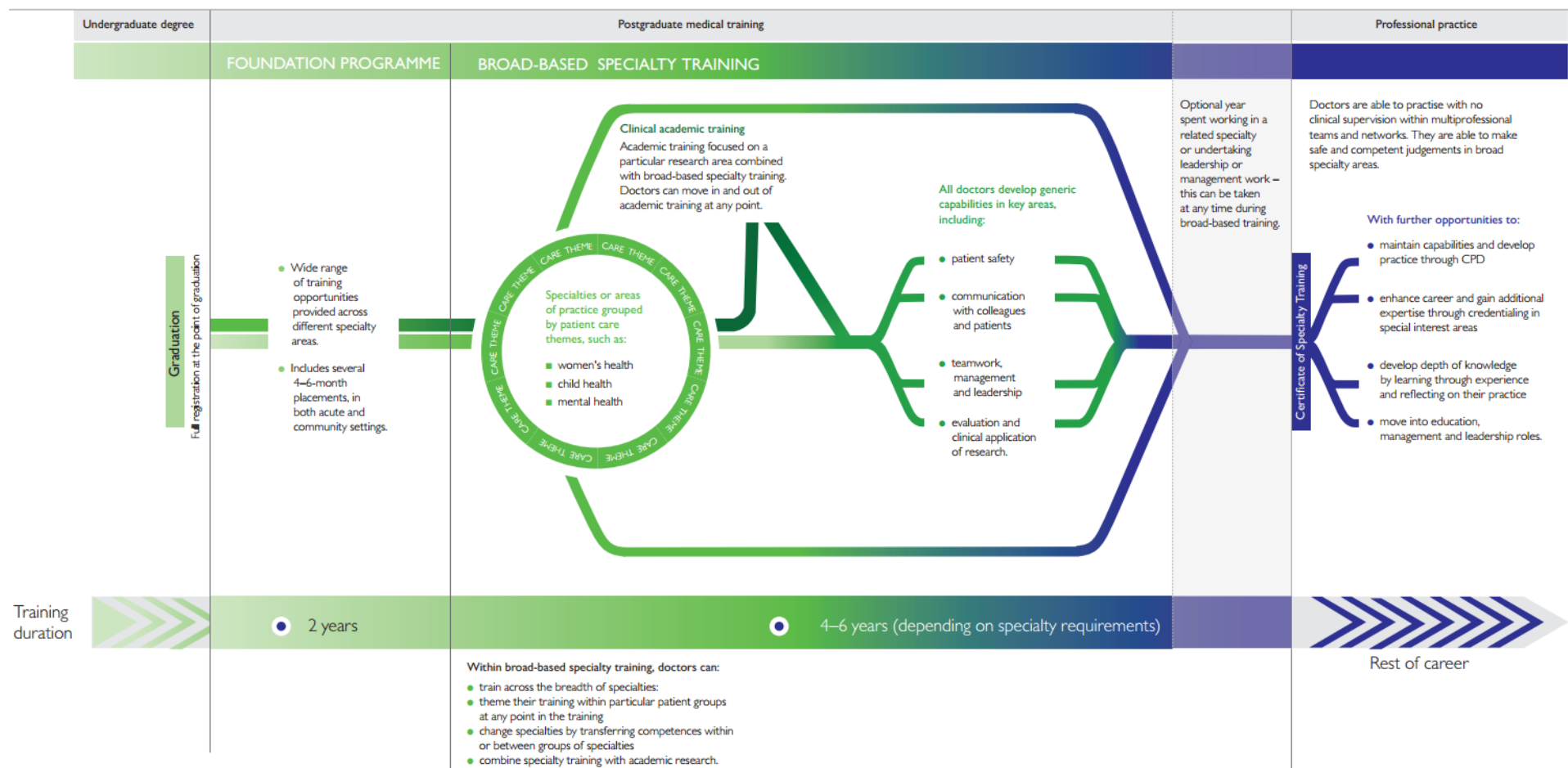
KEY DIFFERENCES EUROPEAN MODELS

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

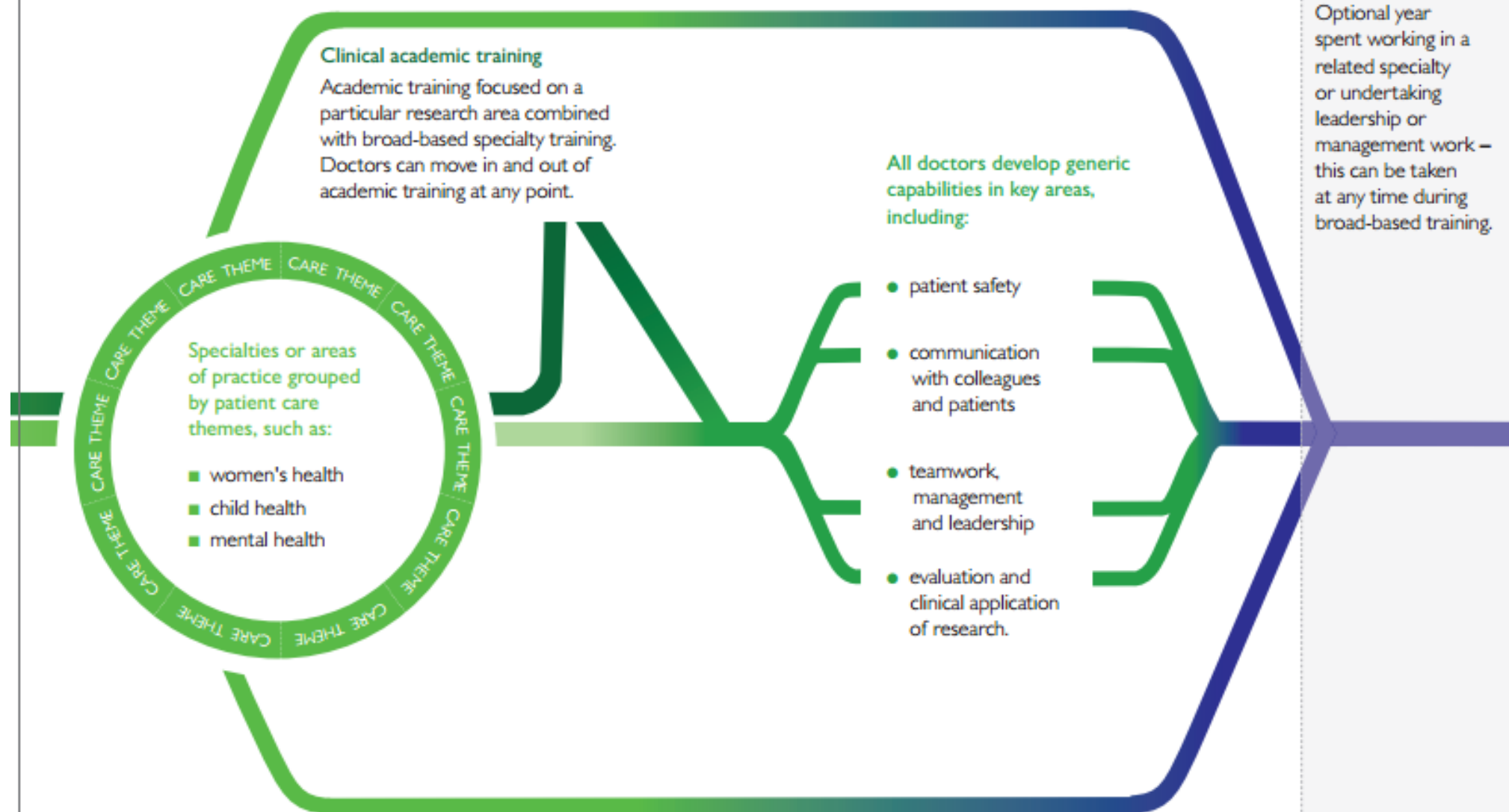
VERTICAL INTEGRATION



'SHAPE OF TRAINING' QUO VADIS?



BROAD-BASED SPECIALTY TRAINING



4–6 years (depending on specialty requirements)



Questions /
comments