8th December 2014

Joint RCoA Trainee Committee & GAT Statement

Dear All

The RCoA Trainee Committee and AAGBI’s GAT have been following the progress of implementation work after publication of the Shape of Training report.

Representatives from both organisations attended seminars designed to explore how Shape of Training could be implemented and you have been represented at the Academy of Medical Royal Colleges’ Trainee Doctors Group (ATDG).

The ATDG has subsequently produced a pan-specialty consensus statement regarding Shape of Training which is a succinct synthesis of views from trainee representatives across the specialties. We wholly support this statement and wanted to share it with all anaesthesia trainees: you will find it attached.

The UK Shape of Training Steering Group has sent a report to the four Health Departments outlining the issues with Shape of Training implementation raised since the publication of the report last year. We await the publication of these reports and will continue to keep you updated.

Yours faithfully

Dr JP Lomas
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on behalf of the RCoA Trainee Committee

Dr Sarah Gibb
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on behalf of the AAGBI GAT Committee
To four UK Health Department Shape of Training Leads

HEE

Dear

The Academy Trainee Doctors’ Group (ATDG) brings together the Chairs of all Medical Royal College and Faculty Trainee doctor committees. Following the Shape of Training seminars we feel now is a good time to reiterate our views.

High quality patient care is our priority. We welcome many aspects of the Shape of Training Review; broad based training programmes in the early years of training; apprenticeship based models of training, transferable competencies and greater flexibility during training.

Excellent training ensures high quality and safe care for our patients. In order to achieve this it is essential to:

• **Train doctors capable of delivering high quality patient care**
  Managing risk and uncertainty are key skills for all doctors. Developing these skills requires both training and experience. We expect future CST (Certificate of Specialty Training, proposed by Shape of Training) holders to have equivalence in training and experience to current CCT (Certificate of Completion of Training) holders; a CST must not be perceived as a lesser qualification. We must produce doctors capable of delivering the high quality of care our patients expect. For most generalist areas of practice we are not aware of evidence that this can be delivered in a shorter time frame than currently exists.

• **Ensure workforce sustainability**
  Unscheduled care is challenging and stressful and is not best served by tired and demoralised doctors. Sustainability must be built into any new proposals in order to attract and retain the best doctors. Medicine must be seen as an attractive career pathway.

• **Properly evaluate proposed changes prior to implementation**
  It is essential that any proposals to alter training be fully evaluated, with evidence to demonstrate that they will improve patient care. We advocate pilot studies and gradual change as opposed to a “big bang.” It is vital that we learn from existing examples of effective training programs, such as Broad-Based Training. We must remember the lessons from Modernising Medical Careers, where problems resulted from rapid implementation with lack of debate.

• **Avoid creation of a two-tier training system**
  The primary purpose of credentialing will be to enhance patient protection. It also has the potential to improve workforce flexibility and professional mobility. There are unanswered questions in terms of access, funding and the development and delivery of credentials. Credentialing must not be used as a lever to shorten training which risks creating a two-tier system. We do not expect that credentials will allow a CST to be gained in a shorter time frame than a current CCT, except where the credentialled area is a discrete area of practice not required for generalist work at a consultant level.

3rd December 2014
Ensure stability and security for existing doctors in training

The GMC requires all doctors in training to switch to any new curriculum that is introduced; this will be challenging if major changes are rapidly introduced. Any changes to the current system of medical training must be phased in to avoid destabilisation of the medical workforce and compromise of patient care; stability and security are vital for existing doctors in training to avoid attrition and exacerbation of current recruitment problems.

Shape of Training alone will not solve the current problem at the front door of medicine but many of the Shape of Training review’s recommendations have the potential to improve training and to create a workforce fit for the future. Engaging with doctors in training is an essential part of this. We look forward to working with the Shape of Training Steering Group to ensure we continue to produce doctors capable of delivering high quality patient care.

Yours sincerely

[Signature]

Dr Muj Husain
Chair, Academy of Medical Royal Colleges Trainee Doctors’ Group

On behalf of all Medical Royal College and Faculty Committees of Doctors in Training

cc Wendy Reid, Health Education England
cc Andrew Matthewman, Health Education England