

<b>Agenda item:</b>	<b>6</b>
<b>Report title:</b>	<b>Flexibility review – one year on</b>
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<b>Action:</b>	<b>To consider</b>

## Executive summary

The purpose of this paper is update the Executive Board on progress against the actions we set out in *Adapting for the future, A plan for improving the flexibility of postgraduate medical training*.

This update is set in the wider context of developments surrounding the Shape of training review, arrangements established for the UK oversight of curricula development and Brexit. To summarise progress so far, we launched our comprehensive package of educational reforms – May 2017. We are currently piloting our approval model for credentials with the Royal College of Surgeons in cosmetic surgery – during 2018. We have established a working group to revise our Gateways guidance on the support to disabled medical students and trainees – guidance to be published this Autumn. In addition we have clarified the flexibilities which exist for doctors in training who wish to train on a less than full time basis – statement issued with support of British Medical Association (BMA) Junior Doctors Committee (JDC) and others – November 2017.

Work is now underway with the Academy of medical royal colleges to review the arrangements to better support doctors who wish to transfer between specialties and also to identify curricula content which is relevant to and can be shared across specialties. We have also established arrangements to ensure UK oversight of curricula development with reference to our new curriculum standards, the Shape of training, credentialing, shared content and the scope for greater flexibility that Brexit may offer.

## Recommendation

The Board is invited to consider this report of progress.

## Background

- 1 Following a commission from the then Secretary of State Health in 2016, we conducted a review of flexibility in postgraduate training. This stemmed from the ACAS agreement and the contract negotiations between the Department of Health (England) and the BMA JDC which identified that doctors in training were concerned about the lack of flexibility in training, particularly the barriers to transferring between different specialties.
- 2 In March 2017, we delivered a report *Adapting for change*, to the health ministers of the four UK governments. The report made a number of commitments including our intention to introduce educational reforms that would support greater flexibility through outcomes and more generic professional and transferable skills elements.
- 3 The report also focused on how our emerging work on credentialing could support flexibility and signalled our intention to clarify the legal position for doctors who wish to undertake less than full time training.
- 4 We said that we would work with the Academy of medical royal colleges to improve arrangements for doctors wishing to transfer between specialties and to identify where elements of curricula could be shared across different specialties.
- 5 We committed to publish revised guidance in relation to the support of medical students and trainees who have health and disabilities.
- 6 We also undertook to explore some practical and legal issues including raising awareness and addressing some of the barriers in relation to transferability between specialties, the scope for counting prior learning completed outside of a formal UK training programme and the opportunities Brexit may present for greater flexibility.

## Progress

*We introduced a package of education reforms which promote flexibility*

- 7 In May 2017, we published our education reforms. Central to these are our standards for curricula, *Excellence by design*. Curricula should now describe how doctors will be trained to meet patient and service needs and must take account of the anticipated skills and capabilities that will be needed in the future medical workforce.
- 8 Another key element of the reforms is the Generic Professional Capabilities Framework, published together with supplementary guidance to assist colleges and faculties with implementation. This outcomes-based framework describes, in nine domains, the essential capabilities that underpin professional medical practice in the UK e.g. in leadership, teamwork, supporting vulnerable people, managing complexity and uncertainty, promoting health. Doctors in training will need to demonstrate that

they meet the required outcomes. Given their generic nature, the capabilities should be transferable across most specialties and therefore support flexibility. We have asked colleges and faculties to update their curricula to reflect the new framework by 2020.

- 9 We also published guidance to support colleges and faculties in designing and maintaining postgraduate assessment programmes.

*We established arrangements for the UK oversight of curricula*

- 10 We have secured input to curricula development from the four governments and statutory education bodies in the UK through the Curriculum Oversight Group (COG). This includes the UK Medical Education Reference Group (UKMERG) and the GMC. The COG provides strategic and four-country advice and endorsement for postgraduate curricula, including what aspects of training may be delivered as a credential.
- 11 All postgraduate curricula must now demonstrate how the proposed training will promote the vision of a more generalist and broader-skilled workforce in the Shape of training for us to approve it. The COG has met three times since September 2017. It has reviewed more than eight curriculum proposals and endorsed three as transitional arrangements that will be reviewed again in 2020. All curricula will be reviewed by this group by 2020, fulfilling a commitment we made in our flexibility review.

*We are running a pilot to test credentialing and looking at longer term models*

- 12 Our objective for the credentialing framework is to assure patients and employers that doctors are trained safely and competently in areas of practice that are outside of postgraduate training.
- 13 We are now piloting an approval model for credentialing with the Royal College of Surgeons in cosmetic surgery. Currently there is no regulatory oversight in this area.
- 14 We will be expanding our testing to different credential areas. We will use the outcome of these pilots, along with the collaborative work with UKMERG and colleges/faculties, to introduce a tested and four-country-endorsed framework for training outside of postgraduate programmes in early 2019.

*We issued a position statement clarifying the flexibilities on less than full-time training*

- 15 In November 2017, we published an updated position statement on less than full time training (LTFT). This confirms that flexibility exists for doctors who wish to train LTFT and the discretion postgraduate deans have to agree arrangements. It also sets out

conditions to make sure that the duration and level of quality of LTFT training is not less than that of continuous training.

*We are working with the Academy to review guidance on transferability and to develop shared curricula content between specialties*

- 16** After an initially disappointing response from the Academy of medical royal colleges and several meetings, we have now reached agreement on a way forward. We will provide funding (36k in 2018) as a contribution to the costs of a project manager at the Academy. The project manager is coordinating:
  - the Academy's review of the guidance which is designed to promote transferability of trainees across different specialties;
  - a project to identify and agree with colleges and faculties the development of shared curricula content which will broaden exposure and capability in elements of training which are relevant to a range of specialties e.g. psychiatry, paediatrics, internal medicine, general practice.
- 17** We will have a place at the table for both workstreams and will contribute to a curricula mapping exercise to identify where we think there are commonalities and opportunities.
- 18** During the engagement phase which led to the publication of our report on flexibility, we tested the idea of shared curricula with college and faculty representatives. We have of course made it a requirement in our new curriculum standards for colleges/faculties to develop shared elements, and the concept is consistent with the vision of the Shape of training which has called for a more broadly trained and flexible workforce to meet service and patient need.
- 19** Over the last year, through COG and other fora involving colleges and faculties, we have continued to socialise the idea as a prelude to the work the Academy has now agreed to lead. On the surface, there has been general support from colleges, Health Education England and postgraduate deans and very little resistance from colleges/faculties.
- 20** In terms of next steps, representatives from Education's Policy and Curricula approvals teams attended an Academy-hosted roundtable with colleges/faculties focusing on shared curricula on 22 March. We will provide a verbal update at the Executive Board on 26 March.

*We are developing revised guidance on support to medical students and trainees with long-term health conditions and disabilities*

- 21** On 26 February, the Executive Board agreed that we can proceed with our proposed consultation on revised guidance aimed at supporting medical students and doctors with long-term health conditions and disabilities, *Gateways to the professions*. We have now developed a new version of the guidance, with the proposed name 'Welcomed and valued', with support from an external expert steering group chaired by Professor Bill Reid (recent past-chair of the Conference Of Postgraduate Medical Deans (COPMeD)) and including representation from a range of key stakeholders in medical education and training. The steering group included representation from the Medical Schools Council, Foundation School Directors Group, Conference Of Postgraduate Medical Deans (COPMeD), Academy of Medical Royal Colleges (AoMRC), NHS Employers, the BMA, the BMA Medical Students Committee and occupational health experts (from Higher Educational Occupational Physicians / Practitioners (HEOPS), Association of National Health Occupational Physicians (ANHOPS) and the Faculty of Occupational Medicine).
- 22** We also conducted extensive external engagement to develop the guidance, including commissioning external research (with medical school staff, medical students, postgraduate organisations and employers) and hosting nine roundtables with the groups that will be affected by the guidance (medical students, doctors and educators).
- 23** The new guidance, designed to provide practical advice on how to support disabled learners, includes a 7-step framework on how to support students and doctors, developed with occupational health experts and replicated for the undergraduate and postgraduate chapters. It gives specific advice on clinical placements and assessments and highlights existing processes that can contribute to the support, such as the Transfer of information (TOI) and Annual Review of Competence Progression (ARCP) processes.
- 24** We hope to consult in April, subject to other comms-related priorities, with the expectation that the revised guidance will be published and available to stakeholders by Autumn, 2018.

*We are considering whether there's scope for a more flexible training framework*

- 25** In the context of the UK's departure from the EU, we committed to explore whether there is scope to adopt a different, more flexible legislative framework in the future. The particular problem we highlighted was that posed in Annex V of EU directive on the Recognition of Professional Qualifications (RPO) which creates a 'snakes and ladders' effect for doctors who are partway through their specialist training but wish

to transfer to another specialty. Instead of having such training recognised, the effect of the RPO means they have to start training in the new specialty from scratch.

- 26** The Chair and Chief Executive raised the Annex V issue with Ministers and officials at the then Department of Health (England). They agreed to factor this in to their list of issues for consideration in advance of the negotiations with the EU.
- 27** Overall, there remains uncertainty around the Brexit scenarios and whether the RPO directive will apply. Should the RPO no longer apply, we could fully shift the emphasis of postgraduate medical education and training from meeting minimum training periods to meeting agreed outcomes in line with our new curricula standards *Excellence by design*. This with additional provisions for flexible training programmes and an ability to take account of prior knowledge gained outside of traditional pre-approved settings would provide some solutions and enable us to realise the ambitions of the review. However, should the RPO continue with legislative backing we will retain a mixed system with minimum training periods alongside approved curricula which are outcome focussed.
- 28** A cross-directorate one-day workshop was held on 19 March 2018 involving Education, Specialist Applications and Legal to take stock and consider our current legal powers; opportunities which Brexit may provide if the RPO no longer applies; and whether, in light of recent legal advice, we have any latitude within existing EU and UK legislation to adopt a more flexible approach - for example in relation to counting prior learning that was not part of a UK training programme. We will provide a verbal update to the Executive Board on 26 March 2018.

## Other developments

### *Survey and data collection*

- 29** We are continuing to build an evidence-base to help inform the various workstreams set out in this paper. In addition to the National training survey, we will draw from a survey run with the Academy of Medical Royal Colleges between July and September 2017. This attracted over 6,000 responses from doctors who told us about their experiences of moving between specialties, working in more flexible arrangements or taking career breaks. A summary of the main learning is attached at Annex A.
- 30** We will also publishing a report in May, which the Surveys team have led, which aims to better understand the circumstances surrounding career breaks by doctors in training.

## 6 – Flexibility review – one year on

## 6 – Annex A

### Survey of flexibility in training

From July to September 2017 we invited doctors in training to take part in a short anonymous survey to help identify what barriers and opportunities there were to flexible training, and to hear about their experience of trying to change training programmes.

We asked a total of 21 questions, capturing details about the doctors, their experiences in trying to change specialties, whether they'd like to in the future, and what the most important issues were to them around flexibility in training.

#### Who responded?

We received a total of 6,138 responses from doctors in training.

- Of those who gave their area of training, 19% were in General Practice, 12% were in Anaesthetics, 8% in Paediatrics and 8% in Emergency medicine.
- Most respondents were women (67%) with 32% male, 1% prefer not to say.
- The significant majority of respondents were training in England (85%) with 9% Scotland; 4% in Wales and 2% in Northern Ireland.
- 68% were between 25-34 years old, followed by 27% between 35-44 years old.

#### Training arrangements

- 71.44% were in full time training; 25.04% in less than full time training (LTFT); 3.52% other. Many respondents in the 'other' category were either on maternity leave, undertaking out of training programmes or were no longer in training.
- 56% said they were considering LTFT training arrangements – with more than 71% of these saying they were interested in working more than 50%; 12% wanting to work 40-50%; and only 7% interested in working 10-20%.

## Breaks from training

- 27% said they have taken time out of their training programme, but kept their training number. Reasons for breaks included: maternity or paternity leave (53%); research, fellowship or PhD (27%); for other experiences including overseas opportunities; family or personal reasons; and health concerns (own or family).
- 23% said they'd taken time out or were planning to, but with no training number, for similar reasons to above, but responses were more negative and focused more on difficult work conditions, especially rotas, with mention of inflexibility of training arrangements to deal with personal circumstances around health or family.

## Moving between specialties

652 respondents had changed specialties during training, from general medicine and emergency medicine (both 12%), 10% from general practice and 9% from anaesthetics.

The main reasons for moving to a different specialty included:

- Change of direction (25%). This was largely seen as positive – the first specialty was a poor fit – some saying they'd made the decision too early in their training.
- Lifestyle and work/life balance was the next reason for changing (18%).
- Negative training or working experiences had a clear influence (14%).
- Family or their personal life reasons was another reason given (12%).

Of those who switched specialties:

- 59% said they found switching between training programmes easy. Others said barriers related to local deanery decisions, no clear pathway, failure to recognise previous learning, or agreeing LTFT arrangements.
- 74% said no previous training was recognised; 26% said 6-12 months was.

Only 60 respondents failed to switch specialties – the two most common attempts were into general practice and anaesthetics. Most said this was the result of competitive entry, inability to secure an inter-deanery transfer, rigid training structures (especially linked to the ACCS and a move into anaesthetics) or not having the expected competencies.

Notably, of the 5,264 doctors who responded about switching specialties in the future, more than 84% indicated they were not interested in changing. 70% of 4,431 respondents confirmed that even if the processes were easier, they would not change specialties.

**Most important issues in terms of overall flexibility in training**

■ Better less than full time training arrangements	21%
■ Bespoke personal arrangements	21%
■ Time out of training for academic or other opportunities	17%
■ Career breaks	16%
■ Moving deaneries	15%
■ Ability to move between specialties	10%