

Direct Line: [REDACTED]

13th April 2000

Ms Melissa Simons
Phase Two Team
The Bristol Royal Infirmary Inquiry
2 – 10 Temple Way
Bristol BS2 0BY

Dear Ms Simons

**Re: *BRI Inquiry – Phase Two: Request for position papers:
People – Education, Training, Development and Governance***

Thank you for your invitation to contribute to the Bristol Royal Infirmary Inquiry. This paper is a personal contribution which draws upon my experience of working with hospital consultants and trainee doctors (SpRs) in the North Thames Region of the NHS over the past seven years. I will focus on three main areas that I believe are important to consider if we wish to renew Postgraduate Medical Education and enhance its relevance to the new NHS.

A National Curriculum for PGME

Since the introduction of the Calman reforms of Postgraduate Medical Education in 1993 / 94 there has been significant progress in reforming Postgraduate Medical Training. Progress has been made with doctors training in a hospital context as well as in non-hospital training environments. The following comments and observations refer specifically to the hospital context in which the majority of doctors are being trained. In the North Thames Region there are approximately 5500 doctors in training grades of whom 2500 are in SpR training schemes.

Several of the position papers that were submitted to the March 7th Seminar, refer to the strenuous efforts undertaken recently to reform the medical training system in this country. These initiatives have been broadly welcomed by those organisations responsible for delivering medical education on behalf of the NHS. However, there are still further developments to be considered by those responsible for the delivery of PGME in order to align it with the emerging Lifelong Learning system which is currently being developed across the NHS.

- As the NHS modernises we would expect all aspects of the education and training for future healthcare professionals including doctors to be subject to radical change. I am proposing a **National Curriculum** for Postgraduate Medical Education and Training. The content of a National Curriculum would be decided following consultations with all Medical Royal Colleges and other interested public organisations who would be invited to contribute to the design of a national learning system for doctors.
- A new organisation should be created to lead this development and be responsible for the implementation and future development of a National Curriculum. The new organisation could absorb the functions of the NHSE's Medical Education Unit and it may need to review the educational work, currently being delivered by the Medical Royal Colleges to identify areas of work to be transferred to the new national organisation.

- The new organisation could be located within the recently established National Institute for Learning and Teaching where it would share resources and expertise with a broader educational community. It would draw upon the experience of colleagues currently working on curriculum development projects across the Further and Higher Education sectors. The detailed work of the new organisation would be subject to future discussions across the profession. However, the new body should be responsible for managing future curriculum innovation in PGME for example introducing an educationally sensible credit system for the Medical Royal Colleges which would be congruent with a national Credit Accumulation and Transfer System.
- A national organisation could work towards identifying common standards for establishing quality assurance mechanisms as part of a national Postgraduate Medical Education Curriculum.

Continuing Professional Development

I agree with the colleague from the Royal College of Nursing who wrote:

“education, training and continuing professional development are crucial elements of lifelong learning, and whilst it is helpful to differentiate between them, it is also important to set them within a lifelong learning framework”.

- The Medical Royal Colleges should work towards contributing to the NHS Lifelong Learning Agenda by identifying appropriate Continuing Professional Development programmes that are relevant to the new professional needs of doctors working within a modernising healthcare sector.
- As part of the renewal of professional development in medicine there should be a common core of developmental activity informed by current research and practice in Human Relations Training.
- Colleges should be publicly accountable for the future allocation of resources to support the personal development of consultants working in the NHS. This is not to suggest that they should be wholly responsible for allocating these funds, but they should contribute in the future to a joint funding system that includes employer financial contributions, and direct contributions from consultants. A proposed new funding system would draw upon existing models of individual professional development learning accounts.

Appraisal

The introduction of appraisal for specialist registrars and other doctors in training has been led mainly by Postgraduate Deaneries in England. All doctors in training have the right to receive feedback on their performance otherwise they are often unable to learn from their experiences. Without feedback there can be no learning.

The recently published White Paper, **Supporting Doctors Protecting Patients** defines appraisal as:

“Appraisal is a positive process to give someone feedback on their performance, to chart their continuing progress and to identify development needs. It is a forward looking process essential for the developmental and educational planning needs of an individual... it is not the primary aim of appraisal to scrutinise doctors to see if they are performing poorly but rather to help them consolidate and improve on good performance aiming towards excellence. However, it can help to recognise at an early stage developing poor performance or ill health which may be affecting practice”. (Supporting Doctors, Protecting Patients – paragraphs 5.13 – 5.14).

The introduction of appraisal for consultants could result if it is carried out with skill and sensitivity, to the reconstruction of professional accountability in the new NHS. There is evidence that many consultants are taking responsibility for developing good practice in appraisal. The work of the Specialty Training Committees for Paediatrics in the North Thames Region is one example amongst many of good practice in action.

The medical profession accepts the need to ensure that all appraisers are trained. The future development of appraisal is likely to include developmental models which include contributions from other healthcare professionals. These developments should be welcomed and not perceived as implicit threats to professional practice.

The recent introduction of personal development plans for all NHS professionals offers doctors an opportunity to identify their personal development needs and have these needs met as far as possible by their employers.

The Chief Medical Officer has written that:

“Personal Development Plans will form part of the appraisal cycle and will help direct an individual’s continuing personal development” – (Supporting Doctors, Protecting Patients, paragraph 5.17).

A future NHS will encourage doctors to reflect on the quality of their own practice and in so doing contribute to the organisational renewal of learning and development across the service. There will be difficulties in the short term in aligning individual learning needs with the broader aims and objectives of the employing organisations. These will not be insurmountable problems. The foundations for a new learning culture in the NHS is currently under construction.

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