

UK Shape of Training Review – UK Health Ministers’ Statement Response to UK Steering Group Report

The success of the health care systems across the UK relies on having a sustainable workforce which is sufficiently agile to meet the demands faced as a result of an aging population with multiple conditions.

In October 2013 Professor Sir David Greenaway published his report into postgraduate medical training in the UK. The report was commissioned to consider whether the current arrangements for training doctors is sufficiently focussed on the needs of the population both now and in the future. David Greenaway was right in recognising that medical training in the UK must adapt to changing patient need, equipping our doctors with the skills, competencies and aptitudes to work within new models of healthcare delivery. His report made 19 recommendations which were broadly welcomed by the four health Ministers in the UK.

At that time, Health Ministers decided further work was required to consider how the recommendations would translate into tangible actions, the implications for each country, and timescales for implementation. A UK Steering group was established, led by Professor Ian Finlay, to undertake this work and his group has now reported its conclusions.

As health Ministers across the UK, we are clear that advances in technology, changing models of care and the difficulties faced in caring for an increasing aging population requires the healthcare system to adapt. It is important that medical education and training programmes keep pace with changes in both professional standards and social expectations. We welcome the report from the UK Shape of Training Steering Group, and commend the combined efforts of the Group, not only in fulfilling their task of analysing the key recommendations of David Greenaway’s report, but in outlining a pragmatic and proportionate way forward.

All 4 nations of the UK are firmly committed to transforming delivery of services, with more care delivered in local or community-based settings, guided by an overriding principle that patient needs must drive service configuration. This will require new approaches to medical education and training to enable service providers to plan effectively and to ensure

that tomorrow's doctors are equipped with the skills and attributes that patients need.

Our resolve to transform healthcare delivery is absolute, as is our commitment to patient-focused care and to ensure those who work in our care services receive the best quality of training that enables them to fulfil their career ambitions. We endorse the excellent work of the Steering group in developing the key principles and the tangible benefits which will inform and influence the development of curricula change. The Steering group's report is balanced, timely and consistent with our transformational plans, and its conclusions will help drive the scale of change required, but in a planned and sensible way.

Critical to success is delivering curricula change that better responds to patient and employer needs; we greatly appreciate the efforts of the Medical Royal Colleges and members of the Steering group in bringing forward proposals to date. It is important to maintain the positive momentum already achieved, and we endorse the Steering group's proposed approach for ensuring curricula approvals can be scrutinised and submitted to the General Medical Council for formal approval which, in turn, will enable the relevant statutory postgraduate medical education bodies to prepare revised training pathways. We especially welcome the work led by Health Education England (HEE) in relation to general surgery training and also the proposals for the training of Physicians. We now wish to see these, and the others, expedited.

We recognise there are aspects arising from implementation activities outlined in the Steering group's report, and from complementary developments such as the GMC's review of training flexibilities, that need to be planned and progressed, and it will be important that these align with each nation's wider strategic plans for transformational change. Appropriate oversight arrangements will be put in place in each country to ensure progress can be monitored.

In endorsing the Steering group's recommendations we attach particular importance to the proposed role for credentialing during or after training. This will be beneficial to those who must plan services that are responsive to patient need, and will ensure there is clarity in career

pathways for our future medical workforce while not diminishing the quality of the current certificate of completion of training (CCT).

The Steering group's work to identify the benefits which will accrue from curricula change, for patients, service providers and for doctors, will not be fully realised without credentialing and we have instructed our officials to expedite the relevant recommendations, including scoping what regulatory change may be required to deliver the credentialing components. In doing so, we are committed to build upon the constructive and collaborative arrangements already established with the GMC, the Medical Royal Colleges and the statutory postgraduate training bodies.

The outcomes from the Steering group's work are timely because they closely align with our respective transformational change programmes for health and social care services. We are very grateful to the members of the Steering group for their input and insight, and to Prof. Ian Finlay for his expert leadership and considerable contribution to the outcomes. The key task now is to build on the momentum already achieved and bring to fruition the key changes to medical education and training that will deliver benefit for patients, assist employers in redesigning their services, and provide the highest quality of training and career flexibilities that our doctors expect.

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