The new Barts and the London Medical School was unveiled on 23 May 2005.
Photo Credit: Morley von Sternberg.

UK Graduate Medical Training: Modernising Medical Careers

By Adrian Ooi

The UK medical training programme, for decades considered the standard by which many countries based their own systems upon, has recently undergone a three-year overhaul in what the National Health Service (NHS) has termed 'Modernising Medical Careers' or simply, the MMC. The intake of house officers beginning August this year will be, with the exception of some pilot schemes, the pioneer batch of doctors to undertake the new system. As a medical student entering my final year of studies, I find myself in the unique position of straddling the old and the new, and having to acquaint myself with this modification in the UK medical career path. This article aims to introduce the MMC, review the reasons behind it and explain how it changes junior doctor training in the UK.

UK MEDICAL EDUCATION

The UK medical school programme is very much similar to the Singapore system. It is a five-year course, with the first two years traditionally dedicated to pre-clinical studies and basic medical sciences while the last three years are spent on rotation in different hospitals around general medical/ surgical and speciality attachments. This system is slowly changing, with many medical schools progressing to a more 'integrated' course whereby clinical concepts are introduced early on, with strong emphasis on communication and practical skill development. Added to this has been the establishment of a one-year intercalated degree where students can undertake research in a particular area of scientific or social interest (subjects in different universities range from biomedical sciences to management). This usually occurs between the second and third year, and many medical schools have now made this a compulsory part of their course.

OLD SYSTEM OF POSTGRADUATE MEDICAL TRAINING

The old system is pretty straightforward, with the Pre-Registration House Officer (PRHO) year after graduation divided either into two periods of six months split between general surgery and medicine, or three periods of four months split between general surgery, general medicine and a speciality of choice, for example, paediatrics or O&G (depending on the programmes offered). At the end of the PRHO year, full General Medical Council certification is then given, and the doctors apply to Senior House Officer (SHO) posts in the various specialities. These posts or jobs often come as two to three-year programmes, and the job scope is similar to the Medical Officer (MO) posts established in Singapore. It is during these years where the 'membership' examinations are taken for entry to the Royal Colleges, although the specific requirements vary according to the speciality chosen. Once the membership exams have been passed, it enables the doctor to apply for a specialist registrar post.

This is where it gets tricky. There are many registrar posts available, but only a proportion of them are 'numbered' which leads on to becoming a consultant specialist and obtaining the Certificate of Completion of Specialist Training (CCST). If you do not get a numbered post, you rotate around different staff-grade registrar or SHO jobs until an opportunity arises. For those wanting to become GPs, it is a three-year rotation after the PRHO year consisting of both

A £45 million project – The futuristic BLMS houses the Queen Mary's Institute of Cell & Molecular Science, and boasts a single research floor the size of a football pitch.
Photo Credit: Morley von Sternberg

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hospital and GP jobs culminating in a summative assessment before being certified.

MODERNISING MEDICAL CAREERS

There are a few areas in the old system which have traditionally been considered weaknesses. First of all, the SHO years are often viewed as a period of ill-defined training – the 'lost tribe' – with many juniors stuck in limbo and receiving limited help and training. They are looked upon as the 'work-horses' of the team, and do not normally benefit much from their rotations. Secondly, a significant bottleneck has formed in between the SHO years and obtaining a numbered training post. At the same time, the UK is suffering from a shortage of GPs and specialists, a problem which seems to be growing.

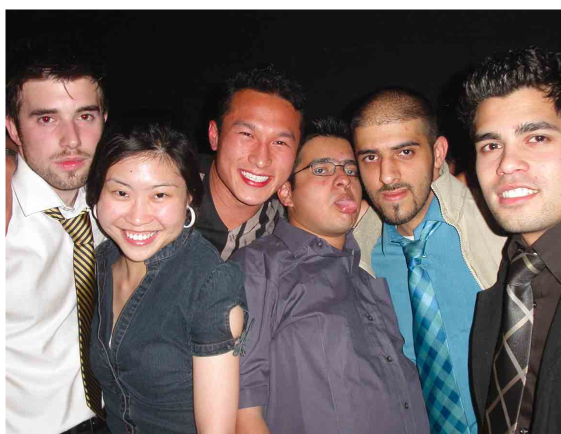
In order to meet the increasingly patient-oriented demands of the healthcare system and move towards a consultant-led service, the government decided that there had to be a change in the way postgraduate training is conducted in the UK. The aim is to develop a more competency and skills-based programme versus the old time-based programme, reducing the length of training while improving quality, delivering a modernised and focused career structure for doctors. There is also a need to streamline with the full implementation in 2009 of the new European Working Time Directives (EWTD) installing a maximum 48-hour work week for doctors.

The new system will involve the continual assessment of doctors at every stage, ensuring that a certain level of competency is achieved before they are allowed to progress to the next stage of training. Assessment tools currently being trialled or used at this stage are the Mini-PAT (Peer Assessment Tool), Mini-CEX (Clinical Evaluation Exercise), DOPS (Direct Observation of Practical Skills) and CbD (Case-based Discussion)[1].

FOUNDATION PROGRAMMES

After graduating from medical school, doctors will enter a two-year foundation programme (F1 and F2), which will act as a bridge between medical school and specialist/general practice training. In the final year, every medical student up for graduation will apply to a 'foundation programme', run by foundation schools all over the UK. For example, within the London Deanery there are five foundation schools, roughly comprising of hospitals located within the same vicinity, although hospitals within each foundation school might be located far out of central London[2]. The idea is to give every medical student (even those located out of London) equal opportunity to apply to each foundation school, without any selection bias. While the majority of applicants to a foundation school are from the associated medical university, it is envisaged that in each school about 10 to 15% of eventual F1 doctors will be from foundation schools outside which they have trained

The Royal London Hospital.


A night out with friends.

(so-called 'off-scheme' applicants).

F1 is aimed at building upon the knowledge, skills and competencies acquired in undergraduate training. It will consist of four months in general medicine, four months in general surgery, and four months in a speciality, depending on the rotation applied to. When F1 is completed, full registration with the General Medical Council can then be obtained provided the relevant competencies have been met.

Once you obtain an F1 position, it is meant to guarantee an F2 position within that same foundation school, but most likely at a hospital geographically distant from the one in F1. F2 is meant to be a year where doctors gain confidence in diagnosis and decision-making (especially of the acutely ill patient), and will involve a four-month A&E and/or Medical Admissions Unit placement plus two other four-month more specialised postings. There will be an opportunity to develop experience in a range of specialties as well as other essential skills such as teamwork and organisation. This will offer doctors the chance to gain insight into possible career options or to build a wider appreciation of medicine before embarking on further training. The intention of the MMC is that the SHO grade will eventually become obsolete.

THE 'RUN-THROUGH' GRADE

After the foundation programme, it is envisaged that a 'run-through' grade will be formed which combines both basic and higher speciality training, each programme lasting about five to seven years. This will be structured and

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supervised and take the doctor through to the Certificate of Completion of Training (CCT). It is anticipated that the first years of specialist training will contain some generic medical or surgical skills and the early years will be similar across specialties. This means that everyone will obtain a series of competencies that are comparable across the specialties[3]. The major advantage of this is that doctors will be allowed to be registered on the specialists or GP registers at an earlier stage. Also, it gives trainees greater flexibility in choosing their career pathways, as the core competencies gained early on will enable them to move forward into a different speciality without having to start from the beginning.

ROYAL COLLEGES AND THE PMETB

The recently set-up Post-Graduate Medical Education and Training Board (PMETB) is the body responsible for deciding what acceptable training and competencies are. They also work together with each of the Royal Colleges to create a curriculum for speciality training[4]. For those interested in surgery, the current guidelines are still being discussed, but the basic layout is that the MRCS (Member of the Royal College of Surgeons) Part 1 equivalent will be taken at the end of the F2, while the MRCS Part 2 will be taken at the end of the first year of the 'run-through' grade. If successful, they will be selected for further specialist training to become a consultant. For physicians, it is envisaged that the MRCP (Member of the Royal College of Physicians) will be taken at the end of F2, after which those successful can apply for specialist training. For GPs, the three-year vocational training can only be taken after the F2. These proposals are still very much unclear, and the Royal Colleges are currently fervently trying to resolve the situation.

CONCLUSION

Generally, the MMC is viewed by many as a step in the right direction for medical training in the UK. Though still undergoing many alterations and modifications, it is expected that the basic template for the entire training process will be released by the end of 2005. The layout looks solid, the NHS has assuredly put a lot of investment into the programme, and it will be interesting to see how the new pathway works out not just for the doctors, but for the patients as well. ■

References:

1. *More information on the MMC and the methods of assessment can be found at http://www.mmc.nhs.uk*
2. *More information on the foundation schools and application procedures can be found at http://www.londondeanery.ac.uk*
3. *Cohen D. What happens after the foundation programmes? BMJ Career Focus 2004;329:217-219.*
4. *More information on the Royal Colleges can be found on their websites: http://www.rcseng.ac.uk, http://www.rcplondon.ac.uk, http://www.rcgp.org.uk*