

Training of future specialists in diabetes and endocrinology – is it FIT for purpose?

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Physicians Training Board.

CMT Recruitment



Deanery Retribution

Is the Endocrinology and Diabetes curriculum FIT for purpose?

Starting point:

- A diabetes perspective
- European legislation – single specialty (E&D)
- Minimum 2 years basic, 4 years specialist training

Is the Endocrinology and Diabetes curriculum FIT for purpose?

Whose purpose?

- Patients
- NHS/Service
- DH-Next Stage Review
- PMETB
- Profession/Speciality
- Trainees

How was the present curriculum designed?

Sub group of SAC in Endocrinology and Diabetes

Consultation:

- Regional Specialty Advisors
- Trainees
- Deanery Training Committees
- Specialist Societies

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PMETB Curriculum Approval Panels – Mandatory Questions

What is the outcome of discussions with stakeholders?

- Patients
- Service
- Trainees
- Trainers

Is the curriculum deliverable?

Does it apply to all programmes, all locations?

Patient Involvement in Curricular Development

- Societies – Diabetes UK, IDF?
- Focus groups?
- Questionnaires?

NHS/Service input to curricular development

Service requires JRCPTB to train specialists for the jobs to be done

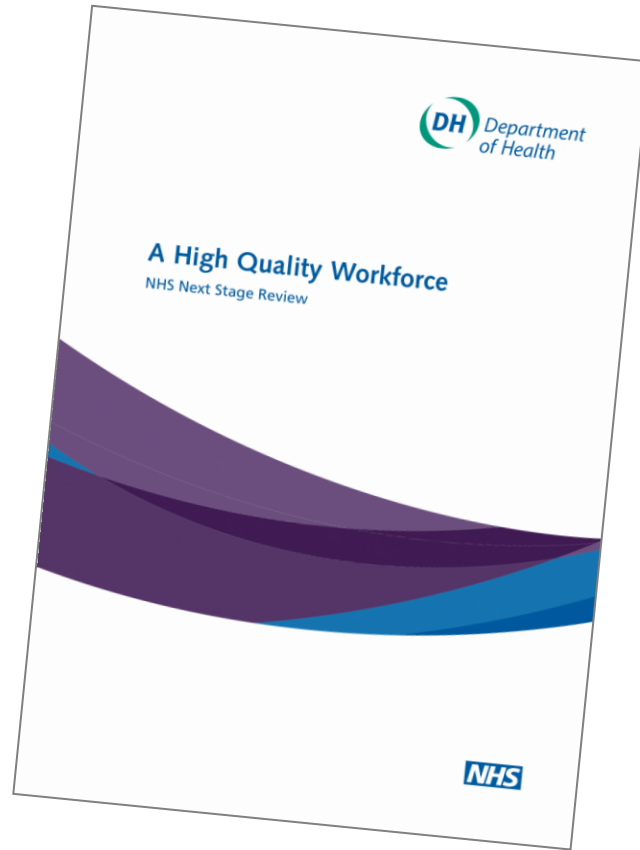
- NHS Employers?
- SHAs, PCTs, Foundation Trusts?
- Invite contributions prior to curricular review?
- Share plans prior to PMETB submission?

What Does the DH Want?

DH- Next Stage
Review

Darzi Report

NHS Next Stage Review



General Themes of the Darzi Report:

- Patient focus
- Care available nearer to home (Polyclinics etc)
- Broader-based early training with increased Primary Care experience
- Increased community care

Management, leadership and educational roles

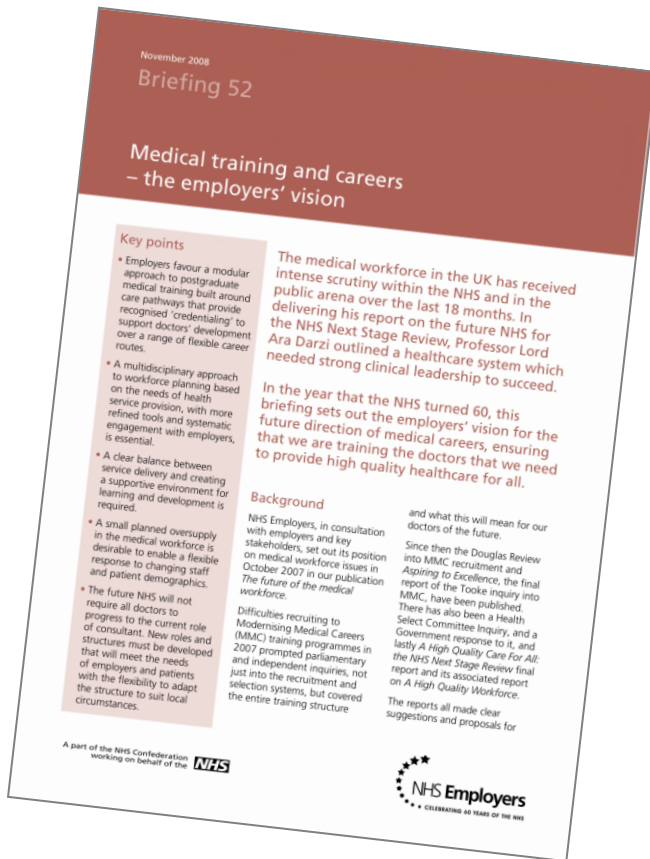
- Integrate training in leadership, management and teaching for all junior doctors into medical curricula
- Introduce new standards in leadership to ensure training quality
- Ensure that educational supervisors in secondary care undergo mandatory training for the role (as currently exists in primary care)

NHS Next Stage Review



In partnership with the medical profession, in particular the Royal Colleges and the professional regulators, we will **develop plans to introduce modular credentialing** for the medical workforce over the coming decade.

Employers favour a **modular approach** to postgraduate medical training built around care pathways that **provide recognised 'credentialing'** to support doctors' development over a range of **flexible career routes**.



Modular Credentialing



Formal accreditation at defined points of capabilities & experience

Pre-CCT

Training pathway
divided up into modules

Post-CCT

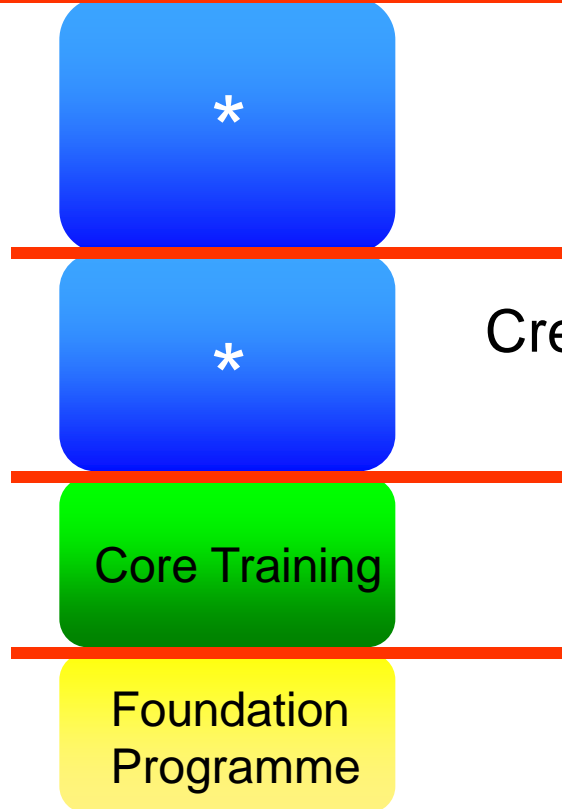
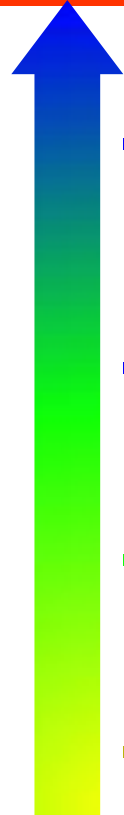
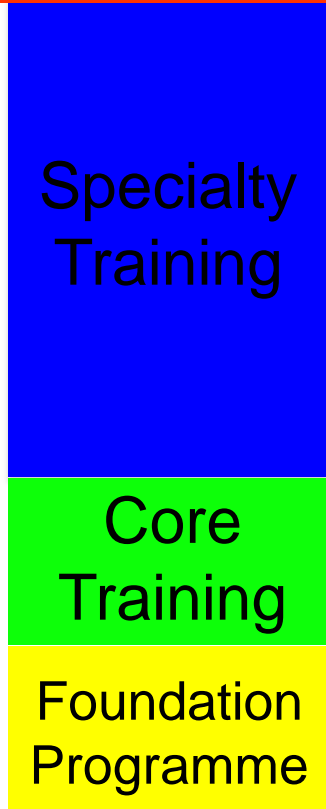
Credentialing &
life-long learning

Modular Credentialing



CCT

Modular Curriculum

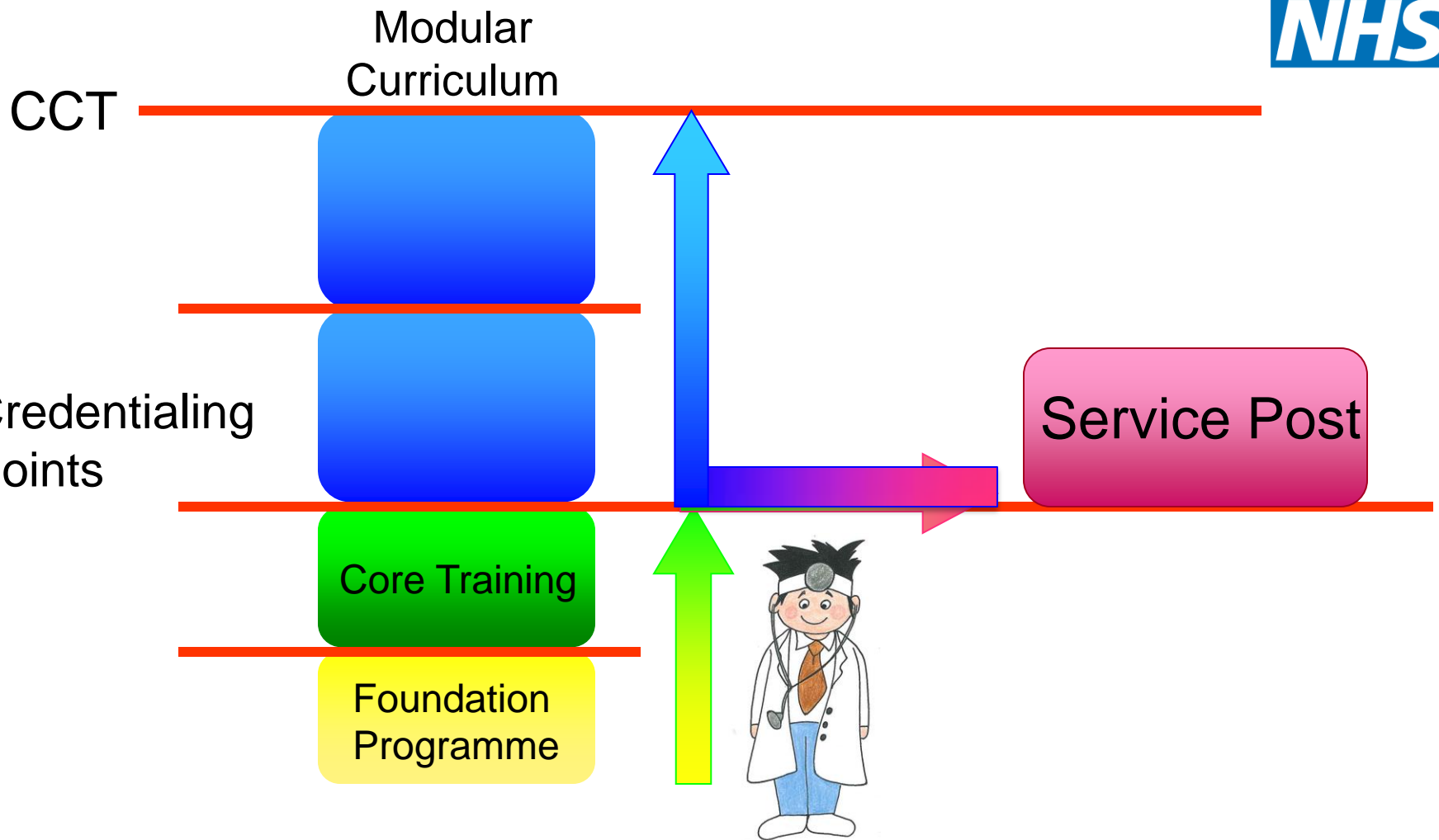


Credentialing Points



* Number of modules are indicative only

Modular Credentialing



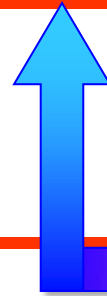
Modular Credentialing



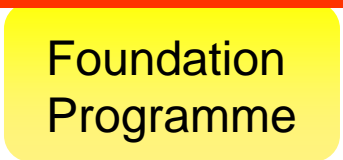
CCT

Modular Curriculum

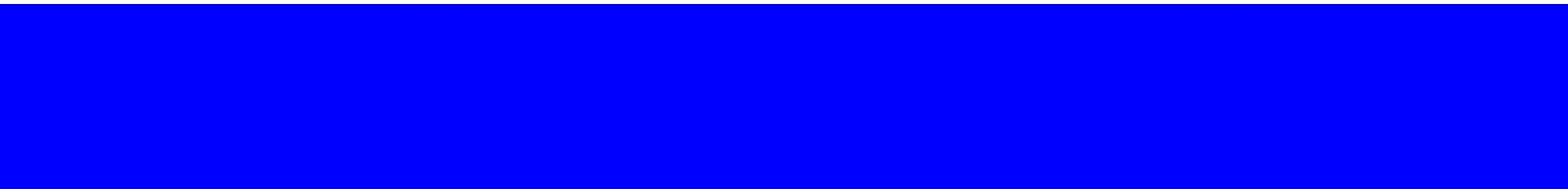
CESR



Service Post



Credentialing Points



Modular Credentialing

- 10-year plan
- Give maximum career flexibility to doctors
- Recognise capabilities of doctors in non-training posts
- Provide the service with the doctors it needs
- Assist workforce planning
- Aid revalidation

Standards for curricula and assessment systems



PMETB – Curriculum Project 2010

- 2007 Curricula meet only 11/17 standards
- JRCPTB is expected to submit evidence that the remaining six assessment standards are met by October 2009-February 2010
- 4/9 assessment methods have been validated – 5 assessment methods need to be validated and mapped against the curriculum

WORKPLACE-BASED ASSESSMENT METHODS

- ❑ VALIDATED: Examinations, Mini-CEX, DOPS, MSF
- ❑ CURRENT PILOTS: Case-Based Discussion, Acute Care Assessment Tool, Patient Survey, Audit Assessment, Teaching Observation

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- **Trainees**

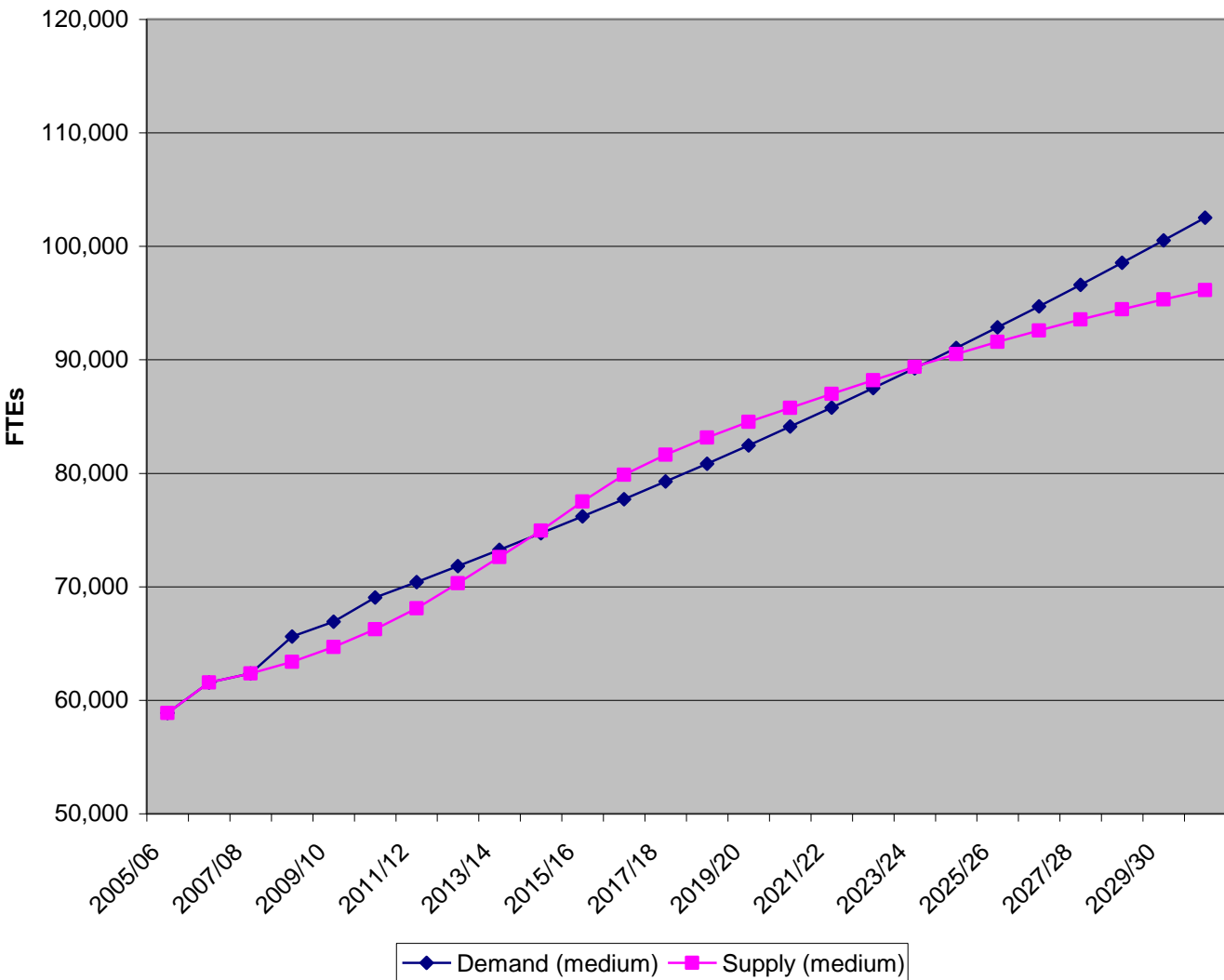
Is the Endocrinology and Diabetes curriculum FIT for purpose?

- Trainees' question:

- Will there be a job for me?

The balance of demand and supply for doctors as a whole suggests medical school and foundation programme outputs are appropriate...

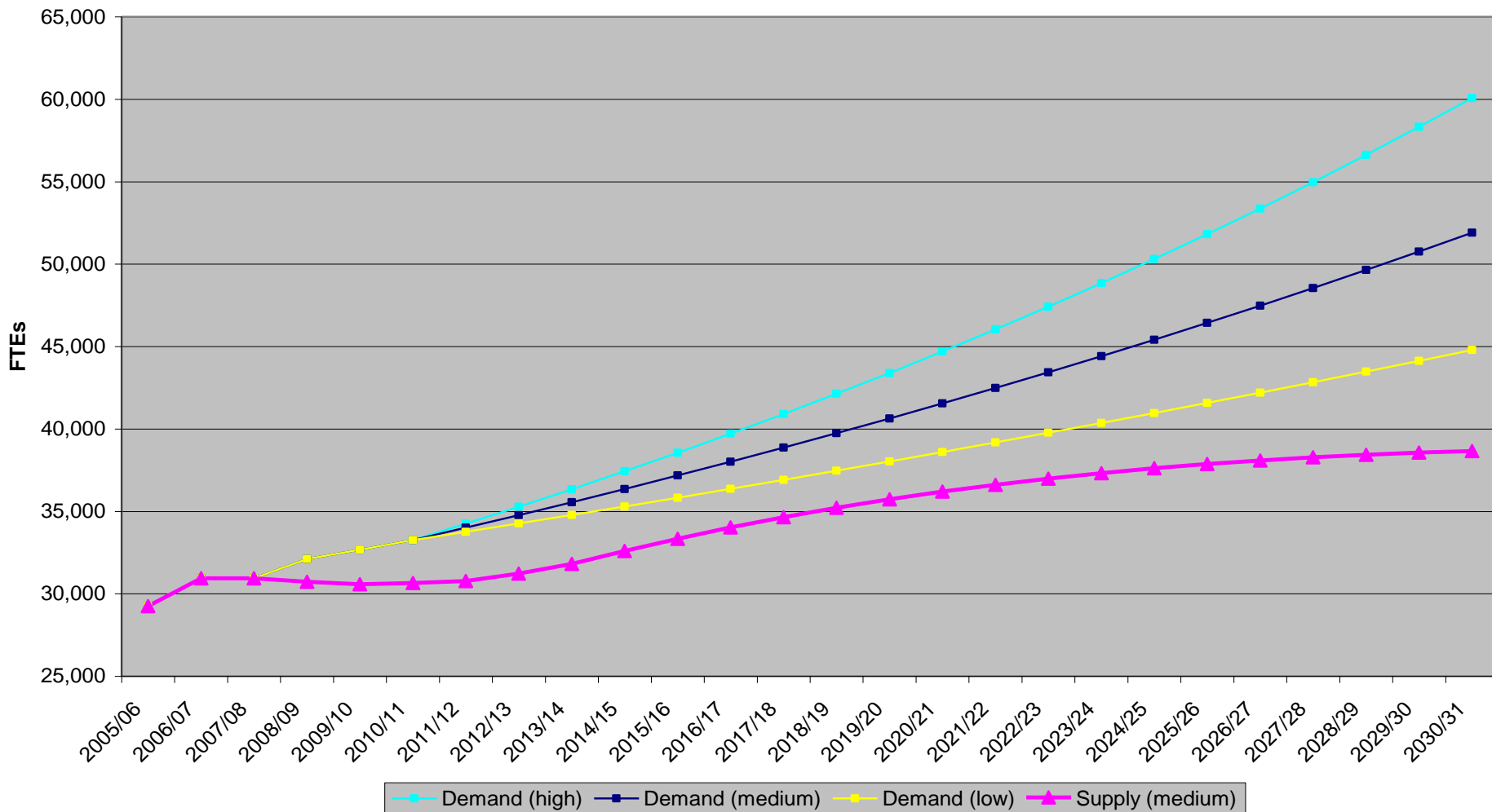
Comparison of forecast GP and CCT holder demand and supply
(medium demand & medium supply scenarios)



GP Analysis:

There is a clear risk of an undersupply of GPs
Analysis with impact of demand side variation

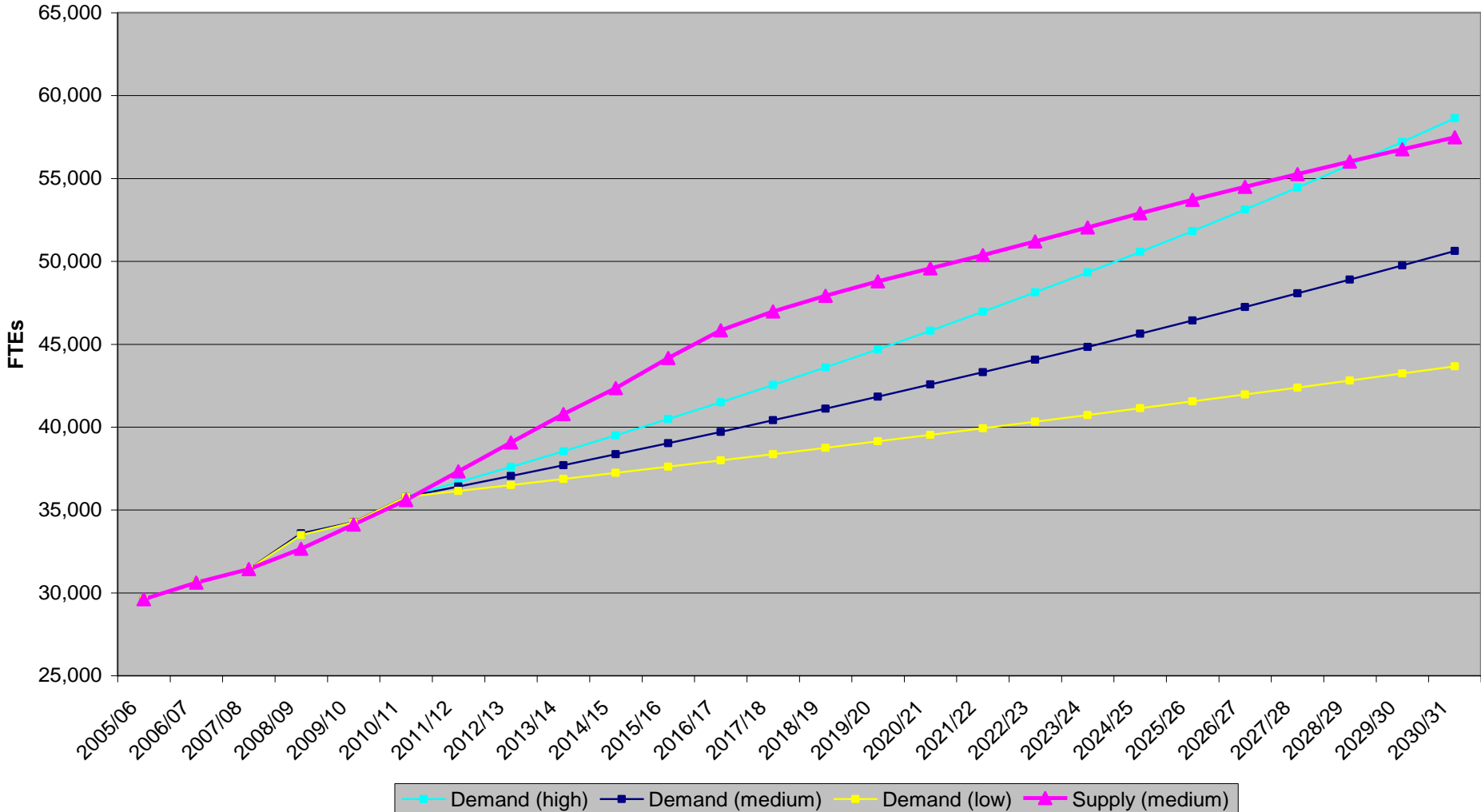
Comparison of forecast GP demand and supply
(medium supply and various demand scenarios)



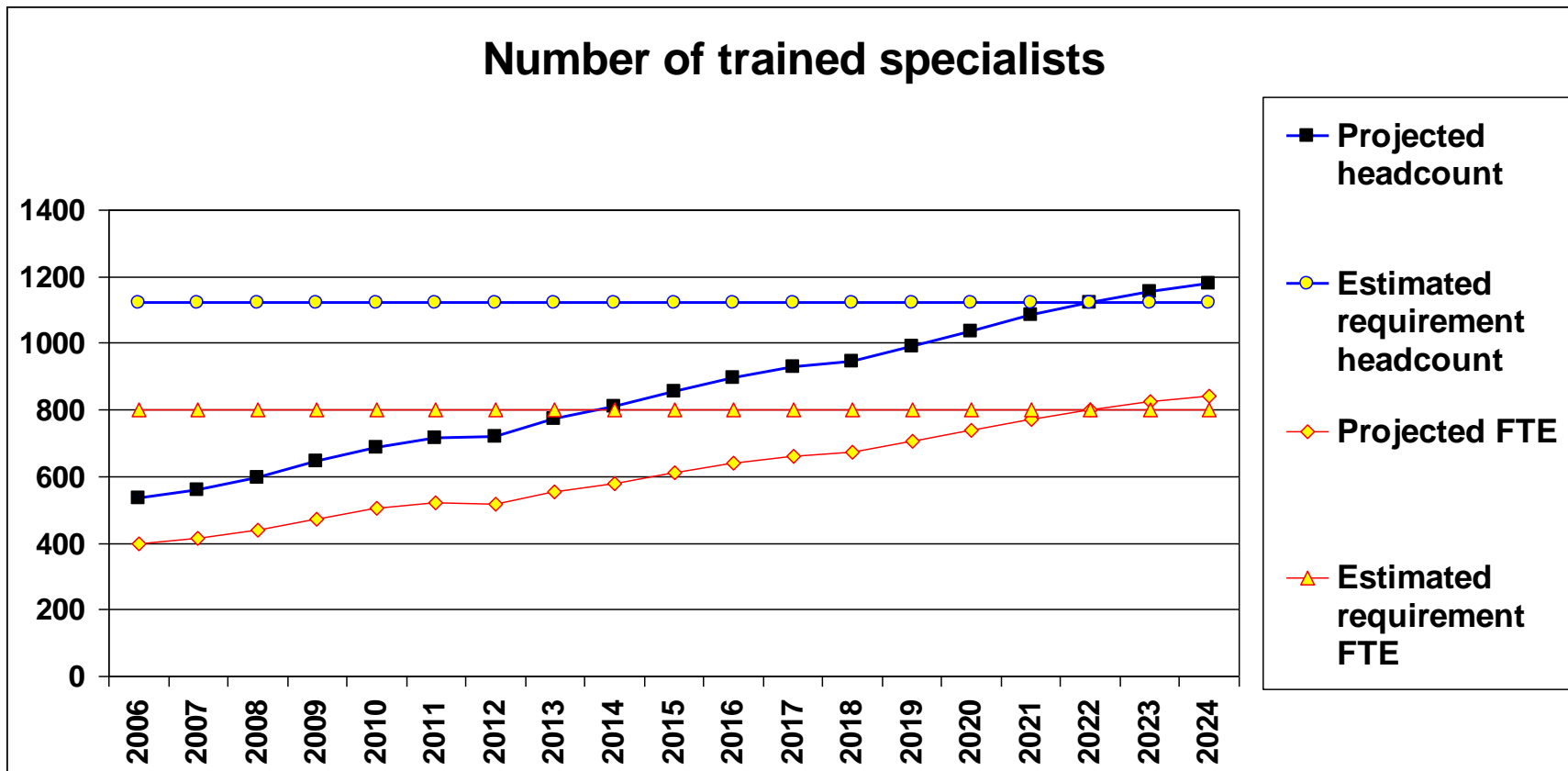
Specialist Analysis:

There is a clear risk of an oversupply of CCT holders
Analysis with impact of demand side variation

Comparison of forecast CCT holder demand and supply
(medium supply and various demand scenarios)



Endocrinology & Diabetes Workforce Predictions



Endocrinology & Diabetes

Workforce Predictions - Assumptions

- Assumed demand of 5 WTE's per 250,000 population (800 WTE)
- The increased incidence of diabetes means the service is likely to require a stable or increased number of CCT holders in the future.
- The number of expected new CCT holders is greater than the number of vacancies in the past two years. A significant number of post holders are approaching 60 years of age and retirement decisions will affect the availability of posts.
- Increased community-based care is likely to be achieved by the integration of diabetic specialists in primary care, rather than GPs taking over the role.

Diabetes UK/ABCD Trainee Survey

“If plans are to base specialty care predominantly in the community, this is not reflected, at present, in the training curriculum.....

A manifest role for a specialist diabetologist, in the primary or secondary care setting, needs to be clearly defined”

(Kar et al Practical Diabetes, Oct 2008 25 323-327)

Future Curriculum in Endocrinology & Diabetes?

- Needs to recognise the shift of care to the community
- Specialist training based in the community?
- Involvement of primary care trainers?
- Training in General Practice?
- Should all trainees pursue the same curriculum, or is there a place for sub-specialisation?

Cardiology Curriculum

Advanced Sub-Speciality Modules (2 years):

- 1) Interventional Cardiology
- 2) Electrophysiology
- 3) Non-invasive imaging
- 4) Adult Congenital Heart Disease
- 5) Heart Failure

Cardiology Curriculum

Advanced Sub-Speciality Modules (2 years):

- 1) Interventional Cardiology
- 2) Electrophysiology
- 3) Non-invasive imaging
- 4) Adult Congenital Heart Disease
- 5) Heart Failure
- There is a single Cardiology CCT

Endocrinology & Diabetes Curriculum?

Subspecialty Modules in:

- Endocrinology?
- Hospital Diabetes?
- Community Diabetes?

Endocrinology & Diabetes Curriculum?

Subspecialty Modules in:

- Endocrinology?
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Endocrinology & Diabetes Curriculum?

Subspecialty Modules in:

- Endocrinology?
- Hospital Diabetes?
- Community Diabetes?
- But a single CCT in Endocrinology & Diabetes?
- And a curriculum which is FIT for purpose?

The image features a solid dark blue background. On the right side, there are several overlapping, wavy, light blue lines that create a sense of movement and depth. These lines are positioned in the right half of the page, extending from the top towards the bottom.

Joint Royal Colleges of Physicians
Training Board

PMETB STANDARD 8

ASSESSMENT SYSTEM METHODS

- The choice of assessment method (s) should be appropriate to the content and purpose of that element of the curriculum.

PMETB STANDARD 10

ROLE OF THE ASSESSOR

- Assessors/examiners will be recruited against criteria for performing the tasks they undertake.

PMETB STANDARD 12

STANDARDS FOR CLASSIFICATION OF TRAINEES' PERFORMANCE/COMPETENCE

- The methods used to set standards for classification of trainees' performance/competence must be transparent and in the public domain

PMETB STANDARD 13

DOCUMENTATION WILL BE STANDARDISED AND ACCESSIBLE NATIONALLY

- Documentation will record the results and consequences of assessments and the trainees' progress through the assessment system

PMETB STANDARD 15

RESOURCES

- Resources and infrastructure will be available to support trainee learning and assessment at all levels (national, deanery and local education provider)

PMETB STANDARD 16

LAY AND PATIENT INVOLVEMENT

- There will be lay and patient input in the development and implementation of assessments

The term curriculum is defined as:

- A statement of the intended aims and objectives, content, experiences, outcomes and processes of a programme, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out what knowledge, skills, attitudes and behaviours the trainee will achieve.

The term assessment is defined as:

- A systematic procedure for measuring a trainee's progress or level of achievement, against defined criteria to make a judgement about a trainee.

The term assessment system is defined as:

- An assessment system refers to an integrated set of assessments which is in place for the entire postgraduate training programme and which is blueprinted against and supports the approved curriculum.