



Modernising Medical Careers  
and  
**the new curriculum**

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# The session

- Why did we need a new curriculum
- How was it developed
- The products
- What does this mean?
- So, what next?

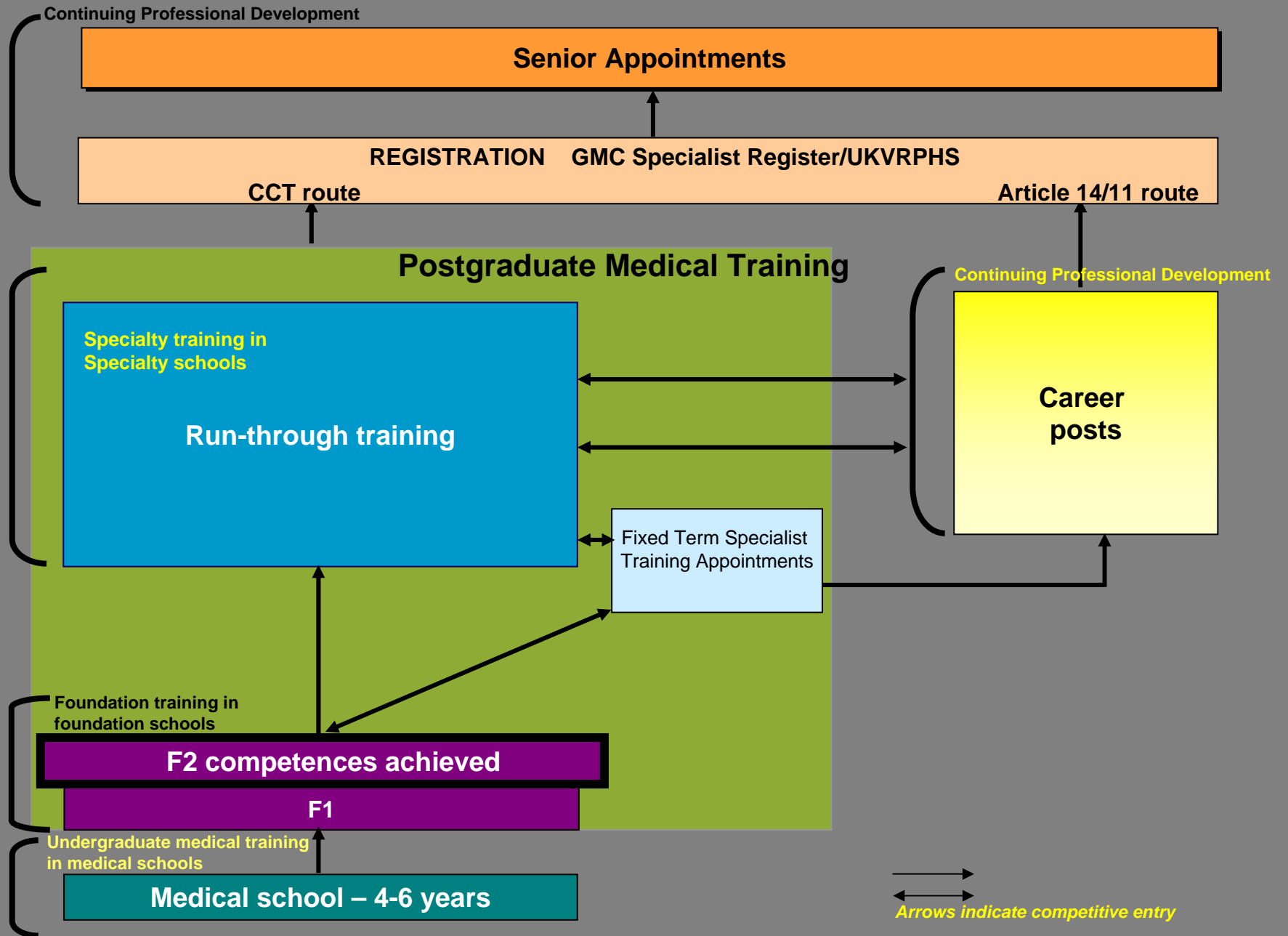
# Why did we need a new curriculum

- Modernising Medical Careers
- PMETB
- UKVRPHS
- A4C/KSF
- RITA consistency

# Modernising Medical Careers

- Foundation programmes
- Run-through
- National standardised recruitment

# UK MMC Career Framework



# Recruitment

- Single annual recruitment
- Electronic portal [www.mtas.nhs.uk](http://www.mtas.nhs.uk)
- Backgrounds other than medicine
- National person specification
- National application form
- Shortlisting
- Assessment centres

# Implications of MMC for PH

- PH in Medical Schools and Foundation Programmes
- Entrance to run through
- Budget pressure and consultant supply
- Curriculum FFP – what know/do, assess
- National standardised recruitment

# PMETB

- Sept 2005, replaces STA/JCPTGP
- Establish, monitor and develop standards for PG medical education
- Standards for training/curricula
- Timetable to fit with MMC
- Double running

[http://www.pmetb.org.uk/media/pdf/h/s/GenericStandardsForTrainingFinal05April06\\_1.pdf](http://www.pmetb.org.uk/media/pdf/h/s/GenericStandardsForTrainingFinal05April06_1.pdf)

[http://www.pmetb.org.uk/media/pdf/i/a/PMETB\\_standards\\_for\\_curricula\\_\(March\\_2005\).pd](http://www.pmetb.org.uk/media/pdf/i/a/PMETB_standards_for_curricula_(March_2005).pd)

# Curricula prescribed elements

- Purpose,
- How developed,
- Learning models and educational strategies
- Delivery, content and outcomes (including GMP)
- Appropriateness
- Links to training stages, supervision
- Feedback, remediation, review and evaluation
- Compliance with anti discriminatory requirements

# Curriculum development

- Since 2005, work on competence for defined specialists
- In 2006, workshops, key leads, iterative development
- Parallel work

<http://www.fph.org.uk/careers/index.php>

# Curriculum principles

- Spiral pattern
- What does a consultant need to know?
- What additional competence will enhance early career opportunity?
- Clarity about what needs to be learned and when
- Clarity about assessment method and triangulation

# Products

- Application form
- Document guide
- Curriculum statement
- Entering public health
- Training pathway
- Programme Delivery
- 3D model of learning
- KSF levels guide
- Part A syllabus mapped to LOs
- Map to *Good Public Health Practice*
- Learning outcomes framework
- LOF cut by phases
- Glossary
- Portfolio templates
- Consultation comments

# Curriculum design

- What a consultant should be able to know/do
- Core and beyond
  - Depth in skills/knowledge
  - Special settings
- Practice in wide range of health care settings

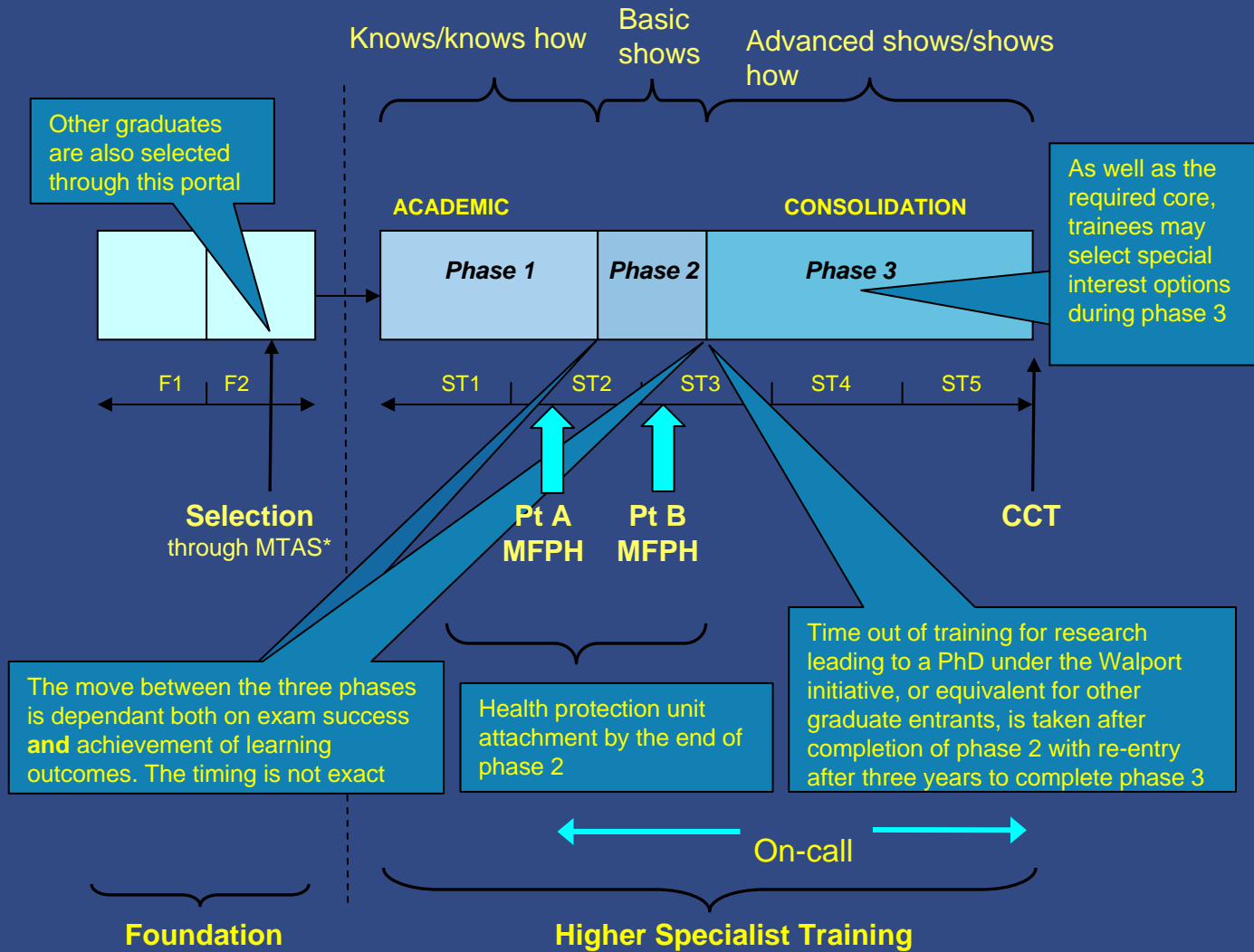
# Model of learning Educational strategies

- Spiral formula
- Three phases of learning
- Competence not time based

# The phases of training

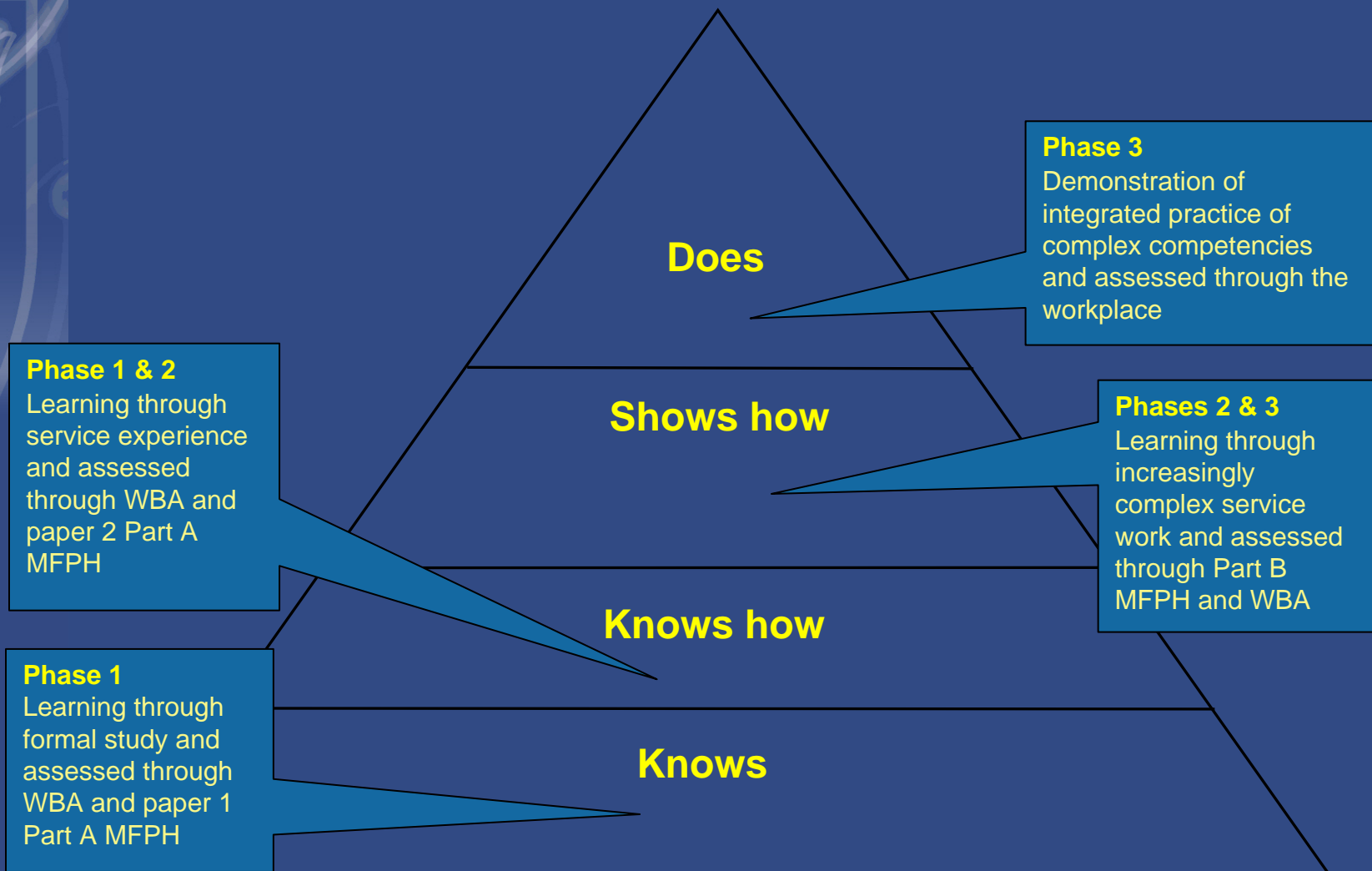
- **Phase 1**
  - Induction; knowledge; basic shows in simple settings
- **Phase 2**
  - Increasing complexity, lead for simple areas; comms skills, HPU; on call;
- **Phase 3**
  - Complex work; significant lead; consolidation; special interests (depth/breadth/settings), TOOT

# The training pathway



\* Medical Training Application Service

# The Miller Triangle



# Knowledge

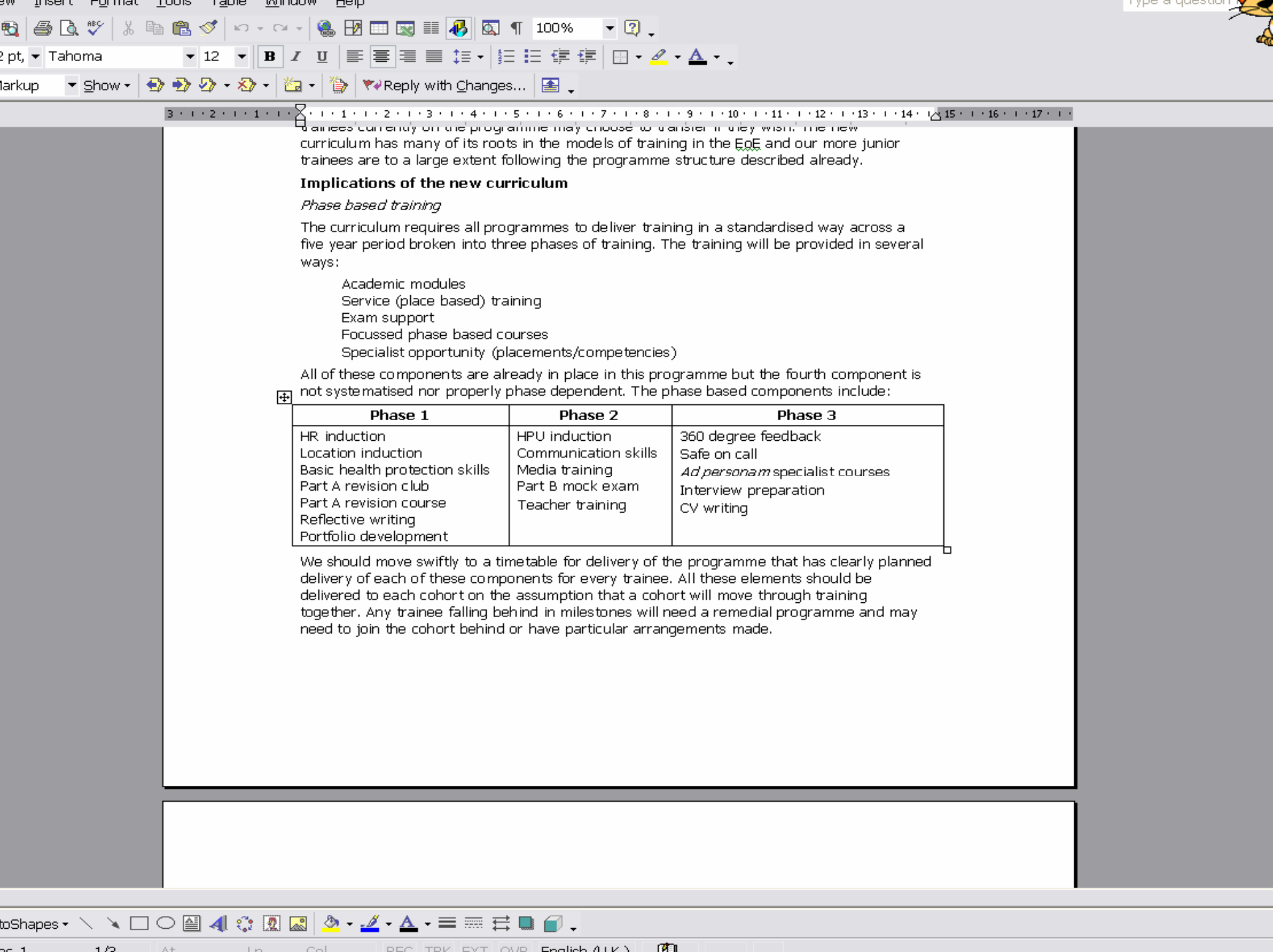
- Knowledge platform
- Delivery of knowledge
- Part A syllabus
- Advanced knowledge

## Recommended learning experiences

- First placement in PCT or equivalent
- Specialist options
- National treasures
- Time abroad
- At least two placements plus HPU
- LOF includes examples of vehicles and settings

# Learning experiences

- Learning from practice
- Concentrated practice
- Learning with peers
- Formal learning
- Personal study
- Teacher input



Trainees currently on the programme may choose to transfer if they wish. The new curriculum has many of its roots in the models of training in the E<sub>g</sub>E and our more junior trainees are to a large extent following the programme structure described already.

### Implications of the new curriculum

#### *Phase based training*

The curriculum requires all programmes to deliver training in a standardised way across a five year period broken into three phases of training. The training will be provided in several ways:

- Academic modules
- Service (place based) training
- Exam support
- Focussed phase based courses
- Specialist opportunity (placements/competencies)

All of these components are already in place in this programme but the fourth component is not systematised nor properly phase dependent. The phase based components include:

Phase 1	Phase 2	Phase 3
HR induction Location induction Basic health protection skills Part A revision club Part A revision course Reflective writing Portfolio development	HPU induction Communication skills Media training Part B mock exam Teacher training	360 degree feedback Safe on call <i>Ad personam</i> specialist courses Interview preparation CV writing

We should move swiftly to a timetable for delivery of the programme that has clearly planned delivery of each of these components for every trainee. All these elements should be delivered to each cohort on the assumption that a cohort will move through training together. Any trainee falling behind in milestones will need a remedial programme and may need to join the cohort behind or have particular arrangements made.

# Learning Outcomes Framework

- Details the learning outcomes expected in each key area including ethical management of self and professionalism.
- Lists a total of 184 learning outcomes (16 ethical management of self; **121 core**; 47 trainee selected) each linked to:
  - The target phase of training
  - the Knowledge Skills Framework (for trainees from disciplines other than medicine),
  - suitable assessment methods
  - knowledge base
  - other key areas

# LOF – the front end

## Key area 2

### Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services

This area of practice focuses on the critical assessment of evidence relating to the effectiveness and cost-effectiveness of health and healthcare interventions, programmes and services including screening. It concerns the application of these skills to practice through planning, audit and evaluation.

#### 2a Learning experiences

##### Examples to support training and assessment

By the end of phase 1.....

##### Potential vehicles for the demonstration of this competence area include:

- Evidence-based policy briefings (for boards, committees, public health colleagues or the public)
- .....

##### Potential settings for the demonstration of this competence area:

By the end of training trainees will be expected to have undertaken at least three assessments .....

#### 2b Links to KSF

C1: .....

#### 2c Knowledge base and know how

Design and interpretation of studies: skills in the design of research studies:.....

Overall descriptor provides learning aims

### Learning experiences

Describes level of learning at each phase of training

Describes in which situations trainees may achieve learning outcomes

Supports trainers and trainees in planning learning activities

### Links to KSF

Knowledge and Skills Framework mapped for trainees from disciplines other than medicine

### Knowledge base and know how

Details the knowledge needed to achieve the learning outcomes

# LOF – the learning outcomes

Split by phase to enable progression of learning, appropriate assessment and remediation

Some are required at increasing levels throughout training

Standard vocabulary to aid understanding

Many can be gained together or in short periods of time

Phrased as “Shows hows” – active

Later phase outcomes are likely to be gained on projects crossing many Key Areas

Learning outcomes: Key area 2. Assessing the evidence on effectiveness of health and healthcare interventions, programmes and services

	Learning outcome	Target phase	Link to related KSF competency	Suitable assessment methods	Link to knowledge base <sup>1</sup>	Related curriculum areas
<b>Finding and retrieving evidence</b>						
2.1	Generate an appropriate question in order to assess the evidence	1, 2 & 3	IK2.4		1.1.19, 1.1.21, 1.4.6	KA 9
2.2	Use health and non-health evidence from formal research and other sources to answer a defined question, taking into account relative strengths and weaknesses of evidence used	1, 2 & 3	C4.3		1.1.19, 1.1.21, 1.1.35 to 40, 1.4.6	KA 1
2.11	Find, retrieve, select and assimilate sufficient appropriate evidence to answer a question in a short space of time (ie within hours)	2	IK3.2		5.1.4	KA 4
<b>Assessing evidence</b>						
2.12	Understand the need for and be able to undertake a rapid appraisal of evidence (ie within minutes/hours not days)	3	IK2.4		5.1.4	KA 4
2.13	Undertake scoring of the quality of at least one quantitative and one qualitative study and its design	1	IK2.4		1.4.4 to 1.4.6, 4.1.35	KA 9
<b>Synthesising evidence – formulating justifiable recommendations</b>						
2.16	Rapidly ascertain key public health information from a range of documents (eg briefings, policies, news reports) and use it appropriately and in relation to wider public health knowledge to communicate key public health information orally	2	HWB1.4	Part B MFPH	5.1 to 5.3	KAs 3, 4, 8
2.17	Work with others to generate consensus where there is conflicting evidence or an evidence gap	2	G5.4		5.1	KAs 3, 4
2.18	Use evidence-based recommendations to influence decisions	3	G5.4		5.1	KAs 3, 4

<sup>1</sup>Numbers link either to Key Areas (KA), learning outcomes (LO) or to the Part A syllabus

# Good Public Health Practice

Link to GPHP

Some LOs linked to KAs

## Learning Outcomes: Ethical management of self and Professionalism

The Faculty of Public Health has adapted the GMC document *Good Medical Practice* ..... can be found at: [http://www.fph.org.uk/prof\\_standards/downloads/appraisals/B\\_GPHP.pdf](http://www.fph.org.uk/prof_standards/downloads/appraisals/B_GPHP.pdf)

Demonstration of *Good Public Health Practice* is expected of all trainees at all phases of training and assessed at regular intervals including at each RITA. General behaviours are listed below. Others are included in the relevant learning outcomes framework for a specific key area (8.8, 8.9, 9.11, 9.12, 9.13, 9.14)

	Learning outcome	Target phase	Link to related KSF competency	Suitable assessment methods	Related curriculum areas
EMS 1	Recognise and work within the limits of professional competence	all	C2:3		all
EMS 2	Be willing to consult colleagues	all	C2:3		all
EMS 3	Keep clear, accurate and contemporaneous records	all	C1:4		all
EMS 4	Keep colleagues well informed when working in partnership	all	C1:4		all
EMS 5	Establish and maintain trust by listening to and respecting others' views	all	C2:3		all
EMS 6	Treat others with courtesy	all	C2:3		all
EMS 7	Respect the rights of the public to be involved in choices	all	C6:3		all
EMS 8	Treat colleagues fairly and maintain the public's trust through avoidance of unfounded criticism	all	N/A		all
EMS 9	Respect skills and contributions of colleagues and maintain professional relationships and effective communication in multi disciplinary teams	all	C2:3		all
EMS 10	Be readily accessible to the public and colleagues when on duty	all	C6:3		all
EMS 11	Pay regard to efficiency while not discriminating against individuals/populations	all	C6:2		all
EMS 12	Keep knowledge and skills up to date, including regular audit, appraisal and reflective learning	all	C2:2		all
EMS 13	Practise safely including assuring professional indemnity, safeguarding the public from others' unsafe practice, adhering to safe management practice through maintenance and development of an environment and culture that improves health, safety and security	all	C3:2		all
EMS 14	Deal with complaints fairly and co-operate with enquiries into practice	all	C5:2		all
EMS 15	Demonstrate probity* in professional and personal practice	all	C2:2		all
EMS 16	Seek and follow advice where health concerns may affect practice	all	N/A		all

\* The components of probity are: integrity (putting the obligations of public service above your own personal interests); Honesty (being truthful and open); objectivity (basing advice and decisions on rigorous analysis of the evidence) and impartiality (acting solely according to the merits of the case and without prejudice)

Professional behaviours

Probity explained

# OSILOs not Ocelots



# LOF – the OSILOs

Optional special interest learning outcomes provide opportunities for trainees wishing to gain higher levels of competence within specific key areas

## Learning outcomes: Key area 6. Health protection Optional Special Interest Learning Outcomes

	Learning outcome	Target phase*	Suitable assessment methods
6.16	Integrate different types of data, using complex data sets, or collection of ad hoc data to draw appropriate conclusions for disease control, environmental and chemical hazards control and health improvement	3	
6.17	Lead or take a major role in the investigation and management of an incident/outbreak	3	
6.18	Evaluate the management of an outbreak or incident	3	
6.19	Evaluate a health protection service improvement	3	

\* All learning outcomes for special interest options ~~would be expected to be gained~~ in phase 3

# On call elements

- On call timing
- Assessment of fitness to start on call
  - Health protection induction/basic skills
  - Knowledge/Part A pass
  - On call induction
  - Have started HPU
  - Safe on call assessment
- On call logbook

# Supervision & feedback

- Educational supervisor
- Project supervisor
- Academic supervisor
- Concept of three way handover
- Reflective practice
- RITA
- Exam feedback

# What does all this mean

- Significant change
- New cohort trainers need skilling up
- Structured training pathway
- Assessment training
- Mixed economy of previous competence and accredited training
- Double running

# What next

- Recruitment
- Trainer training and roll out
- Assessment development
- Programme approval

# Assessment

# Assessment methods

- Part A
- Part B (OSPHE)
- Multi-source
- Workplace

# Part A MFPH exam

- Paper 1 – knowledge plus application
- Paper 2a – critical appraisal
- Paper 2b – data skills

# Part B MFPH - OSPHE

- Face-to-face skills
- Listen
- Talk
- Debate
- Summarise
- Synthesise

# Assessment in the workplace

- 121 core learning outcomes
- assessed locally

# Workplace assessment

- Know the standard
- Know the trainee
  
- Don't be an impressionist

# Assessor training

- Training sessions
- Guidance manual

# Guidance manual (1)

- 2.3 'Make use of others in finding and retrieving evidence (e.g. librarians, information specialists)'

# Guidance manual (2)

- 8.3 'Appraise the validity and relevance of data and data systems in order to assess their quality and fitness for purpose'

# Glossary (1)

- Weight
- Complexity
  
- ‘Use’
- ‘Interpret’

# Glossary (2) - weight

- Phase 1: '...signed off by a single manager'
- Phase 2: '...by a committee'
- Phase 3: '...at Board level'

btw

- 6.15 'make a significant contribution to the investigation of an outbreak'
- 4.11 '... develop staff'
- 7.10 'apply the results of a needs assessment leading to service development'

# Evidence

- Log books
- Duff Yates proforma

# Multi-source feedback

- EMS 4 ‘Keep colleagues well informed when working in partnership...’
- EMS10 ‘Respect skills and contributions of colleagues...’

# MSF

- Timing – about 18 months into training
- 20 assessors
  - Consultant x5
  - Peer x5
  - Support staff x5
  - Other organisation x5

# On call assessment

- Assessment of fitness to start on call
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  - Have started HPU
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# Timings

- MSF pilot complete end April
- Workplace assessment guide
  - Draft issued end April
  - Comments back end June
- PMETB presentation 13<sup>th</sup> June
- Up and running 1<sup>st</sup> August!