Future Forum, phase two: Education and training
Response from the Royal College of Surgeons of England

The Royal College of Surgeons welcomes further work by the Future Forum on education and training. The College believes it is essential that the detail of the future of medical education and training is worked out to ensure that the delivery of medical education and training is not put at risk during the implementation of the health and social care reforms. If the changes to medical education and training are wrong they will affect the stability of the healthcare workforce and ultimately impact on patient care. The College welcomes and looks forward to contributing to the multi-professional development of the entire healthcare workforce being undertaken by Health Education England (HEE). We would also welcome the development of research training as the College sees training in research methodology as a fundamental part of the education of every surgeon and would wish to be heavily involved in this aspect of training. We believe that effective working across relevant professional groups is essential to the delivery of high quality healthcare education and training and therefore patient safety.

Summary

Education and training of healthcare professionals is often forgotten when quality in the health service is discussed. Yet it is fundamental to the delivery of quality and therefore patient safety both now and in the future. For doctors training in the craft specialties, such as surgery where there is an emphasis on technical skills, it is the balance between education and training that is important. It is vital that training predominates in the craft specialties as this leads to the development and refinement of technical skills which are essential for patient safety. This requires incentivising training throughout the service, making training time available and the dedicated support of trainers.

The College believes there needs to continue to be a national approach to the delivery of postgraduate medical education and training, to ensure that consistent standards exist. This should be led by HEE working with the royal colleges and, in terms of surgical education and training, collaboratively with bodies representing members of the wider surgical team. In order to deliver these changes there needs to be full engagement of clinicians in the new structures for the commissioning and delivery of education and training both nationally and locally. Planning of the future medical workforce and commissioning of medical education and training cannot be left to the market and increasingly not in isolation of other professional groups.

The College believes there remains an unaddressed need for the independent setting, assessment and monitoring of national standards and impartial quality assurance, as well as a national and regional perspective for trainee selection and planning of training. We have concerns that the introduction of LETBs (Local Education and Training Boards) primarily comprised of local trust representatives and other healthcare education providers without any external quality assurance may compromise the assessment of quality at local

level. Furthermore, there is potential for increased local or regional variability driven by the needs of the service which could impact adversely on the experience gained and, ultimately, on the workforce of the future. The College believes is important to retain expertise in both the delivery of training and quality management and to ensure that training and education are not destabilised or disrupted during the implementation of the reforms.

There is also a critical need to increase the understanding and participation of trainees in research to ensure that future surgeons have the skills to critically analyse the research of others and to produce the next generation of researchers. The College believes it is crucial that there should be clinical trials units that develop the necessary expertise to undertake large multi-centre surgical trials so that more patients might benefit from groundbreaking new procedures and therapies. We are currently implementing our recently published Research Strategy that includes the development of surgical research centres.

Below are our specific comments on the consultation questions:

How can we ensure that education and training in the new system is flexible and fit-for-purpose for the new way that care is delivered and enables training beyond the job, for example stimulating a culture of continuing professional development or academic and research development?

The College recommends that all postgraduate education and training should be planned nationally and led by HEE working with the royal colleges and other professional bodies that have a central role in standard setting and quality management. HEE should be responsible for developing and enforcing the educational contract with the Local Education and Training Boards (LETBs) based on effective educational quality indictors developed with the professions and backed up by independent quality assurance.

Across the network of all healthcare education providers a mandate needs to be placed on improving standards of teaching and education with appropriate resources to back this up. Specifically in terms of surgical training this mandate will need to include: time for training in job plans; training lists in theatres and out-patients; appropriate levels of study leave for trainees; participation in research and the introduction of independent specialist scrutiny of training quality. Furthermore, given the restrictions on working time, there must be a proper balance for trainees between training and service commitments and clear quality indicators to ensure that training opportunities are maximised. There must also be proper incentives for local education providers to value training and those receiving and delivering it. Local education providers must also have incentives to ensure they deliver research training and allow participation in research and development. Mechanisms must also exist for training posts to be removed from those organisations that fail to meet standards.

How can we ensure the right balance of responsibilities and accountability and line of sight throughout the new system (for example, Health Education England and the provider-led networks, employers / professions / education sector, whole workforce) including for research training?

HEE must have a clear mandate to ensure providers value all aspects of training both at the local and national level. Strong independent clinical representation and quality assurance from the professions through the royal colleges and those bodies responsible for the educational standards of other healthcare professions at all levels will be essential. We believe that at the local level the core functions currently undertaken by the Deaneries need

to be maintained with direct accountability to HEE. There should be a review by HEE of these core functions, involving the royal colleges and the GMC with those identified as essential to the provision and management of medical training being clearly laid out in the authorisation criteria and contractual arrangements with the LETBs. We also believe that there needs to be a specific consideration of research training and specifically in the craft specialties like surgery to ensure that all surgeons in training have an understanding of the research and the option to participate in surgical research during their training. HEE will need to be assured that these functions are deliverable by the LETBs. The College would welcome an opportunity to work with HEE in this respect. The accountability should be delivered through the authorisation process with monitoring of LETBs through well defined metrics and quality indicators. There should also be protocols agreed with the colleges and professional bodies describing the actions which should be taken to improve standards where quality assurance shows these are not being met.

How do we best ensure an effective partnership with health, education and research at a local level?

As already indicated we believe that strong independent clinical and academic representation and quality assurance from the royal colleges and other professional bodies at local level will help ensure the development of effective partnerships across the health sector that deliver training and research. We believe that future local arrangements for the delivery of surgical education and training should include appropriate representation from the professions that form the wider surgical team. By introducing this level of collaboration and mapping education and training to care pathway , the ambitions contained in the draft Educational Outcomes Framework (EoF) proposed by Government in response to the first report of the Future Forum can be realised.

How can we ensure appropriate and effective patient and public engagement in the new system?

There should be lay representation on both national and local bodies.

How can we improve information on the quality of education and training and what should be the roles and accountabilities of the key players in this?

The Educational Outcomes Framework has the potential to set clear and measure the quality of education and training. We believe there should be an enhanced role for appropriate royal colleges and other professional bodies in further developing this framework. The colleges should be involved in the setting of standards relevant to training in a particular specialty within the EoF but this should be set in a context which includes consideration of the wider healthcare team and their educational standards. The specialties, together with relevant partners should also be fully involved in monitoring quality at both national and local level, for which both time and resources will be needed. Monitoring tools will include visits to training providers, surveys and logbook analysis. Robust externality is necessary to ensure the quality and consistency of national standards and delivery of training.

October 2011