

Workshop

How to introduce a new curriculum

John Anderton HoS Medicine
Nadeem Khwaja HoS Surgery

Wed 21/9/22
HEENW Educator conference
Haydock

Session Plan

- Welcome and Introductions
- Overview: GMC, Shape of training

- The Surgeons' approach
- The Physicians' approach

- Group work (I) – What is the ideal approach? The trainees perspective
- Group work (II) – How do we overcome obstacles to implementation?

- Summary and close

New curriculum - introduction

Nadeem Khwaja

Consultant plastic surgeon, MFT

HoS Surgery

QA lead JCST

HEENW Spring Educators Conference Workshop

18/5/22



SHAPE OF TRAINING

Securing the future of excellent patient care

Final report of the Independent review

Led by Professor David Greenaway



Excellence by design:

standards for postgraduate curricula

Working with doctors Working for patients

General
Medical
Council

GMC – Excellence by design (May 2017)

Key requirements

Apply to four nations in UK

Allow flexibility

Education AND service

Commonality

Generic professional capabilities – common to all doctors

Improve flexibility

Principles

Patient safety

Outcomes based

Maintaining standards across UK

Encouraging excellence

Embedding fairness

Current & future workforce & service needs

Competency vs time

Assessments

Time based

Granular assessments



Competency based

Outcomes based

Day 1 consultant



Generic Professional Capabilities

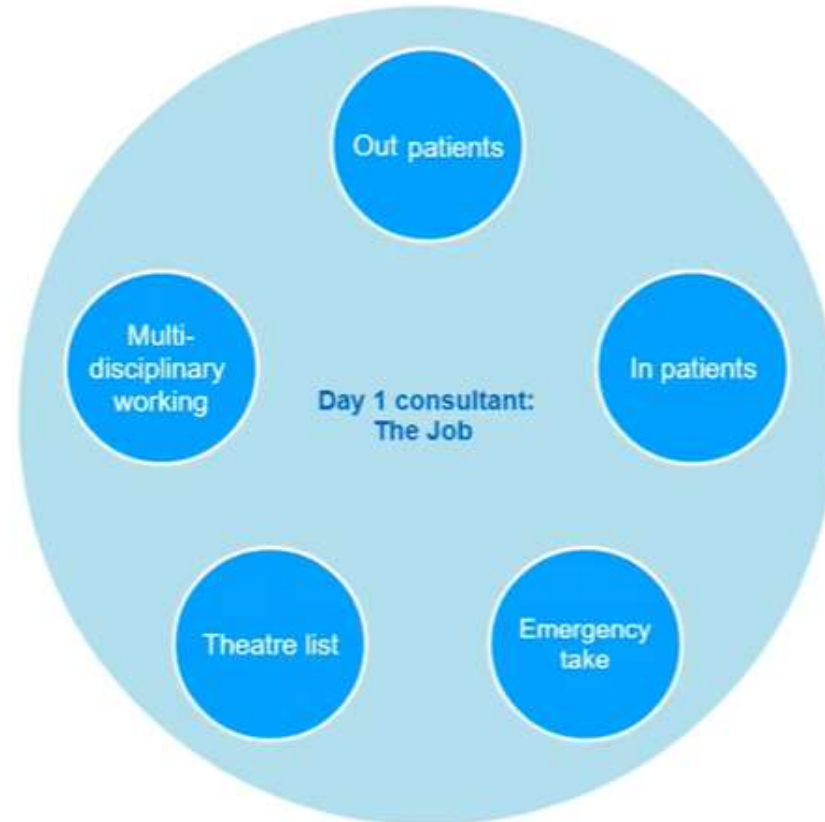


Generic professional capabilities framework

Working with doctors Working for patients

General
Medical
Council

Capabilities in Practice – High level outcomes



Who does what?

GMC – the regulator (65 specialty curricula, 31 sub specialties)

Royal Colleges (SACs) – write the curriculum

Trusts/ SEBs – delivering the curriculum



A new surgical curriculum

Nadeem Khwaja

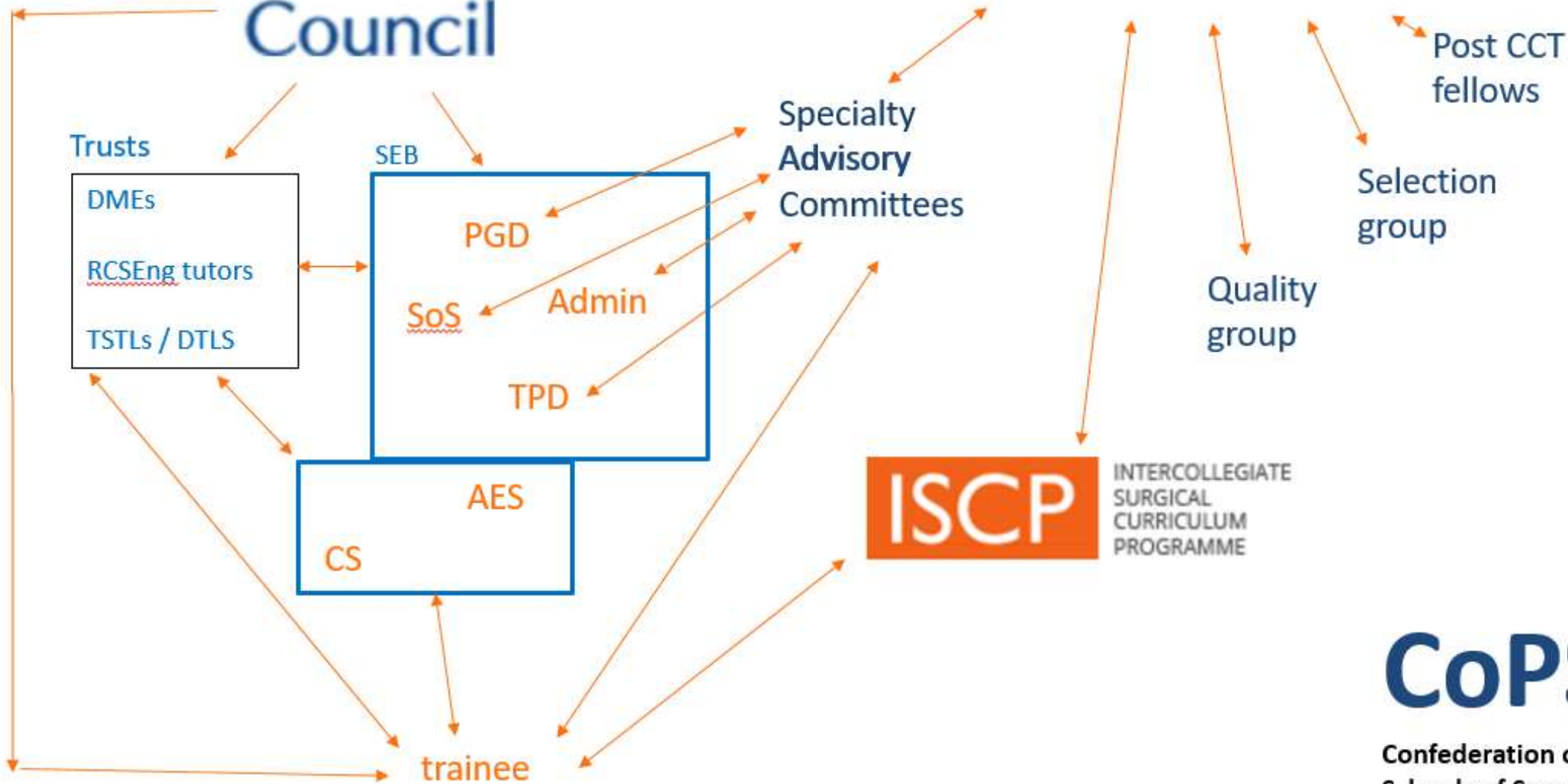
21/9/22



General
Medical
Council



General Medical Council



CoPSS

Confederation of Postgraduate Schools of Surgery

Introduction of Surgical curriculum

10 surgical specialties and Core (consistency)

Timescale

Due Aug 2020

Delayed to Aug 2021

Transition

ALL trainees to transition EXCEPT final year trainees

Key changes

Training arranged into 3 phases

GPCs - 9 (what will be acceptable for CCT?)

CiPs – some specialty specific

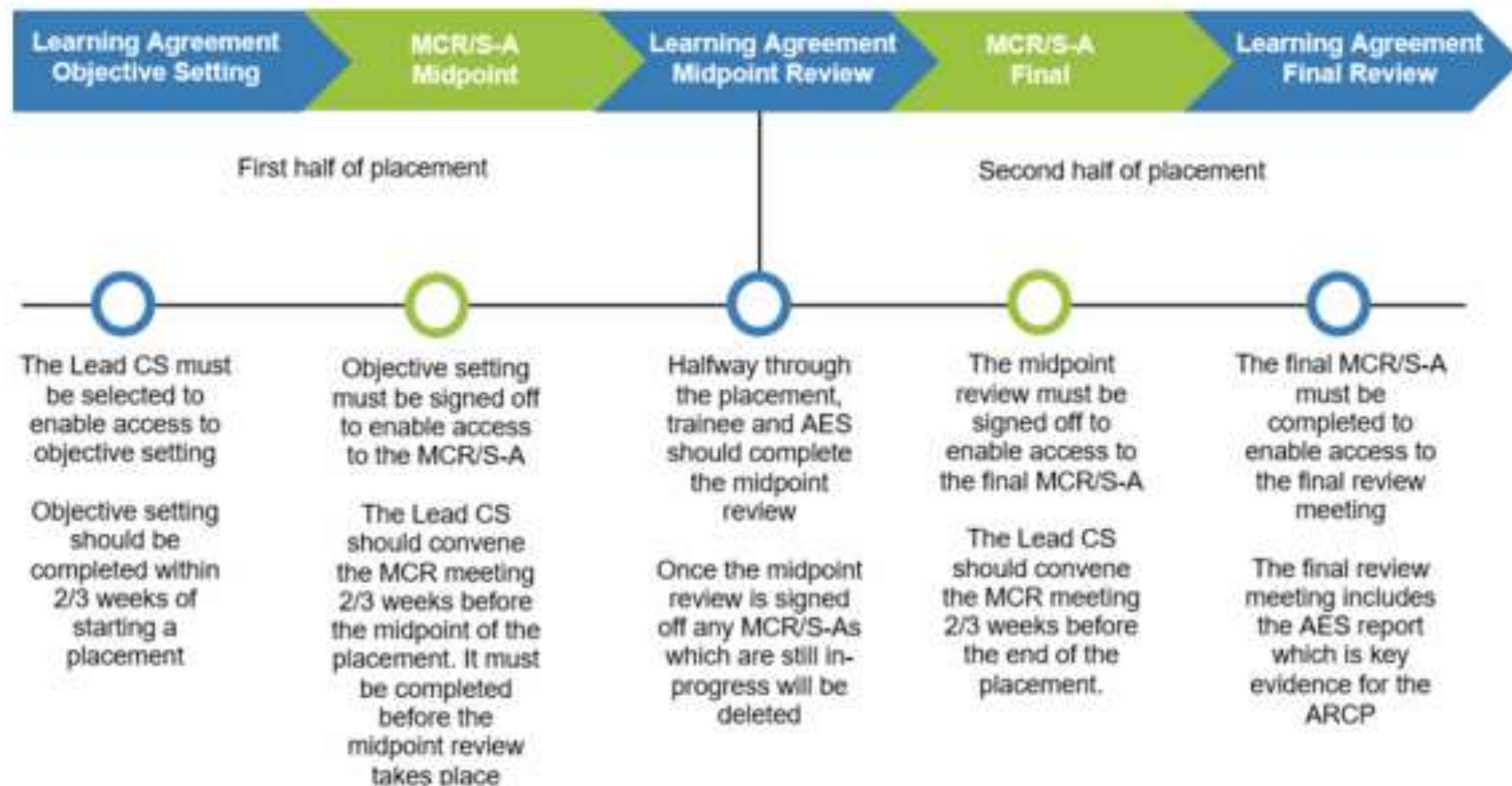
Index procedures/critical conditions

MCR – multi consultant report

Competency based, not time (?)



Progression of activity Learning Agreement and MCR S-A



Multi Consultant Report

Trainer led (lead CS)

Ideally – CSs need to have a conversation - together(!)

2 week lock out period before can be released to AES

Do not allocate too many named CSs

Time is VERY tight

AUGUST Starter

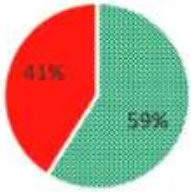
First
6 months
(Aug 21 –
Jan 22)



Second
6 months
(Feb 22-
July 22)

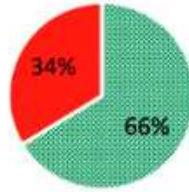


Cardiothoracic Surgery



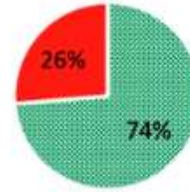
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Core Surgical Training



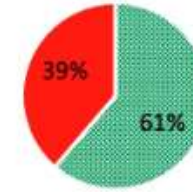
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General Surgery



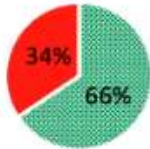
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Neurosurgery



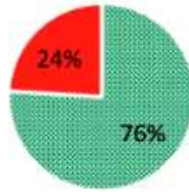
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Oral and Maxillofacial Surgery



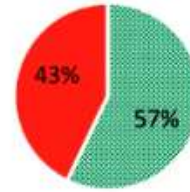
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Otolaryngology



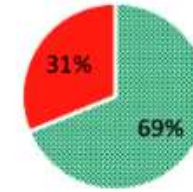
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Paediatric Surgery



- Midpoint MCR completed
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Plastic Surgery



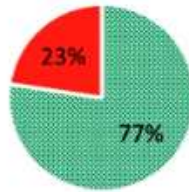
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Trauma and Orthopaedic Surgery



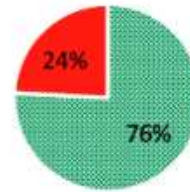
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Urology



- Midpoint MCR completed
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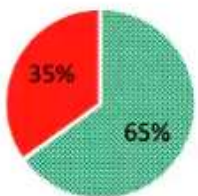
Vascular Surgery



- Midpoint MCR completed
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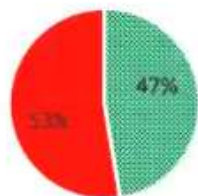
Midpoint MCR completed by specialty

Core Surgical Training



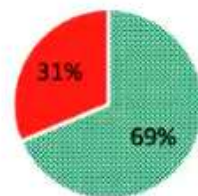
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Cardiothoracic Surgery



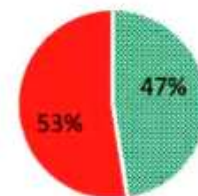
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General Surgery



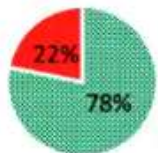
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Neurosurgery



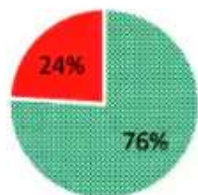
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Oral and Maxillofacial Surgery



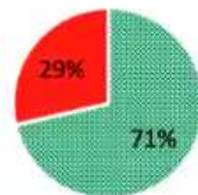
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Otolaryngology



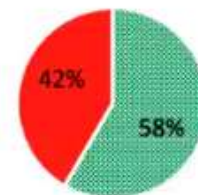
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Paediatric Surgery



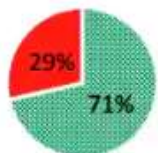
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Plastic Surgery



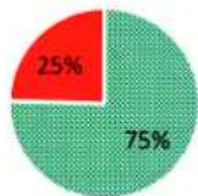
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Trauma and Orthopaedic Surgery



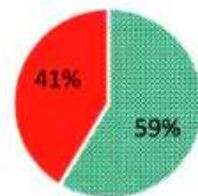
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Urology



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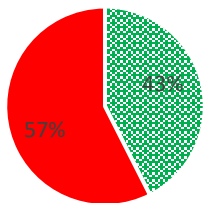
Vascular Surgery



■ Final MCR completed
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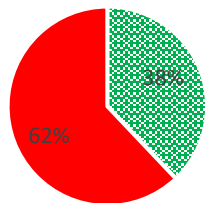
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Health Education East Midlands



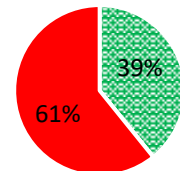
Final LA review completed
Final LA review not completed

Health Education East of England



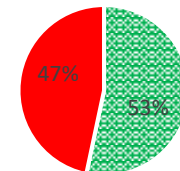
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Health Education Kent, Surrey and Sussex



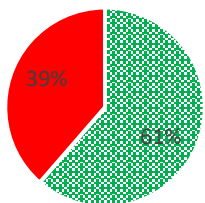
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Health Education North Central & East London



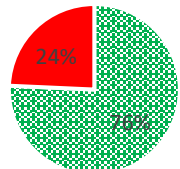
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Health Education North East



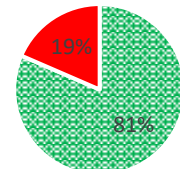
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Health Education North West (Mersey Sector)



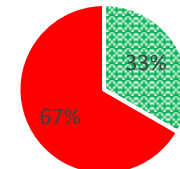
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Health Education North West (North West Sector)



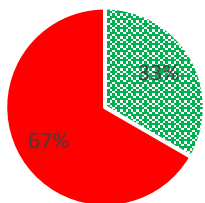
Final LA review completed
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Health Education North West London



Final LA review completed
Final LA review not completed

Health Education South London



Final LA review completed
Final LA review not completed

Final LA completion by deanery 1

Key challenges

Effecting change – could it have been better?

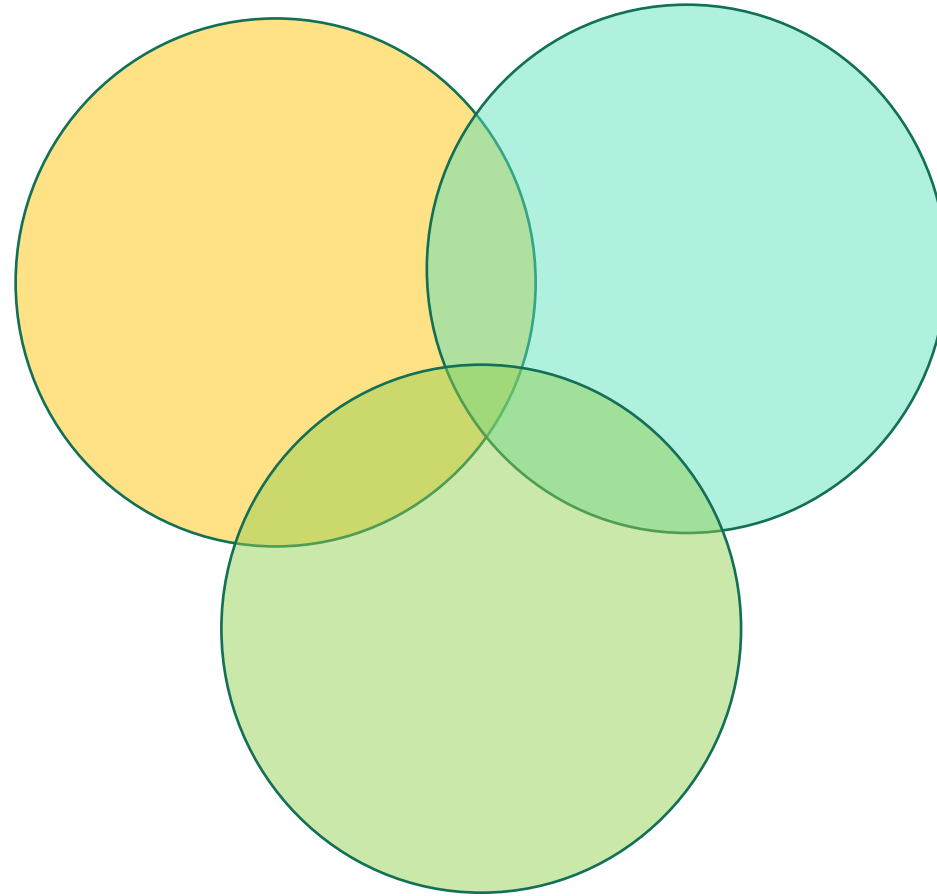
Disseminating information – Webinars, Youtube videos, SAC sessions

Need 4 MCRs/ 12 months

Logistics of MCR – LINKED to final AES report – problem for ARCP

Whose responsibility?

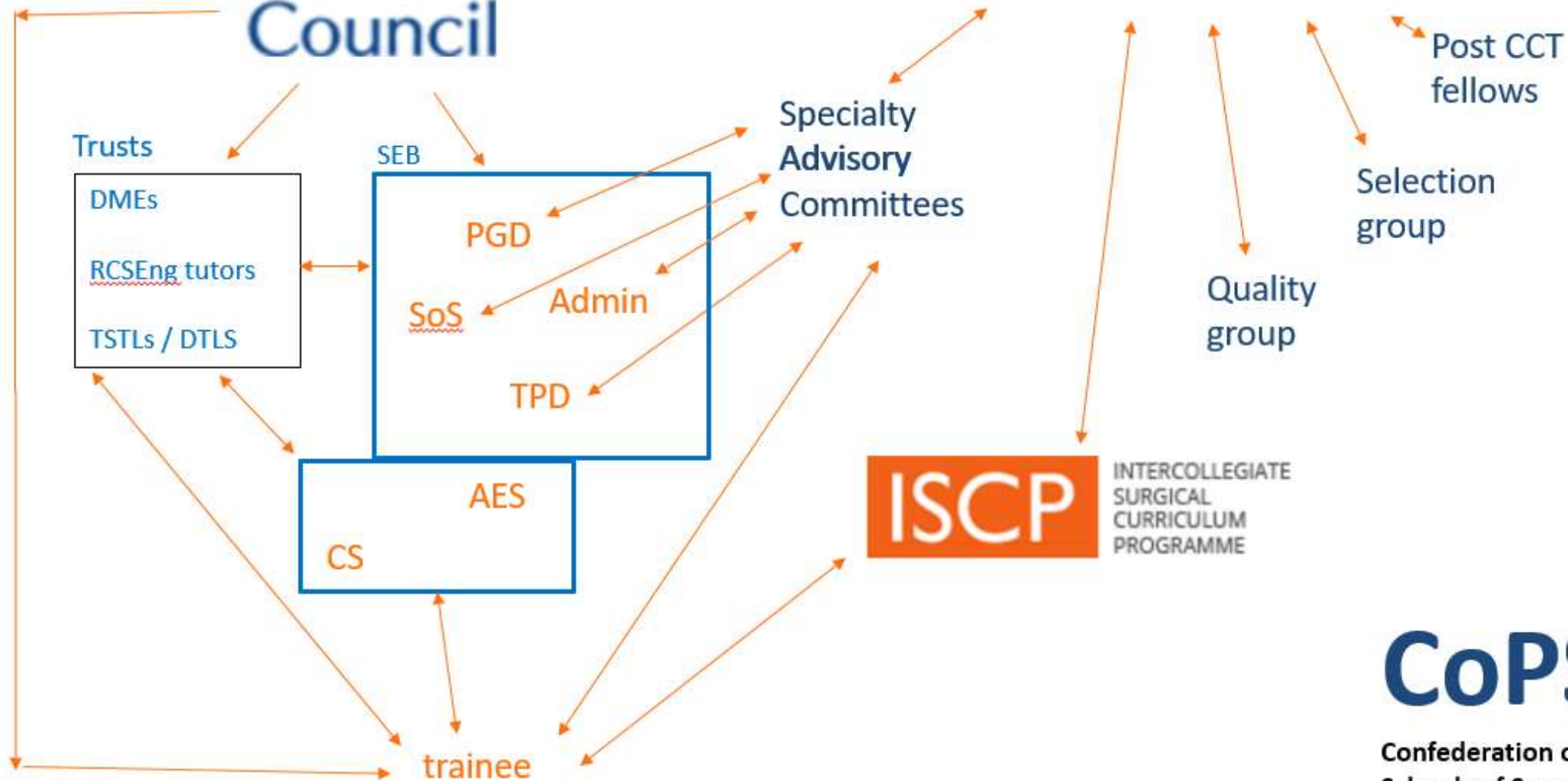
HEE / SEB



Colleges / SACs

Trusts

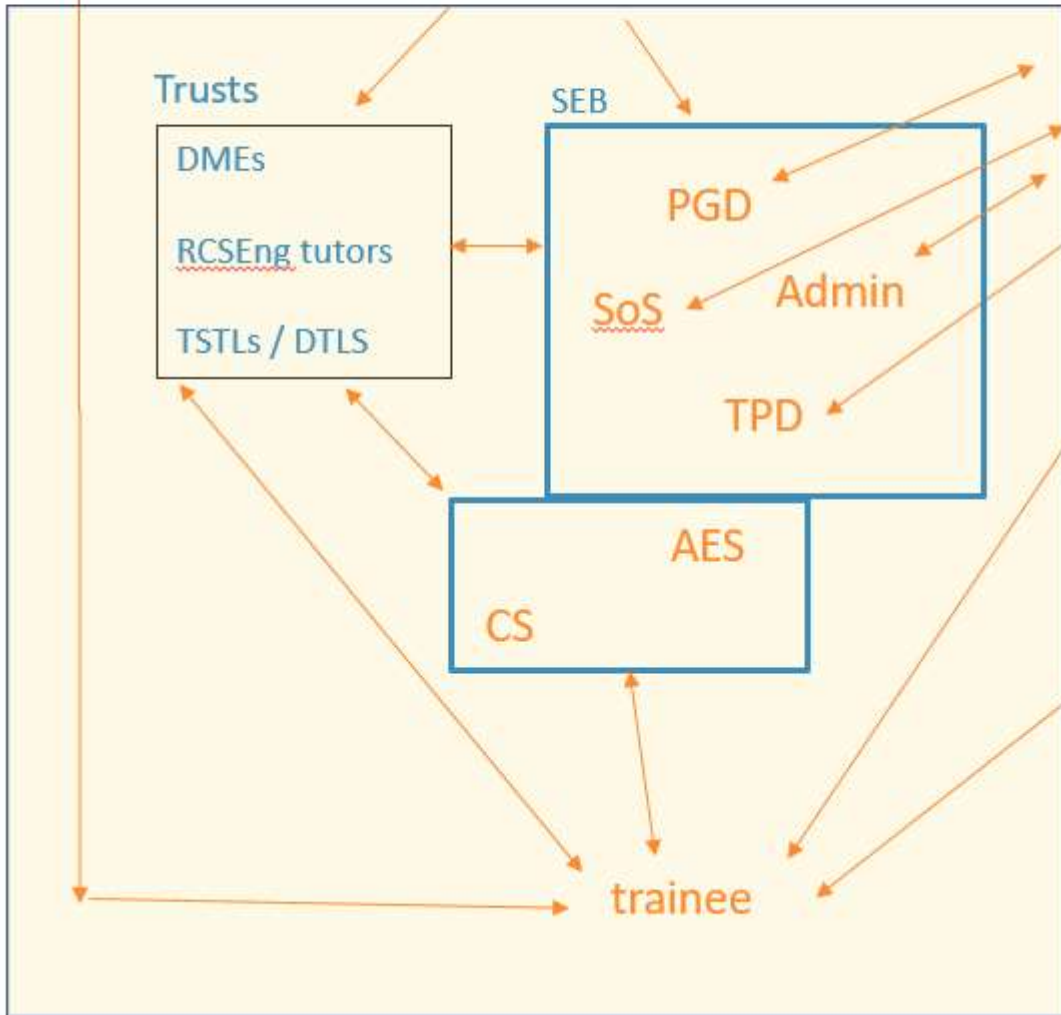
General Medical Council



CoPSS

Confederation of Postgraduate Schools of Surgery

General Medical Council



Specialty Advisory Committees

Post CCT fellows

Selection group

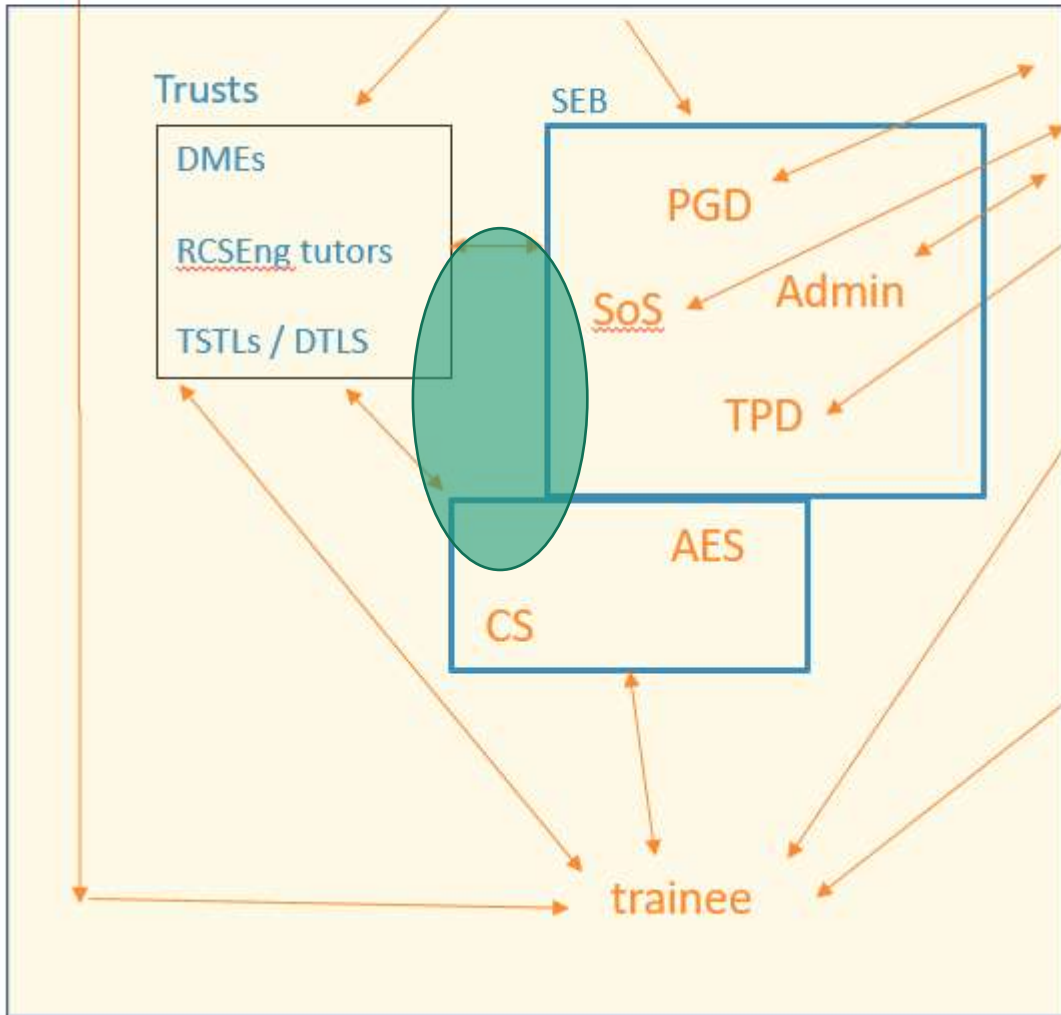
Quality group



CoPSS

Confederation of Postgraduate Schools of Surgery

General Medical Council



Specialty Advisory Committees

Post CCT fellows

Selection group

Quality group



CoPSS

Confederation of Postgraduate Schools of Surgery

14 months in – where are we?

BENEFITS

Assesses non technical skills – GPCs

Clearer outline of day one consultant competencies – CiPs

More global assessments

MCR allows a number of consultant trainers to feed into assessments

Formative and summative MCRs

ISSUES

?Too many assessments

Trainee / trainer understanding

Trainer time (to complete MCRs)

AES report linked to MCR

Trainees attending ARCPs without AES reports
(revalidation issue?)

Still a tick box exercise?

What did we do in NW?

Lots of communication

TPDs

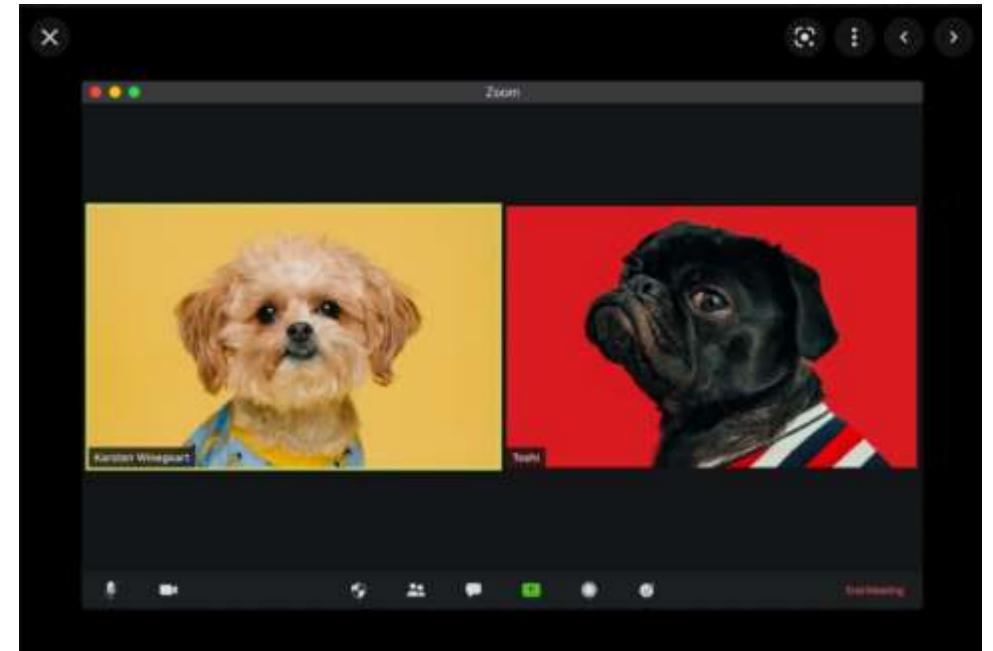
RCSEng tutors

AESs/CSs (~350 attendees)

Trainees

Completion of MCRs

QUALITY of MCRs



Solutions??

Decouple MCR from AES report – will reduce MCRs done

Have a 12 month placement instead of 2 x 6months – less assessment points

Reduce number of MCRs needed (eg 1 or 2 per year)



Group discussions

- Group work (I) – What is the ideal approach?
 - Trainee & trainer perspective
- Group work (II) – How do we overcome obstacles to implementation?