

# Workshop B

## How to introduce a new curriculum

John Anderton HoS Medicine  
Nadeem Khwaja HoS Surgery

Wed 18/5/22  
Crewe Hall

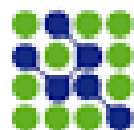
# Session Plan

- Welcome and Introductions
- Overview: GMC, Shape of training
- The Surgeons' approach
- The Physicians' approach
- Group work (I) – What is the ideal approach?
- 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

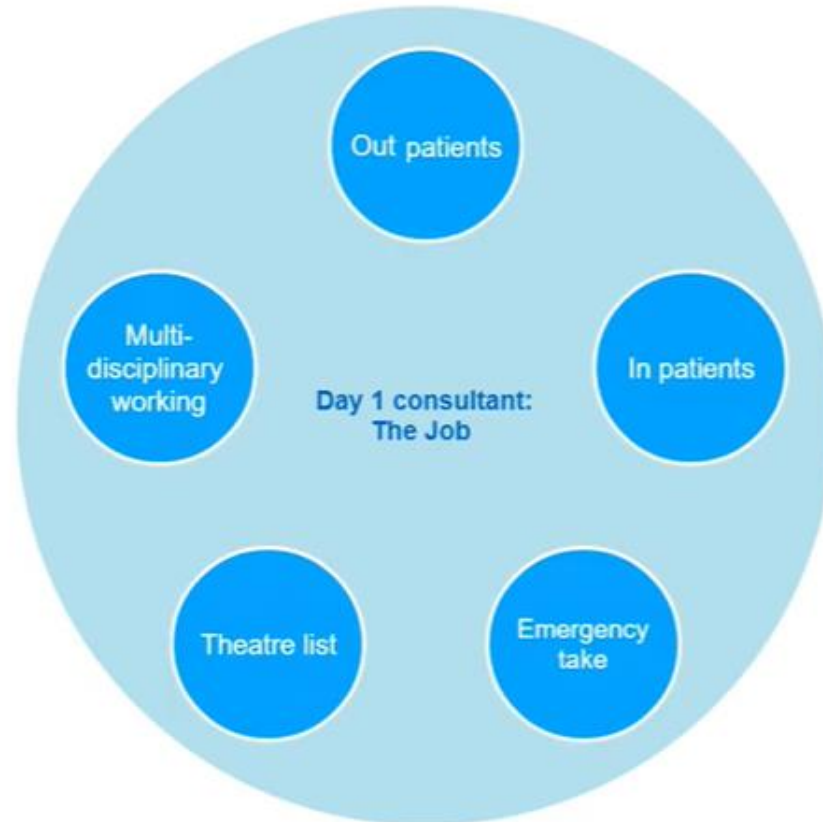


# Capabilities in Practice – High level outcomes



INTERCOLLEGIATE  
SURGICAL  
CURRICULUM  
PROGRAMME

Outcomes based curriculum and capabilities in practice



# 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

18/5/22



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW



General  
Medical  
Council



General  
Medical  
Council



Trusts

DMEs  
RCSEd tutors  
TSTLs / DTLS

SEB

PGD  
SoS  
Admin  
TPD

AES

CS

Specialty  
Advisory  
Committees

Post CCT  
fellows

Selection  
group

Quality  
group



CoPSS

Confederation of Postgraduate  
Schools of Surgery

trainee

# 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 (?)





## **The GPC framework has nine domains**

- Domain 1: Professional values and behaviours
- Domain 2: Professional skills
- Domain 3: Professional knowledge
- Domain 4: Capabilities in health promotion and illness prevention
- Domain 5: Capabilities in leadership and team working
- Domain 6: Capabilities in patient safety and quality improvement
- Domain 7: Capabilities in safeguarding vulnerable groups
- Domain 8: Capabilities in education and training
- Domain 9: Capabilities in research and scholarship

## **Shared Capabilities in Practice (CiPs)**

1. Manages an out-patient clinic
2. Manages the unselected emergency take
3. Manages ward rounds and the on-going care of in-patients
4. Manages the operating list
5. Manage multi-disciplinary team working

## **Specialty Specific CiPs**

### **Cardiothoracic**

- Manages patients within the critical care area
- Assesses surgical outcomes both at a personal and unit level

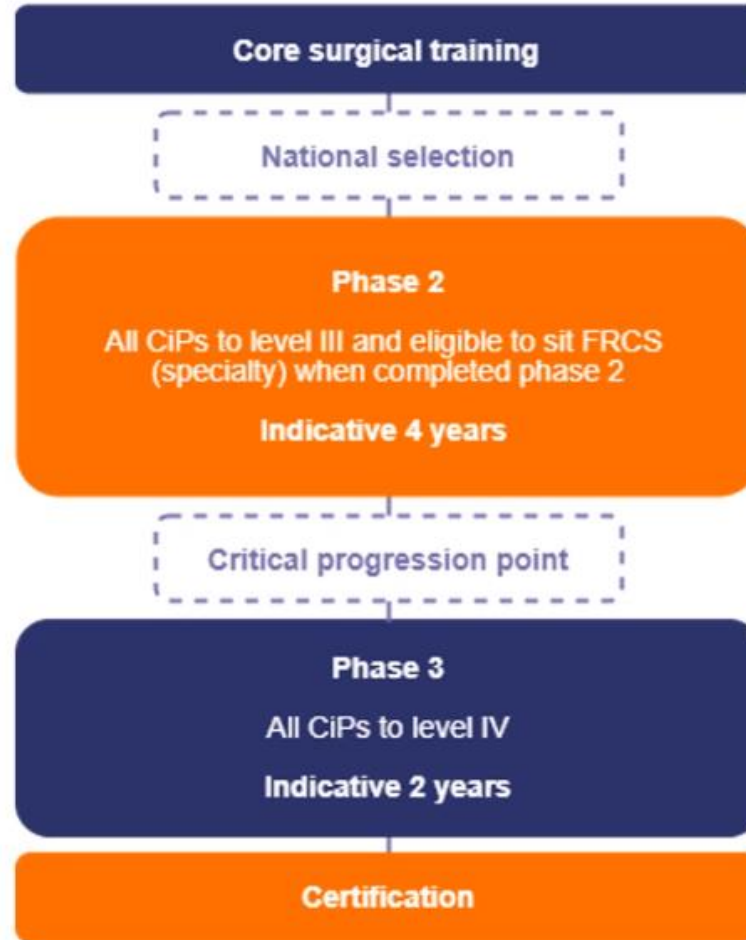
### **Paediatrics**

- Assesses and manages infant or child in a NICU/PICU environment

### **Plastics**

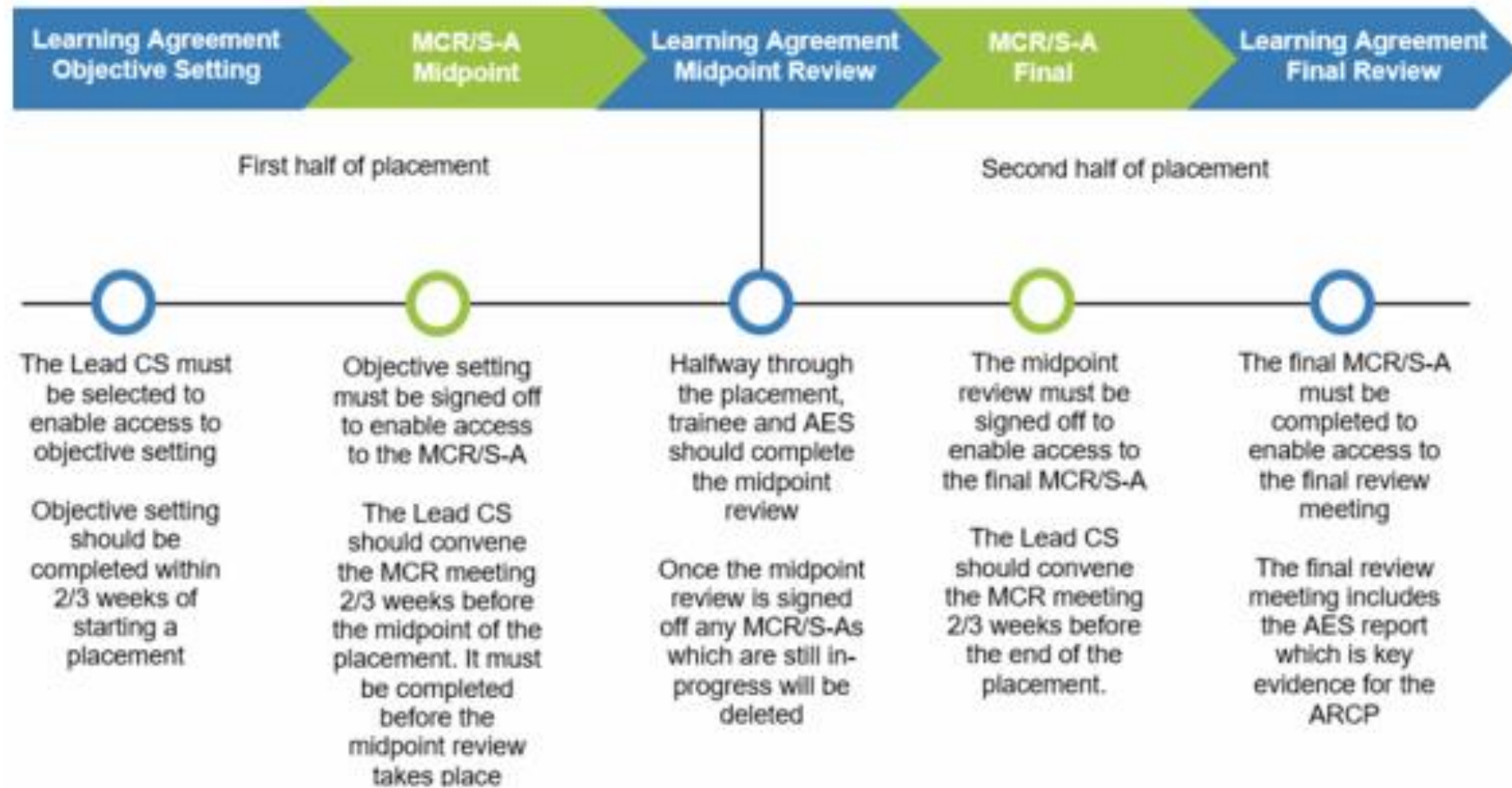
- Safely assimilates new technologies and advancing techniques in the field of Plastic Surgery into practice

# The training pathway



*Figure 1: typical phases of a surgical training pathway. Please consult your own specialty curriculum for specific details.*

# Progression of activity Learning Agreement and MCR S-A



# Multi Consultant Report

Trainer led (lead CS)

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

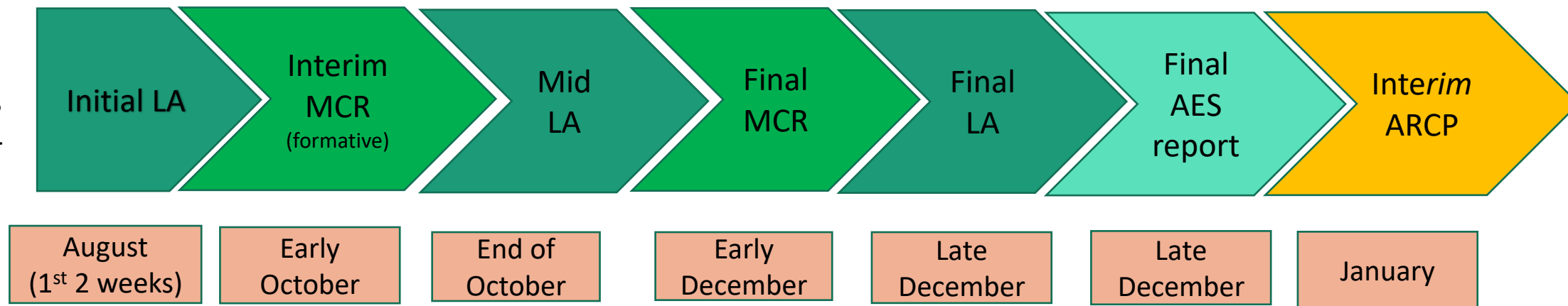
2 week lock out period before can be released to AES

Do not allocate too many named CSs

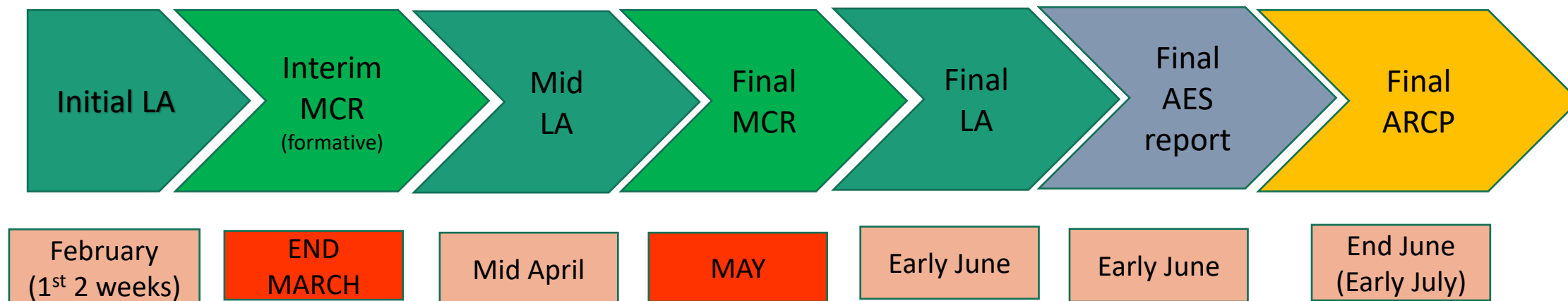
Time is VERY tight

## AUGUST Starter

First  
6 months  
(Aug 21 –  
Jan 22)

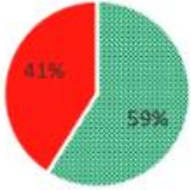


Second  
6 months  
(Feb 22-  
July 22)



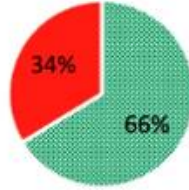


### Cardiothoracic Surgery



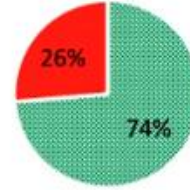
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### Core Surgical Training



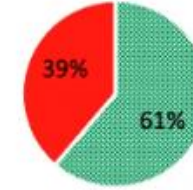
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### General Surgery



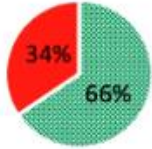
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### Neurosurgery



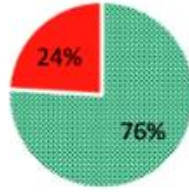
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### Oral and Maxillofacial Surgery



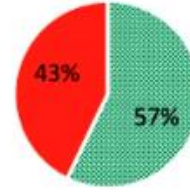
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### Otolaryngology



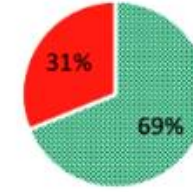
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### Paediatric Surgery



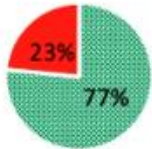
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### Plastic Surgery



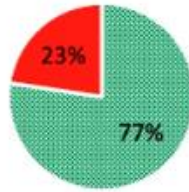
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### Trauma and Orthopaedic Surgery



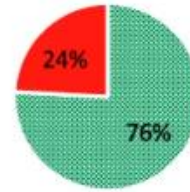
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### Urology



■ Midpoint MCR completed  
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### Vascular Surgery

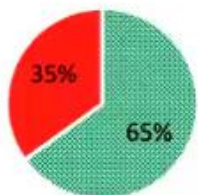


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**Midpoint MCR completed by specialty**

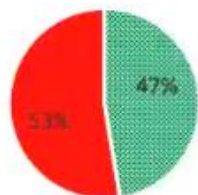


### Core Surgical Training



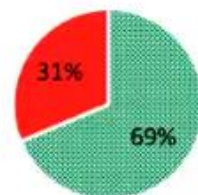
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### Cardiothoracic Surgery



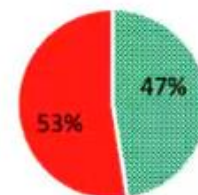
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### General Surgery



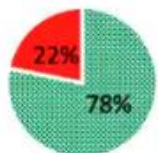
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### Neurosurgery



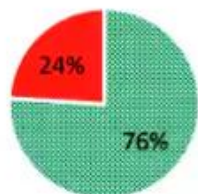
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### Oral and Maxillofacial Surgery



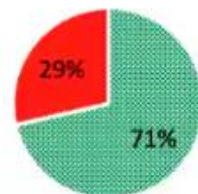
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### Otolaryngology



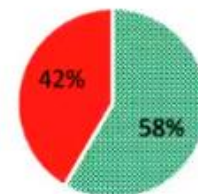
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### Paediatric Surgery



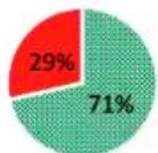
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### Plastic Surgery



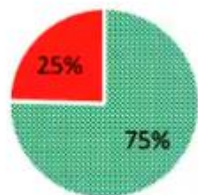
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### Trauma and Orthopaedic Surgery



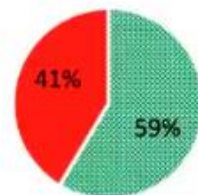
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### Urology



■ Final MCR completed  
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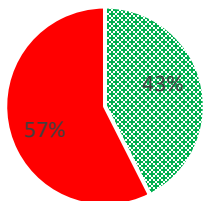
### Vascular Surgery



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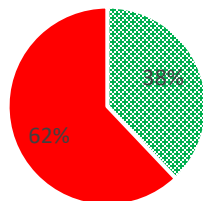
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Health Education East Midlands



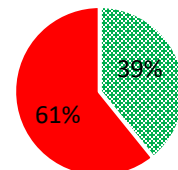
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Health Education East of England



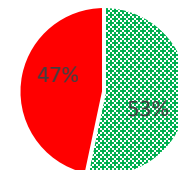
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Health Education Kent, Surrey and Sussex



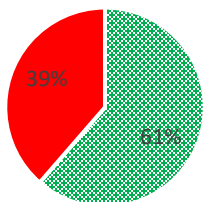
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Health Education North Central & East London



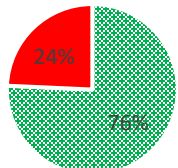
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Health Education North East



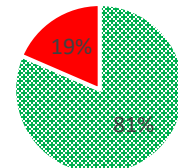
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Health Education North West (Mersey Sector)



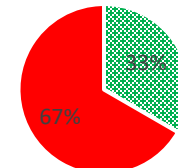
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Health Education North West (North West Sector)



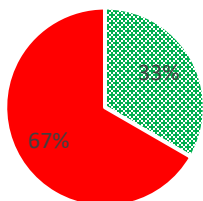
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Health Education North West London



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

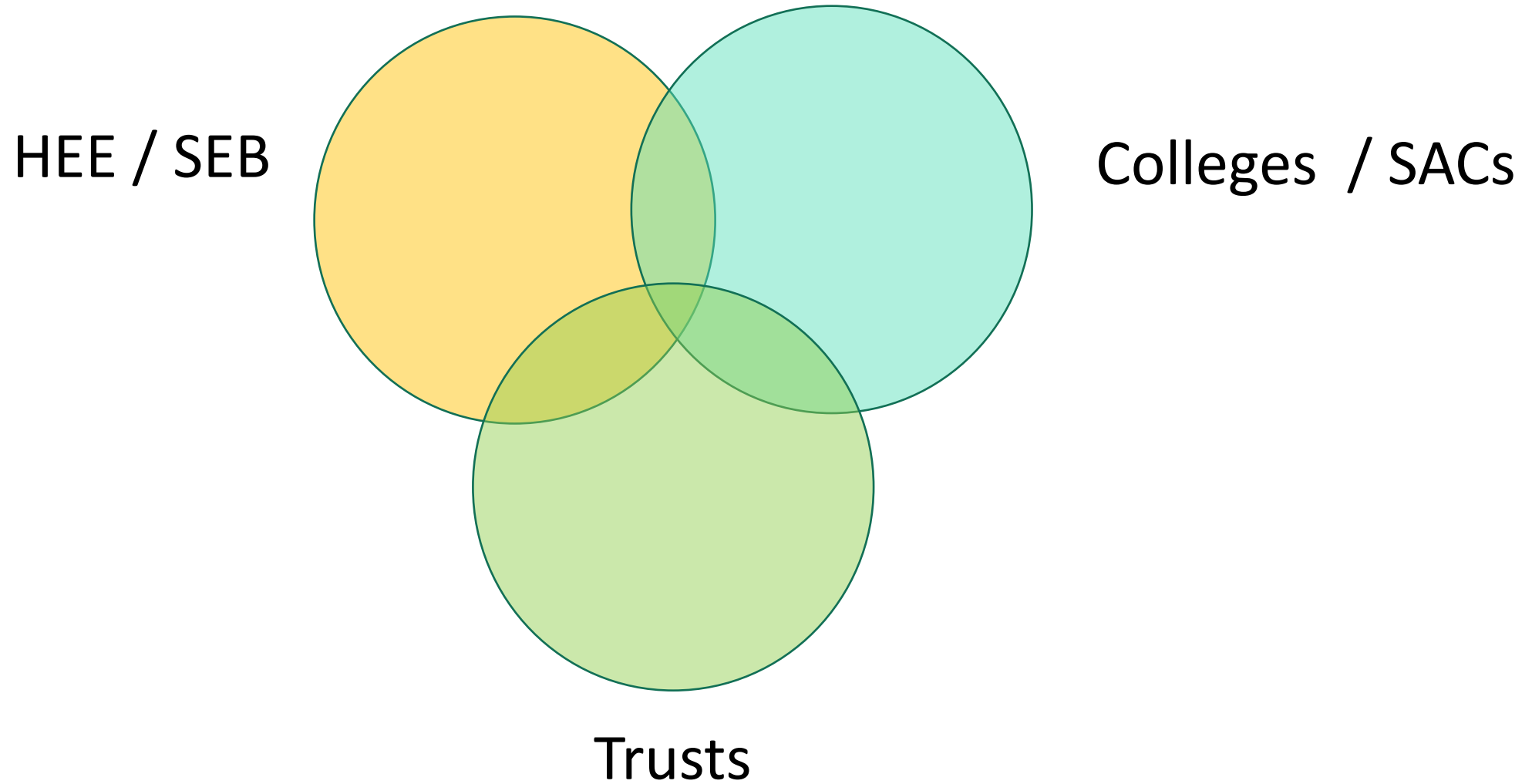
Effecting change – could it have been better?

Disseminating information – Webinars, Youtube videos, SAC sessions

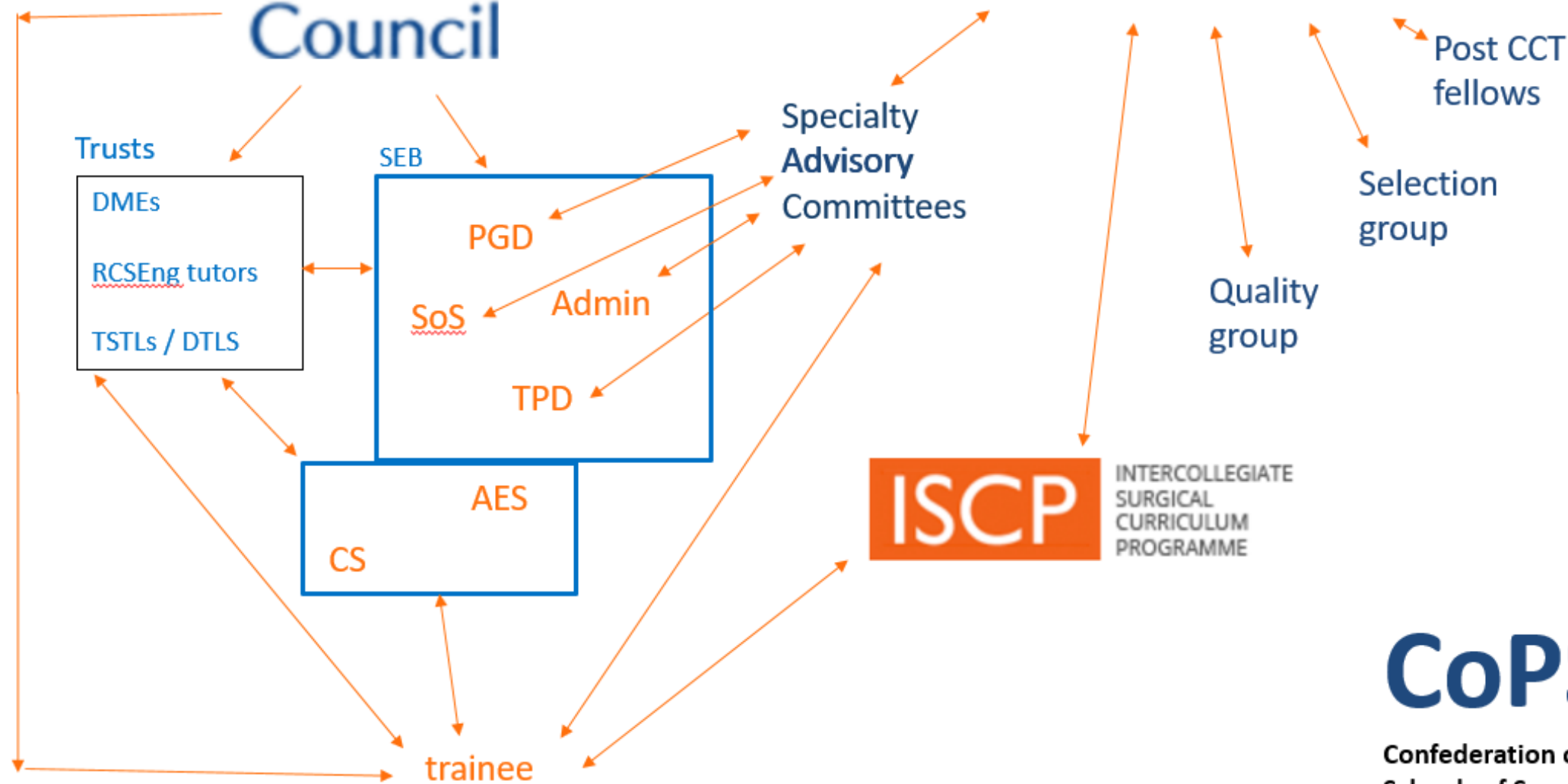
Need 4 MCRs/ 12 months

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

# Whose responsibility?



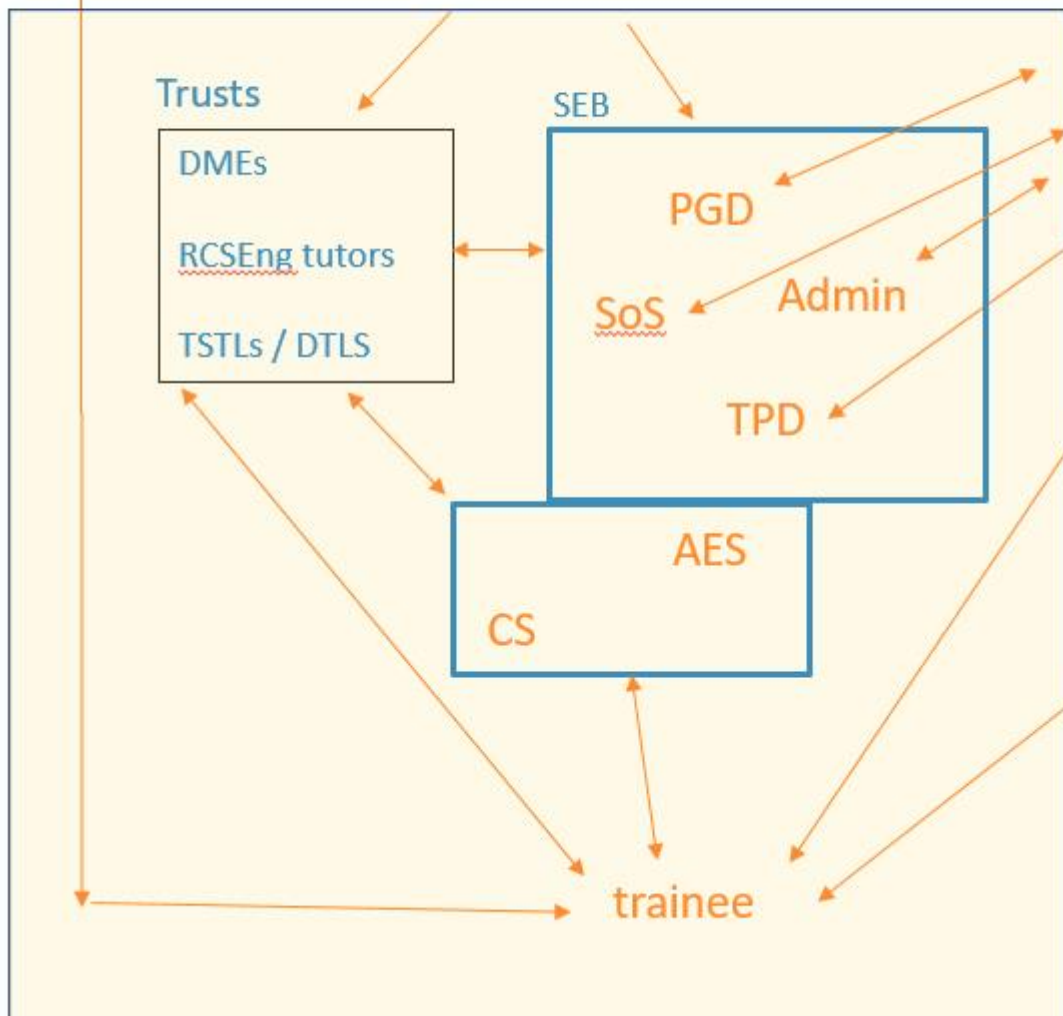
General  
Medical  
Council



CoPSS

Confederation of Postgraduate  
Schools of Surgery

# General Medical Council



Specialty  
Advisory  
Committees

Post CCT  
fellows

Selection  
group

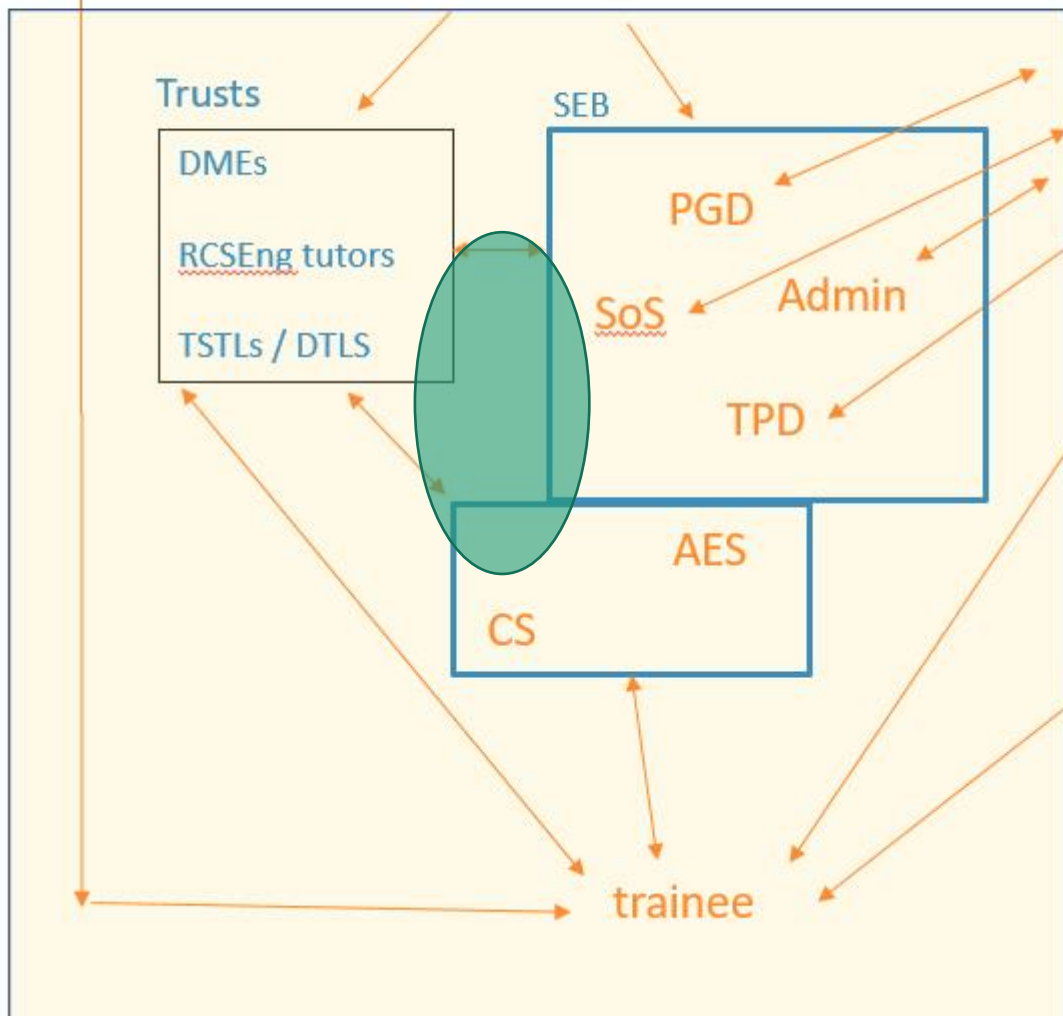
Quality  
group



# CoPSS

Confederation of Postgraduate  
Schools of Surgery

# General Medical Council



Specialty  
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# CoPSS

Confederation of Postgraduate  
Schools of Surgery



# 9 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?)



# What did we do in NW?

Lots of communication

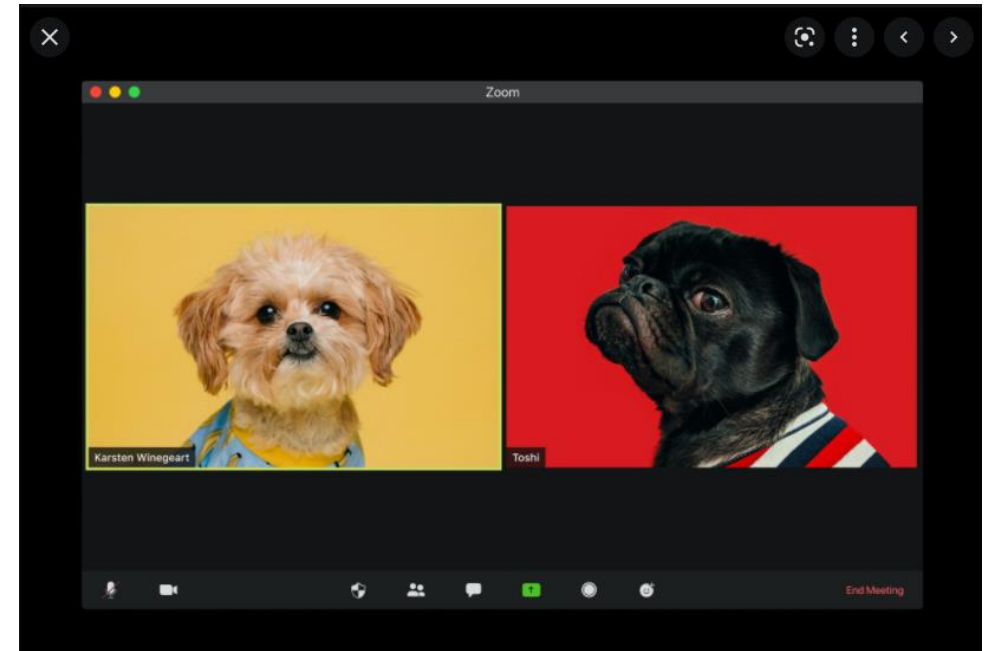
TPDs

RCSEng tutors

AESs/CSs (~350 attendees)

Trainees

Still issue with upcoming ARCPs – No AES report = No outcome 1 ?



# 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?
- Group work (II) – How do we overcome obstacles to implementation?