

TUTOR'S COLUMN

D Burch, Clinical Tutor

MODERNISING MEDICAL CAREERS: FOUNDATION YEARS

Firstly, the foundation doctors referred to below have nothing to do with foundation trusts: it is simply coincidence that two of the many changes within the NHS happen to have the word 'foundation' in their title.

Secondly, my previous article for this journal on the subject of hormone replacement therapy went out of date in about two years. I am afraid there is no chance of this article remaining current for as long.

You will undoubtedly remember that when 'Calmanisation' came in the registrar and senior registrar grades were merged and numbered with the intention of matching the supply of trained doctors with the demand for consultants, and also that some specialties managed this better than others. A few years ago a new document came out of the Department of Health called 'Unfinished Business' in which they planned to turn their attention to the SHO grade. The scope of this paper has increased: its new name is 'Modernising Medical Careers', and it will have an impact on most aspects of postgraduate medical training. The first thing that concerns us is that the existing pre-registration year is to be replaced by two years of foundation training. Doctors will continue to get full registration at the end of the first foundation year (F1) and when they have completed two years as foundation doctors they will be eligible to apply for one of about eight training rotations covering general practice, medicine, surgery, anaesthesia, paediatrics, obstetrics and gynaecology and so on. At the end of a time-limited period in these posts they will then get SpR jobs as at present. Some specialties are introducing 'run-through' training, rolling the SHO and SpR time together, but these will be in the minority at first. Some specialties may award a general certificate of completion of training at quite an early stage and then a sub-specialist interest CCST after another few years. The most urgent part of this for us is the foundation years, because this affects the current fourth year at medical school who will be starting work as doctors in August 2005. They will all be applying for two-year rotations and plans to offer these schemes are well advanced. There has been a number of pilot foundation schemes going on around the country but as seems to be the way in the NHS we are required to produce our plans before any of the pilots have reported on their findings. There are a number of possible ways of constructing these schemes but much the commonest and the only one that has official approval is 6 x 4-month posts. In the first year there will be medicine, surgery and another hospital specialty, in the second year there will be two hospital specialties and one based in the community. We are required to produce these rotations without any funding which means that we must recycle existing SHO posts into Foundation 2 posts. Since none of the royal colleges has announced the nature, duration or number of schemes for their basic training rotations we have been advised not to affect any of the existing GP, BST or other training schemes. Therefore only freestanding posts can be incorporated into year 2. One problem peculiar to Morecambe Bay Hospitals is that while we have quite a lot of

PRHOs we have the lowest ratio of SHO to PRHO posts of any hospital in our Strategic Health Authority. This means that matching the existing PRHO posts with SHO posts is a particular challenge. It is also apparent that less service work can be expected of an SHO who has come fresh from the F1 year and who will only be in a post for four months. This is a particular problem for specialties such as A&E where the SHO is in the front line. We have had a number of meetings and the current plans look like this:

Year 1			Year 2		
RLI medicine	RLI surgery	musculo-skeletal	WGH medicine	psychiatry	GP
RLI medicine	RLI surgery	musculo-skeletal	WGH medicine	perioperative medicine	GP
RLI medicine	RLI surgery	musculo-skeletal	WGH medicine	palliative care	GP
RLI medicine	RLI surgery	RLI elderly	WGH medicine	obstetrics & gynae	community paediatrics
RLI medicine	RLI surgery	urology	WGH medicine	obstetrics & gynae	GP

You will notice that the medical PRHO posts at WGH have been put into year 2 to try to deal with the problem of lack of SHO posts and lack of funding to produce any more. One place where funding will have to be forthcoming from the region is for the innovative community-based posts. Existing fourth year students will be applying for these rotations in the near future. Once this process is under way it will soon be time to turn our attention to expansion of the number of foundation posts in line with the expected increase in medical graduates. So far no details are forthcoming. We do know that in September 2004 50 Liverpool medical students will be coming to Morecambe Bay and if 75% of them wish to stay and do foundation posts here in 2006 we will need to produce some more posts. We are fairly confident that this increase will be funded. As the royal colleges announce how many SHO posts will be required for their training schemes, specialties may be keen to have their SHO posts put into F2 as they may be hard to fill or withdrawn altogether if they are not required for basic specialty training.

It is envisaged that overseas doctors coming to the UK to train will do an F2 year as their orientation to the NHS before pursuing their chosen specialty.

Perhaps the other most radical change in medical staffing relates to the 'Hospital at Night' programme. This is in relation to the European Working Time Directive (EWTd). Workers, except doctors in training grades but including consultants and staff grades, are already bound by the 48-hour maximum. From August 2004 rest requirements will come in and no doctors will be exempt. The main aspect of the rest requirement is that everyone must get at least 11 hours' rest in every 24, in other words all doctors will be working a full shift system. Unlike the 'new deal' this is not an agreement between the profession and the Department of Health, it is health and safety legislation punishable by a hefty fine, so there is no scope to opt out or for negotiation of any kind in its interpretation. The Department of Health's position is that every doctor must meet the EWTd, there will

not be an increased number of doctors and hospitals cannot be merged to achieve this. 'Hospital at Night' is about producing a team of doctors, nurses and technicians to deal with all aspects of care in the general hospital. At first it was thought that they would also cover maternity and paediatrics but people soon realized how silly that was. It has been very disconcerting to see the decrease in the number of resident doctors at night, but even so we have far more resident doctors than hospitals of a similar size in other countries and it seem likely that this process will continue.

SUMMARY

I have picked out only two of the many changes facing the profession at the moment. We in the trust are fortunate in having good teams forming our education committees consisting of royal college tutors, chaired by the clinical tutor and advised by Andy Craven, Associate Director of General Practice and Sarah Whiteman, Associate Dean. If anyone has any comments or questions or, better still, good ideas please write to me at the Education Centre, Royal Lancaster Infirmary

For further information see www.mmc.nhs.uk or www.gmc-uk.org

Undergraduate MBMJ Prize

The Leese Bequest has agreed to contribute to a prize of £200 for the best submission written by an undergraduate undertaking work in the fields of respiratory or cardiovascular medicine. This could be a case report, results of an audit or original research. The successful piece of work will be published in the MBMJ and should be between 2500 and 3000 words long.

Entries will be judged at the end of the academic year (31 August 2004) and anyone interested in participating is encouraged to speak to Dr A Brodison, Consultant Physician at RLI.