

STeLI Conference
Innovation in Education – an
engine for change?

*Aspiring to Educational
Excellence: Challenges and
Opportunities*

John Tooke, Vice Provost (Health) UCL

- What should a doctor seek to excel at?
- What does excellence look like?
- How in practical terms do we convert aspiration into achievement?

Changing Context

Demand

- Demography
- Technological capacity
- Public expectation

Supply

- Tax earner:beneficiary ratio
- Recession
- Affordability

Changing Context (EWTD)

Demand

- 'Fit for purpose'
Specialists
- Clinical Excellence

Supply

Time, resource

Role of the Doctor

Without role definition it is impossible to:

- Pursue outcome focused medical education
- Plan the workforce
- **Understand what to excel at!**

Role of the Doctor

“All doctors must be demonstrably committed to reflective practice, monitoring their contribution and working continually to *improve their own and their team’s performance*”

“Doctors have a key role in *enhancing* clinical services through their positions of responsibility”

i.e. *Aspiring to Excellence / ‘Pushing the Boundaries’* is integral to the role



A High Quality Workforce

NHS Next Stage Review



➤ Practitioner

➤ Partner

➤ Leader

Practitioner

- Novice
- Competent (under defined circumstances)
- Expert (optimal outcomes in a wide variety of circumstances)

Which of the following patients may have suffered a heart attack?

- A 50 year old obese smoker with crushing central chest pain radiating down the left arm
- A pain free 45 year old insulin dependent diabetic presenting in DKA
- An 80 year old woman with acute breathlessness
- A 60 year old with epigastric pain and vomiting

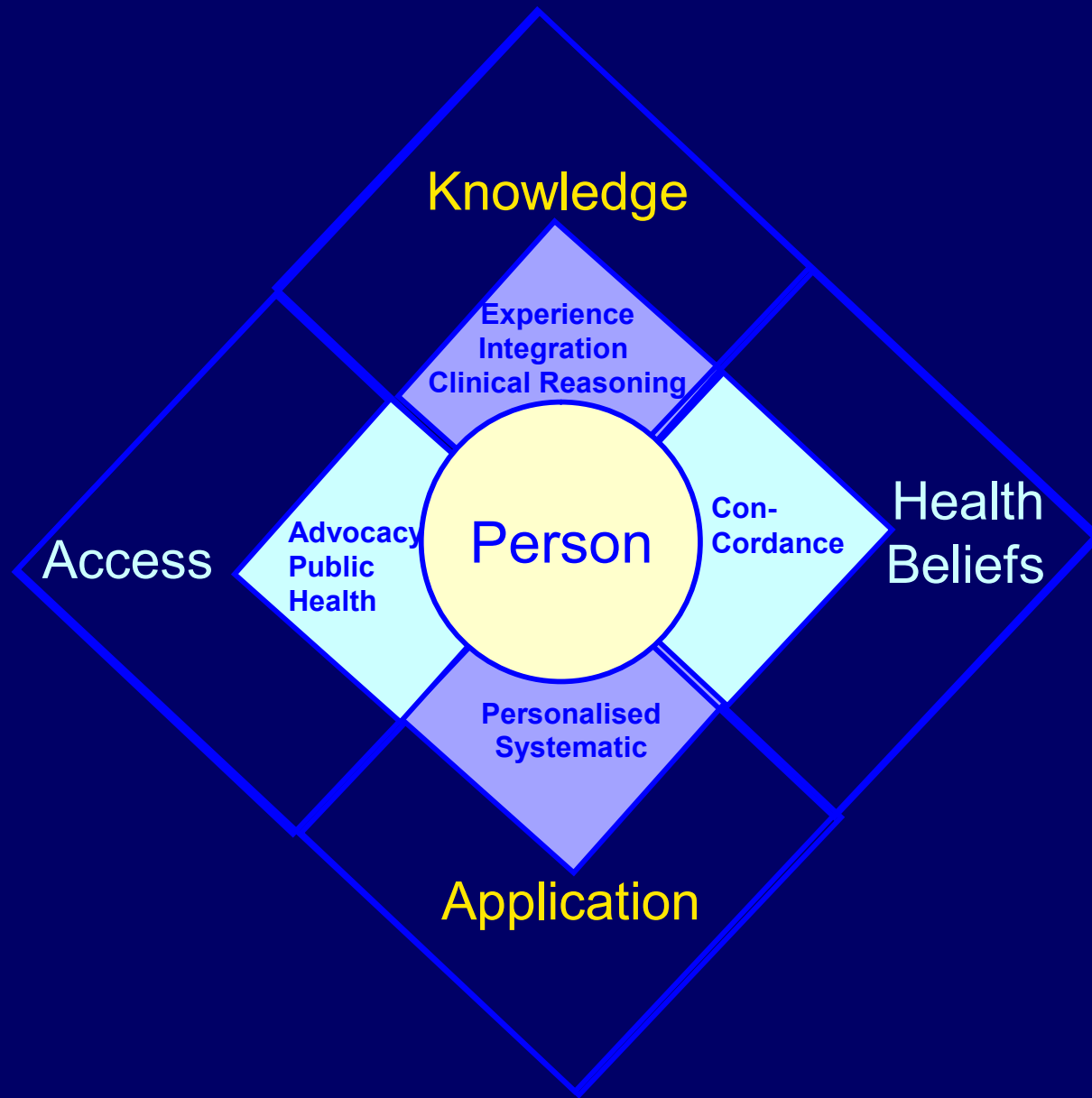
Expert

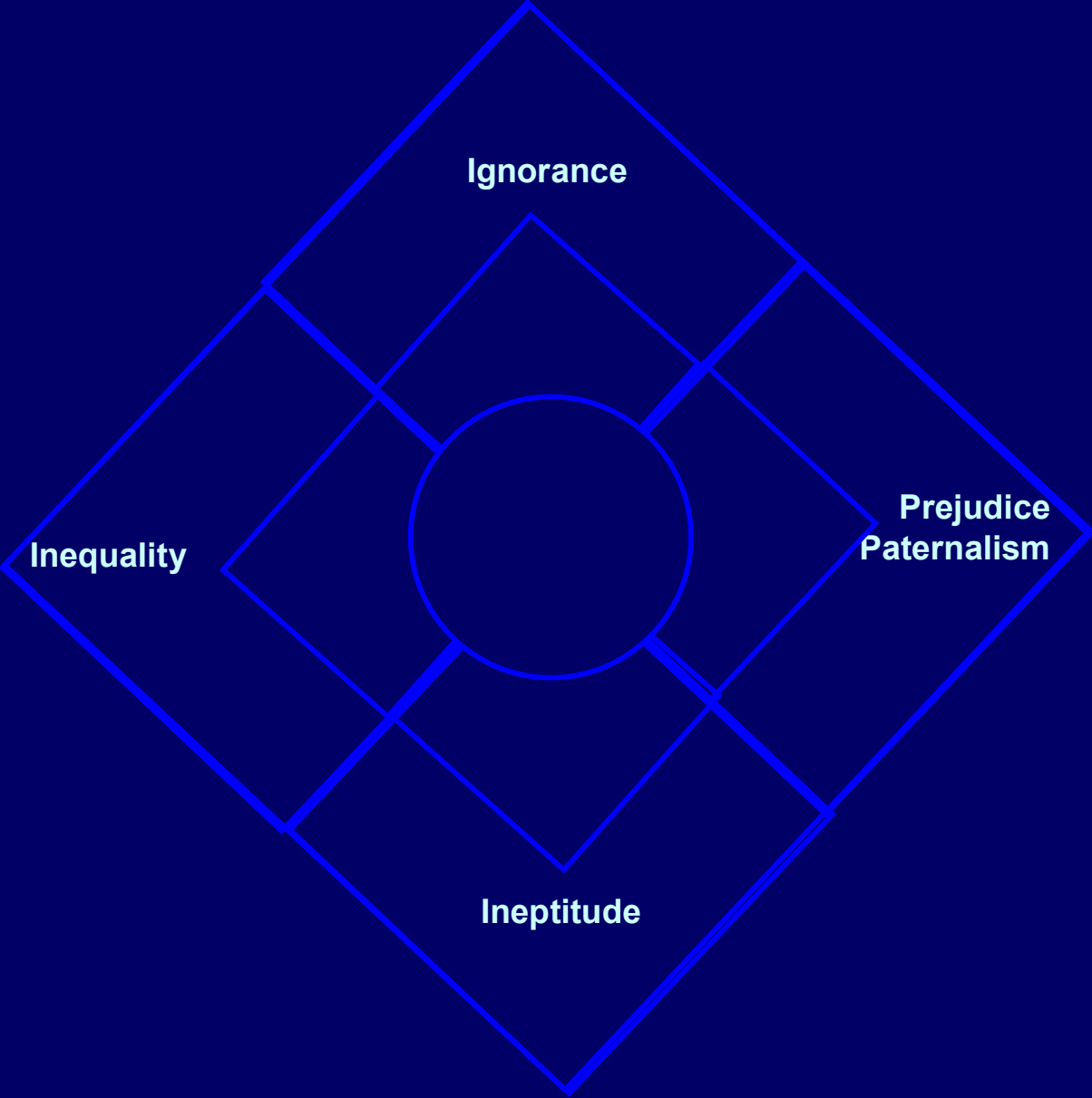
- Optimal *outcomes* in a wide variety of circumstances

How is such experience accrued in the face of EWTD?

Characteristics of medical excellence

- Each and every patient is the focus of concern
- A correct diagnosis is followed by meticulous application of an evidenced based approach that reflects that personal focus





Outcomes

- 'Technical' outcome
- What it meant for the patient/how they perceive it
- **Cost effectiveness**

Role of the doctor

“ Within a world where the capacity to treat is growing but financial resources are finite, **doctors have a duty to use resources wisely and effectively and engage in constructive debate about their use.**”



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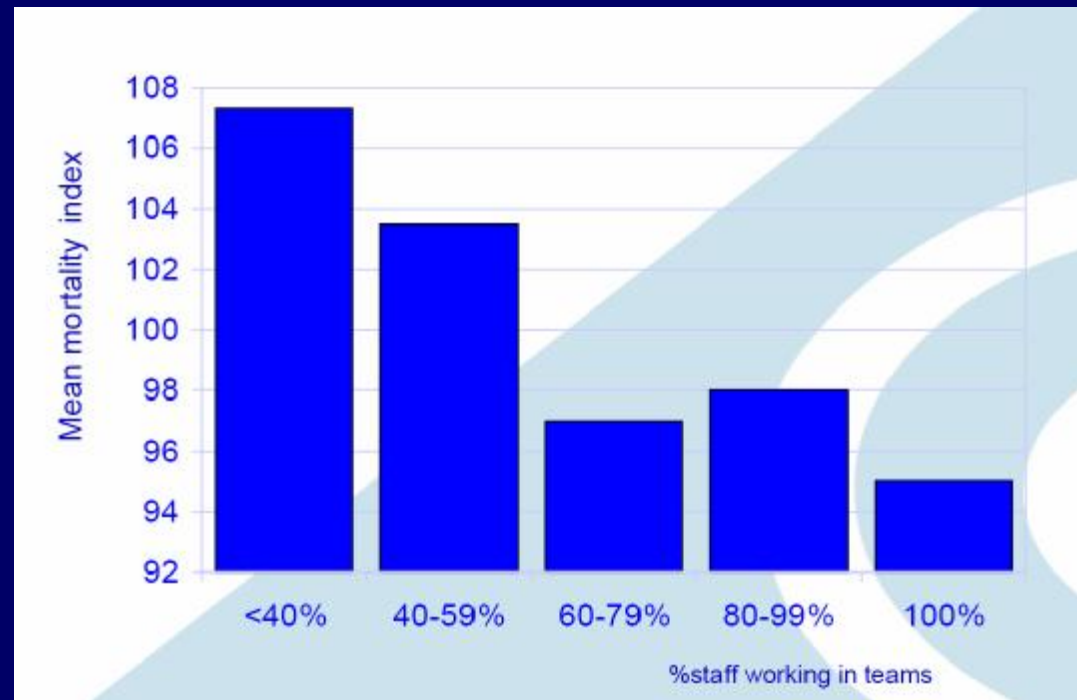


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Partner



Professor Michael West, 2006



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➤ Partner

➤ Leader

Leader

- NSR acknowledges Doctor's core leadership role *and* the need for senior leadership and management posts in education, research as well as service delivery
- Leadership Competency Framework

*Academy of Medical Royal Colleges / NHS Institute
for innovation and improvement 2008*

Q. To what extent does medical education inculcate 'boundary pushing'?

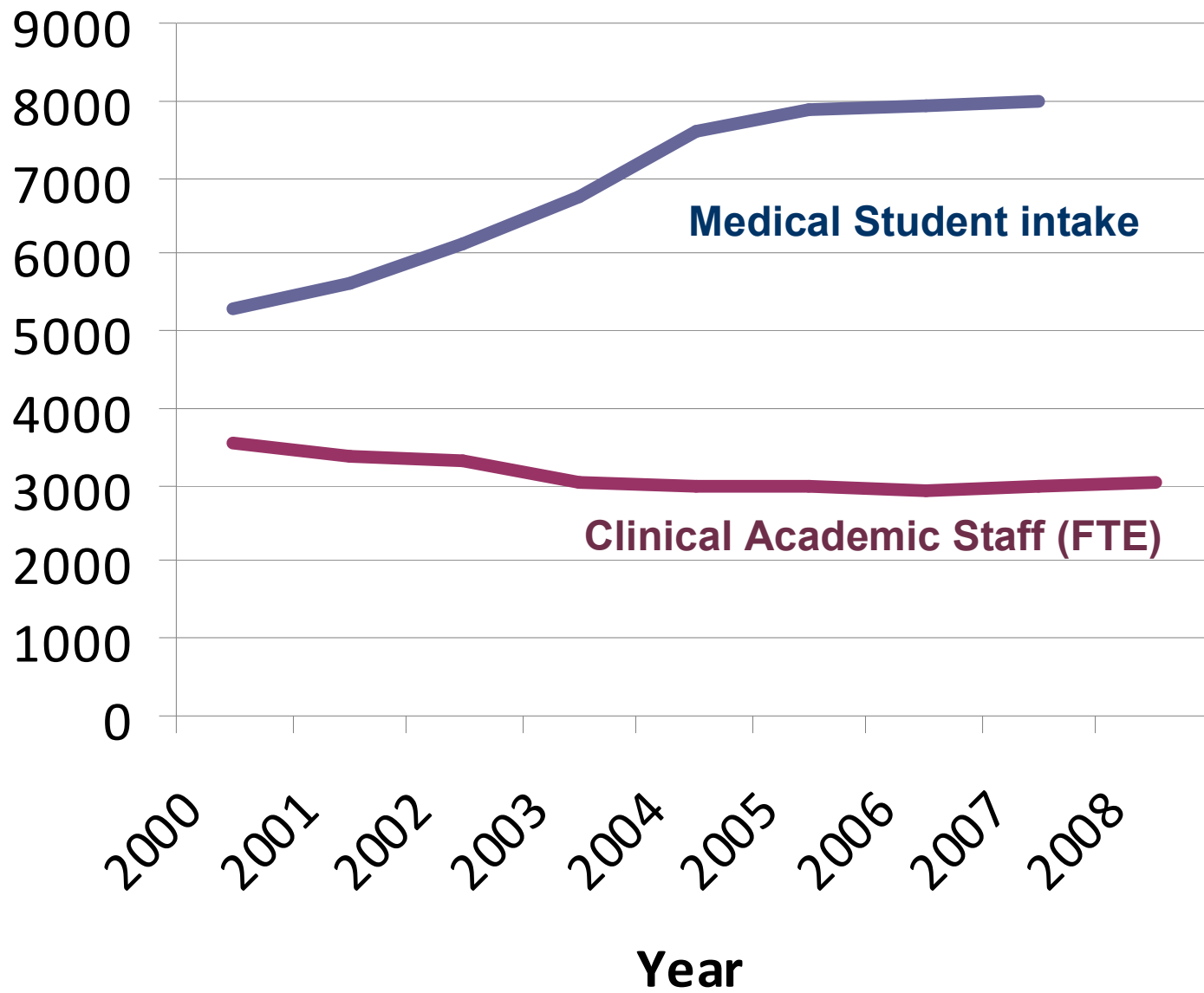
- Risk aversion
- Research 'binary divide'
- 'Competence'

Risk aversion

- The understandable focus on absolute patient safety diminishes the idea that medicine is inherently risky and may act as a barrier to service innovation
- It also is a barrier to earlier (supervised) clinical practice

Q. To what extent does UG medical education inculcate 'boundary pushing'?

- Risk aversion
- Research 'binary divide'
- 'Competence'



Q. To what extent does UG medical education inculcate 'boundary pushing'?

- Risk aversion
- Research 'binary divide'
- 'Competence'

Competence

Modernising Medical careers – An Educational Critique

“A reductionist model of ‘competency’ becomes the panacea for workforce problems”

Talbot M. The elephant in the room: Modernising Medical Careers – an educational critique. *The Clinical Teacher*. 2008; 5: 14-18

What are the practical solutions?

MMC

MTAS

Photograph by: Dominic J H Egré MSc MIEM - Institute of Emergency Management

Postgraduate Medical Education

In pursuit of excellence:

- Contestability – money follows trainee
- Commissioner : provider split
- Co-development of programmes
- Professionalising training (and trainers)
- NHS Constitution and Operating Framework

Dealing with time limitations

- Extend training?
- Confine training?
- 'Fast forward' training, e.g. student assistantships
- 'Spiral learning' e.g. simulation
- Make training encounters more effective
- Electronic support

Dealing with time limitations

- Redefining professional practice e.g. handover
- Preparation for life long learning

Conclusions

- The pursuit of excellence is obligatory
- Consider all dimensions of the doctor's role
- As training is never complete inculcate approaches that will endure
- Innovate – don't waste a good crisis!