

International Medical Workforce Conference


Medical Career Structure

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A satisfactory career structure must:

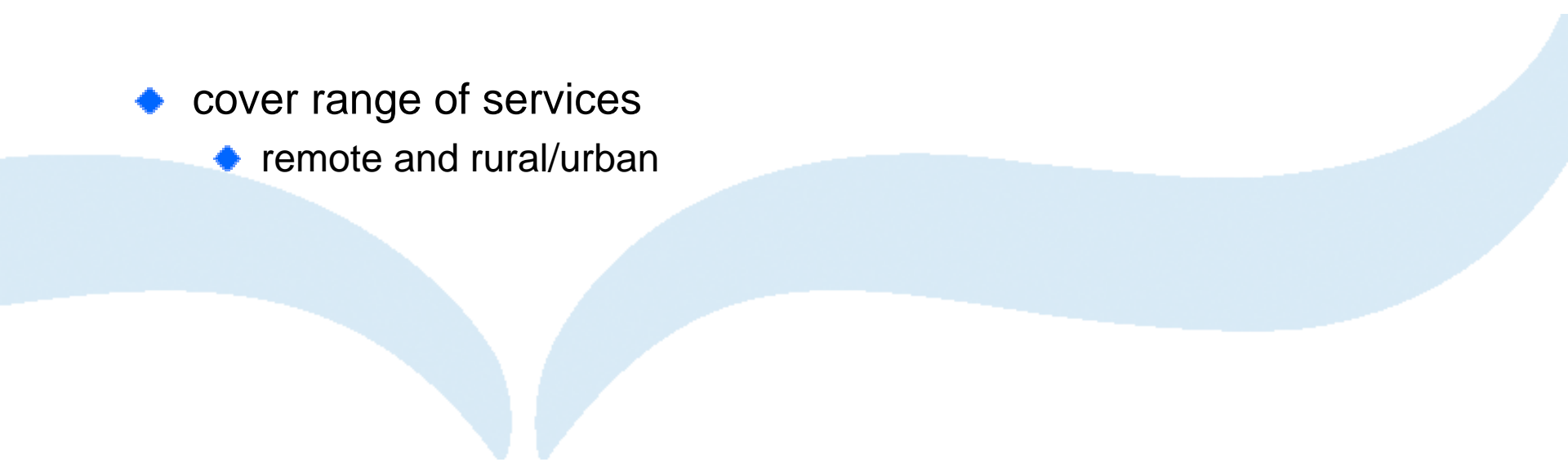
- ◆ meet the needs of the health system
 - ◆ meet the aspirations of the workforce
 - ◆ attract undergraduate entry
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Health systems and medical manpower

- ◆ effective deployment of trained doctors
- ◆ economic efficiency of the system
- ◆ pathways for professional development



Deployment of doctors (1)

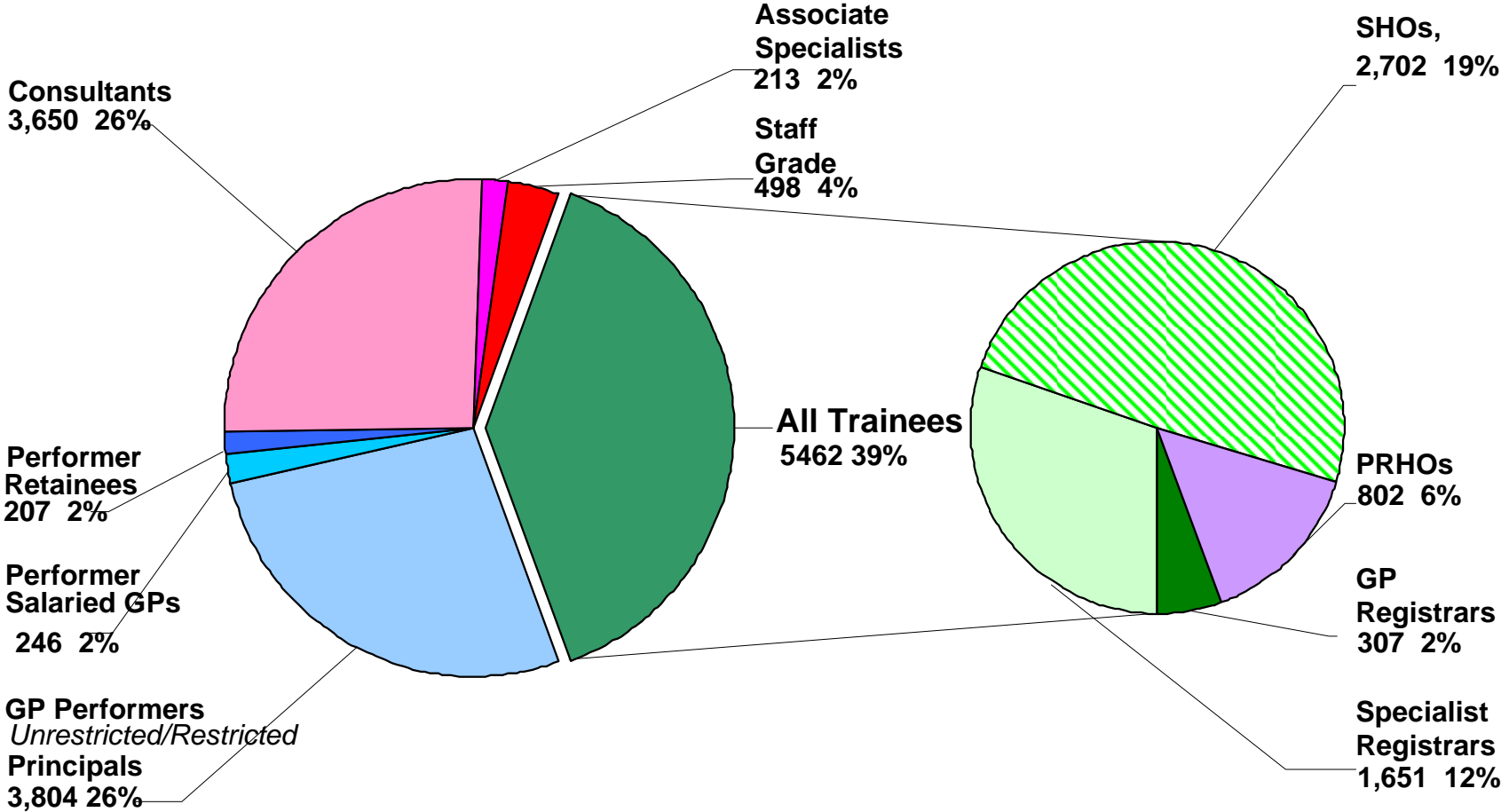
- ◆ 24/7 emergency cover
 - community and secondary care
 - ◆ decentralisation/patient access
 - ◆ cover range of services
 - ◆ remote and rural/urban
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Deployment of doctors (2)

- ◆ high quality general services
- ◆ graded access to specialist services
- ◆ trained doctor delivered service

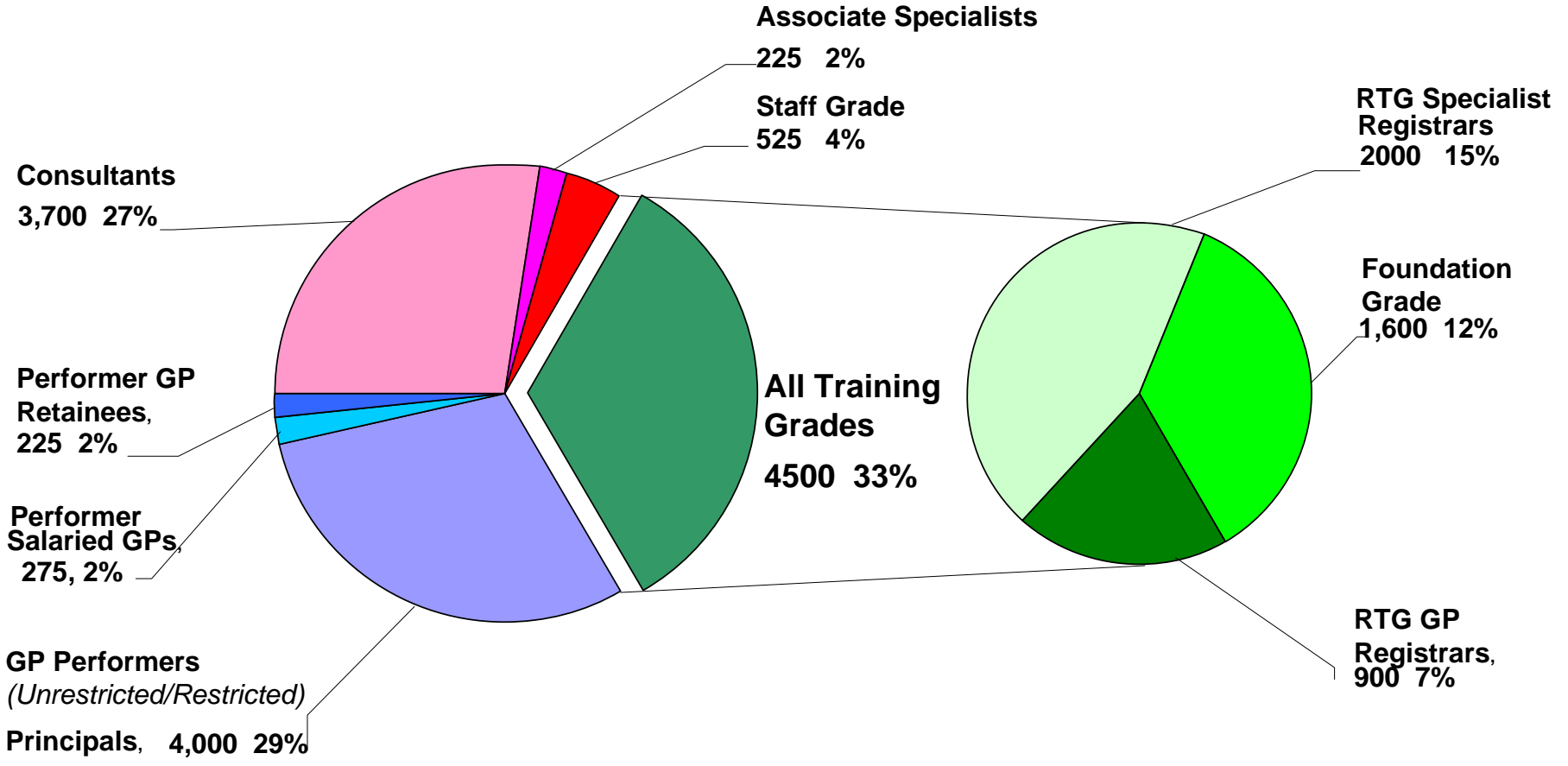
Scottish Medical Workforce 2005

(Total Workforce 14,080 headcount)



Scottish Medical Workforce Post MMC (Speculative)

Total workforce: 13,450



Discussion point:
Productivity of physicians

- ◆ attraction of different career structures
- ◆ trainee vs trained delivered service
- ◆ factors influencing individual productivity

Maximising efficiency of services (1)

- ◆ match level of individual skill to service requirement
- ◆ new role development
- ◆ team delivery

Maximising efficiency of services (2)

- ◆ managed care systems
- ◆ targets and incentives



Discussion point:
Changing models of service delivery

- ◆ single practitioners vs team working
- ◆ covering 24/7 demand
- ◆ role substitution – threat or benefit?

Aspirations of the workforce

Pathways for individual development

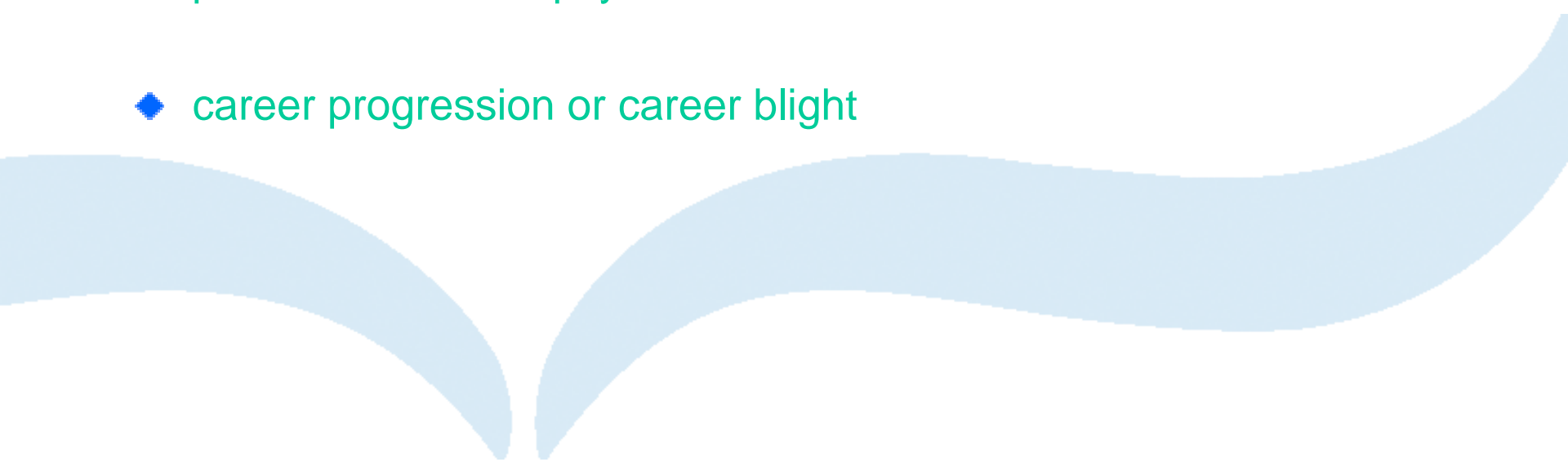
- ◆ training
 - pre-certification
 - CPD
 - post-certification

 - ◆ role of the regulator

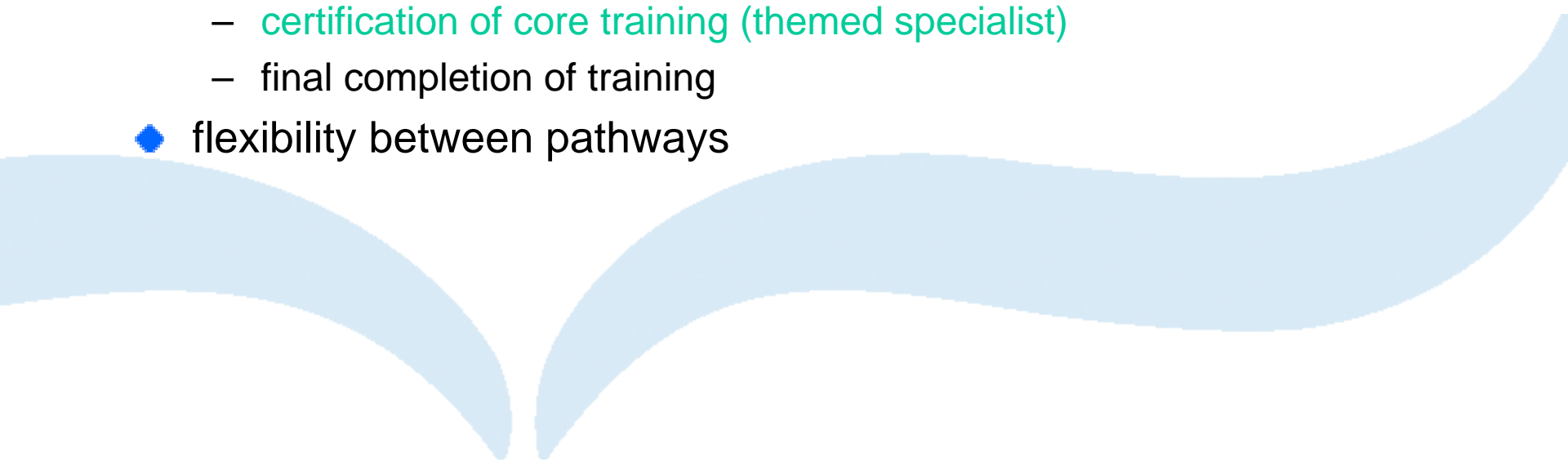
 - ◆ leadership/management

 - ◆ portfolio careers
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Discussion point:
Portfolio careers

- ◆ ability to move across discipline boundaries
 - ◆ identifying and delivering further training
 - ◆ planned or serendipity
 - ◆ career progression or career blight
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Training structure

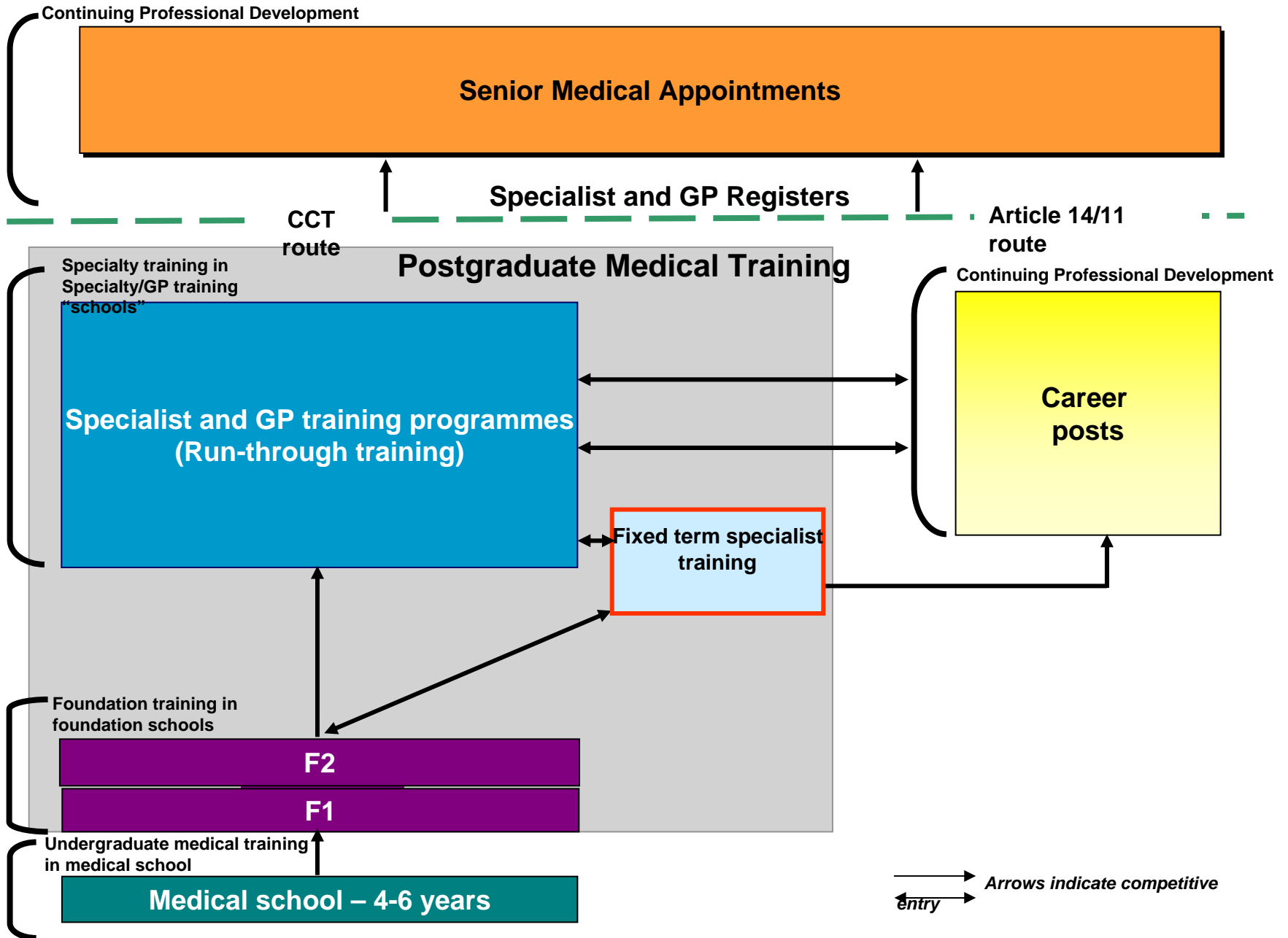
- ◆ general knowledge and skills
 - core training programmes
 - ◆ waypoints for training
 - undergraduate exit
 - foundation exit (general competence)
 - certification of core training (themed specialist)
 - final completion of training
 - ◆ flexibility between pathways
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Completion of training – fit for what?

- ◆ independent practice
- ◆ mentored environment
- ◆ acquisition of experience



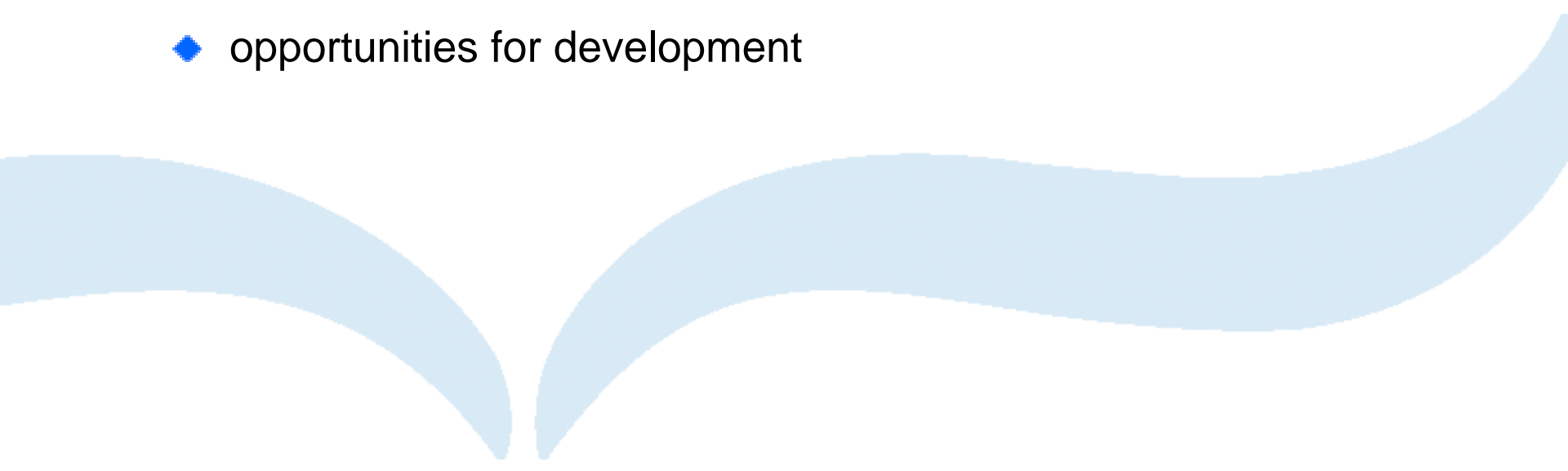
UK MMC Career Framework Proposal



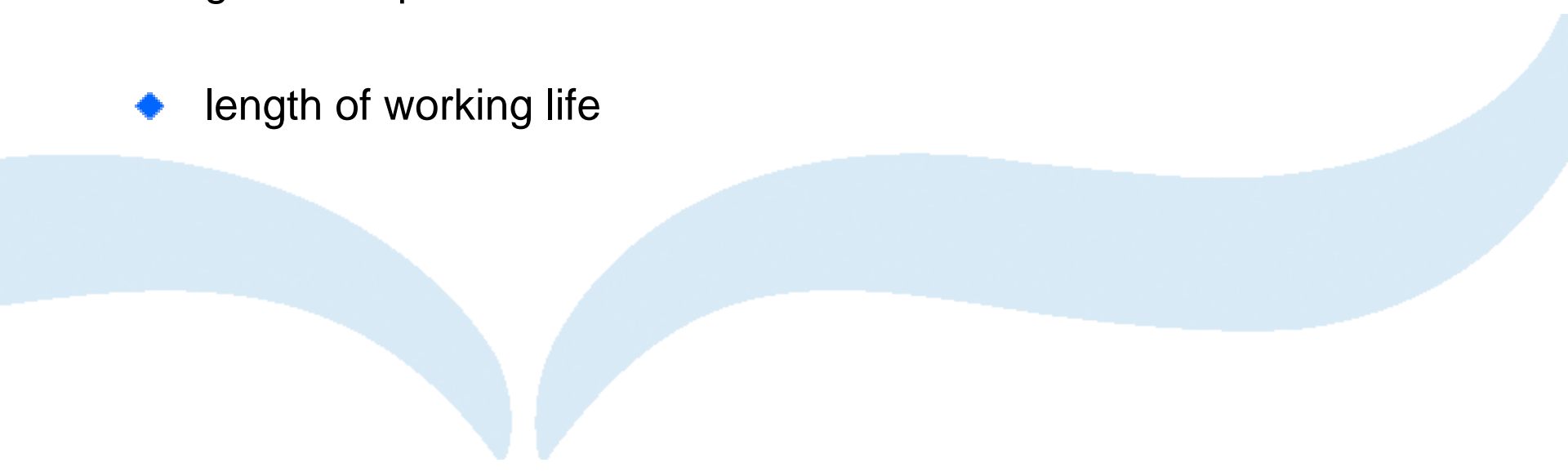
Academic medicine

- ◆ creating opportunities
 - targeted programmes
- ◆ career progression
 - clear options
- ◆ flexible entry and exit


General aspirations of the workforce

- ◆ high quality patient care – responsibility/satisfaction
 - ◆ intellectual stimulation
 - ◆ opportunities for development
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Personal aspirations of the workforce

- ◆ work/life balance
 - ◆ flexible working
 - ◆ gender impact
 - ◆ length of working life
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Discussion point:
Work/life balance


- ◆ trainee aspirations
 - ◆ impact on productivity
 - ◆ impact on continuity of care
 - ◆ public perception of the professional
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Conditions of employment

- ◆ financial
- ◆ job security
- ◆ revalidation/re-certification



Discussion point: Research

- ◆ identifying and understanding trends
 - ◆ longitudinal tracking and other methodologies
 - ◆ alternative sources of data
 - ◆ results reporting
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