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Preparing the future medical workforce for community and integrated medical care

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Aims

Recent national publications have called for a review of postgraduate medical training to equip the future workforce with the skills required for practising integrated care, and delivering care outside the hospital setting. Professional and training bodies are exploring how best to implement this. The opportunities at an integrated care organisation (ICO) have been explored.

Methods

At a busy south London ICO with an acute hospital site and community services, all community services and community-facing services for adult medical patients were reviewed to explore potential training opportunities. This was performed in conjunction with a review of higher medical specialty training curricula, obtained through the Joint Royal Colleges of Physicians Training Board website.

Results

Within the ICO, there are many opportunities suitable for generalist medical training. Community services, including consultant-led nursing home intervention, would be of benefit to many specialties caring for individuals with chronic disease. Working with GPs in risk-stratifying complex cases would provide shared education for both primary and secondary care trainees. Further opportunities are available with various community specialty teams (predominantly nurse led) and with teams caring for vulnerable patients (eg homeless persons' health). Interface services based at the acute site, such as the ambulatory emergency care unit and the acute care of the elderly service, provide ample opportunity for developing skills in ambulatory approaches to care, but have no regular higher trainee input into them, as a consequence of other training and service commitments.

Very few specialty curricula make provision for community-based training. Geriatric medicine has an in-depth curriculum, including optional higher competencies in this area. Curricula for other specialties, for example cardiology and respiratory medicine, contain community-based topics, but the focus on the competency appears mainly related to understanding such services rather than implementing and developing such services.

Conclusions

There are opportunities for novel forms of training in the integrated care setting. Limitations occur where the general nature of the service may not fit with the expectations of specialty training. Other limitations occur in a lack of consultant-led community services, restricting the consultant supervision in such services. Current curricula for higher medical trainees do not promote the acquisition of experience and skills in the community and integrated care settings. A discussion needs to occur about balancing service and training needs for doctors in training, and to review existing training and its suitability for the expected community and integrated nature of medical practice in the future.

Conflict of interest statement

Nil to declare. ■

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