

Calman Report: summary of recommendations

Recommendation a. The Working Group *notes* the progress already made by the Medical Royal Colleges and their Faculties in developing more organised training programmes. In particular, it *welcomes* the opportunities created for a significant reduction in the duration of training, without compromising standards. It strongly *supports* the continuation of such work which it considers will ultimately enable most doctors to obtain their certificate of completion of specialist training generally within a period of seven years. The Working Group therefore:

- i. recommends that the Medical Royal Colleges and their Faculties specify the curricular requirements for planned specialist training programmes *no later than July 1994*. In doing this it recognises that different colleges have reached different stages in this process. It is expected that this work will take account of the specific recommendations made in the report of subgroup A
- ii. while acknowledging the complexity and extent of these changes, the Working Group recommends that Postgraduate Deans, Medical Royal Colleges and other relevant educational bodies together with NHS management implement these programmes *by the end of 1995*. The Group accepts that this timescale may need to be reviewed in the light of changing circumstances
- iii. recognises that the Medical Royal Colleges and their Faculties must monitor the impact of these changes carefully to ensure that standards are being maintained.

b. The Working Group recommends that further consideration be given to the period of general professional/basic specialist training and suggests that this be examined by a working party convened by the GMC, with appropriate representation of other interests, which would submit positive proposals *by the end of 1993* for the GMC to consider and consult on *by mid-1994*.

c. The Working Group recommends that the UK Certificate of Completion of Specialist Training (CCST), be awarded by the GMC on advice from the relevant Medical Royal College that the doctor has satisfactorily completed specialist training, based on assessment of competence, to a standard compatible with independent practice and eligibility for consideration for appointment to a consultant post. In making this recommendation the Working Group acknowledges the need to distinguish between the *completion of specialist training* as indicated by the award of the CCST and *continuing medical education*, which should extend throughout a doctor's career.

d. The Working Group recommends that the Medical Royal Colleges should take into account in their development of specialist training programmes the specific recommendations made in paragraph 22 of subgroup A's report about the nature of the training programmes to be developed. In particular

- i. the term 'specialist training', for the purposes of the EC Medical Directives, applies to the whole of the period of training following full registration and lasts until the award of a UK CCST (Certificate of Completion of Specialist Training) (see paragraphs 40-43 of Annex C);
- ii. the structure of training programmes needs to be sufficiently flexible to enable there to be choice of career pathway within the period of specialist training as well as at entry to and exit from it;
- iii. the arrangements for the first phase of specialist training must provide sufficient flexibility to enable a trainee doctor to make an initial commitment to a broad range of specialties and, where he or she so chooses, to delay a final commitment to pursue a particular specialty training programme; and that
- iv. throughout the period of specialist training only that experience and training which fulfils the requirements and meets the standards of the accrediting authority would be recognised for the award of a

UK CCST (see paragraphs 40-43 of Annex C).

The Medical Royal Colleges must also take into account the need for a clear specification of criteria for satisfactory completion of training in respect of each specialty, and should consider the implications for academic and research medicine.

e. The Working Group recommends that the Health Departments, following appropriate consultation, reconsider the training grade structure in the light of subgroup A's recommendations with the aim of introducing a combined higher training grade to replace the registrar and senior registrar grades as soon as is practicable and in any case *no later than the end of 1995*; and consider whether integration should proceed further once the GMC has determined the future place of general professional/basic specialist training within the overall specialist training framework.

f. The Working Group recommends that:

i. the CMO (England) on behalf of the UK Health Departments convene a series of meetings between representatives of the Medical Royal Colleges and Postgraduate Deans. These meetings would provide a forum for continuing dialogue on matters of mutual concern, beginning with a discussion of their respective roles in relation to specialist training within the NHS. Such a dialogue should take account of the views of other interested parties, such as the Junior Doctors' Committee, the Central Consultants and Specialists Committee and representatives of general practice training interests

ii. The NHS Management Executive, on behalf of the UK Health Departments, convene regular meetings at national level involving NHS management, Postgraduate Deans, the Medical Royal Colleges and other appropriate educational bodies, such as the Committee of Vice-Chancellors and Principals. Such meetings would provide a means by which NHS management could advise the Medical Royal Colleges about the needs of the NHS and for the Colleges to satisfy themselves that training in the NHS continued to be delivered to the required standard. The initial task would be to develop a set of principles to govern the relationship between service and training. This would be expected to take account of the views of other interested parties such as the Junior Doctors' Committee and the Central Consultants and Specialists Committee

iii. the Postgraduate Deans should build on existing local co-ordinating mechanisms, such as regional specialty committees, to ensure that professional and educational interests are properly taken into account in the delivery of postgraduate training.

g. The Working Group recommends that the GMC should award the CCST to trained specialists on the advice of the Medical Royal Colleges. Individuals in possession of a UK CCST or the appropriate EC certificate specified in the Medical Directives will be indicated at their request by the addition of 'CT' to the Medical Register, together with details of the appropriate specialty/ies, date of the award and the member state which issued the certificate. The necessary legislation to implement these changes should be enacted *without delay*. Consideration should be given to the establishment of a statutory appeal mechanism.

h. The Working Group recommends that the current discussions on the consultant appointment system include consideration of the guidance for AAC members by those responsible for its promulgation, with particular regard to the requirements of EC legislation, and should make recommendations for any necessary changes *no later than September 1993*.

i. The Working Group recommends that the operation of the consultant appointment process be reviewed. This review would involve the profession, the Health Departments and NHS management and would take into account the papers produced for the Working Group. The Group supports the reconvening of the Working Party on the Appointment to Consultant Regulations, chaired by the Chief Medical Officer for Wales, to carry out such a review, and recommends that it be completed *by March 1994*.

j. The Working Group recommends that:

- i. the Health Departments establish a forum to facilitate the work of members of the Advisory Committee on Medical Training (ACMT)
- ii. the Health Departments give further consideration to the membership of the UK delegation to the ACMT. This should be carried forward by the Chief Medical Officer for Northern Ireland in consultation with the above forum. Recommendations should be made *before* the next nominations for ACMT membership are due in *early 1996*.

k. The Working Group recommends that:

- i. the workforce and career structure issues arising from the implementation of their recommendations be taken forward within the context of the current review of the implementation of Achieving a Balance. The Chief Medical Officer (England) should take this forward in consultation with the other Health Departments and appropriate professional, educational and NHS management interests. This review should be completed *by July 1994*
- ii. the Chief Medical Officers consider reconvening the Tripartite Group (with representation of the profession, the NHS, the Health Departments and academic and research medicine) should they consider it necessary to review the fundamental agreements about medical manpower control in the UK
- iii. the UK Health Departments consider the implications for the control of higher specialist training posts in the UK, and should seek advice about the longer term implications for the supply of medical manpower from the Medical Manpower Standing Advisory Committee.

l. The Working Group recommends that a group should be convened whenever necessary by the Chief Medical Officer (England), on behalf of the Health Departments, to confirm that appropriate action is being taken forward.