Challenges to the UK medical education during the COVID-19 pandemic

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Keywords: capabilities in practice; generic professional capabilities; internal medicine; telemedicine; virtual teaching

Financial and Competing Interests: No conflict of interests declared

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There has been much debate about how healthcare delivery will return to a 'new norm' after the COVID-19 pandemic, however due to healthcare delivery's inextricable link with the delivery of medical education, then medical educationalists must take part in that debate. The disruption to clinical teaching caused by COVID-19 has mainly focused on how best to replace student clinical experiences with creative developments leading to online alternatives at best constructively aligned to face-to-face teaching.[1] However, there has been much less consideration of the impact on postgraduate specialty training and career development. The article by Song et al. in this issue of the Journal addresses that by exploring the impact of COVID-19 on internal medicine training (IMT) in areas beyond the immediate disruption to training schedules and assessments as listed in Box 1.[2]

The authors acknowledge that the annual review of competency progression has been modified to limit any negative impact on progression. However, prior to the pandemic, the Joint Royal Colleges of Physicians Training Board (JRCPTB) had already made plans to move from assessing over 120 competences using a 'tick-box' mentality to a more holistic approach to the assessment of 'capability as a physician'. This new process aims to assess 'capabilities in practice' (CIPs) with less emphasis on multiple independent competences being observed and more focus on overall actual practice leading to accredited physicians who are 'IMT ready', able to progress to higher specialist training programmes.[3] There is also a planned change from August 2021 in the general surgery curriculum with a new outcome-based training programme with individual progression based on the achievement of outcomes collectively described as the 'capabilities of a day-1 consultant in general surgery with a special interest'.[4] Assessments will be based on progression through the 'complex integrated skills' in areas described as capabilities in practice in a similar way to that proposed by the JRCPTB.

Box 1 Impact of COVID-19 on medical education

- Training
- Teaching methods
- Assessment
- Research
- Leadership
- Progression
- Safety and well-being

Song et al. also consider the potential of new ways of healthcare delivery for training purposes including virtual or telemedicine and also the potential for virtual teaching and conferences, however they do not consider this in depth, particularly in regard to the limitations posed by the pandemic on postgraduate examinations, including the potential for online cheating.[2]

Although Song et al. discuss some aspects of the national picture there are two important documents from the Scotland Deanery not mentioned at all.[2] The first is a joint four-nations statement regarding the annual review of competency (ARCP), looking at the revised process for ARCP and subsequent appeals and including derogations from the Gold Guide to permit the award of Outcome 10s as well as General Medical Council (GMC) approved curriculum derogations.[5] The second concentrates on maintaining trainee education, training and support with continuing education, educational supervision and leave.[6]

Also at UK level, Song et al. make limited reference to the work done by the GMC who mandated that all postgraduate curricula must be based on higher level learning outcomes and incorporate the GMC defined generic professional

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Box 2 Impact of COVID-19 on medical education

- Preparation for role requires employer support and multidisciplinary team (MDT) working.
- Work within competence.
- Balance of risk – some patients may need outpatient face-to-face review.
- Check medical defence coverage appropriate to role.
- Importantly, in the wake of the Bawa-Garba case, the GMC have stated that they will take account of the full context of a doctor's work including any lack of staff or resources, which may be the reality in this exceptional situation.[9]
- All organisations provide adequate resources, including staffing numbers and skill mix.

capabilities (GPCs) published in May 2017.[7] In response to the pandemic, the GMC then provided additional guidance summarised below (Box 2).[8]

All these regulatory and practical changes should lead to a more resilient assessment process for specialty training programmes in the event of any future disruption. Additionally, there is an increasing wider literature that can help inform changes in all aspects of postgraduate training. A recent rapid best evidence in medical education (BEME) systematic review in BEME guide No. 63 reports on an analysis of publications (to May 2020) which shows that many countries have adapted their medical education programmes to embrace a 'new norm' at all levels.[10] The authors conclude that there is limited evaluation data of these adaptations yet, but that developments thus far offer helpful ideas for the future and that data will be forthcoming.[10]

Song et al. do explore the damage caused by COVID-19 to trainee research outputs and the lack of opportunities to share outputs through conferences, however they do acknowledge that some trainees have benefited from opportunities for innovative COVID-19 research.[2] There is no mention of the benefits from new research and clinical networks having been established as national and international virtual communities of practice (CoP).[11] A recent article in the New England Journal of Medicine suggests that these CoP have enabled the sharing of constantly emerging treatment options for COVID-19 patients in real time.[12] This has led to physicians being able to offer more effective treatments quickly and also gain support from colleagues who are also working outwith their comfort zones.

Song et al. conclude by quoting Eric Hoffler – 'it is the learners who inherit the future' and suggest that 'today's trainees are tomorrow's trainers'. However, perhaps a more important conclusion is that 'today's students' will be experienced in what Ezekiel Emanuel calls '(t)he inevitable reimagining of medical education', with expertise in online learning through enhanced use of technology, experience of clinical teaching being delivered through outpatient settings and telemedicine and acceptance that their progression is based on the achievement of outcomes.[13] When these groups of 'today's students' become 'tomorrow's trainers', what they will create in both medical education and healthcare delivery will be the 'new norm'.

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