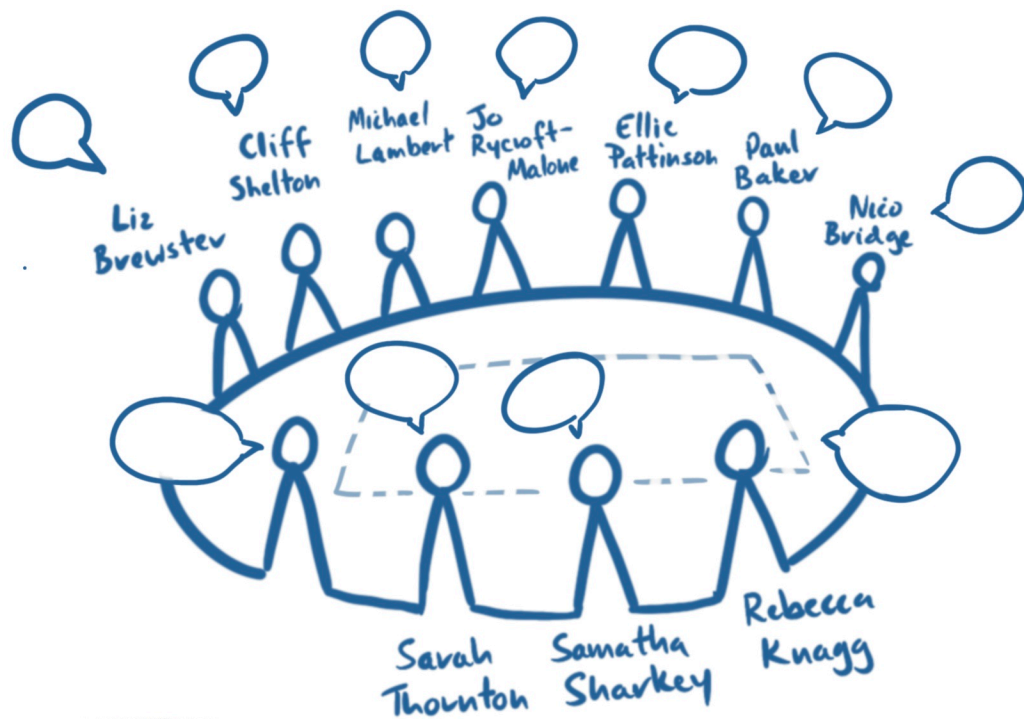


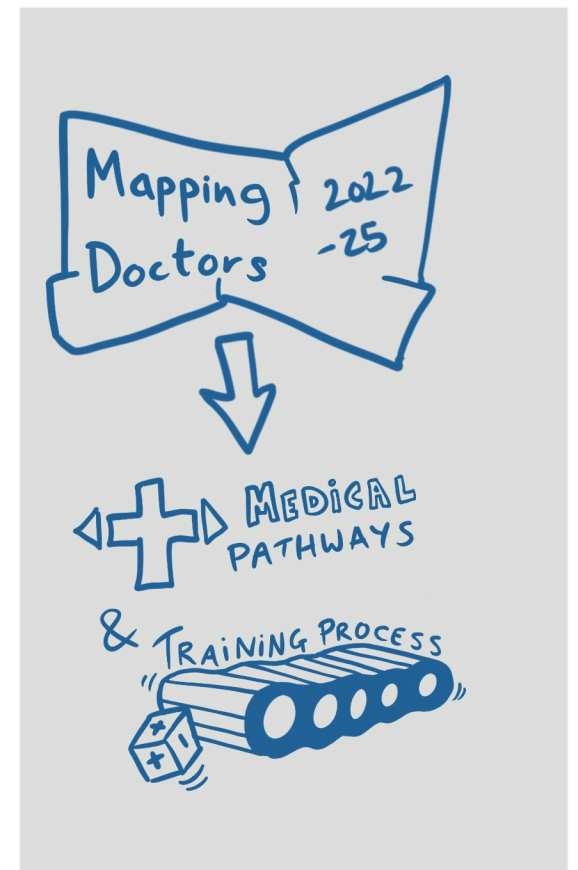
# Introduction and opening comments.

## INTRODUCTIONS



## AIM of MEETING

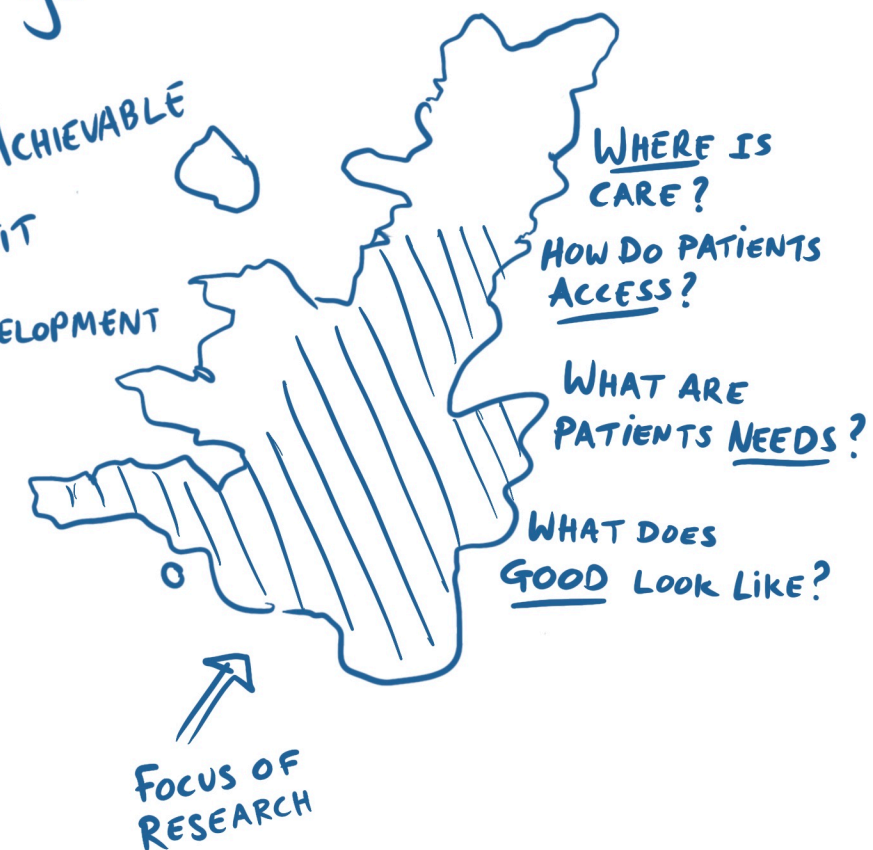
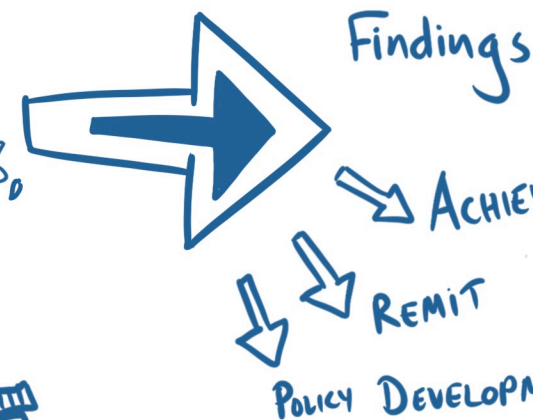
- o Agree priorities for action based on **MapDog** project Findings
- o Consider what is **Achievable** within our different spheres of influence?
- o How can we **improve** into the call for the NHS workforce plan?



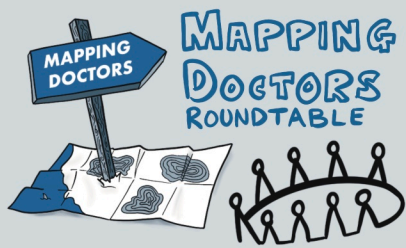
**Organisations Represented:** GMC, Postgraduate Deanery, NHS Employers, Royal College of Anaesthetists, British Orthopaedics Training Organisation, Patient & Public Representative

**Unable to Attend:** Colleagues from the Royal College of Physicians & the Royal College of General Practitioners

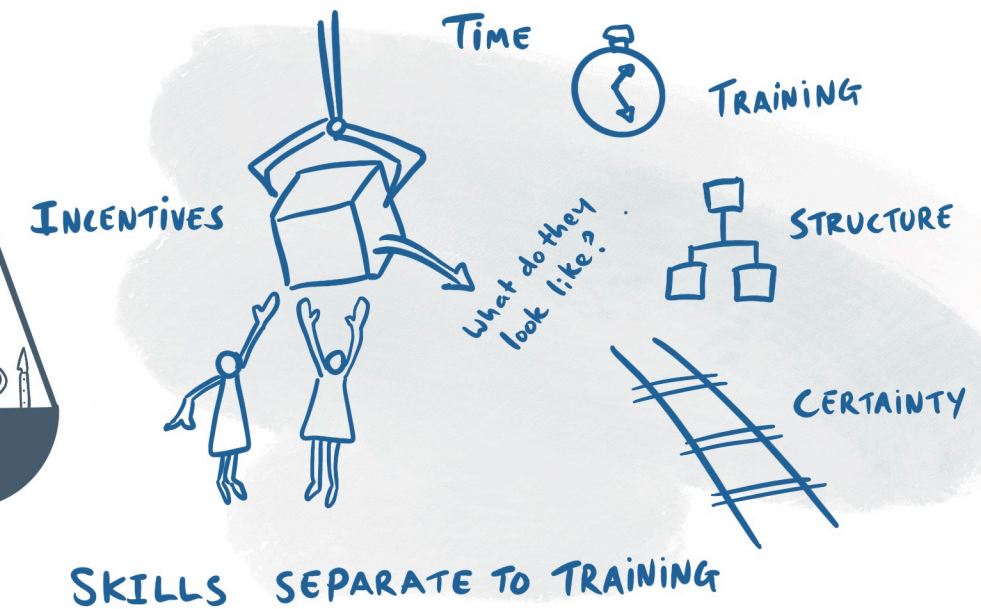
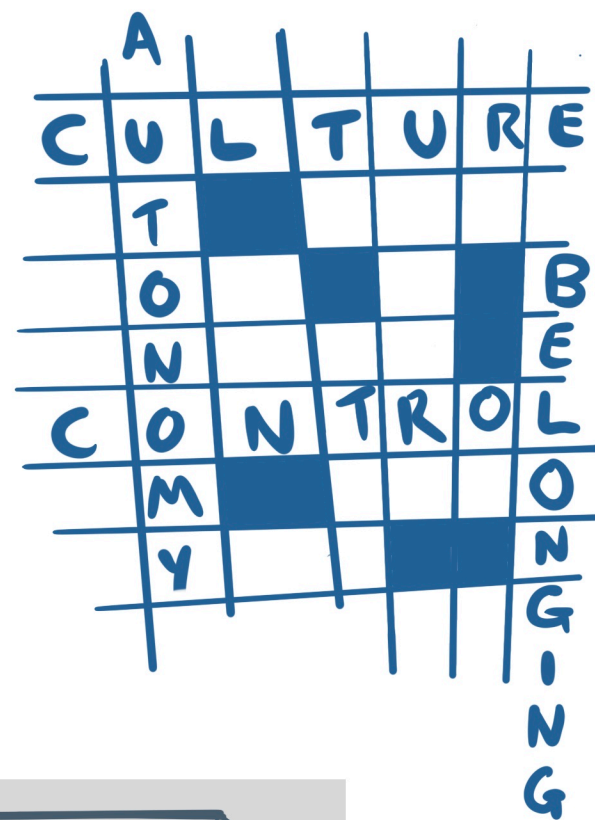
**WORKFORCE = HEALTH INEQUALITIES**  
**HEALTH = OUTCOME INEQUALITIES**



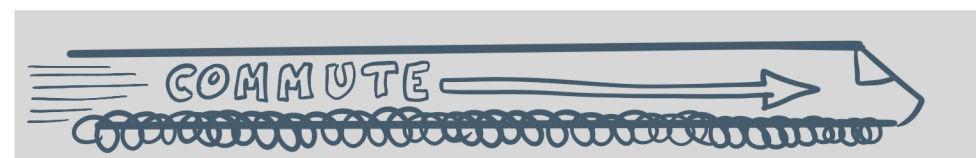




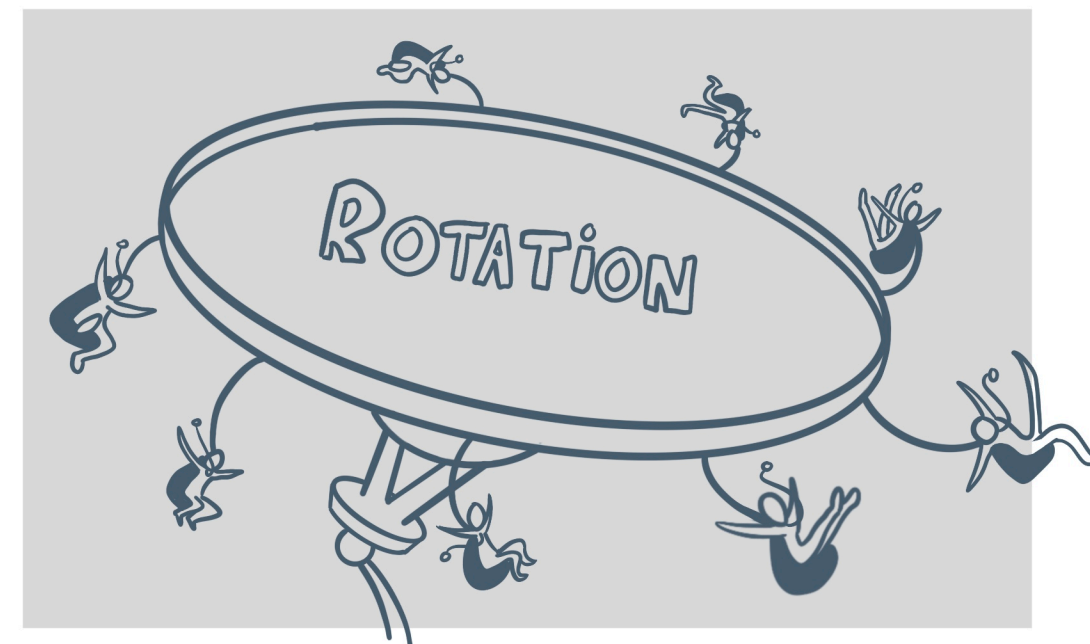
# How do we balance serving the healthcare needs of the population with the personal and professional needs of doctors?



## Issues



CHILD CARE



# Quality of Training

PERCEPTION OF LACK OF INFLUENCE ON OWN LIFE / PROFESSIONAL DECISIONS

TRAINING  
GOOD  
SUPPORT

GENERALISATION

EDUCATIONAL SUPERVISOR



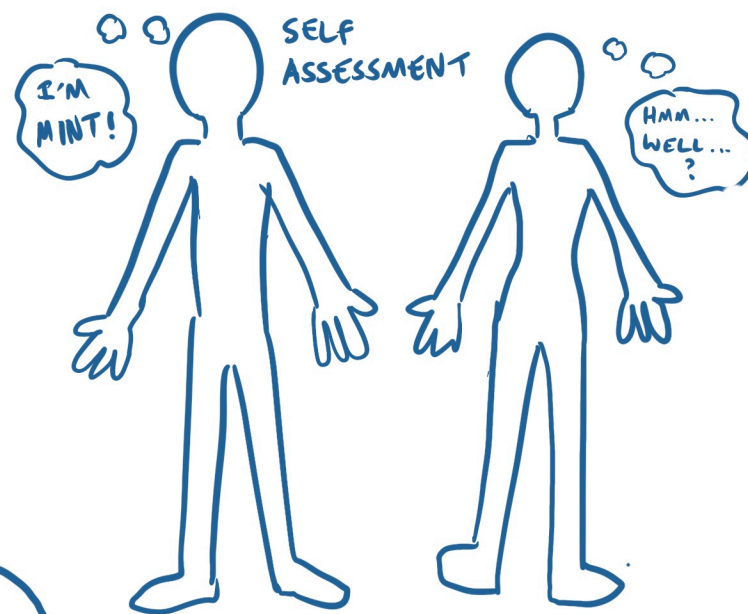


# How do we ensure that there is equality of access to opportunity as well as representation within medicine?

## ACCESS



CHILD CARE  
TIMING  
(8-6 vs 9-4)

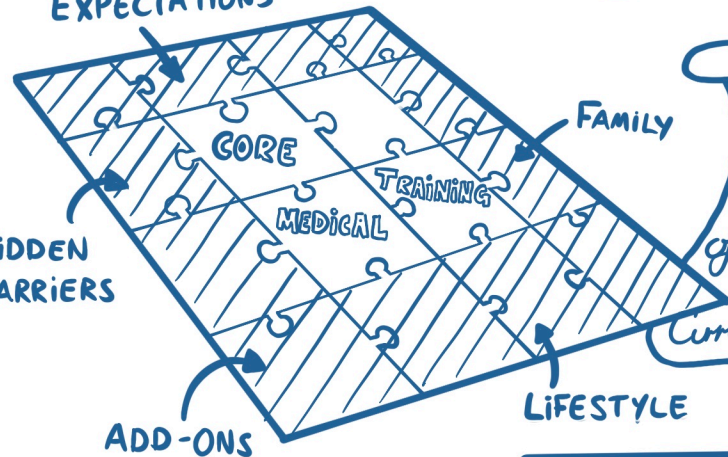


## FLEXIBLE TRAINING

**DROP  
40hrs  
A WEEK  
REQUIREMENT**  
(Admin considered  
Extra... :o:)



## EXPECTATIONS



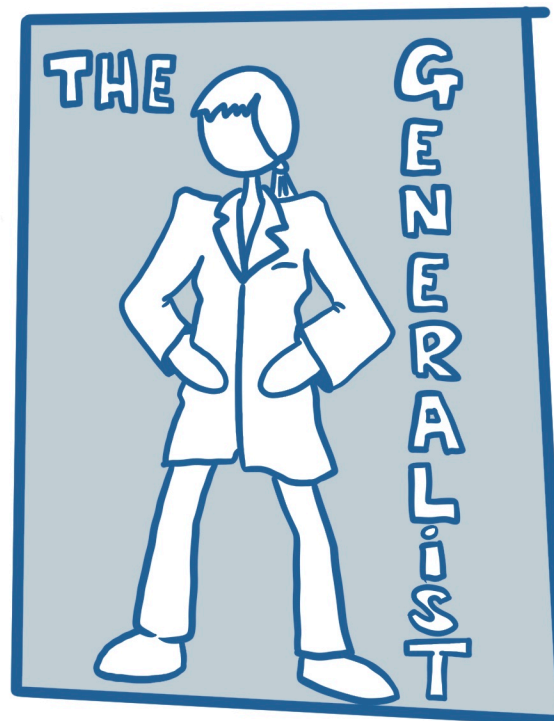
100  
years  
of Medicine  
Curriculum

NEW ISSUES FROM ATTEMPT  
TO SOLVE ISSUES...  
(Eg Travel).

Different  
Specialties see  
Broadening as  
punitive...  
So



LINK TO...  
OR REPLACE



→ IDEALISED

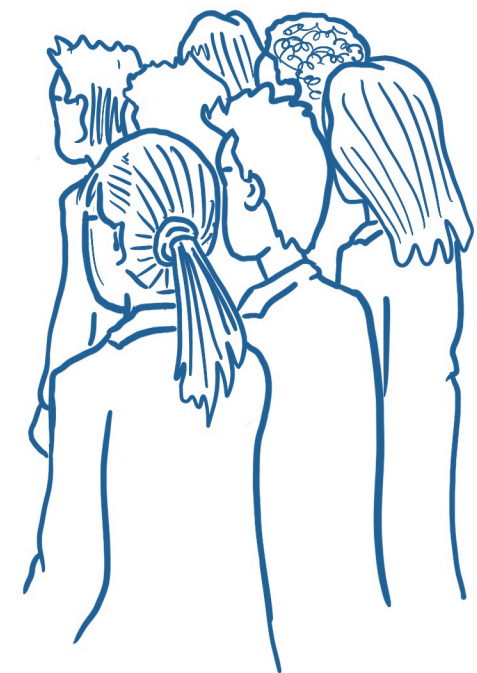
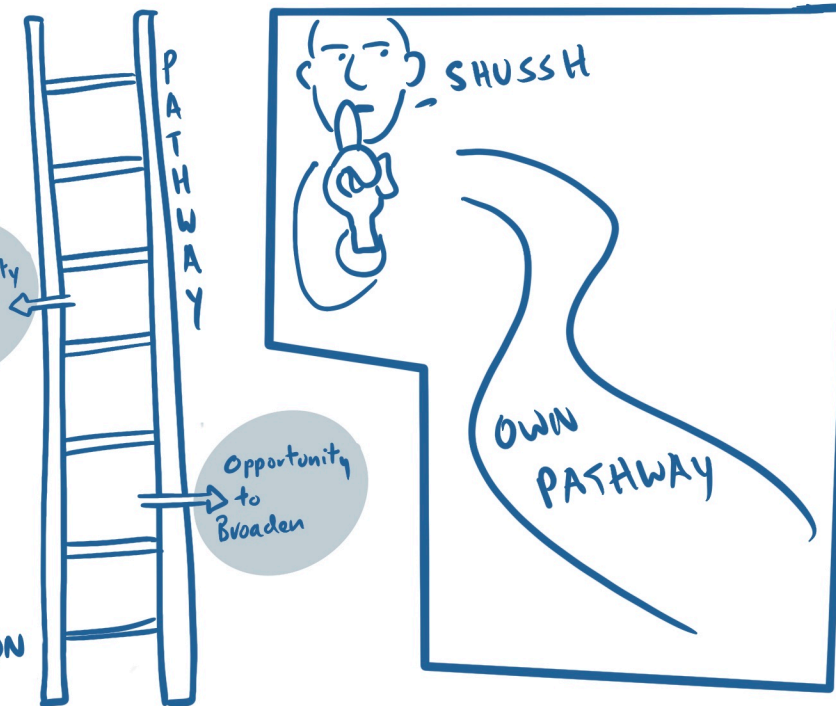
→ ASPIRED TO  
BY STUDENTS  
(CONTROL OF CAREER)

→ NOT RECOGNISED  
IN TERMS OF STATUS?

→ ABLE TO RESPOND TO  
MULTIPLE SITUATIONS

→ LACK OF CLEAR DEFINITION

→ A GENERALIST SHOULDN'T  
MEAN 'LESS TRAINING', BUT  
'BROADER TRAINING'

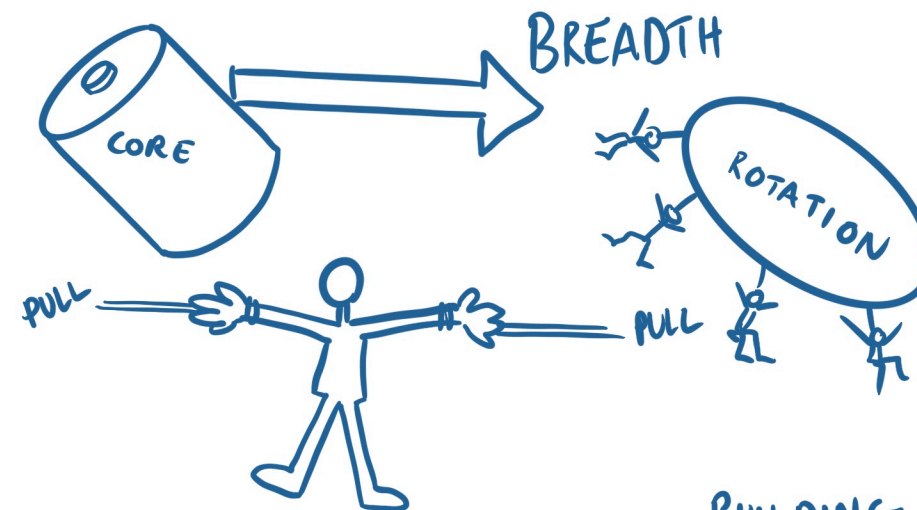




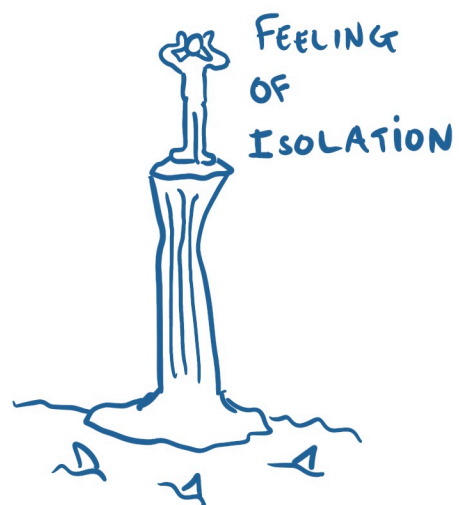
# What does good look like when trying to balance structure and flexibility in medical training?



WHAT DOES IT MEAN  
TO BE A DOCTOR  
TODAY?



CLEAR EXPECTATION  
LEADS TO  
MORE  
SECURITY &  
FLEXIBILITY?



KNOWLEDGE  
IS POWER  
(OR AT LEAST  
CONFIDENCE!)

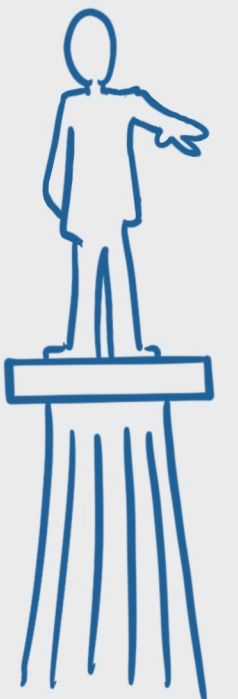


BUILDING RELATIONSHIPS

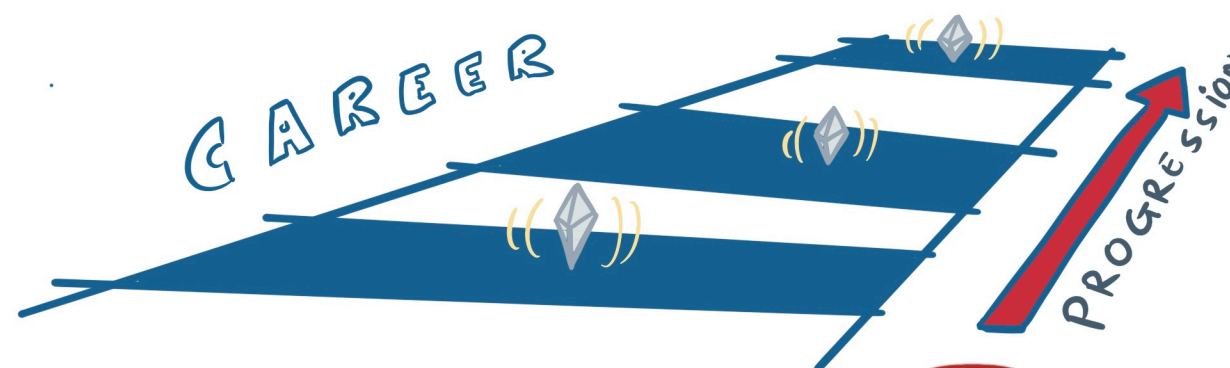


- TRAINER
- LENGTH OF PLACEMENT
- ENVIRONMENT
- COMMUNICATION
- SOFT-SKILLS (often under the radar)

ROLE MODELLING

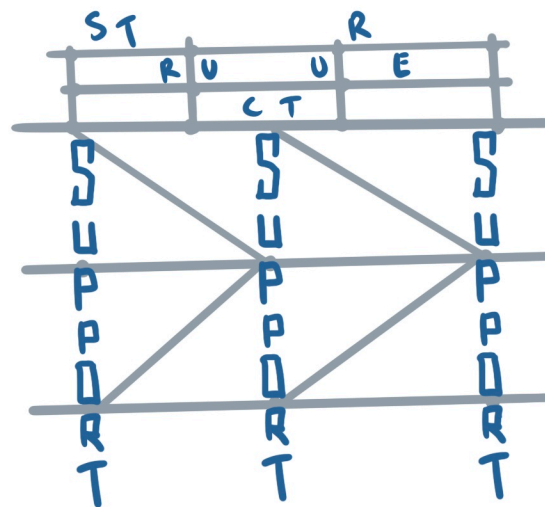
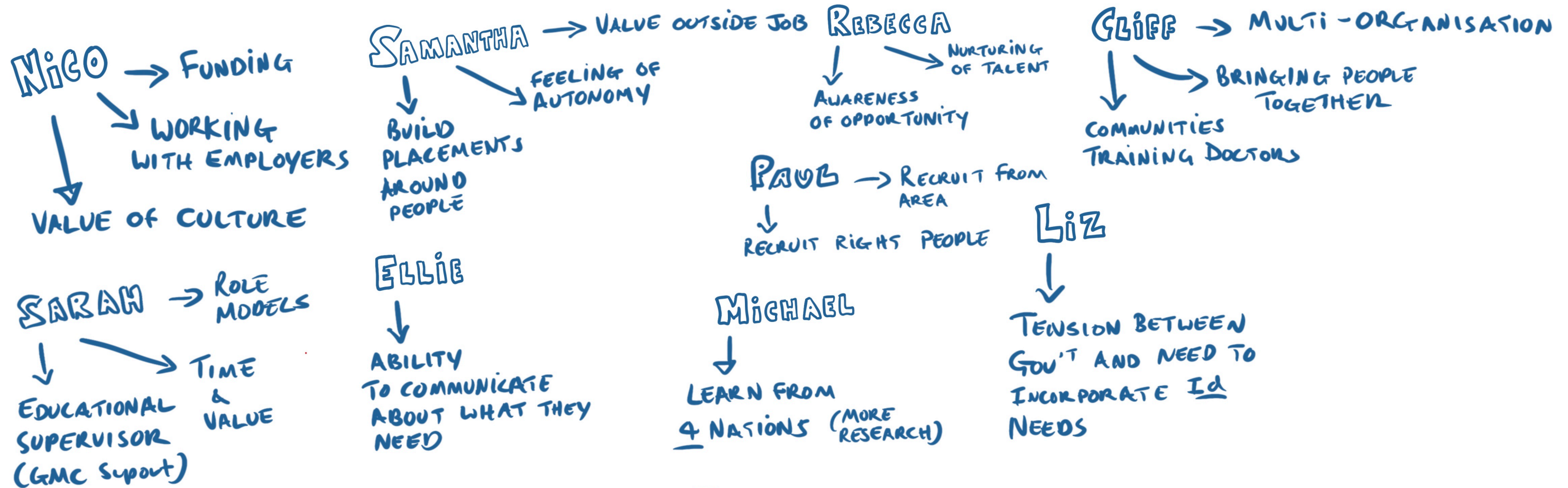


There is a distinction between what gets called service provision and what gets called training





# closing thoughts and notes.



THANKS  
&  
COMING