

HEE & EJDWL 2018

Enhancing Junior Doctors Working Lives

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Introduction - HEE

Timeline

- Established
 - 28 June 2012
- Worked as shadow Special Health Authority
 - 1 October 2012
- Full operational responsibilities
 - April 2013

HEE – 5 national functions

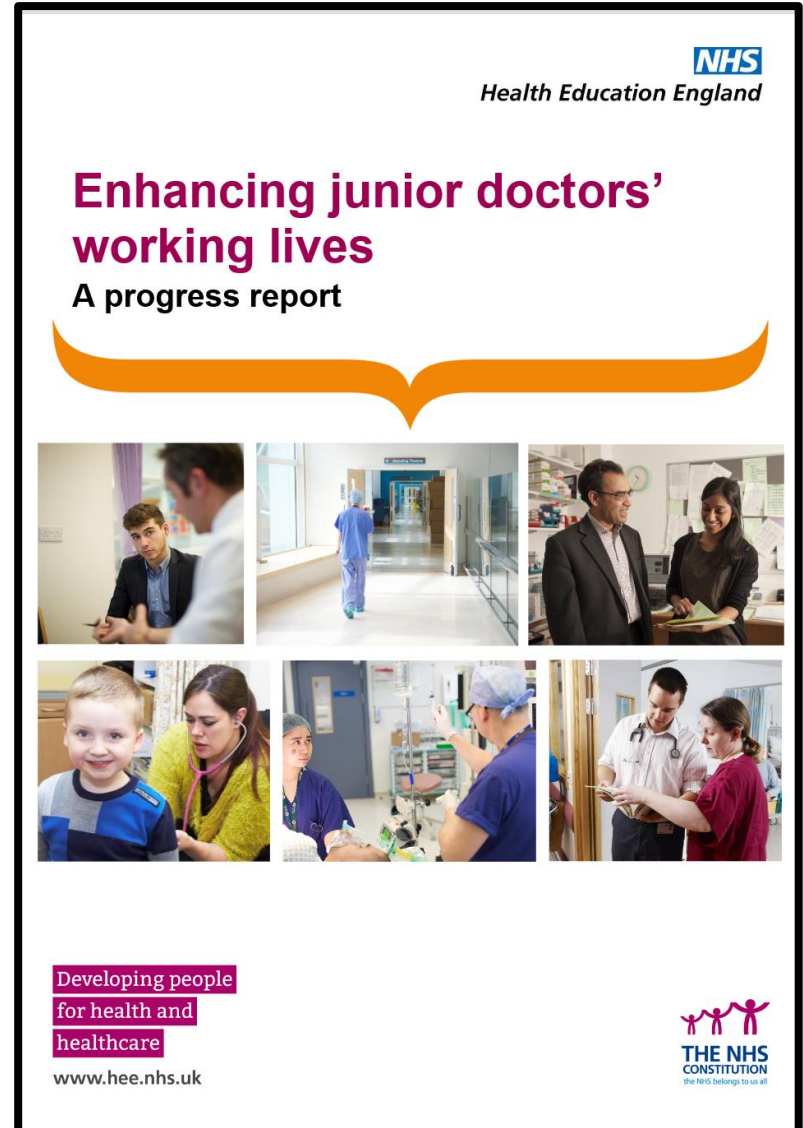
- Planning/developing healthcare & PH workforce
- Promoting high quality education, responsive to the changing needs of patients & communities, including responsibility for medical trainee recruitment
- Secure supply of the health and PH workforce
- Appointing/supporting development of LETBs
- Allocating/accounting for NHS education and training resources & outcomes

Enhancing Junior Doctors' Working Lives

- Programme established in March 2016
- To address issues of negative impact on quality of life of doctors in training
- Partners
 - HEE
 - British Medical Association (BMA)
 - Medical Royal Colleges
 - General Medical Council

EJDWL 1st progress report

- Published March 2017
- Acknowledged start of process of focused improvement to training



EJDWL 2nd progress report

- Published June 2018
- Update on process of focused improvement to training



Contents of EJDWL 2nd progress report

- Introduction
- Progress made since 2017's report
- Deployment
- Flexible training
- Recruitment
- Cost of training
- Supported return to Training
- Early career support
- Related areas of work
- Length of placements
- Whistleblowing
- Providing individualised support
- Improving training data
- Next steps
- Appendices

Key achievements of EJDWL

- Making recruitment process more flexible
 - Trainees can better plan work/life balance, or
 - Personal, health or caring responsibilities
- Promoting flexible working
 - Less Than Full Time Training (LTFT) pilot
 - Developing flexible portfolio training
- Supported Return to Training reforms
 - Helping doctors returning to training
- Study leave budget reform

HEE's work programme - 1

- To improve & enhance trainees' working lives by
 - Ensuring access to supportive, high quality environment
 - Building on themes identified in 'Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027' (Dec 2017)
 - Work to review role and scope of ES and roles in education that support trainees

HEE's work programme - 2

- Ensure greater consistency in ARCP panel conduct by April 2019
- Ensure trainees have
 - Equitable and timely access to professional and personal support services
 - All involved in the training (& trainees themselves) are aware of these facilities and how to access
- Tackle bullying and harassment

HEE's work programme - 3

- Promote and support
 - Development of modern multi-professional firm
 - Training environment that offers mutually supportive relationships whilst recognising profession-specific needs
- Work with SAS & Trust Grade doctors, employing bodies and other partners
 - Explore an ARCP-style process to engage, develop and value this workforce

EJDWL 2nd progress report

- Details progress improving working lives of doctors in training in past year
- Builds on work in March 2017 report
- More to be done in HEE and NHS
- Enhancing Junior Doctors' Working Lives a focus of HEE's Medical Education Reform Programme
- HEE will continue to engage widely, importantly with trainees, the inspiration and drivers



Reporting Matrix: Example

Contents	Foreword	Introduction	Progress made	Deployment	Flexible training	Recruitment	Cost of training	Supported return
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2. Progress made since 2017's report

Reported issue	How we have addressed this	Progress as of March 2018	Involved organisations	Key facts and figures	Page
Deployment					
Difficulties that arise from late rota notification and fixed leave.	Updated the Code of Practice to increase notification of placements from 8 to 12 weeks, and committed to meet this target for 90% of trainee rotations.	Quarterly monitoring and publication of Code of Practice compliance.	HEE	We have achieved 90% compliance with the Code of Practice across England, although some regional variation has been reported and HEE local offices are working with trusts to ensure that information received is accurate and timely.	17
		Trainee information received and passed on within the deadline.	HEE, NHS Employers		
		Further changes made to the Code of Practice, to take account of exceptional circumstances and assess how they impact on the system.	HEE, NHS Employers, BMA		
		Development of data templates to capture compliance with the Code of Practice more efficiently.	NHS Improvement HEE, NHS Employers		

KEY: Pink text: activities led by organisations other than HEE.




- *Issue and progress are summarised on next slides*

Deployment

Issue

- Difficulties that arise from late rota notification and fixed leave

Progress

- 90% compliance with the Code of Practice across England
- Some regional variation reported
- HEE local offices working with trusts so information is accurate and timely

Flexible training models - 1

Issue

- Limited opportunities for doctors to train flexibly, including structural and cultural barriers to Less Than Full Time (LTFT) training

Progress

- Pilot EMLTFT training: 100% wished to continue
- Flexible training in medicine designed with RCP
- RCS supports flexible training

Flexible training models – 2

Progress

- The 2018 Gold Guide Guide provides updated guidance on CCT dates, LTFT training, pauses to training, whistleblowing and OOPE
- The GMC has clarified the flexibilities which exist for doctors in training who wish to train on a LTFT basis – statement November 2017

Flexible training models - 3

Progress

- General Professional Capabilities (GPCs), introduced by GMC
- Provide greater flexibility to transfer competencies if switching specialty
- 9 domains are outlined in the GPC framework
- Colleges and faculties to update their curricula to reflect the new framework by 2020

Flexible training models - 4

Progress

- AoMRC and GMC working together to consider how to support trainees' ability to move between programmes and
- Developing shared curricula between specialties
- GMC's plans in 'Adapting for the Future'

Recruitment - 1

Issue

- Mechanisms to deploy trainees in some regions do not adequately facilitate caring responsibilities or maintenance of relationships and family life

Progress

- Developed and trialling evaluating and refining new approaches to recruitment and selection

Recruitment - 2

Progress

- Implemented and evaluated pre-allocation of placements for trainees with special circumstances
- Trialled facilitated swaps (applicant swapping with vacant post in a preferred location)
- Introduced enhanced preferencing, allowing applicants to update their preferences throughout the full application process, including after posts have been offered

Recruitment - 3

Progress

- Implemented and evaluated pre-allocation of placements for trainees with special circumstances
- Trialled facilitated swaps (applicant swapping with vacant post in a preferred location)
- Introduced enhanced preferencing, allowing applicants to update their preferences throughout the full application process, including after posts have been offered

Costs of training

Issue

- Rising costs of training for doctors in training, including examination fees

Progress

- HEE and AoMRC have explored costs
- AoMRC have published agreed principles for the funding and costs of exams across medical Royal Colleges and specialty faculties

Study Budget reform

Issue

- Varying equity in study budget provision

Progress

- Pooled study budget from the secondary care tariff, to support all elements of curriculum delivery for trainees and discretionary courses that add value to the individual

Supported Return to Training - 1

Issue

- Inequality for those who take time out of training – the need to support doctors upon their return to training

Progress

- Developed innovative and evidenced solutions for supporting doctors in training when they exit, take time out and return to the training programme

Supported Return to Training - 2

Progress

- Published 'Supported Return to Training (SuppoRTT)' strategy and investment plan (30/11/17)
- Ensured co-ordinating function in local offices
- Fellows to work with doctors in training, HEE, medical Royal Colleges and employers to shape the approved activities for returners
- Working with employers to develop packages to support returners

Early-careers support

Issue

- Need to support doctors at the post-foundation level with a flexible approach to career progression

Progress

- Extended access to the Horus foundation training portfolio, allowing recording of experience and competencies gained prior to later application

Streamlining

Issue

- Improvements to induction and mandatory training, (e.g. unnecessary repetition)

Progress

- NHS Employers' Doctors in Training (DiT) Streamlining programme established to standardise processes between employers, compare performance and share best practice
- Published toolkit (11/2017) to support full roll-out of the perfect rotational process

Length of placement

Issue

- Unnecessary repeated moves during training

Progress

- Worked with Heads of Schools, BMA and AoMRC to review the principles underpinning lengths of placement, to minimise movement where it does not add educational value

Whistleblowing protection

Issue

- Clearer legally-binding protections for doctors if subject to detrimental treatment by HEE as a result of whistleblowing

Progress

- Legal protection if trainees subjected to detrimental treatment by HEE as a result of whistleblowing

Individualised support for trainees

Issue

- Decline in supportive relationships in the training environment

Progress

- Worked with trainees and medical Royal Colleges to explore attributes of the Firm model, and consider how to provide the same level of support in modern, working environments

Review of ARCP process

Issue

- Trainees find the ARCP processes inconsistent, stressful, and a tick box exercise without an accompanying formative appraisal

Progress

- 12-month review of ARCP process
- Published 'Enhancing training and the support for learner'
- Recommendations to impact working lives

Improving training data

Issue

- Need for standardised approach to capturing, storing and sharing trainee data, which reduces the administrative burden

Progress

- Launched HEE's new online Trainee Information System (TIS) as a resource for doctors in training and employers

EJDWL

- All issues have
 - Detailed descriptions of the problem
 - Work done
 - Results of work so far
 - Next steps

Appendix A – The MERP

- The Medical Education Reform Programme (MERP) is designed to benefit public and doctors
- Designed with assistance from doctors in training
- The programme is supported by a working group of key stakeholders
- The MERP assists with the EJDWL project
- The MERP is summarised here as relevant

MERP Benefits - 1

For the public

- A highly trained, motivated workforce delivering
- Safe, high quality, compassionate patient care

For doctors in training

- A more flexible system of training for individuals with lives outside work
- Enabling individually tailored medical careers
- Reducing current dissatisfaction with training
- Enabling a better work-life balance

MERP Benefits - 2

For employers

- A highly motivated, flexible workforce
- Willing & able to meet the needs of the service
- Helps address recruitment and retention issues

For the wider workforce

- Unlocking career development opportunities
- Meet evolving needs of patients and services
- Help Drs become competent clinicians
- Integrate Drs into multi-professional teams

MERP and doctors in training

Drs in training should:

- Be valued as highly trained professionals
- Learn in a safe working environment
- Be empowered to develop their careers
- Be provided with support they need

Appendix B

The Gold Guide 2018

- Has seven key changes which increase flexibility and consistency
- These assist with the EJDWL project
- They are summarised here as relevant

The Gold Guide 2018 – 7 Changes

1. **Layout**

- Re-sequenced to reflect training cycle, increase clarity and reducing duplication
- Changes aim to improve consistency in application

2. **CCT Date**

- Specific reference to advancing trainee's CCT date

3. **LTFT Training**

- Clarifies that LTFT doctors in training can undertake part-time working whilst in LTFT training
- Guidance on Category 2 requests expanded

The Gold Guide 2018 – 7 Changes

4. **Pausing Training**

- Introduces concept of no-fault pause in training

5. **Whistleblowing**

- Only if trainees wish to raise a concern without going through employer
- Advice to contact HEE, NHS Education Scotland (NES) the Wales Deanery or the Northern Ireland Medical and Dental Training Association (NIMTA) for guidance and signposting to support

The Gold Guide 2018 – 7 Changes

6. Out of Programme Experience (OOPE)

– Expands criteria for OOPE

– Full criteria include:

- Enhancing skills in medical leadership, academia, medical education or patient safety, or
- Enhancing clinical skills related to curriculum

– Experience may

- Benefit the Dr (e.g. working in a different health environment/country) or
- May support health in other countries (e.g. MSF, VSO, global health partnerships)

The Gold Guide 2018 – 7 Changes

7. Providing Clarity, with clearer advice on:

- Outcome 5 (incomplete evidence presented, additional training time may be required)
- Consultant application and statutory leave
- Out Of Programme Career break (OOPC)
- Maximum extensions to training
- How Local Appointment for Service (LAS) posts may contribute to progression of training

Appendix E

Enhancing Training and Support for Learners Report (ETSLR)

- This report echoes many of the key changes in the Gold Guide 2018
- These assist with the EJDWL project
- They are summarised here as relevant

ETSLR

- Delivery of ES and CS processes
- Consistency of ARCP Panels
- Professional and personal support for trainees
- Standardisation of QA and QM processes
- Defining/communicating the ARCP process
- Promoting flexibility in postgraduate training
- Using ARCP model to support SAS grade and develop trust grade Drs
- Competency progression within wider workforce

Delivery of Educational and Clinical Supervision

1. Trainees should have regular high-quality formative feedback, including preparation for, and timely feedback after ARCP, and career discussions
2. ARCP decision should not be a surprise to trainees; trainees not progressing should be identified and supported in a timely way
3. ES should be supported and trained and given time in job plans to fulfil the role. CS giving day-to-day support for trainees should have regular contact with ES
4. ES reports to be quality assured to provide a consistent and high quality summative assessment of progress

Consistency of ARCP Panels

5. Formative feedback is crucial to empower trainees. ARCP decisions should be made in absentia (Gold Guide). Therefore, post-ARCP feedback, including recognition of the achievements of those performing well, should be offered to all trainees in a timely and supportive process
6. Training and national guidance should be provided to ARCP panels to aid consistent decision making, with provision of decision-aids that are applicable nationally and are consistent in quality across specialties

Professional and personal support for trainees

7. Educational Supervisors, ARCP Panels and trainees should be provided with high quality information about the professional and personal support available to all trainees

Standardisation of quality assurance and quality management processes

8. HEE should work with the AoMRC and medical Royal Colleges to ensure a standardised approach to improving the quality of ARCP processes, ensuring that good practice is shared across specialties and geographies

Defining and communicating the ARCP process:

9. A shared understanding of the purpose of the ARCP (as described in the Gold Guide), is needed, with clarity on the steps involved including those required for revalidation by the GMC
10. All involved in ARCP processes should understand their responsibilities and trainees should know the competencies they need to achieve at the start of a training year and these should be free from unexpected amendments
11. National training bodies should coordinate and implement system-wide communications to set out the expectations of the system, and empower trainees

Promoting flexibility in postgraduate training

12. Out of Programme (OOP) arrangements should be adapted to allow a 'Step-on Step-off' approach that allows a more flexible training pathway
13. Building on our evaluation in GP training, deferred entry should be explored in other specialties in the future
14. All trainees should have equitable principles applied to requests to train LTFT

Utilising the ARCP model to support SAS grade and developing trust grade Drs

15. There should be a more flexible, evolving approach to supporting the professional development for SAS grade and trust grade doctors

Competency progression within the wider workforce

16. HEE will work with stakeholders to further explore and pilot a structured, consistent and sustainable national clinical competency process in line with the five principles above to support Advanced Clinical Practice development across several specialties

Next steps: Over the next year HEE will

- Provide leadership in co-ordinating activities
- Identifying and promoting initiatives and innovation to supporting trainees
- Use Quality Framework Work to assess and improves the clinical learning environment
- Highlight education providers' improvements
- Share good practice
- Work with partners to engage with doctors in training especially BMA JDC
- Ensure views and concerns are addressed

Themes will include:

- Provision of educational and clinical supervision
- Empowering trainees to ensure time for clinical work and educational opportunities e.g. work scheduling
- Provision of pastoral support or mentorship
- Effective, supportive, multi-disciplinary work
- Tackling bullying and harassment
- Guidance on safe reflective practice

Evaluating Success

- EJDWL framework)
- Assessments tools) To measure
 - GMC National Training Surveys) success
 - HEE National Education)
and Training Survey)
- Successful improvements will be embedded in training

For more information

- On HEE
 - www.hee.nhs.uk
 - or
- Follow us on
 - Twitter - @nhs_healthedeng
 - Facebook - www.facebook.com/nhshee

Questions

...and discussion

Enhancing Junior Doctors' Working Lives



A progress report
2018

Developing people
for health and
healthcare

www.hee.nhs.uk

