Listening to doctors, promoting quality - reforming medical education

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Listening to doctors, Promoting Quality – Reforming Medical Education

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The workforce Strategy for the NHS

Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.
Current Hospital and Community Health Staff

- HCHS doctors, 10.3%
- Nurses & health visitors, 26.8%
- Midwives, 2.1%
- Ambulance staff, 1.9%
- Scientific, therapeutic & technical staff, 12.8%

Proportions by WTE

Source: NHS Digital
Feb 2018
Valuing our staff

“All it is the commitment, professionalism and dedication of staff working for the benefit of the people the NHS serves which really make the difference. High-quality care requires high-quality workplaces, with commissioners and providers aiming to be employers of choice.”

The NHS Constitution

• All staff should be supported to work to the top of their professional capabilities.
• HEE supports development within multi-professional teams
• Brought together in our Directorate of Education and Quality under Professor Wendy Reid, Medical Director and Executive Director of Education & Quality
Retention is key

- There are 40k NHS clinical vacancies, 92% covered by Agency/Bank
- Nurses leaving the NHS grew from 7.1% to 8.7%
- 5k more nurses left the NHS other than for retirement in 2017 than in 2012
- If retention had stayed the same there would be 16k more nurses today
Patient and Learner Outcomes

- Learning Environment and Culture
- Educational Governance and Leadership
- Supporting and Empowering Learners
- Supporting and Empowering Educators
- Delivering Curricula and Assessments
- Developing a Sustainable Workforce

HEE Quality Framework 2017-19
Medical Education Reform - Our Vision

“HEE’s Medical Education Reform Programme (MERP) is enhancing the structure and delivery of postgraduate medical training to ensure doctors are supported, valued and provided with the means to be the best they can be. This will include supporting doctors stepping out of training for whatever reason to continue developing their skills and knowledge. This will attract and retain high quality doctors by providing the career flexibility doctors want and the adaptability the service needs.”
Review of Supervision

ACP/ Multiprofessional Team Working

ARCP recommendations Implementation

Review of ARCP

Individualised Training Pathways

Medical School Expansion & Geographical Distribution Review

Training Structure and Delivery

Enhancing Junior Doctors’ Working Lives

Foundation Review

SAS and Trust Grade Doctors

Medical School Expansion & Geographical Distribution Review

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SAS and Trust Grade Doctors
Enhancing Junior Doctors’ Working Lives

Doctors in training told us that:

Mechanisms to deploy doctors in training in certain areas or regions do not adequately facilitate caring responsibilities or the maintenance of relationships and family life.

What we did:

Pre-allocation will be offered again along with the new system of enhanced preferencing in the 2018 recruitment round.

Implemented a new approach to recruitment and selection that allowed trainees with special circumstances to apply to be pre-allocated into placements near them.

So far:

47 applicants were pre-allocated to their preferred region. New system of enhanced referencing.

Doctors in training told us that:

There were limited opportunities for doctors to train flexibly, including structural and cultural barriers to Less Than Full Time training.

What we did:

A further cohort is being recruited. Opportunities for flexible portfolio careers will be established.

Established a pilot to test Less Than Full Time Training in Emergency Medicine.

So far:

18 trainees in the pilot from August 2017.

100% of trainees wish to continue in the pilot.
Enhancing Junior Doctors’ Working Lives

Doctors in training told us that:

There is inequality for those who take time out of training. We need to support doctors upon their return to training.

What we did:

- Developed innovative and evidenced solutions for supporting doctors in training when they exit, take time out and return to the training programme.
- Including publishing our Supported Return to Training strategy and investment plan and recruiting fellows to work with doctors in training, HEE, medical Royal Colleges and employers to shape the approved activities for returners.

So far:

- Received 116 submissions and 29 organisational responses to our call for ideas.

Doctors in training often find the Annual Review of Competence Progression processes inconsistent, stressful, and a tick box exercise without an accompanying formative appraisal.

What we did:

- We conducted a 12-month review of the ARCP process and published our report, Enhancing Training and the support for learners, with a set of recommendations.
- Piloting more flexible Out Of Programme arrangements in several specialties across the country.

So far:

- 14 recommendations made under 5 themes
- 680 formal submissions to the call for evidence from individuals and organisations

@NHS_HealthEdEng #enhancingJDworkinglives
Consultants/CPs (CCT holders)

"Training Grade" Medics

Trust Grade Doctors

The wider workforce
<table>
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<th>Issue</th>
<th>Opportunity</th>
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<td><strong>Unregulated post CCT fellowship training</strong></td>
<td>Develop governance to:</td>
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<td>- bring consistency</td>
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<td>- target provision to meet workforce needs</td>
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<td><strong>Quality and extent of doctor’s training</strong> - in areas of development of specialisation and sub-specialisation within the CCT</td>
<td>Bring clarity for patients and employers</td>
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<td><strong>Rare and complex sub-speciality component of CCT training</strong></td>
<td>Provide a vehicle to transfer components of current CCT training to post-CCT credentials</td>
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<td>- make access to such training more flexible and responsive to patient /service provider needs</td>
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<td><strong>Speciality training elements</strong></td>
<td>Allow some elements to be accessed by other specialists including GPs, either during training or post CCT</td>
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<td><strong>Recognised training for enhanced skills</strong></td>
<td>Facilitate access for Staff and Associate Specialist Doctors and other health care professionals</td>
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<td><strong>Flexibility in career choice and development</strong></td>
<td>Give doctors later on in their training pathways or careers more flexibility</td>
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<td><strong>Increase the efficiency of training</strong></td>
<td>Remove components of current curricula not undertaken by all trainees who are awarded a CCT</td>
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Advanced Clinical Practice

Regulated, experienced professionals trained to a broadened scope of practice, working within multi-professional teams.
Medical school expansion

- New Medical Schools
- Locations of 1,500 new medical student places
Number of licensed doctors relative to the population in 2017

Source: GMC State of Medical Education and Practice in the UK 2017
Training Hubs

Strategic Vision for Training Hubs

- networks of education and service providers
- tasked with increasing the capacity for future workforce training in the community
- tasked with development of the current and future workforce around the needs of a geographically defined population
- will provide the infrastructure for multi-professional training and education in primary care
- will support recruitment, retention and return of all staff groups
- will support and deliver the Five Year Forward View and DHSC mandate for HEE
Where do all the trainees go?

• 42.6% of F2s were appointed to specialty training programmes at the end of Foundation training
• 2.6% of these deferred their appointment.
Source: UKFPO 2017 Careers Destination Survey

Source: GMC The State of Medical Education and Practice in the UK 2017

* Not all medical students and doctors in training will continue to the next stage – they may pause their training, leave the profession or change their training programme. Doctors who are on both the Specialist and the GP Registers are not counted in this figure.
† Core training programmes include acute care common stem, broad based training, and other core training programmes.
‡ Certificates of Completion of Training (CCT)
Review of Supervision

Definition and remit of supervisory role (GMC definition, NACT, trainees)

Educational support to enable trainee progression

Pastoral and supportive role of the clinical team as the ‘modern firm’

Enhancing support for supervisors

Supervision
Shared perspectives

- How do we tackle the need for increasing time for supervision across the wider workforce?
- How do we improve training and education across professional boundaries?
- What are the biggest challenges you face in the training, education and development of your workforce?