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Medical Education Reform
Evolution or Revolution?

Professor Sheona MacLeod
Deputy Medical Director for Education Reform

Developing people
for health and
healthcare

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The NHS Collective Challenge

- Cost containment
- workforce shortages and rising workforce costs
- the fragmented approach to the design, development and training of our workforce
- alignment of workforce skills, roles and capacity to service models
- collaborative System Leadership
- engagement of the healthcare workforce

Demographics

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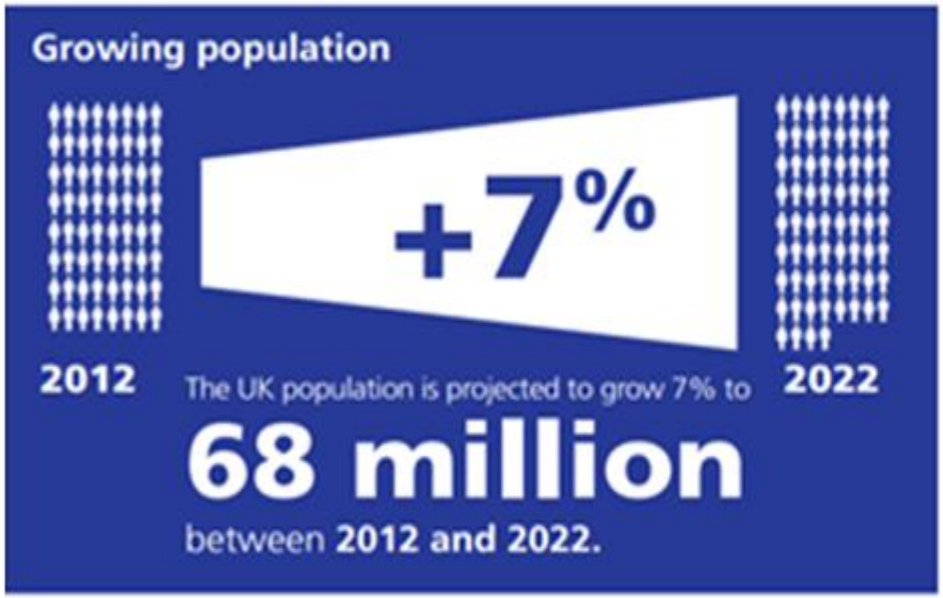

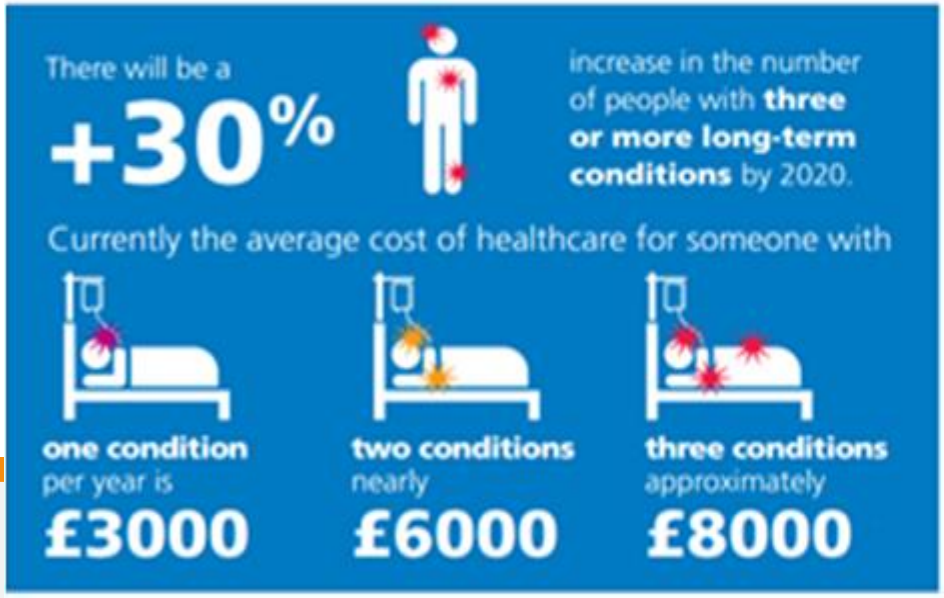

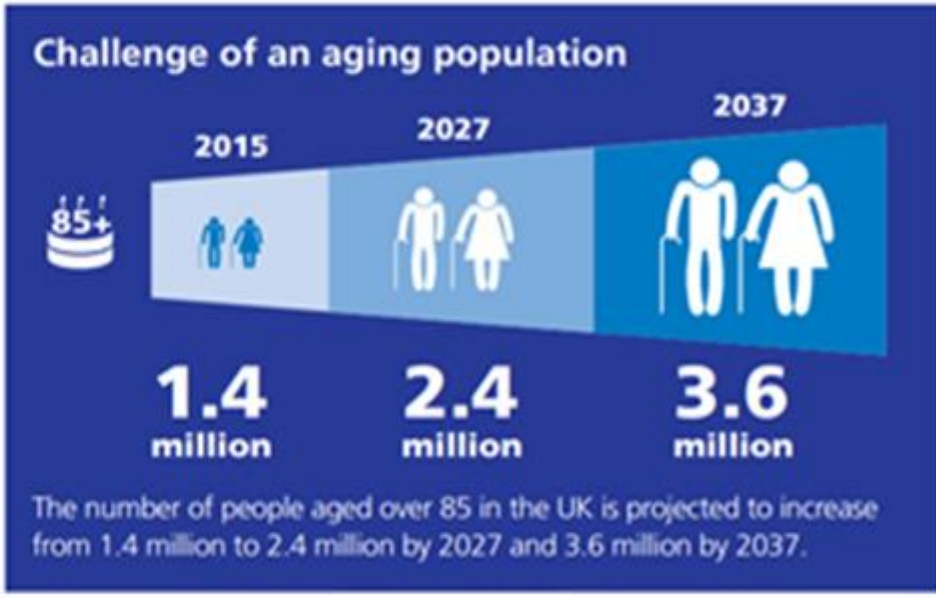

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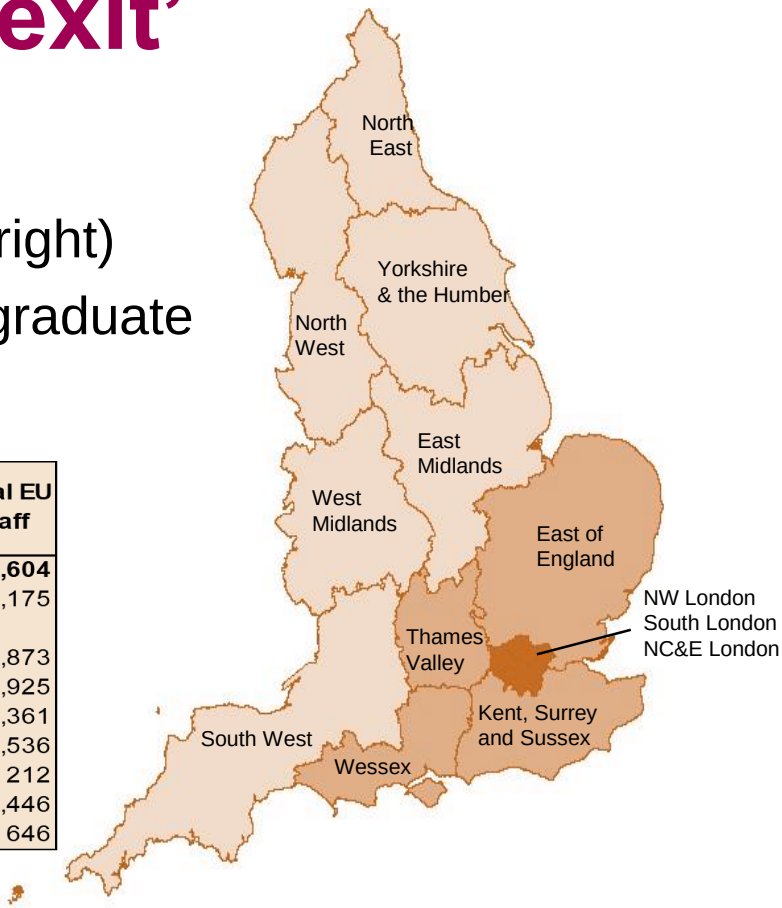
Potential impact of 'Brexit'

- **~5%** of current NHS staff EEA nationals
- **Variation** by role (below) and geography* (right)
- No impact on applications to medical post-graduate training (*yet..?*)

	North, Midlands & South West	South and East	London	England	Total EU staff
All staff	**2% - 3%**	**6% - 7%**	**10% - 11%**	**5%**	**57,604**
Doctors	7% - 8%	9% - 11%	12% - 14%	9%	10,175
of which:					
Consultants	6% - 8%	6% - 9%	11% - 13%	8%	3,873
Doctors in training	6% - 8%	9% - 12%	13% - 14%	10%	4,925
Nurses and midwives	1% - 4%	8% - 11%	13% - 14%	6%	22,361
Scientific, therapeutic & technical staff	2% - 3%	4% - 5%	9% - 10%	4%	6,536
Ambulance staff	0% - 1%	1% - 3%	0% - 2%	1%	212
Support to doctors, nurses & midwives	1% - 2%	4% - 6%	6% - 8%	3%	9,446
Managers and senior managers	0.5% - 1%	2% - 3%	4% - 5%	2%	646



*Darker regions indicate a higher proportion of EEA clinical staff

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The role of education and training?

- educating and training the next generation of healthcare workers
- developing the current workforce
- engaging, motivating and inspiring both the current and future healthcare workforce
- empowering individuals and teams to find and deliver solutions

Modernising Medical Careers

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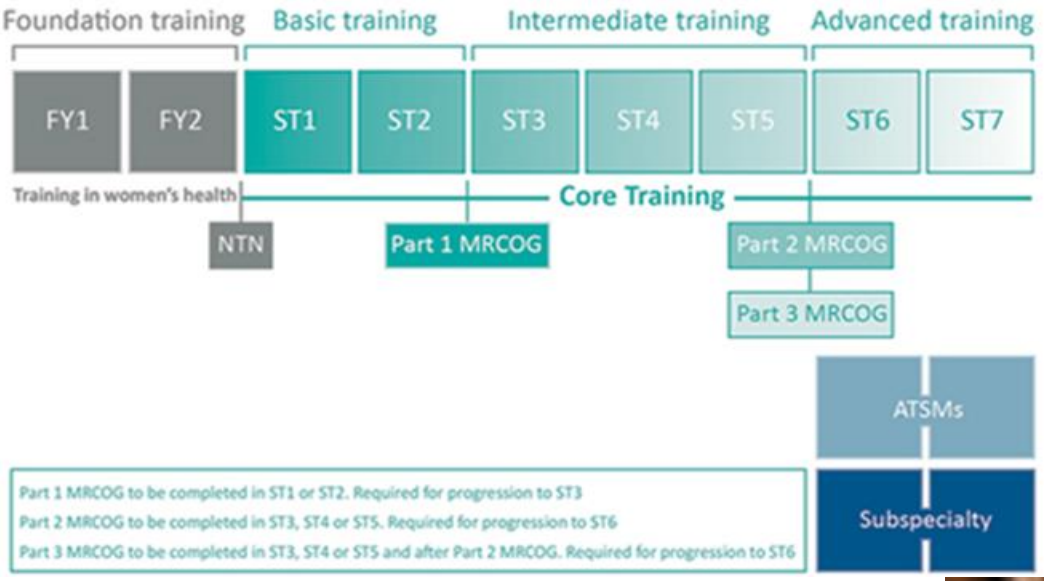

Mind the (generation) gap

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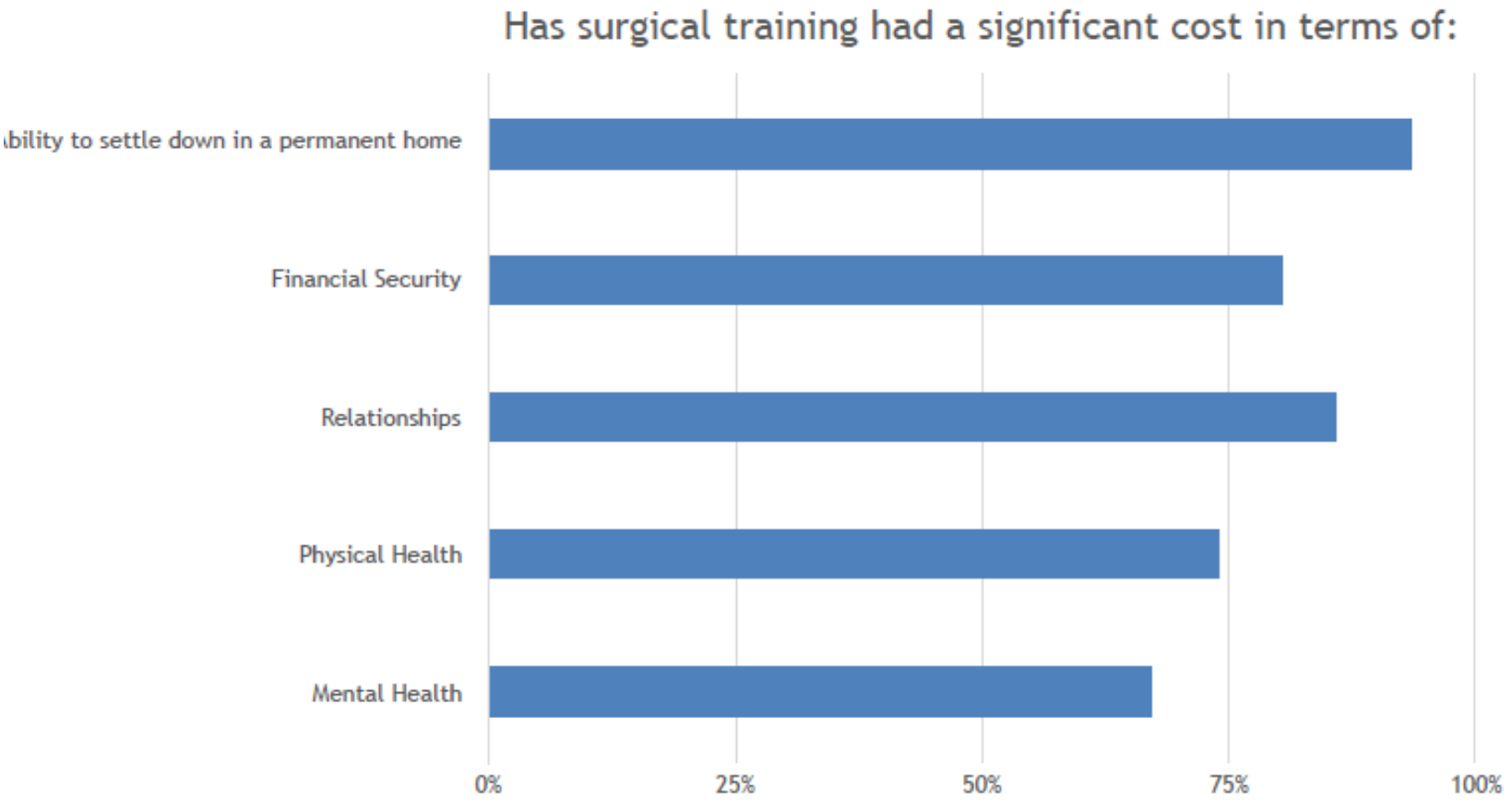
‘Baby Boomers’	‘Generation X’	‘Generation Y’	‘Generation Z’
1946-1964	1965-1980	1981-1994	1995-2010
Motivated and hard working; define self-worth by work and accomplishments.	Practical self-starters, but work-life balance important.	Ambitious, with high career expectations; need mentorship and reassurance.	Highly innovative, but will expect to be informed. Personal freedom is essential.
25% of the NHS workforce	40% of the NHS workforce	35% of the NHS workforce	<5% of the NHS workforce

What do the next generation of healthcare workers want from their careers?
How can we prepare for this?

Jones K, Warren A, Davies A. 2015. *Mind the Gap: Exploring the needs of early career nurses and midwives in the workplace.* Summary report from Birmingham and Solihull Local Education and Training Council.

Non-monetary Costs



Future careers

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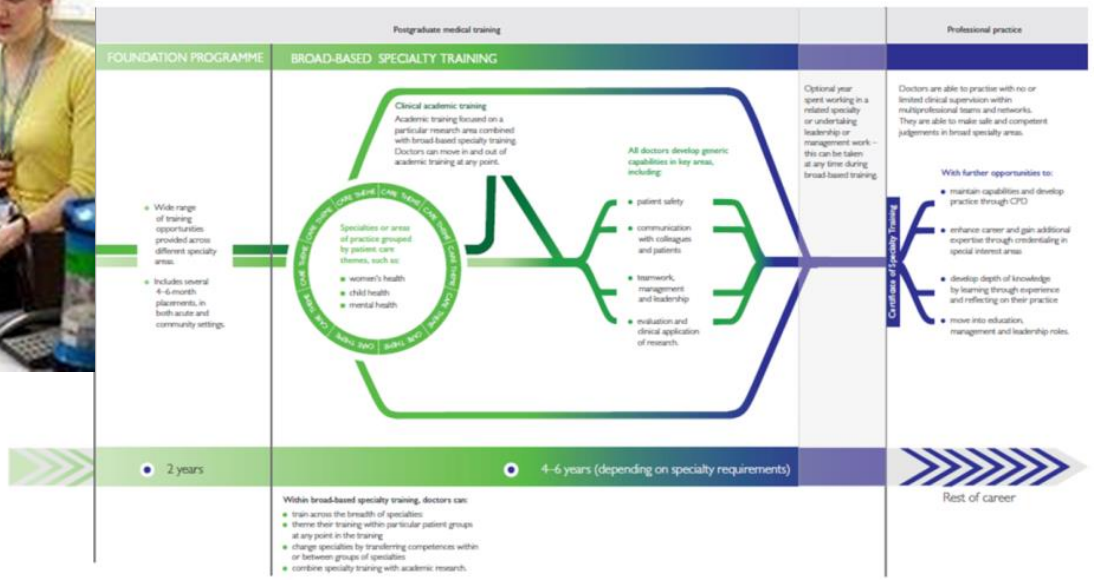
Future Professionals what do they need / want from training?



Shape of Training

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- Training should respond to patient/service needs
- Service requires doctors with general skills
- Requirement for specialists
- Training should be more flexible
- Blurring the specialty and primary care/ secondary care interface

UK Shape of Training Steering Group

four UK Health Departments, HEE, GMC and other stakeholders

- The Group's report, and 4 nation Ministerial statement in August 2017, endorsed the report's principles
- Particular emphasis on developing credentialing
- Early pilots Improving Surgical Training, Liaison psychiatry
- All medical curricula will need to be revised to fit with the new GMC standards *Excellence by design*

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New approach to medical careers

Changing and expanding number of junior doctors not in traditional training posts. 4 groups

- IMGs new to the NHS
- Progression problems in a chosen career
- **More time to choose**
- **Time out**
  - growing number
  - There by choice
  - not ready for the train track
  - more exposure to different specialties for possible careers
  - Looking for feedback on their capabilities and personalised career advice with learning personalised to their situation

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So what is wrong with training?

Training issues raised 2015- 2016 by BMA JDC

Rota notification and fixed leave

Deployment issues - IDT and joint applications

Opportunities for LTFT training

Variability in Study Leave

Rising costs for those in training

Induction and Mandatory Training

HEE's position with whistleblowing

Other concerns

- Being a valued part of a team
- Time in one training location
- ARCP inconsistencies
- Educational Supervision
- Out of Programme
- Return to programme
- Flexibility into and out of training
- Transitioning in training
- Time on routine tasks
- Rota gaps and management
- Lack of awareness of ongoing management of Quality

Identifying issues

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Collecting Feedback

- Regular feedback through current Quality processes
- Regional doctors in training forum discussions
- GMC, College, & Local survey results
- the BMA JDC
- Feedback to national committees
- National Leadership Fellows and AoMRC feedback
- New focus on quality through Quality Frameworks
- The Media
- Social media

Consultant insights

- Difficulties with ‘simple tasks’ - surprise at the complexity of the IT systems and the difficulties in ordering tests, including X-rays
- Extent of delegation - many senior doctors did not possess IT passwords or access to essential patient information systems
- The barriers for juniors in inter-specialty referral - consultants didn’t meet the same barriers/ gatekeeping Registrars use to protect overstretched services. The option of ringing the relevant Consultant is not available to junior staff
- The amazing length of time it takes to do TTOs
- Time on routine tasks could be spent learning in clinics

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Time for change

Evolution

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Addressing issues

HEE committed to working in partnership to address the issues through;

- The HEE hosted 4 nation MDRS programme
- A working group on improving doctors working lives
- A legal solution to concerns raised about HEE's protected position with regard to whistleblowing
- The Shape of Training work with the GMC and Colleges
- Deans work on supporting Return to Training and the length of training in one location
- ARCP review
- Foundation review
- Adequate Support for Supervision

Rota notification and fixed leave

- changed Code of Practice, exceptions reviewed and Code updated
- Now notify trusts and doctors in training on placements at least 12 weeks before starting,
- trusts to notify doctors in training about their rotas at least 6 weeks before.

Deployment issues

- recruitment with special circumstances pre-allocation
- enhanced preferencing to increase choice for those wishing to working/ living in the same area,
- review of IDT ongoing

Induction and mandatory training

- study leave discussions to clarify funding
- streamlining pilots now for roll out during 2018

LTFT Pilot in Emergency Medicine:

- Opening up the opportunity for all those in higher specialty training in Emergency Medicine to train less than full time
- 23 commenced in the pilot in August.
- Evaluation underway, interim report produced March 2018

Flexible Portfolio Careers:

- The Royal College of Physicians have developed a pilot proposal
- Open to those on dual CCT routes with GIM
- Pairs clinical duties with complimentary training pathways (clinical informatics, medical education, quality improvement, research)
- HEE working with the College to develop a pilot that addresses workforce needs

Study leave budget

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Study leave funding removed from tariff and to be managed to deliver:

- equity of access to educational resources;
- transparency;
- efficiency and quality
- greater flexibility;

- The revised tariff guidance has been published
- Implementation planning now underway
- Work with Colleges underway to identify what should be included in the study budget

Transparency in Costs

- Principles for the costs of assessments have been agreed http://www.aomrc.org.uk/wp-content/uploads/2017/05/2017-03-17_Cost_of_Training.pdf
- AoMRC has published costs on the website http://www.aomrc.org.uk/wp-content/uploads/2017/10/Cost_of_training_301017-rev1.pdf.

Whistleblowing

- NHS Employers, BMA and HEE have agreed and published HEE's Whistleblowing Policy.
- This provides greater assurance for doctors in training with regard to whistleblowing
- HEE now accepts a shared liability in allegations, as if they were also an employer

New Medical school places

The Secretary of State announced an increase of 1,500 medical school places The 2018/19 allocation of 500 has been announced. Further 1000, to be announced by the end of March for 2019/20. This is a key opportunity to help to:

- promote widening participation
- address issues of difficult to recruit to geographies and specialties
- promote innovation

Supported Return to Practice

- Evidence gathering identified challenges, existing good practice and innovative ideas. Draft strategy published;
  - providing bespoke, individualised package of support
  - Using existing HEE resources and expertise
  - Defined process with more centralised co-ordination.

Length of Placements

- Draft Principles have been developed, based on consultation.
- Review of all the programmes in line with agreed principles

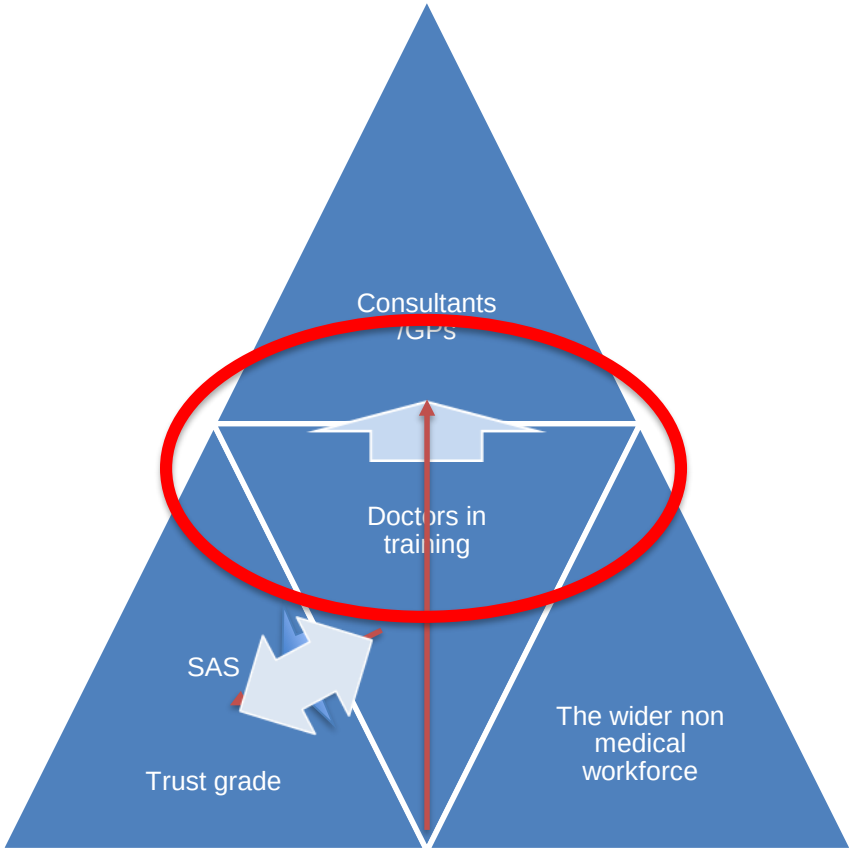
Portfolio support when out of training

- HORUS e-portfolio options for pre-specialty doctors not in training

ARCP review

Improving consistency and equity in processes and ensuring there is formative and summative feedback for doctors in training to improve training processes.

To realise system-wide benefits, this could not only focus on doctors in training, but also considered doctors out with formal training pathways and the wider healthcare workforce



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Tested and refined emerging recommendations

- Call for evidence throughout August 2017
- Doctors in training, and supervisor recommendations ‘testing groups’
- Patient & Public Voice - Lay representation group
- What we’ve heard continually fed back into emerging recommendations

Enhancing training and the Support for Learners

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Enhancing training and the Support for Learners;

Recommendations

- Theme 1: Delivery of Educational and Clinical Supervision
- Theme 2: Consistency of ARCP panels
- Theme 3: Professional and personal support for doctors in training
- Theme 4: Standardisation of quality assurance and quality management processes
- Theme 5: Defining and communicating the ARCP process

Recommendations Cont'd

- Theme 6: Promoting flexibility in postgraduate training
- Theme 7: Utilising ARCP model to support SASG and Trust Grade doctors
- Theme 8: Application of benefits to the wider workforce

Gold Guide 7 – Changes

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- specific reference to bringing forward CCT date.
- LTFT doctors in training can undertake part time working & reasons to consider LTFT have been expanded.
- Pausing training - the ‘no fault’ extension to training.
  - ARCP Panels to consider impact of pause – as a shorter period of time to make progress.
  - pauses should be agreed with the doctor in training, agreed by Postgraduate Dean and clearly documented.
- Reasons for OOPE have been expanded:
- Gain professional skills that would enhance a doctors future practice.
- Enhance clinical experience and skills in the curriculum in a specific area of practice.
- Support Global Health Partnerships.
- Clarity around: managing outcome 5s; managing OOPC, extensions to training.

The role of technology

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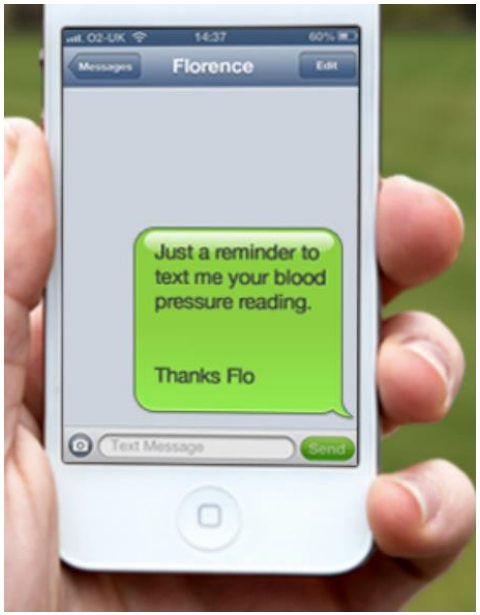

Other Solutions

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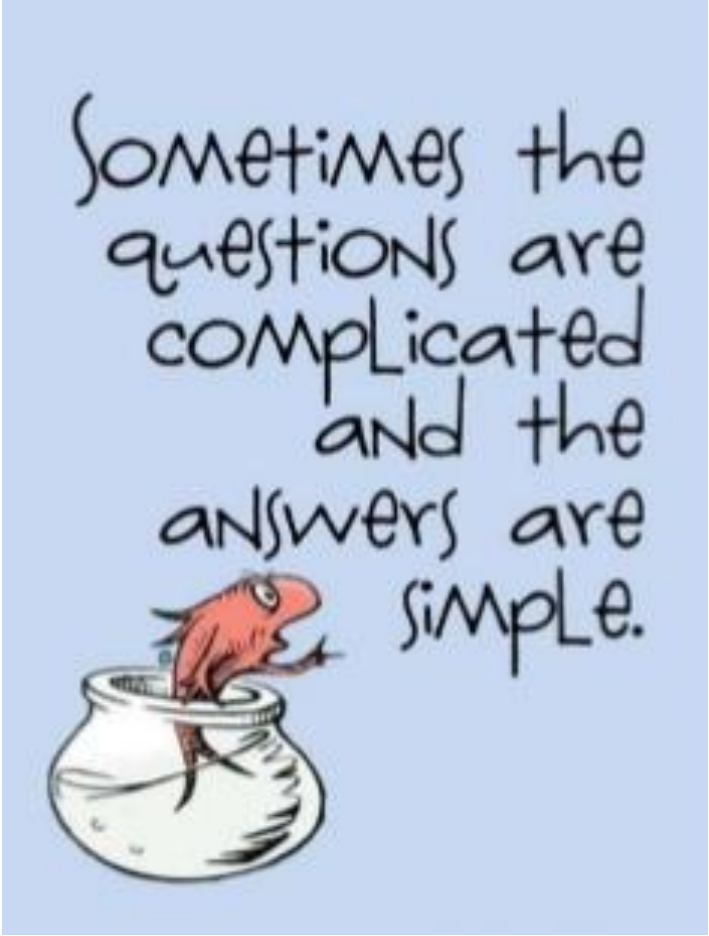

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Treated with Respect

- The provision of effective support

Support promotes workplace satisfaction and can be simple; information on safety procedures, how to request tests & obtain results, how to get a pager, what is the chain of supervision, how to access advice and resolve problems.

Additional support such as mentoring schemes

Lachish, Goldacre, and Lambert, 2016

Compassion in a Caring Profession

- Doctors with chronic illness or disability are most concerned about lack of support (insensitive working practices / colleagues, lack of Occupational Health guidance/ not implementing it / bullying and discrimination) *Smith, Goldacre, Lambert, 2015*
- We can all ensure our interactions in our work in health and social care are compassionate – that is the difference we can make. *Michael West, Spreading compassion via the NHS*

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Releasing Talent

- Junior doctors want to be effective leaders and have a desire and ability to contribute to improvement in the NHS but do not perceive their working environment as receptive *Gilbert, Hockey, Vaithianathan, Curzen, Lees 2012*

Feedback to support development

- Feedback to understand strengths and weaknesses

Feedback helps doctors reflect on how they work, and identify ways they can modify and improve their practice. *GMC Revalidation guidance*

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Inspiring choices

- Doctors receiving lower levels of support were significantly less likely to express intentions to continue practising UK medicine

  Lachish, Goldacre, and Lambert 2016
- while going to medical school can lead to a lifelong commitment to medicine, it is often easy to forget that a specialty choice does not have to be for ever BMJ August 2016
- Enthusiasm for the job and self-appraisal of skills are important to juniors in choosing careers. *Smith Lambert et al 2015*

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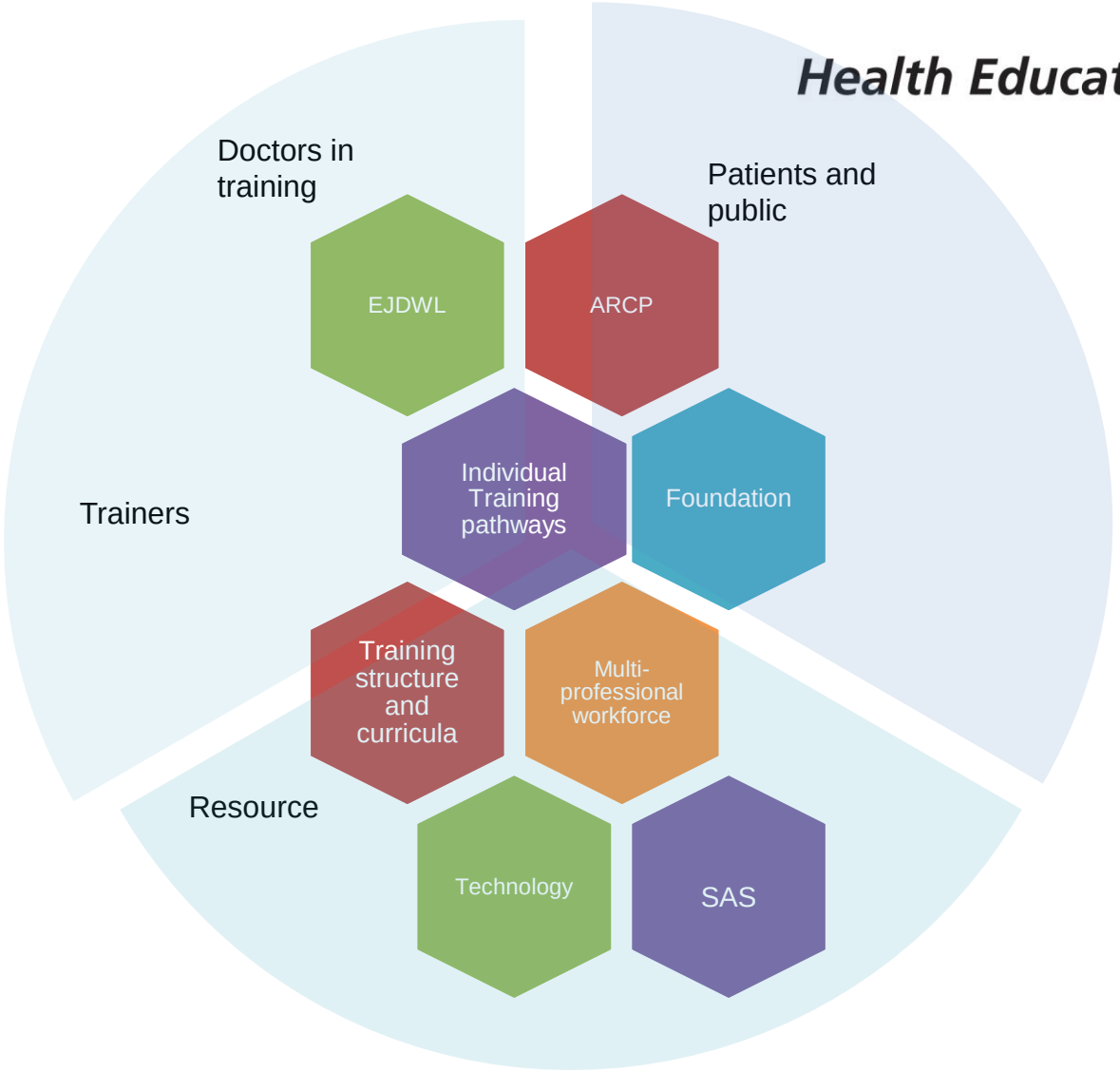
Role Models and Model departments

- The well managed use of the extended surgical team can support doctors and enhance training. *A Question of balance: The extended surgical team, 2016*

- As trainees progress particular teachers and departments become more important in influencing careers *Lambert Goldacre Smith 2015*


Doctors in training
Patients and public
Trainers
Resource
EJDWL
ARCP
Individual Training pathways
Foundation
Training structure and curricula
Multi-professional workforce
Technology
SAS

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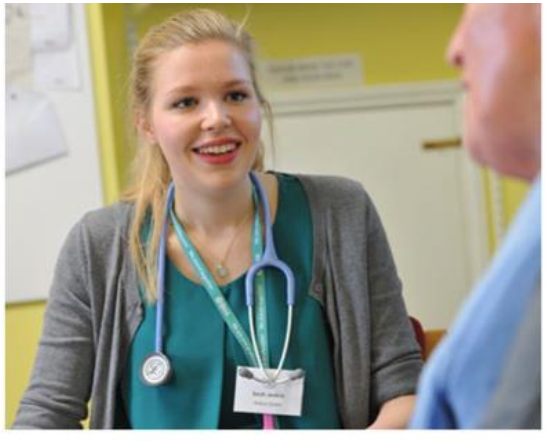
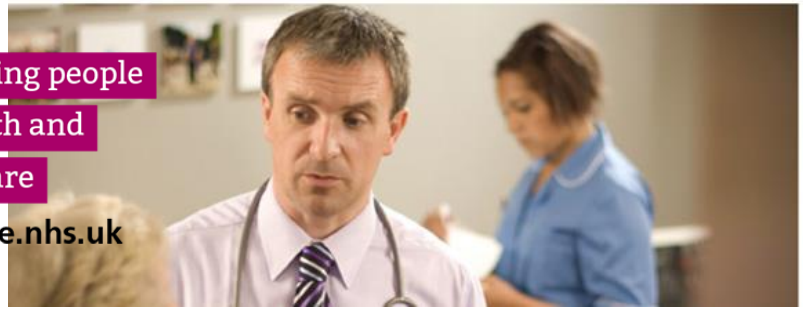
Draft Health and Care Workforce Strategy for consultation

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So what will be different?

What must we preserve?

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Evolution

- New Culture and Role Models
- Different approach to doctors in training and to medical careers
- Increasing Professional satisfaction

Revolution?

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In the end - Its all about Improving Patient Care