



Faculty of Health, Medicine and Social Care



East Suffolk and
North Essex
NHS Foundation Trust

Medical Doctor Degree Apprenticeship

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the
talent
for care



NHS long term workforce plan



Train

Double number of medical school places up to 15,000 by 2031/2

Targeting areas of greatest need and historic under representation

Provide 2000 of that increase through apprenticeship by 2031/2



Retain

Improving culture, leadership and wellbeing to ensure fewer staff leave the NHS.

Reform

Enable innovative ways of working with new roles and in multidisciplinary teams

e.g. Advanced practice roles, remove or speed up regulatory barriers to allied professions increase apprenticeships



ESNEFT



Two acute hospitals
1,100 beds



Community Services
Six Community hospitals



1.5m outpatient
appointments



100,000 elective
procedures

What is an Apprentice?



Potential career paths with a degree apprenticeship

- Business, accountancy and finance
- Aerospace and engineering
- Digital and technology
- Construction
- Health and sciences
- Education



- Breaking the paradigm of a “traditional” apprenticeship
 - 20% work and 80% academia
 - Rounded experience focussing on localism
 - Grow a workforce for your region from your region
-
- Established degree pathways in numerous areas with high academic requirement
 - Proven to aid retention, recruitment and satisfaction amongst employees and employers

Level 6-7 Apprenticeship



Full bachelors or Masters degree course

Prior qualifications required

Identical qualification to the traditional degree

Gaining new skills.

Being an apprentice

Employee first and foremost

Regular review, Maintain portfolio, End point assessments

Highly regulated OFSTED,ESFA,OfS and PSRB

Funding

Apprenticeship levy funds the course

Not eligible for student loans

Full time work alongside study

Funding , Apprenticeship levy



Large employers

Annual pay bills > £3 million

Levy tax of 0.5% put into a digital account

What it funds

Training and education in an approved apprenticeship standard qualification

NOT top up wage, or back fill

Not additional qualifications

Levy transfer

After 2 years un used funds must be paid back to treasury

Up to 25% of your levy can be transferred to other providers to benefit your local education economy

Rationale behind offering the MDDA in the East of England



EoE is an historically “under doctored” region with vacancy and long-term under fill in medical posts from foundation through to consultant and GP



North Essex and South Suffolk have some areas of extreme social deprivation for which the representation of medical degree applicants is low or non-existent



Focusing work on increasing our numbers of local doctors is beneficial because it is **well established that a majority of medical graduates will remain in a similar geographically location for their entire careers** to that in which they trained

What the Medical Doctor Degree Apprenticeship is **NOT!**

1. A backdoor route into a medical degree course
2. A “dumbed down” medical degree
3. A conversion course or part time course where previous skills can be counted
4. A technical or vocational course that negates an academic component

Apprentices have to be employees

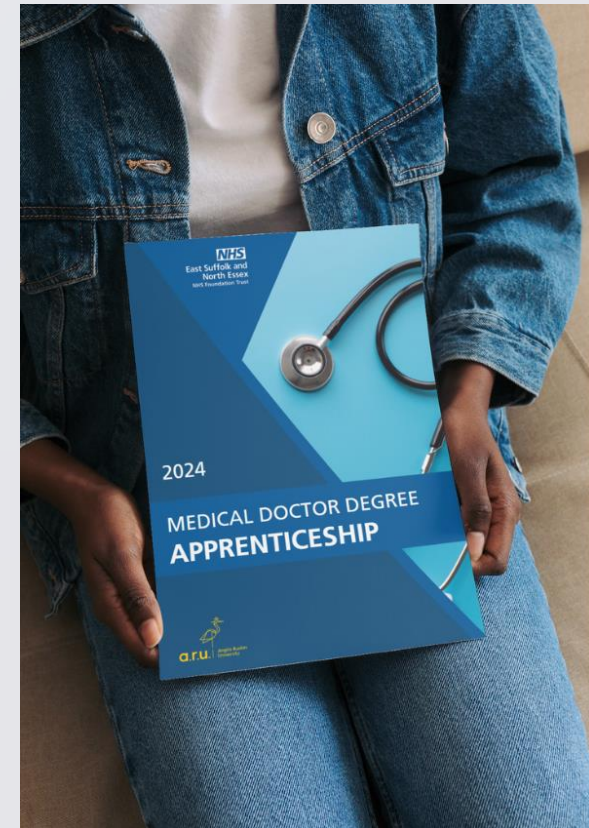
You have to be employable before considered suitable to apply for the academic entry

Salaried work role with release from employer for academic component

A full time, face to face, side by side with direct entry, medical undergraduate course

Successful completion results in award of MBChB

5 years full academic programme followed by 2 years foundation post in ESNEFT



So what is the Medical Doctor Degree Apprenticeship?

1. **An alternative path into medicine for people who might not have otherwise gone to medical school.**
2. **It will contribute to changing the current doctor demographic to be more representative of their local communities. Our goal is to make the profession more accessible.**
3. **By accessing the apprenticeship levy to fund course costs and an employment wage, financial barriers are reduced “Earn while you learn”**

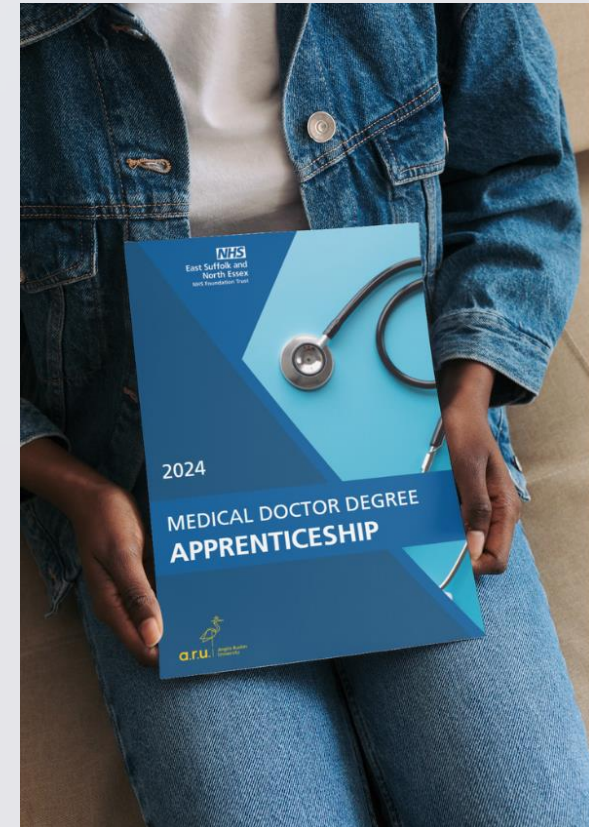
ESNEFT will be one the first organisations to offer the MDDA nationally

Salaried work role alongside academic teaching

Medical Training provided by Anglia Ruskin University

25 Places available

Commences in September 2024



Long term work force planning on a local level

1. **NextMedic programme**
2. **Making best use of apprenticeship levy**
3. **Commitment to Widening access and anchor organisation status**
4. **Meaningful engagement as an employer to have HEI support the workforce needs of the trust**
5. **Prior allocation programme with UKFPO**

Nextmedic is an established programme to outreach and target schools especially under represented communities into medicine

Targeting local communities

ESNEFT recognises its responsibility as an anchor organisation

ARU working collaboratively with ESNEFT to match workforce needs over a long term

Prior allocation into UKFPO posts in ESNEFT



Widening Participation in Medicine

- Widening participation endeavours to increase not only the number of young people entering higher education, but also the proportion from under-represented groups.
- NextMedic aims to ensure there is equality of access to the medical profession across North Essex.
- Medical schools are committed to ensuring opportunities to students who have aspirations to study medicine but are from under-represented and/or disadvantaged groups. WAMS criteria and a contextual academic offer is standard practice already.
- NextMedic is specifically for students living and/or studying in disadvantaged areas in the local region who have a keen interest in medicine.



Widening access to medicine creating a pipeline

- Have a permanent right or indefinite leave to remain in the UK, or have been granted settled or pre-settled status through the EU Settlement Scheme, and have been ordinarily resident in the UK for the three years prior to the start of the course
- Not have undertaken or started another degree prior to applying
- And either:
 - Are a Care Leaver or have been Care Experienced* for a period of longer than 3 months within the last 5 years
 - Have attended a school for GCSEs which has an attainment 8 score (in England) or a Capped 9 points score (in Wales) below the respective national average
 - Or attended a non-selective state school for GCSEs and A-levels and meet one of the following criteria:
 - Live in an area with an Index of Multiple Deprivation (IMD) in the bottom 20%
 - In receipt of free school meals, Pupil Premium funding and/or discretionary school/college payments, which are directly linked to financial hardship
 - You or your parent(s)/guardian(s) are in receipt of means tested benefits**
 - You are a person who has sole unpaid caring responsibility for another person
 - You are in receipt of a UCAT bursary
 - You have refugee status
 - You are a young person who is estranged from your family
- You are a member of the Gypsy, Traveller, Roma, Showmen or Boater community (GTRSB)
- You are a Service Child, where your parent or carer currently serves in the UK Armed Forces

Next Medic: Part of a pipeline for the future

- This is for students who meet the Widening Access to Medicine Scheme criteria at ARU/ESNEFT
- The programme will be open to students in Year 9 and span over 5-years. Students will attend 3 events/teaching days per annum, year 4 will close with a work experience placement at ESNEFT in early summer and the final year will conclude with a group event for the end of programme review.
- Participants will have a buddy/mentor throughout the duration of the programme who will be a Medical Student at the ARU School of Medicine.
- On successful completion of the programme students will have the opportunity to apply to the ARU School of Medicine and where applicable may be offered a lower conditional offer at A Level of ABB.



Financial

1. Levy funds course fees
2. Salary contributed to reduction in financial burden for apprentice
3. Innovative 5 plus 2 model is key prior allocation
4. Trust commitment to a long term return on investment
5. Conversion of existing trust LED posts reduction in cost to trust

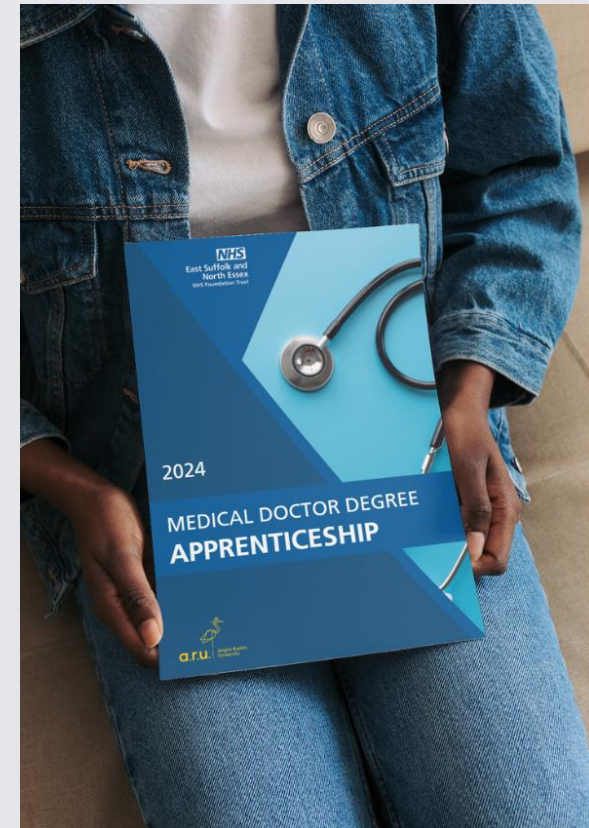
Apprenticeship Levy plus agreement form DHSC to fund degree course cost.

Salaried work role in line with ANNEX U (21) guidance

Undergraduate placement tariff for apprentices

UKFPO agreement to prior allocate apprentices to ESNEFT on completion of degree

Existing posts that are fully trust funded converted to tariff funded foundation posts



Salary

ESNEFT have committed to offering applicants an Annex U training salary, which will follow the following structure:

- Year 1: £14,606
- Year 2: £17,630
- Year 3: £19,100
- Year 4: £20,569
- Year 5: £22,038



Existing employees

For staff already employed by ESNEFT, the Medical Doctor Degree Apprenticeship cannot offer protected salary for those who work in a higher banded position. If a current employee applies and is successful, they will follow the salary guidelines as outlined above

ESNEFT Work Role

When not attending university, Medical Doctor Apprentices will work in an ESNEFT work role throughout their 5-year programme. The roles being offered are with the purpose of creating a more rounded medical graduate with skills and knowledge not traditionally gained from the medical degree course

- **Clinical Coding Assistants**
- **Ward Clerks / Porters**
- **Human Resources Administrators**
- **Patient Advice Liaison Officers**
- **Discharge Planners**
- **Note summarising in Primary Care**
- **Electronic Patient Record Trainers**



Annual Leave

Please note annual leave can only be booked within your ESNEFT work role time as outlined in your academic planner.

Placement: Enhancing the experience

1. **Apprenticeship employment roles in non clinical placements**
2. **Roles designed to create doctors with understanding of whole healthcare economy**
3. **HEI academic component provides the knowledge skills and attitudes to be awarded medical degree**
4. **Support in workplace**

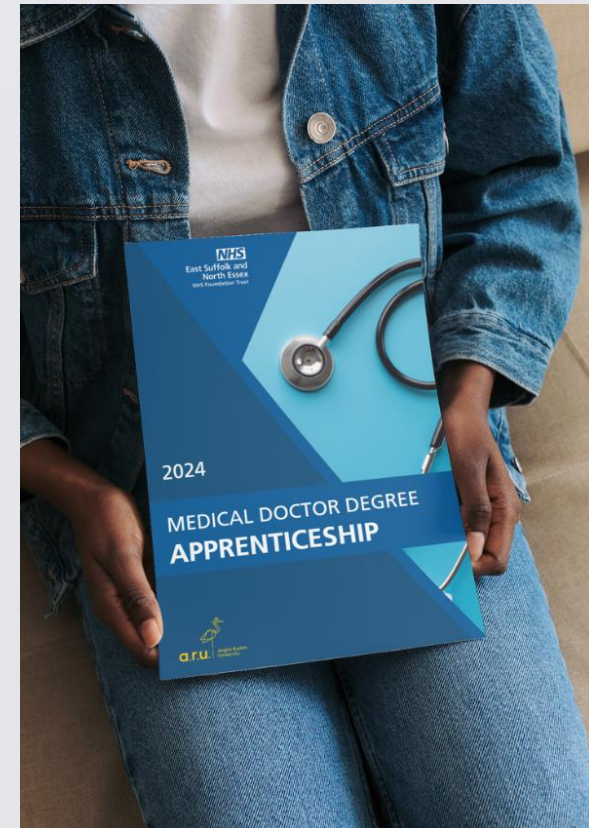
Apprentices work in trust and primary care settings in roles designed to give a broader understanding of complex healthcare economies

Placement support and supervision in employment time specific to apprenticeship standards

Educational supervision and pastoral support from HEI and trust in Academic time

Academic course with its CLINICAL placements will result in award of the degree

Tripartite relationship between apprentice/HEI and Employer



Additionality to being an apprentice: Regulatory burden

1. **Additionally for apprenticeship, initial assessment and skills scan and end point assessment**
2. **A continued requirement for ongoing monitoring and reporting in the 12 weekly apprenticeship standard progress review**
3. **OFSTED,EFSA regulated additional regulatory burden to IFATE and EFSA**
4. **Apprenticeship levy and funding rules applied**

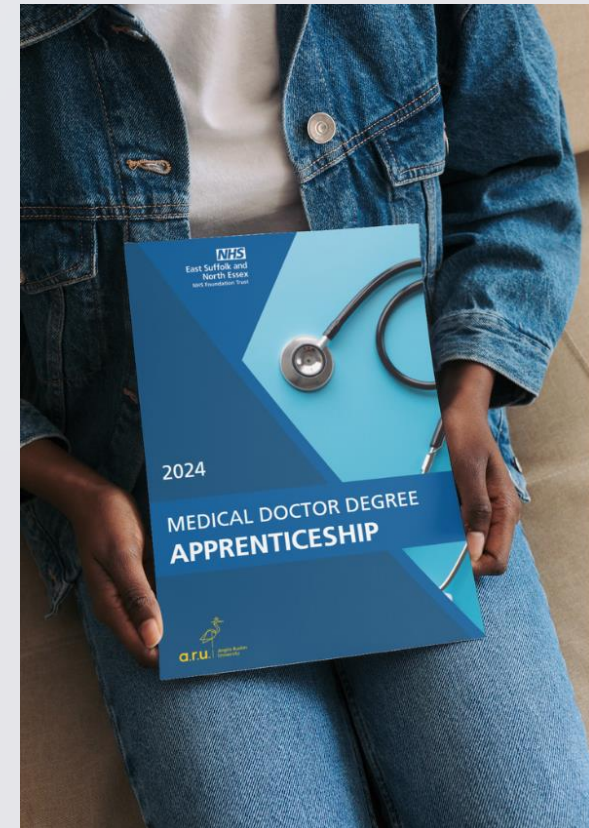
Supplemental requirements to ensure initial assessment and skills scan does not mean applicants with significant prior transferable skills will be accepted and double funded

Creation of specialised apprenticeship supervisors in trust and HEI

Levy can only fund course costs IFATE regulation on funding apprenticeships

External regulation in addition to Validation and approval of academic component from GMC

Failure to meet apprenticeship requirements as important as academic and employment





Faculty of Health, Medicine and Social Care

Medicine



Empathy, honesty
& being able to
interact with people

A good
work ethic

Teamwork

A love of learning
and science

A curious mind &
a desire to solve
problems



Problem solving

An interest in
people & what
makes them tick

What makes a good doctor?

Commitment,
perseverance &
a 'can-do' attitude

Great listening
skills

An ability to keep
your head and deal
with uncertainty



Emphasis on longitudinal career

- Medicine as a career not just a university course
- Five plus two model is unique
- Longitudinal support from University and from employer and as an apprentice
- Meaningful long-term relationship established
- Working in partnership with our local HEIs to promote medicine and develop the workforce



Undergraduate Medicine at ARU

- **Balanced and fully integrated curriculum**
- **Placement from early months of the course in Acute Care providers and General Practice**
- **Excellent state-of-the-art skills facilities including a Thiel cadaveric anatomy suite and GP simulation rooms**
- **Passionate academics**
- **Chelmsford is a vibrant easily accessible city**

Curriculum map

The core components of the curriculum represent the essential knowledge, skills and attitudes that you must acquire to practice as doctors on graduation. The core curriculum has been designed to ensure breadth of coverage; allow integration of basic and clinical sciences; align theory with practice; and to ensure you'll have adequate opportunities to achieve the learning outcomes.

Systems in Practice (SiP)

Year 1	Year 2	Year 3
Principles	Dermatology	Ageing
Respiratory	Musculoskeletal	Neurology
Cardiovascular	Endocrine	Psychiatry
Gastrointestinal	Child and family	Reproduction and sexual health
Consolidation of learning and summative preparation	Ear, nose and throat	Haematology
Student selected component	Ophthalmology	Consolidation
	Renal	Student selected component
	Student selected component	Consolidation of learning and summative preparation
	Consolidation of learning and summative preparation	

Preparation in Practice (PiP)

Year 4		Year 5
Ageing	Infectious disease	Student assistantship
Dermatology	Neurology	Medicine
Anaesthetics and emergency medicine	Oncology	Surgery
Orthopedics	Surgery general	Acute care
Rheumatology	Medicine general	General practice
Ophthalmology	Psychiatry	Clinical skills
Ear, nose and throat	Obstetrics and gynaecology	Infection control
Urology	Child health	Prescribing
Student selected component	General practice	Student selected Component
		Elective

Longitudinal themes

Anatomy	Evidence based medicine	Innovation	Patient safety
Behavioural science	General practice	Leadership	Clinical pharmacology
Biochemistry	Genetics	Management	Physiology
Communication	Global health	Mental health	Prescribing
Clinical skills	Human factors	Nutrition	Professionalism
Clinical Reasoning	Imaging	Occupational health	Public health
Ethics and law	Immunology	Palliative care	Therapeutics and prescribing
	Infection	Pathology	

5 Hospital Trusts & over 60 GP practices

Broomfield Hospital
MSE NHS Foundation Trust



East Suffolk and North Essex
NHS Foundation Trust



Southend University Hospital
MSE NHS Foundation Trust



Essex Partnership University
NHS Foundation Trust

EPUT

Mental health/community health/learning disability services



Princess Alexandra Hospital
NHS Trust



Basildon University Hospital
MSE NHS Foundation Trust





Facilities

ARU Anatomy Centre

Simulation rooms

Lecture theatres

Mock wards

SuperLab

Library

Entry requirements & application process



Entry requirements

All candidates must hold two ESFA approved qualifications at level 2 in Maths and English plus one more or more of the following:

- A level grades at ABB including at least 1 science achieved within the last 5 years
- A QAA accredited Access to Medicine or Access to Science with a profile of 30 distinctions and 15 Merits achieved within the last 5 years
- An upper second class undergraduate degree awarded within the last five years in a university approved Science or Allied Health subject
- An upper second class undergraduate degree in a non science or allied health subject and one of:
 - *A level in either Biology, Chemistry or Physics at B grade or above*
 - *Access to Medicine or Access to Science with a profile of 30 level credits at distinction and 15 at merit.*

The selection process

Phase 1 | Initial Screen

Applications checked to ensure that they meet the minimum funding criteria and entry criteria for ESNEFT

Phase 2 | ARU Application and Documentation Evidence

Applicants submit an ARU course application and supporting documents to confirm academic achievement (certificates) and funding eligibility (passport/visa) which are reviewed and verified by the ARU Admissions team

Phase 3 | Shortlisting

Applicants undertake Casper, a situational judgement test. They are then ranked on their Casper score, with shortlisting points for living or studying in the East of England region, with further points for Essex and Suffolk

Phase 4 | Interviews (MMI) and job role

Applicants will participate in an interview day which will consist of a series of MMI stations and a panel interview

Phase 5 | Apprenticeship standards (Initial Assessment)

Applicants undertake a review of their current skills and attend a meeting to discuss their learning plan

Phase 6 | Offers

Successful applicants are issued a joint university and employment offer and recruitment checks, including DBS and Occupational Health checks

Casper

Computer based assessment for sampling personal characteristics

- On line situational judgement tool used in USA/Canada developed by MacMaster university
- Will be used to rank all MDDA applicants that meet the academic criteria
- ARU and a number of other sites are piloting Casper in the 23/24 academic cycle funded by NHSE outside the MDDA project

What Does Casper Assess?



COLLABORATION



COMMUNICATION



EMPATHY



EQUITY



ETHICS



MOTIVATION



PROBLEM SOLVING



PROFESSIONALISM



RESILIENCE



SELF-AWARENESS

Initial assessment for apprenticeship

Specific apprenticeship requirement

Additionality in the MDDA application not applied to direct entry students

Prevent using funding to retrain

Ascertaining a skills gap that is met by the proposed course of study to ensure funding

Educationally rigorous

Establish a robust plan to meet that gap and review and document progress at fixed points (12 weekly)

Requires additional national funding agreement

Both the employer and the provider will need to have additional resource and skills to deliver this.

Development of collaborative longitudinal oversight

Specifically newly created roles of lecturer practitioner and MDDA supervisor

Progress to date ? What you should know!

- **A truly collaborative approach between ARU and ESNEFT involving the admissions teams, academics, Employee relations, talent for care team and medical education department weekly meetings as a minimum**
- **Massive initial response with social media interest with over 2700 initial expressions of interest, shortlisted to circa 300 for Casper for MMI and panel to offer max 25 places**
- **Extremely high work load for employers and admissions teams at the beginning**

Work closely with HEI partners that may be establishing an MDDA programme

Ensure you have a robust process for applications and shortlisting

More rigorous than direct entry

Likely that the application to offer ratio is identical to direct entry

May not be for all applicants or all HEIs



Challenges

- Partnership with your HEI and apprenticeship deliver team in trust and at the university
- Engagement with current direct entry students to demonstrate the additional responsibility of apprenticeships
- Myth busting
- Commitment and desire to have widening access and localism at heart of your long term staffing plans
- Workforce mapping to look at current usage of fully trust funded posts into which your qualified (apprentice) foundation doctors will fill
- Establishing a sustained long-term commitment to match Levy funding to a 5 yr degree course
- Placement tariff to trust for undergraduate apprentices when on clinical placement.
- Genuine desire to improve relationship and outcomes your local HEI provide for your future workforce...see solutions not problems.
- Prior allocation agreement form UKFPO to place foundation doctors in trust at which they were apprenticed
- Dedicated resource to manage the requirements of apprenticeship (funding and expertise) from both trust and HEI. Consider the establishment of “lead employer model” to manage clinical placements outside of employing trust
- Change management skillset and a thick skin!



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Thank You!

Questions?

