Supporting Our Future Professionals

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HEE’s purpose

HEE exists for one purpose – to improve the health and wellbeing of the people of England by developing a workforce with the right knowledge, skills and values for them to always deliver outstanding healthcare.

Promoting Professionalism
Understanding the learner
- Getting feedback on our processes

• Regular feedback through current Quality processes
• National / local Trainee forum discussions
• GMC / College / local / school survey results
• BMA JDC
• Feedback to the MDRS committees
• Focus on quality through HEE Quality Framework
• Part of the discussion about ‘non-contractual’ training issues
• National Leadership Fellows
• The Media
• Social Media
How did we get to here?
Training issues raised by the BMA

Rota notification and fixed leave
Deployment issues - IDT and joint applications
Opportunities for LTFT training
Variability in Study Leave
Rising costs for trainees
Induction and Mandatory Training
HEE’s position with whistleblowing
Other concerns raised

Being a valued part of a team
Time in one training location
ARCP and feedback on progression
Educational Supervision
Out of Programme / Flexibility into and out of training
/Gender inequality with time out of training
Transitioning in training
Time on routine tasks
Lack of awareness of ongoing management of Quality
Rota gaps and management
post foundation/ pre- specialty support
Surprises

What junior doctors have to deal with

• 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
Different societal context

Called someone and they didn’t pick up

BEFORE

Oh, must not be home. I’ll try again later.

AFTER

WHY ARE THEY IGNORING ME?!??!?!? THEY HATE ME!!!!!
Non-monetary Costs

Has surgical training had a significant cost in terms of:

- Ability to settle down in a permanent home: 75%
- Financial Security: 75%
- Relationships: 80%
- Physical Health: 75%
- Mental Health: 65%
Future Professionals
what do they need / want from training?
Learner Centred Training to meet learner’s wants and needs? Workforce implications?
New approach to careers
Foundation /// Core /// Specialty

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 - needs a new approach
  - There by choice
  - not ready for the train track
  - more exposure to different specialties for possible careers
  - Feedback on capabilities and personalised career advice
    (not support with learning personalised to their situation)
Career progression

Foundation training
- FY1
- FY2

Basic training
- ST1
- ST2
- ST3
- ST4
- ST5

Intermediate training
- ST6
- ST7

Advanced training

Core Training
- NTN
- Part 1 MRCOG
- Part 2 MRCOG
- Part 3 MRCOG

Training in women's health

ATSMs
Subspecialty

Part 1 MRCOG to be completed in ST1 or ST2. Required for progression to ST3.
Part 2 MRCOG to be completed in ST3, ST4 or ST5. Required for progression to ST6.
Part 3 MRCOG to be completed in ST3, ST4 or ST5 and after Part 2 MRCOG. Required for progression to ST6.
Future careers
Addressing issues

HEE committed to working in partnership to address the issues relating to its core responsibility for managing high quality medical education and training. Through;

• The HEE hosted 4 nation MDRS programme
  o Rota notification and fixed leave
  o Deployment issues - IDT and joint applications

• A Working group on improving doctors working lives
  o identifying and removing the barriers to access to flexible training
  o addressing inequity in study leave
  o the escalating costs of training.
  o enhancing support for post foundation junior doctors
Addressing issues

HEE committed to working with the BMA and NHS Employers to address the concerns raised about HEE’s protected position with regard to whistleblowing.

NHS Employers committed to working with the BMA to improve and accelerate the streamlining processes which would reduce the administrative burdens when trainee change posts.
Working group

i. Junior doctors are a valued and essential part of the healthcare workforce now, and in the future.

ii. There is a current incompatibility between medicine, service delivery and society. Junior Doctors now have different, valid and accepted expectations for working and training. Group members agree to review training from this perspective.

iii. Change is necessary to improve training.

iv. Any outputs from the group should empower the junior doctor. They are the future healthcare leaders of the NHS, and as such should be able to shape their own future.

v. Patients are the primary beneficiaries of the work of the group.

Membership: Postgraduate Deans, MDRS Programme, BMA JDC, NHS Employers, GMC, AoMRC- executive, College reps and Specialty and Foundation training reps
Starting to make improvements

*Rota notification and fixed leave – changing the Code of Practice*

- This requires more forward planning by all TPDs and reduces some flexibility in matching placements as needs arise.

- Earlier data provision enables employers to perform checks and inform trainees eight weeks in advance of deployment, enabling leave discussions and ending fixed leave.

- The Code of Practice, agreed between the BMA, NHS Employers and HEE was updated in November 2016.

- HEE is ensuring this change occurs by monitoring and reporting compliance at Board level.
Starting to make improvements

Deployment issues

• pre-allocation of trainees with specific caring responsibilities or ill health/disability tying them to an area implemented for November 2016

• “facilitated swaps” with others if doctors in training are allocated to a different region to their partner / spouse; Piloted manually with additional admin time in 2017 recruitment.

• Inter Regional Transfers for trainees in England to create increased flexibility in addition to the current IDT process in place for February 2017 round

• scoping a technical solution in Oriel for linking applications in specialty recruitment
Starting to make improvements

Whistleblowing
NHS Employers, BMA and HEE have agreed and published HEE’s Whistleblowing Policy. HEE is confirming the agreement with Trusts across England. This provides greater assurance for doctors in training with regard to whistleblowing as HEE now accepts a shared liability in allegations, as if they were also an employer.

Streamlining induction processes and mandatory training
NHS Employers are progressing with accelerating streamlining models to have them in place across England by April.
Study leave discussions in the working group will define what constitutes an employer responsibility in mandatory training.
LTFT issues identified

- LTFT training has enabled many doctors to progress in their training
  Benefits to recruitment
- Increasing and Changing demand – also males, caring roles & health needs.
  - requests for flexibility in times, annualised hours, school hours, exemptions
  - requests as overburdened by full time
- TPDs difficulties managing the programme and not disadvantaging FT
- Changes in school structures difficult- because of where training posts are
- Impact on Service Previously job-shares, now more LTFT in a full time slot
- LTFT disadvantages- reduced flexibility, prolonged training, limited sub-specialty
- Impact on other trainees - asked to do extra, restrictions to OOPE/OOPTs
- Future workforce planning - Will working flexibly stop at Consultant level?
- Culture change - Specialties support more LTFT options in principle, but funding, service and impact on FT is a concern. There needs to be a change in culture and the attitudes of many of the current consultant workforce
- Enablers - outcomes-based curricula, robust assessment
Starting to make improvements

*Increasing the Opportunities for LTFT training*

- modelling early piloting in Emergency Medicine for much greater flexibility, allowing all higher trainees the opportunity to apply for LTFT training, regardless of their eligibility under the current Gold Guide criteria.
- Aims to assess the popularity and impact of a significantly more flexible approach to training, to identify the benefits and address obstacles and risks of greater flexibility
- exploring increasing flexibility in acute medical specialties through providing opportunities to split the traditional clinical week into clinical and educational/QI/research roles

*Pre-specialty support*
- Development of e-portfolio options for pre-specialty trainees
Starting to make improvements

Variability in Study Leave

- agreeing a standardised process with change in funding flow to enable all trainees to access essential training

Rising costs for trainees

- HEE conducted an initial detailed cost collection which was shared with Colleges to generate debate, internally and across the Academy
- Principles with regard to cost setting are still to be agreed
- Transparency on cost and costing rationale to be published on the AoMRC website
- Development of a junior doctor career cost calculator to help doctors plan when to make career steps and changes eg to LTFT
Finding Solutions to other issues

Being a valued part of a team – support in belonging / leadership
Time in one training – HEE Deans programme review
ARCP – meaningful appraisal discussions
Educational Supervision – time for high quality feedback
Out of Programme, Return to programme, Flexibility into and out of training – review of processes to assess competency and progression
Transitioning in training – education training & support in return to training
Time on routine tasks – alternative workforce
Lack of awareness of ongoing management of Quality - you said we did
Rota gaps and management - The Guardian, Workforce solutions
The HEE Quality Framework is the lens through which HEE will identify, benchmark and improve the quality and impact of the Improving Training Programme.

- Embedding key elements of Shape to support workforce transformation and new service models.
- Enhancing the process and widening access to support enhanced assessment and greater flexibility.
- Enhancing the training environment for all learners and increasing flexibility.
HEE Quality Framework

• Proportionate and evidence based support for quality improvement
• Thresholds for risk assessment, escalation and system response to concerns about quality of training
• Pertinent themed quality improvement initiatives weaved in to HEE’s quality management processes to gain England-wide traction e.g. feedback, study leave, rotations, raising concerns
• Whole workforce quality perspective e.g. trust grade doctors support and development
• Outcomes of the PGME Reform Programme can be measured and monitored
• Enables identification, sharing and adoption of good practice across England

Approval of programme and work-based learning sites (HEE, Professional Regulators and Local Education Providers)

Proportionate and timely support to enable sustainable quality improvement in the clinical training environment

LEARNING ENVIRONMENT

High Quality

Declining Quality

Critical Incident

Suspension of approval and removal of students. Support for quality improvement in learning environment.
ims of the ARCP Review

The Review will address how we value and support doctors in training and recognise performance with greater flexibility. It also provides a platform to explore how we might unlock opportunities across the wider workforce.

Core principles underpinning the Review:
1. defining competency
2. enabling progression
3. supporting all learners
ARCP Review

• Reviewing the ARCP and its context, considering how processes could be improved to meet doctor’s development needs.
• An evolved process with competency assessment could facilitate exiting and re-entering training, defining the standards at exit points and validating competencies gained for re-entry.
• It could enable those who are excelling to progress faster, or do more within training.
• Outside the CCT route, recognition of competencies, options to enter training at different stages, easier collection of parallel evidence would support the alternative routes to the specialist register.
• Having defined the competencies these could be signed off for other professionals, allowing the multi-professional workforce to access more development and assessment opportunities and support.
The cross-cutting themes will work across and on behalf of the review workstreams & will appear in each set of terms of reference to enable a coordinated approach across the programme.
HEE transformation offer

HEE provides support around five key areas;

- The **supply** of healthcare professionals and specialties, which includes postgraduate medical training and those who can support junior doctors in their roles.

- The **up-skilling** of existing workforce such as advanced practitioners.

- **New roles** such as physicians associates, the associate nurse and medical assistants

- **New ways of working**, to enable a workforce that is flexible and adaptable

- Supporting **leadership** development across the health and care workforce.
Sometimes the questions are complicated and the answers are simple.
Possible Pre-Specialty Support

• **Web based Resources**
  o Options for trying different specialties
  o help junior doctors make a difference - audits, QIPs / the consultant 'problems list' / a QIP, audit certificate
  o Career advice – learning from personal journeys
  o Explain the thinking behind diagnosis and management plans
  o Offer feedback - Positive feedback - think possible Registrar

• **Development opportunities and Career advice**
  o Options for trying different specialties
  o help junior doctors make a difference - audits, QIPs / the consultant 'problems list' / a QIP, audit certificate
  o Career advice – learning from personal journeys
  o Explain the thinking behind diagnosis and management plans
  o Offer feedback - Positive feedback - think possible Registrar

• **Personal Support**
  o Share the Positives in the NHS and your medical careers
  o Who is keeping an eye on this group?
## What Millennials Want

<table>
<thead>
<tr>
<th>...from their boss</th>
<th>...from their company</th>
<th>...to learn</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOP FIVE CHARACTERISTICS MILLENIALS WANT IN A BOSS</strong></td>
<td><strong>TOP FIVE CHARACTERISTICS MILLENIALS WANT IN A COMPANY</strong></td>
<td><strong>TOP FIVE THINGS MILLENIALS WANT TO LEARN</strong></td>
</tr>
<tr>
<td>Will help me navigate my career path</td>
<td>Will develop my skills for the future</td>
<td>Technical skills in my area of expertise</td>
</tr>
<tr>
<td>Will give me straight feedback</td>
<td>Has strong values</td>
<td>Self-management and personal productivity</td>
</tr>
<tr>
<td>Will mentor and coach me</td>
<td>Offers customizable options in my benefits/reward package</td>
<td>Leadership</td>
</tr>
<tr>
<td>Will sponsor me for formal development programs</td>
<td>Allows me to blend work with the rest of my life</td>
<td>Industry or functional knowledge</td>
</tr>
<tr>
<td>Is comfortable with flexible schedules</td>
<td>Offers a clear career path</td>
<td>Creativity and innovation strategies</td>
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Developing the future Professional

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*
Empowered Juniors / 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*
Training pathways and Trainee choice

- 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*

Professional Teams

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

- RCS found that, in hospitals that have adopted new team models, resistance had “mostly dissipated.” *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*
The role of the educator

• Selling (apparently) Simple Solutions
• Encouraging when there are difficulties in implementing them
• Making Time to Teach
• Highlighting the value of Education and training
• Being positive
• Providing peer support
## Investing in doctors

Percentages of all UK graduates working in medicine ten years after qualification*

<table>
<thead>
<tr>
<th></th>
<th>Total in medicine, %</th>
<th>NHS (%)</th>
<th>Other UK medicine (%)</th>
<th>Medicine abroad (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>89.2</td>
<td>83.0</td>
<td>1.8</td>
<td>4.4</td>
</tr>
<tr>
<td>Men</td>
<td>91.4</td>
<td>83.3</td>
<td>2.6</td>
<td>5.5</td>
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</tbody>
</table>

* Goldacre, Lambert. Academic Medicine, 2013, 88: 699-709
“I have had good professional opportunities in my career to date”

<table>
<thead>
<tr>
<th>Cohort of qualification</th>
<th>Men - yes</th>
<th>Women - yes</th>
<th>Men – neutral</th>
<th>Women - neutral</th>
<th>Men – no</th>
<th>Women - no</th>
</tr>
</thead>
<tbody>
<tr>
<td>1974/77</td>
<td>90</td>
<td>76</td>
<td>6</td>
<td>17</td>
<td>4.2</td>
<td>7.4</td>
</tr>
<tr>
<td>1993</td>
<td>87</td>
<td>78</td>
<td>11</td>
<td>17</td>
<td>2.4</td>
<td>4.7</td>
</tr>
<tr>
<td>1996</td>
<td>82</td>
<td>77</td>
<td>14</td>
<td>19</td>
<td>3.6</td>
<td>3.6</td>
</tr>
<tr>
<td>1999</td>
<td>85</td>
<td>83</td>
<td>10</td>
<td>11</td>
<td>4.3</td>
<td>5.5</td>
</tr>
<tr>
<td>2002</td>
<td>86</td>
<td>86</td>
<td>8</td>
<td>9</td>
<td>5.6</td>
<td>4.6</td>
</tr>
<tr>
<td>2005</td>
<td>83</td>
<td>85</td>
<td>12</td>
<td>11</td>
<td>5.4</td>
<td>4.0</td>
</tr>
</tbody>
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Data over a log period of time, showed that a higher percentage men felt that they have good career opportunities *in the past*. But this gender difference has gone
Supporting the Educator

- Feedback
  - Positive, Recognising excellence
  - Constructive
- Mentorship
- Support with complaints, allegations or GMC review
- Recognising and supporting other professional educators
- Valuing personal and peer education
- Supporting educational champions
- Ensuring personal resilience
Future Professionalism

- New Role Models
- Different approach to trainees and the role of junior staff
- Increasing Professional satisfaction
Future Professionalism

In the end - Its all about Improving Patient Care