

Principles for the Management of Postgraduate Medical Training Rotations

The role of a junior doctor is first and foremost as a professional, which combines a dual service and training requirement. Delivering healthcare service and training need not be separated as both are completely compatible if managed well. The management of postgraduate medical training rotations must always be planned and operated with this in mind.

The training and working environment of the junior doctor has changed significantly over the last decade or so and continues to change along with the roles of all other healthcare professionals. It will be an increasingly critical part of training rotation planning to work within the context of the wider workforce redesign initiatives to ensure the doctor in training is being deployed appropriately. Fair and equitable national distribution of training resource will also play its part in influencing doctors training rotations.

Shifting care closer to home will require a move away from the current balance of training programme rotations and we may find that in order for training programmes to deliver the consultant and GP workforce that we will need in the future, this may be at odds with the requirement to deliver the secondary care services of today. This dilemma will need to be managed and balanced carefully.

As part of the strategy to move towards a standard way of working across England for postgraduate medical education, English Deans have developed a common set of principles to be followed in relation to the management of postgraduate medical training rotations. This document sets out the agreed principles to which Health Education England Postgraduate Deans and their teams will work to. This document is applicable to all of postgraduate medical training programmes including primary care, secondary care, Foundation and Public Health.

Principles for Training the future consultant and primary care workforce

1. Postgraduate training rotations must be designed to ensure that during the course of the planned rotation, exposure to all the necessary experiences to achieve curriculum competencies and sign off for CCT are available.
2. Local quality metrics should inform all training rotation design. These metrics must include the opportunities available mapped to each curriculum for which the post is approved and must provide a balanced assessment of any previously identified inappropriate service tasks (for the level of training) which may impede access to activity to meet the needs of the curriculum. Design of the training rotation should meet the requirements needed to complete training for each trainee and should take into consideration:-
 - Achieving all educational competencies including appropriate skills, knowledge and attributes, as specified in the curriculum.

- Achieving any specific objectives e.g. focused training. This may include out of programme experience for training, but should only be where such training is not available within the local regional postgraduate training area and with due consideration to the impact on Trust allocations.
- Achieving a balanced training programme incorporating a variety of units with varying experiences. Wherever possible, trainees should experience 'a year in one place' in order to realise benefits in terms of:
 - opportunity to continue to treat those patients with longer term health issues;
 - leadership development;
 - quality improvement activity;
 - engagement with the trust and wider local healthcare system;
 - reduced administrative resource required to move trainees;
 - stability within a team of healthcare professionals.
- Ensuring specific training opportunities available in a limited number of centres are available to the maximum number of trainees through a fair and equitable process.

Distribution of training posts

1. The distribution of training posts must be managed on the basis of an open and transparent process taking account of established criteria ("quality metrics") to measure all training posts
2. The HEE local team, led by the postgraduate dean are responsible for this through the local Director/Associate Dean / Head of School or equivalent local structure. The published local process should be available for stakeholder reference and reviewed on an annual basis.

Distribution of trainees across available training posts

1. HEE's postgraduate deans, or their nominated deputies, are responsible for the distribution of trainees across available training posts in their designated regions. The day to day management of this will vary in accordance with differing local structures. Local offices should have published processes in place which are accessible to stakeholders.
2. The agreed Code of Practice between the BMA, Wales Deanery and Health Education England (published 5/8/14) states that information to trainees regarding the specific post they have been allocated is to be provided 12 weeks before the start of the first post within a rotation. Local Education Providers (LEPs) should be informed of allocated trainees working to the same timelines.
3. Local offices must have mechanisms in place to identify gaps in order to alert LEPs in a timely manner.
4. In instances where gaps are anticipated, the local office may take the decision to re-allocate trainees. Such a decision will take into account the impact on service to patients as advised by the LEP, as well as the impact for the trainee. Notice of such a change may be short due to recruitment timelines. This is regarded as an exceptional event, as local offices are

expected to identify gaps and mitigate as much as possible in advance and ideally prior to confirmation of placements to trainees.

5. Trainees in a period of grace are post-CCT and thus will not require the training opportunities provided by the training post. As such, any preference to remain in their current training post location compared to trainees who are still achieving CCT competencies may not be possible. Requests for specific placements, or, to remain in existing placements, can only be agreed to after local offices have ensured:
 - accommodation of the educational needs of trainees still in training;
 - addressing of any service pressure gaps in the local area.

Capacity to train and post establishment and decommissioning

1. Local processes in relation to post establishment and post decommissioning must be in line with any national requirements. All such processes should be transparent and available for scrutiny by stakeholders.
2. In the event that a LEP is no longer able to provide training (for reasons such as transformation of the consultant workforce, service reconfiguration, and/or training post(s) failing any required quality metrics) this should be notified in writing, either by the LEP or the local school (whichever is the instigator of the required change), to the relevant local office personnel at the earliest opportunity, and ideally no later than 6 months prior to the declaration for numbers for the HEE Investment Plan.
3. Wherever possible, LEPs will be given a minimum of six months' notice in the event of the decommissioning of a training post. There are several reasons why the need to decommission postgraduate medical training posts may arise. These fall broadly into the following (but not limited to) circumstances:
 - a. Persistent failure to meet quality standards / metrics
 - i. Where posts persistently fail to meet training quality standards of the General Medical Council (GMC)
 - ii. Where significant service concerns have been raised by other regulators (e.g. Care Quality Commission, standard setting bodies or commissioners).
 - b. Nationally led redeployment of resources
 - i. National workforce planning requirements of Health Education England (HEE)
 - ii. Changes in the overall resource envelope available for medical and dental training
 - iii. Where a redistribution of funding is required to support expansion in other specialties
 - c. Local service redesign
 - i. Response to local service reconfigurations
 - ii. Local workforce plans specific to a local education and training board (LETB)
 - d. Improving training experience across programmes
 - i. Specialty specific initiatives to maximise training opportunities through the deployment of local quality metrics

- e. Persistent vacancies
 - i. Posts or programmes that are repeatedly unfilled via local or national recruitment arrangements and do not adversely impact the local and/or national workforce planning strategy
- 4. For any proposed expansion of training posts in a particular LEP (in accordance with national and local processes), capacity to train and quality of training provision must be satisfied in the first instance. All elements of the funding provision should also be clearly identified and agreed to between all relevant parties and captured within local post establishment processes..

Decision making and responsibilities

1. The day to day management and delivery of specialty training programmes and any associated policy and process rests with the relevant local Postgraduate Dean whom is accountable to Health Education England and the Department of Health. Postgraduate Deans are responsible for the quality management and delivery of all foundation and specialty training programmes within their local HEE area, legally referred to as a Local Education and Training Governing Body (LETB).
2. Postgraduate Deans are required to implement a range of models to manage their specialty training programmes overall. The models may vary but will rely on senior doctors involved in training and managing training in the specialty, providing advice and programme management.
3. Various models are in existence or in development which rely on joint working with Royal Colleges / Faculties (usually through their Specialty Advisory Committees – SACs) to support this, e.g. Specialty Training Committees, Specialty Schools, Specialty Training Boards.
4. Wherever possible, Postgraduate Deans and their teams will work together to harmonise policy and approach across the 13 local offices, notwithstanding any requirement for regional differentiation.

Appendices

HEE quality metrics (in relation to rotation planning) – not yet published

Authors:

Professor Tim Swanwick, Postgraduate Dean, Health Education England – North, Central & East London
Professor Jacky Hayden, Postgraduate Dean, Health Education England – North West
Julia Grierson, Senior Business Manager Specialty Training, Health Education England – North East

31May2016