

Enhancing Junior Doctors' Working Lives

Annual progress report
2020



Developing people
for health and
healthcare

Foreword

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Executive Medical Director**

We publish our annual Enhancing Junior Doctors' Working Lives progress report for 2019-20 in a world changed in ways that none of us could have foreseen when the previous report came out.

The COVID-19 pandemic has put massive strains on our NHS but the healthcare system has adapted and responded at speed. Our junior doctors and medical students, and those training and educating them, have contributed to supporting health and care services in an unprecedented way, with many stepping up or out of their usual sphere of practice. Some have sadly lost their lives as a result of caring for others. I would like to pay tribute to the thousands of junior doctors in training and to all those who support them. They have demonstrated more clearly than ever what an absolutely essential part they play in delivering high-quality, compassionate patient care each and every day across the breadth of our health service, often in the most stressful and demanding of circumstances.

Indeed, the stress of the COVID-19 outbreak shows why our work is more important than ever. By addressing the concerns of junior doctors, we hope our work on Enhancing Junior Doctors' Working Lives helps reduce the risks of stress and burnout and enables doctors to continue with their training and longer-term medical careers in the NHS. We know that

doctors who feel highly valued and motivated are better equipped to deliver high-quality care and meet the needs of patients and the wider NHS.

While much of our focus in recent months has inevitably been diverted to the efforts against COVID-19, we have still made great progress over the past year. The flexibility agenda continues to be high on our list of priorities. We have been working to expand the availability of Category 3 Less Than Full Time training to all junior doctors, establish a comprehensive offer around Out of Programme Pause (OOPP), and provide other flexible career options for our doctors.

For those doctors who have taken time out of training, our Supported Return to Training (SuppoRTT) programmes across the country have offered advice and practical help. This programme was able to support doctors back into service to help deal with the outbreak.

We have improved support to junior doctors through our work to ensure employers provide the best possible supervision with a comprehensive toolkit of resources.

We also published our review of the foundation training programme and we are actively working on its implementation.

Health Education England's Medical Education Reform Programme (MERP) links this work together as none of it can happen in isolation. All our programmes benefit from the input of our partners across the system and, most importantly, junior doctors and the patients for whom they care. I would like to offer my thanks to all our partners who have worked so hard over the past year to continue to move this agenda forward.

HEE will continue to work with others, and to listen and act to enhance the working lives of junior doctors and, in doing so, ensure the NHS has the medical workforce - now and in the future - to provide high-quality care for patients.



Introduction and summary of highlights

In March 2016, the Enhancing Junior Doctors' Working Lives programme was established to address a range of issues that adversely affect the quality of life of junior doctors. Led by Health Education England, it is a cross-system collaboration to deliver meaningful change.

Working in partnership with the BMA Junior Doctors' Committee, NHS Employers, the GMC, and the Academy of Medical Royal Colleges (AoMRC), HEE also drew on its own quality management and reporting mechanisms to inform the focus of the group and the development and implementation of various initiatives to improve working lives for junior doctors.

Our previous reports, published annually since spring 2017, mark the programme's progress while identifying key focus areas for future work. This report summarises the progress we have made over the past year, during which time we have continued to benefit from close working with junior doctors and system partners and build on successful initiatives while exploring other emerging issues.

Bringing about cultural change in the healthcare education system is at the heart of HEE's Medical Education Reform Programme. This report details some of the ways in which we are modernising our approach to medical education and ensuring all junior doctors benefit from the improvements being made.

Highlights over the last year

Expansion of flexible training opportunities



- We expanded the Category 3 Less Than Full Time training pilot to all junior doctors in Paediatrics and in Obstetrics & Gynaecology. This came alongside the continued expansion within Emergency Medicine, which was updated to include applying for 0.7 WTE and extended to current ST2 junior doctors on the run-through Emergency Medicine programme.
- Working with the Royal College of Physicians (RCP), we commenced recruitment for the second cohort of Flexible Portfolio Training.
- Pilots for Out of Programme Pause (OOPP) went live in selected specialties across four local office sites. The first junior doctors to undertake OOPP are now returning from their OOPP placements.

Implementing and sharing best practice



- The Supported Return to Training programme (SuppoRTT) has become an integral part of HEE core services.
- The first-year evaluation report showed that over 750 junior doctors accessed SuppoRTT during a 6-month period.
- The second cohort of National Clinical Fellows to support the programme have also been appointed.

Addressing deployment concerns



- The next version of the Oriel recruitment system (Oriel 2), which will provide several enhancements for applicants, will be ready for use as of 1st June 2020.
- Improvements to HEE's Trainee Information System (TIS) and Electronic Staff Record (ESR) are now planned to support the deployment of junior doctors, by allowing applicants to log into the TIS interface to see rotational information and also complete and edit an electronic version of the Form R.

Other Related Education Reform activities



- We launched the Future Doctor Programme with the aim of identifying the skills and behaviours central to delivering sustainable, high-quality patient care in the future. Through our engagement with a wide range of stakeholders via events, focus groups, and a call for evidence, we have co-created a vision that will be published in summer 2020.
- We have published [Supported from the start; ready for the future: The Postgraduate Medical Foundation Programme Review](#), which includes 16 recommendations focussed on improving training for doctors in the most junior stage of their training pathway, while highlighting issues relevant across healthcare education.
- We have introduced a number of Foundation Priority Programmes. These programmes are specifically designed to attract, support and retain junior doctors in under-doctored geographies and shortage specialty areas. The first cohort of foundation junior doctors will begin in post in August 2020.



COVID-19

At a time of challenging service and workforce pressures, Health Education England is committed to supporting junior doctors. COVID-19 has impacted all of us in ways we could have never imagined but has shown more than ever that the strength of the NHS is its workforce, which has shown incredible depth of compassion, strength, and adaptability.

HEE has supported over 25,000 nursing, midwifery, medical, and AHP students moving into the workforce, and has developed the e-Learning for Healthcare programme to include additional COVID resources currently being used in 76 countries. This includes developing a wealth of wellbeing resources to support junior doctors.

The Enhancing Junior Doctors' Working Lives programmes are providing valuable support to junior doctors, including:

SupportTT

The pandemic has led to a significant increase in the number of doctors utilising the SupportTT programme to be able to return to training.

The SupportTT programme ran a series of webinars for returners, focusing on wellbeing and clinical updates in 28 different subjects, with over 2,600 individual registrants to the series.

Recruitment and deployment

We have recruited 2,600 Interim Year 1 Foundation doctors and implemented a wellness induction to support them.

We are increasing our flexibility interventions, such as Less Than Full Time Training and Out of Programme Pause in the coming months, as these additional flexibility options will support trainee wellbeing and reduce the impact of stress.

Many of our programmes have been impacted by the pandemic. We are reviewing how we will take key work streams forward in the future, incorporating important lessons from the pandemic.



1. Flexibility in training

1.1 Less Than Full Time training (LTFT)

HEE is committed to exploring innovative solutions and developing new approaches to postgraduate training in order to improve wellbeing, work-life balance, and morale, while providing greater flexibility for all junior doctors. This includes the provision of more opportunities and wider access to Less Than Full Time training.

The initial Category 3 LTFT pilot in Emergency Medicine went live in 2017 and we are committed to expanding this to all specialities, informed by continued evaluation. In 2019 we further expanded Category 3 to Paediatrics and to Obstetrics & Gynaecology.

An interim evaluation was commissioned to evaluate the impact of the pilot in Emergency Medicine. The report encompassing the 2017-18 cohort (17 junior doctors) and 2018-19 cohort (24 junior doctors) was published in November 2019: <https://www.hee.nhs.uk/sites/default/files/documents/v5Report%20of%20the%20second%20year%20Emergency%20Medicine%20Less%20Than%20Full%20Time%20pilot.pdf>. This report concluded that the pilot has been successful from the participants' point of view, with a self-reported improved sense of job satisfaction, wellbeing, and work-life balance, and greater chance of continuing to work in the specialty.

We are now developing the long-term implementation plan for expanding Category 3, and a full evaluation that has been commissioned to review the findings from this expansion will run concurrently with the Out of Programme Pause evaluation.

1.2 RCP Flexible Portfolio Training

In August 2020, the pilot offering new medical ST3 junior doctors protected time to pursue professional development will enter its second year.

The pilot was launched by HEE and the RCP in 2019, offering junior doctors development in one of 4 pathways (medical education, quality improvement, research, or clinical informatics) alongside traditional training in their clinical specialty.

A further cohort will join the pilot for its second year as flexible portfolio junior doctors use the one day per week (or a 20% time equivalent) that is protected for project work in one of the 4 pathways.

Offering protected time for project work related to non-clinical professional development appears to help increase the appeal of posts contributing to the acute unselected medical take. The initiative also encourages junior doctors in physicianly specialties to develop wider skills, with time for non-clinical professional development.

The aim is to improve the working lives of modern-day medical registrars, to increase the attractiveness of the role, and to increase recruitment. Welcomed by registrars, we believe this scheme is a valuable option, although evaluating the success of the initiative will be more difficult because of the COVID disruption to the programme in most areas.

Targeting those in high-pressured specialty training areas, eight geographies were initially identified to prioritise Flexible Portfolio Training (FPT) in the first pilot year. In this second pilot year, the “Kent, Surrey and Sussex” (KSS) geography has been included.

After 45 junior doctors commenced their FPT in August 2019, a further 50 junior doctors are scheduled to commence in August 2020.

The allocation of pathways and confirmed specialties for 2020 are as follows.



Specialties for 2020-21 cohort:

- **Acute internal medicine** – West Midlands, East Midlands, East of England, Wessex, North East, Yorks & Humber
- **Clinical pharmacology** – West Midlands
- **Endocrine and diabetes medicine** – West Midlands, South West, Wessex, North East, Yorks & Humber
- **Gastroenterology** – Yorks & Humber
- **Genitourinary medicine** – Wessex, North East
- **Geriatric medicine** – West Midlands, East of England, South West, Wessex, North East, Yorks & Humber, KSS
- **Haematology** – Wessex
- **Health care for older people** – East Midlands
- **Infectious diseases** – North East
- **Rehabilitation medicine** – Wessex
- **Renal medicine** – Wessex, North East
- **Respiratory medicine** – East Midlands

The application process for flexible portfolio training is running closely with that of national ST3 recruitment. We are supporting the RCP to develop educational resources for flexible portfolio junior doctors and their supervisors, and an external evaluation of the initiative will commence this year.

Further information can be obtained by contacting flexibleportfoliotraining@rcplondon.ac.uk and applicants should look out for updates and communications from their local HEE office.

FAQs and details of the four pathways can be found at <https://www.rcplondon.ac.uk/projects/flexible-portfolio-training>.



1.3 Population Health Fellows

The pilot year of the first national Population Health Fellowship for NHS clinical staff commenced in February 2020, with 16 fellows embarking upon a 12-month, Less Than Full Time fellowship across the HEE regions.

The multiprofessional scheme, launched by HEE, is targeting early years clinicians from backgrounds where the development of population health competencies is a recognised need.

The 16 successful applicants are seconded to HEE for 2 days a week, alongside continuing in their substantive clinical post, and for those 2 days are based in a HEE-selected host healthcare organisation where they lead on a population health activity. A senior leader from the fellowship host organisation provides general project supervision, and a population health expert is in place to provide educational project support.

A formal, blended educational programme led by population health experts supports the project, offering a series of central contact days where seminars, workshops, and lectures are delivered. The contact days are supplemented with online learning resources.

In addition to population health competencies, there is a focus on leadership and management development, with formative assessment of the learning outcomes via written reports and presentations.

1.4 Flexibility to move between specialty programmes

HEE has championed the need for greater flexibility in training programmes. The introduction of the GMC's Generic Professional Capabilities framework (GPC) and move to high-level educational outcomes support greater flexibility for junior doctors across medical specialties. Junior doctors who wish to change specialties, along with their trainers, have new guidance from the AoMRC. Commissioned by the GMC, this has been developed by the AoMRC in partnership with the four nation statutory education bodies, NHS Employers, junior doctors, the BMA, and the GMC.

Junior doctors joining a different specialty will not need to repeat training already completed in their original specialty, as the capabilities gained can count towards their CCT in the new specialty.

Similarly, from 18th May 2020, doctors with a combination of training and experience, who enter and complete a UK training programme at a senior level, will be awarded a CCT. This is a change from the current position where junior doctors receive a Certificate of Eligibility for Specialist Registration through the Combined Programme (CESR CP).

The GMC also provided revised guidance and for junior doctors wishing to work less than full time, and support to those with health issues and disabilities.



1.5 Champions of flexible working

The champions of flexible training role, proposed in 2016, was made mandatory as part of the contract review in 2018.

Every LTFT junior doctor should have access to a champion of flexible training, who promotes and improves existing support mechanisms for LTFT colleagues. We are supporting networking and sharing best practice between England's champions in their important role as advocates for LTFT.

1.6 Out of Programme Pause (OOPP) and Gap Analysis Tool

The flexibility in training agenda is a key priority for HEE and one step towards this is through the development and testing of Out of Programme Pause.

OOPP allows junior doctors, who have had at least two years of full registration with the GMC and are progressing satisfactorily, to apply for a specific category of Out of Programme and undertake work, without the training assessment burden within a UK-based organisation.

In the OOPP pilot these opportunities will be relevant to UK healthcare delivery and/or the trainee's curriculum. Junior doctors are normally required to give a minimum of six months' notice of their intention to take up an OOPP post.

The first phase of this initiative was launched in spring 2019, where OOPP was offered to Anaesthetics junior doctors in the East Midlands. Phase 2 commenced in summer 2019, with selected specialties in Wessex, North Central and East London, and the North East taking part, along with the remaining specialties in the East Midlands. The local postgraduate dean continues to be the Responsible Officer for purposes of revalidation for junior doctors on OOPP.

An independent evaluation has been commissioned and will provide interim reports to HEE on a biannual basis, to allow us to see what is working well and what can be improved. In the coming year, phase 3 of OOPP will be rolled out, with more localities and specialties coming on board. There has been four-country engagement via the Joint Academy Training Forum, in order to ensure that training initiatives are aligned across the UK while acknowledging that differences exist between the nations.

In conjunction with the AoMRC, HEE have been piloting the "gap analysis" framework with OOPP junior doctors who have returned to training after a pause. This framework allows a 'Step-out Step-in' approach, while assuring trainees, educators, and employers about patient and trainee safety.

The gap analysis determines what competencies have been achieved during periods on OOPP, in terms of experience and capabilities gained, with respect to both Generic Professional Capabilities and specific curriculum outcomes.



1.7 SuppoRTT

With approximately 5,000 (10%) junior doctors taking approved time out of postgraduate training at any given time, the SuppoRTT programme is part of HEE's commitment "to remove as far as possible the disadvantage to those who take time out".

As of April 2020, SuppoRTT has become an integral part of HEE's core services. Several key benefits were identified in its first-year evaluation report, but there is still work to be done to ensure full awareness of the programme throughout the junior doctor population.

£6million funding was distributed to be available for returning junior doctors via the Returner Support fund over the past year. £4 million was dedicated to supporting Educational Supervisor upskilling, Keeping in Touch days, SuppoRTT Champions, and innovation projects.

Funding is being used for initiatives such as:

- Coaching
- Mentoring
- Accelerating learning/specialty-specific refresher courses including simulation/human factors
- Enhanced supervision
- Supernumerary working
- Personal development courses



The first-year evaluation report identified key benefits for junior doctors accessing the SuppoRTT programme:



'The evaluation highlighted that survey respondents agreed that the greatest impact of SuppoRTT was enhancing their ability to carry out safe and high-quality clinical practice and make sound clinical decisions. Plus the majority of Educational Supervisors felt better-placed to provide support to junior doctors returning to training.'

Recommendations for the future included improved data consistency across HEE and improved communication to increase awareness. HEE is now working to increase awareness via a communications programme and has established a data programme.

COVID-19

SuppoRTT has been an invaluable mechanism to facilitate junior doctors returning to training safely during the unprecedented crisis of the coronavirus pandemic. However, the pandemic brought with it a host of challenges, including the cancellation of face-to-face courses and reduced Educational Supervisor capacity.

HEE produced a wealth of resources for junior doctors to access, including wellbeing and clinical knowledge updates, and collated a wide range of online materials for junior doctors to access during the pandemic to support them in their return. SuppoRTT programme webinars for returners focused on wellbeing and clinical updates in 28 different subjects and had over 2,600 individual registrants to the series. The utilisation of these resources in relation to the longer-term SuppoRTT strategy is currently being explored.

SuppoRTT clinical fellows

HEE appointed a second cohort of clinical fellows to help develop and deliver the SuppoRTT strategy, who have taken forward communications and online learning materials. A third cohort of fellows has been recruited and is due to start in late 2020.





2 Cost of training

2.1 Improving transparency in the cost of training

HEE is committed to promoting transparency in the cost of training. We are collaborating with the AoMRC in working with Colleges and Faculties to support greater transparency around costs.

Royal Colleges agreed to regularly review their examination costs and publish findings in line with AoMRC guidelines published in March 2017, with information about how costs had been reached, how income is used to support junior doctors, and how equity is assured for those in Less Than Full Time training (LTFT).

There are some examples of good practice; the Royal College of Pathology, in particular, has provided costs of key exams by speciality, with a broad overview that helps to answer junior doctors' queries.

2.2 Study Leave Budget reforms

The HEE Study Leave Group, chaired by Professor Namita Kumar, was established to promote a consistent approach to discretionary activity working with the BMA junior doctor representatives. In the summer of 2019, the group published a [new HEE Study Leave document](#).

This provides a clear, high-level overview of the study leave process and the approach to financial management across HEE. It condensed previous communications and brought the approach up to date for the 2019-20 financial year.

Although funding for study leave in HEE comes from a variety of sources, the document highlighted that - irrespective of the funding source - the same high-level principles should be followed for all doctors in training.

The 2019/20 financial year proved to be challenging, and the group is exploring how to ensure HEE's approach to study leave does not put unsustainable financial pressure on the budget.

An agreed change in methodology for the distribution of the national study leave budget amount between HEE local offices was also agreed so that future distribution is equitable and based on both Trust-funded and HEE-tariff-funded posts.



3. Improving the junior doctor deployment experience

3.1 Special circumstances

We have made improvements in the information for applicants and the documentation provided for application, in order to increase the number of successful applications. For example, having found that some were rejected at the initial stage but could be progressed after appeal, we included a checklist to ensure applicants are fully aware of all the documentation that is required prior to submission. This has led to an overall increase in the number of special circumstances applications being approved and the number of vulnerable trainees being supported appropriately.

We put together a short life-working group, consisting of recruiters and the BMA Junior Doctors' Committee, which has suggested further refinement to streamline the process for some applicants.

3.2 Oriol 2

All four cycles of user acceptance testing have now been completed. The new system went live on 27th May and was ready for use on 1st June 2020. Oriol 2 will provide several enhancements for both applicants and administrators. A further release with additional functionality will follow in October 2020 ahead of 2021 specialty recruitment.

3.3 Supporting deployment through the Enabling Staff Movement Programme

HEE are working in partnership with NHS England and NHS Improvement on a programme of work, linked to both the Long Term Plan and the Interim People Plan, to improve the rotation and deployment of junior doctors.

This programme encompasses not just standards and frameworks, such as the Code of Practice, but also the data and systems that support the transfer of essential data, with a view to establishing digital staff passports.

Digital passporting enables a fully portable record of employment to be built up using the trusted data sources and will allow staff to hold tamper-proof, verified records on their own smartphone or other device. This will prevent junior doctors, and other staff members, having to repeat time-consuming on-boarding and induction processes each time they rotate between trusts and employers during their training, which has been a key issue raised by junior doctors.

3.4 Improving employment models

HEE are undertaking work with Lead Employers to help determine best practice and end-to-end optimal processes. We are working with four Lead Employers (St Helens and Knowsley Teaching Hospital NHS Trust, North West, Sheffield Teaching Hospitals NHS Foundation Trust, and The Royal Free London NHS Foundation Trust) to complete detailed future operating models covering scope, policies, systems, and process mapping. PA Consulting have been commissioned to support us in producing the optimal end-to-end trainee journey by Spring 2020.

3.5 Mandatory training and the Core Skills Training Framework

This project should see a significant reduction in the repetition and amount of statutory and mandatory training that junior doctors will have to undertake, valuing their time and improving the rotational experience of doctors in training.

We are working to deliver a single, agreed Core Skills Training Framework for all staff groups, with agreed learning outcomes and refresher periods. The framework will be regularly assured and will ensure related data can be transferred efficiently, safely, and accurately from third-party providers to ESR, and between employers via inter-authority transfer.





4. Support and infrastructure

4.1 Funding for improved facilities for junior doctors

HEE led a working group to manage the allocation of £10million funding to improve facilities for junior doctors across England, announced by the Secretary of State for Health and Social Care in September 2018.

The working group included representatives from NHS Employers, the BMA Junior Doctors' Committee, NHS Improvement, and the AoMRC, received input from:

- The National Education and Training Survey (NETS) data, with additional input from the HEE postgraduate deans
- Care Quality Commission (CQC) data
- BMA data of compliance with the Fatigue and Facilities Charter.

The group agreed that NHS hospitals, including mental health trusts and some community trusts in England, would receive £30,000 funding to be used to enhance facilities and the working environment for junior doctors on their premises. It was also agreed that the remaining balance of £3.7million would be shared equally among hospitals, mental health trusts, and community trusts that were in greater need of investment. It was recommended that funding be invested in line with the BMA's Fatigue and Facilities Charter, which outlines practical interventions that can be made to improve doctors' wellbeing. Examples include sleep, mess, and catering facilities.

Payment was made to trusts in 2019 and has been used across the country. In March 2020, the BMA published an update highlighting the improvement in rest facilities for junior doctors.

4.2 Supporting trainee deployment through Trainee Information Systems (TIS)

Improvements to HEE's Trainee Information System (TIS) and Electronic Staff Record (ESR) will improve the deployment experience of junior doctors. The development of a bi-directional (two-way) TIS/ESR interface to improve the flow of information between both systems (e.g. availability of National Insurance Number) is at the pilot stage.

Roll-out of the TIS and ESR interface to trusts began in November 2019. We have gone live to 81 trusts but due to the COVID-19 outbreak we are delayed in completing full roll-out. Ongoing development of the TIS Trainee User Interface will enable applicants to log in to see rotational information and complete an electronic Form R.

The Self-Service application is starting to receive feedback from a small number of junior doctors as part of the pre-live process.

There are also a number of other initiatives around study leave and course management.



5. Other education reform activities

5.1 Enhancing Educational Supervision

Effective supervision is essential to the development of all doctors and to patient experience and safety. As such, junior doctors and trainers should be clear as to what good supervision looks like.

The Enhancing Supervision for Postgraduate Junior Doctors report published in July 2019 sets this out, while providing junior doctors and supervisors with a practical toolkit. It contains a cross-Arm's Length Body commitment to the importance of all forms of supervision in the context of patient and trainee safety.

The report recognises and values Workplace Supervision as a separate entity to Clinical Supervision and Educational Supervision, and champions the role of this workplace Supervision to help to lighten the load on Educational and Clinical Supervisors. It also emphasises the importance of enhanced multi-professional working.

Working in partnership with the CQC and NHS England and Improvement (NHSE & I), we produced a toolkit that includes:

- A handbook for junior doctors and supervisors
- A standards document for trusts to help assess whether they are providing high-quality supervision
- An animated film to provide junior doctors, trainers, and supervisors with easy-to-understand information to ensure supervision is delivered and received in the best possible way.

In addition, a training video for CQC inspectors was jointly produced by HEE and the CQC, setting out what to look for in assessing the quality of supervision on an inspection and the sorts of questions that inspectors might want to ask to help them make this assessment.

The toolkit is free and available to download on the HEE website.

<https://www.hee.nhs.uk/enhancing-supervision>

5.2 Foundation Review

HEE is working towards implementing 16 recommendations to improve foundation training, following the publication of the Foundation Programme Review's findings.

Published in July 2019, **Supported from the start; ready for the future; The Postgraduate Medical Foundation Programme Review** focused its recommendations on the following themes:

1. Improving transition from medical school to foundation, and from foundation to core/specialty training
2. Addressing geographical and specialty distribution issues
3. Enhancing the working lives of foundation doctors
4. Improving supervision and educational support
5. Improving faculty support.

Our collaborators on this work included: junior doctors and their representatives from the BMA Junior Doctors' Committee and AoMRC; senior educational leaders from Undergraduate Medicine, Postgraduate Medicine, Medical Royal Colleges, and the GMC; partners from across NHS employers and NHSE & I, and representatives from the devolved nations.

With the support of our partner organisations, we are implementing the 16 recommendations over the next 3 years. In 2020 specifically, we will:

- See our first cohort of junior doctors enter into our Foundation Priority Programme posts
- Publish the Foundation Charter, standards for Local Education Providers (LEPs) on the use of shadowing, and an offer for pre-allocation due to educational need
- Launch the HEE national website 'Beyond Foundation' for return-to-training support initiatives.

5.3 Future Doctor

The Future Doctor Programme was launched by HEE in 2019 to inform future change, to support the delivery of the NHS People Plan, and to achieve the vision for future healthcare as set out in the NHS Long Term Plan.

The Future Doctor programme sought to identify the skills and behaviours required to deliver sustainable, high-quality patient care in the future as part of transformed, multi-professional clinical teams. This will inform proposals for change in undergraduate and postgraduate medical education and training. We engaged with stakeholders across the healthcare system through a formal call for evidence, national stakeholder events, and regional focus groups.

The co-created vision report will shortly be released.



6 NHS Staff and Learners' Mental Wellbeing Commission

Since the publication of the NHS Staff and Learners' Mental Wellbeing Commission report, we have been working to ensure implementation of its recommendations.

HEE is progressing the recommendations relating specifically to education and training. Other recommendations are being addressed within the People Plan and mental health work in NHSE & I.

6.1 Wellness Induction

HEE developed comprehensive 'Wellness Induction Guides' for Wellness Champions, learners, and NHS organisations. A Task and Finish Group is now focused on developing training resources for Wellness Champions, due for piloting in February 2021 (delayed due to COVID-19).

In light of COVID-19, an adapted version of the Wellness Induction has been created for Interim FY1s due to start placements in acute trusts in April. The guides and training resources are currently being piloted.

6.2 Update on mental health disclosure

HEE has successfully developed and piloted two leaflets to promote the support of learners' mental health at work.

The leaflets, which provide learners and supervisors with information on supporting the mental health of learners and were successfully piloted in Wessex, will be available to all learners via e-LFH.

7 What do we call junior doctors?

The title 'junior doctor' is felt by some to be pejorative, especially given the level of training, skills, and experience of the practitioners it describes.

To address this issue, Mrs Scarlett McNally, Consultant Orthopaedic Surgeon and Council Member of the Royal College of Surgeons, has explored what other title might be appropriately used for this group to ensure the wider multidisciplinary team and – crucially – patients understand who they are talking to.

A wide group that included representatives of junior doctors and others from the multi-professional team met to discuss this issue at length, supplemented by research, and a public survey was also undertaken.

No single title is favoured universally, and Scarlett is exploring potential titles that address the issues raised by doctors.



8 Next steps

It is imperative that we support junior doctors, especially now when many are at the forefront of the COVID-19 pandemic response, and we are committed to maintaining a consistent focus on Enhancing Junior Doctors' Working Lives initiatives over the coming year.

Working with our partners in Colleges, NHS trusts and GP Practices, regulators, and the other Arms Length Bodies, we will continue to progress initiatives as part of our broader Medical Education Reform Programme, aligned to the implementation of the NHS Long Term Plan and Interim People Plan.

There will be a continued emphasis on the need for greater flexibility in doctors' training in terms of location, specialty, pace, opportunities for breaks from training, and to work and train less than full time, in order to support doctors' wellbeing and provide flexibility for the NHS to ensure that safe care can be delivered to all patients.

To help achieve this long-term vision of flexibility, and to deliver on the aspirations of doctors as well as the needs of patients and service users, we will work with our partners to accelerate the following changes in 2020-21.

- Working with the GMC, we will further expand Out of Programme Pause and ensure that skills and competencies gained by doctors that 'step out' of managed training pathways are recognised when they return.
- We will further expand LTFT Category 3 to additional specialties, especially those particularly impacted by COVID-19.
- We will continue to progress mechanisms for doctors to step in and out of training that aligns with the needs of service and doctors themselves.
- We will provide appropriate assessment and support packages to facilitate doctors' return to an appropriate stage of training, reflective of their experience and skills gained.

In order to achieve this, we will continue to draw upon the cross-system partnerships we have made, engaging widely and involving junior doctors to guide and shape all the work we do so that it brings about meaningful change for them.

Into this we will incorporate our learning from the COVID-19 pandemic to help shape our future strategies in supporting junior doctors.

Some of the important areas we will explore over the next year are:

- The integration of learning from the pandemic into education and training
- Evaluation of the Flexible Portfolio careers initiative
- Further improvements to the recruitment experience for junior doctors
- Improvements to the study leave process
- The implementation of recommendations from the NHS Staff and Learners' Mental Wellbeing Commission
- Development of specific support packages on the impact of COVID-19 for junior doctors.



9 Acknowledgements

Organisations and committees represented on the membership of the Working Group for Enhancing Junior Doctors' Working Lives

The Academy of Medical Royal Colleges
The Academy of Medical Royal Colleges Trainee Doctors' Group
The Academy of Medical Royal Colleges LTFT Training Forum
The British Medical Association Junior Doctors' Committee
The Faculty of Intensive Care Medicine
The General Medical Council
The Health Education England Deans
Health Education England Medical and Dental Selection and Recruitment Programme
Health Education England National Policy and Programmes
Health Education England Technology Enhanced Learning Programme
NHS Employers
The Royal College of Emergency Medicine
The Royal College of Physicians of London
The Joint Committee on Surgical Training
The Royal College of Anaesthetists
The Royal College of Pathologists
The Royal College of Psychiatrists
The Royal College of Surgeons of England
Junior Doctor Representatives



Appendix

10 Case studies

The following case studies demonstrate how regions are supporting junior doctors through the coronavirus pandemic by offering remote engagement, weekly meetings and webinars, up-to-date employment information, and increased services and guidance to promote stability and wellbeing.

Case study: North East and North Cumbria Learner Support and Faculty Development Work

1. **Autonomy and control (engagement):**

- a. Voice / influence / fairness
 - **Increased Trainee Executive Forum (TEF)** engagement with a weekly meeting every Wednesday at 1900. Chaired by fellows, with input from deputy deans, to gather questions from trainee representatives and provide them with a high-level overview of ongoing work.
 - **New weekly webinar** open to all junior doctors. This aims to feedback ongoing work and answer questions raised at the TEF meeting. It acts as the culmination of the week's information gathering and sharing.
- b. Work conditions
 - **Lead Employer Trust (LET) update** published weekly to provide junior doctors with key information on employment aspects during the crisis.
 - **Childcare workstream** from the LET, pulling together information on childcare provision at the different trusts. This highlights the options available to junior doctors requiring childcare.

2. **Belonging (supportive culture aspects – teamworking / culture and leadership):**

- a. **Enhanced trainee support service**
 - We normally provide a self-referral coaching service to help junior doctors in difficulty. During the COVID-19 crisis, we have added the option of professional counselling. This has been advertised through email, social media, and the TEF. It is anticipated that this enhanced service may need to be provided beyond the scope of the crisis, and this will be reviewed in due course.
- b. **#teamNHS wellbeing flyer**
 - A simple wellbeing flyer that was put together to emphasise how junior doctors can look after themselves has been publicised on social media and adopted at a national level.
- c. **#teamNHS brief and debrief**
 - Using a similar format to the wellbeing flyer, the brief and debrief were designed to encourage safe team working and team care before and after critical events and shifts.

3. **Competence (workload)**

- a. **Collaborative work** to recruit and safely deploy FiY1 doctors
 - The region has the highest number of FiY1 volunteers, so far, in the country. These volunteers were deployed from week commencing 20th April 2020. All volunteers being employed by the LET meant there was a central point for all pre-employment checks, helping to facilitate their deployment.

- The Foundation Team put together a series of webinars to engage with the FiY1s and provide them with timely information on their upcoming deployment.
- Good relationships with the LEPs and collaboration with the LET model allowed for speedy deployment and safe induction processes.

Case study: Southern Health PGME Team

1. Daily meetings (for first three weeks following COVID-19 outbreak, then twice weekly) with: junior doctor representatives, the Department of Medicine for the Elderly (DME), the trust lead psychotherapist, the PG manager, and occasionally the rota coordinator, with the objectives to:
 - a. address any concerns from junior doctors across the trust
 - b. signpost support
 - c. raise issues at whatever level required (divisional, higher, etc) where relevant
 - d. send out a memo with succinct essential information for junior doctor representatives.

Feedback from junior doctors about the memo has been overwhelmingly positive. Clinical tutors have highlighted that providing effective and regular comms during rapidly changing scenarios and protocols has helped to contain group anxiety and build stability, while providing a central point of contact and a place to raise issues.

Junior doctors based in neighbouring trusts have been included in the comms, along with SAS doctors and consultants to ensure they are aware of current concerns and how we are addressing them - especially where many of them are clinical or educational supervisors. This has allowed questions and issues raised by this group to be addressed.

2. Weekly teaching sessions on COVID-19 in Lymington Hospital with the respiratory consultant team, with Q&A via Zoom.
3. The launch of a trust intranet site for doctors, with information on everything to do with COVID-19, including HEE and trust information, wellbeing guidance, etc.
4. Ongoing CPD and support for junior doctors via:
 - a. Clinical case supervision with clinical supervisors on a weekly basis
 - b. Balint peer group support, led by a consultant psychiatrist or psychologist
 - c. Case discussions to discuss complex cases (often with additional complications due to COVID-19), led by clinical tutors
 - d. Junior-senior meetings to address any clinical service issues likely to arise due to COVID-19
 - e. Balint groups in Lymington Hospital to address COVID-19 concerns there, as this hasn't been a feature before.
5. Collaboration with medical HR to ensure effective rota (including ghost rota) coordination.
6. Keeping juniors well informed regarding any deployment.

We are continuing to work with our psychotherapist to effectively provide support to acute trusts, for example via expanded iTalk services.



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