

# Doctors in Training Programme

# About our Doctors in Training Programme

## Purpose:

NHS England and NHS Improvement and Health Education England, working with national partners, are jointly leading a programme of work to improve the induction and rotation process for all doctors in training. Through implementation of this programme, we will support trusts and enable doctors in training to move more efficiently and effectively between NHS organisations, with onboarding and induction information only being repeated on rotation when necessary.

## Ambition:

Our ambition is to support an agile workforce that moves seamlessly between providers. This means:

- Enabling a more robust new starters process with reduced repeated administration
- Being able to update employment records online instead of using paper forms
- Having an onboarding process that is efficient and professionally managed
- Having previous training and skills records transferred and recognised
- Experiencing a relevant and value adding induction

## The challenge:

- As outlined in the [interim NHS People Plan](#), there is a need to deploy our workforce more flexibly across NHS employers. This requires the collaborative working of national partners in order to unblock the systemic barriers which can lead to poor staff experience.
- During the course of training, our 53,000 junior doctors are required to move between NHS organisations up to 10 times. This means that they are the group of staff most affected by inconsistent and unnecessary duplication of employment, deployment and induction practices.

## How we intend to address the challenge:

- The purpose of the programme is to improve the systems and processes to enable all staff to move more freely throughout the NHS, starting with doctors in training. This will release more time to care for patients and create capacity within HR, education and medical staffing teams to further improve people practices.
- Our programme recognises that to improve the experience of trainee doctors and all staff moving within the NHS, the following core principles must be a key feature in end-to-end processes for the employment, deployment and induction of staff:
  - Reduced variation of policies and procedures
  - Enhanced interoperability of systems
  - Building trust between NHS providers to eliminate unnecessary duplication

# Background and Context

The [interim NHS People Plan](#) is clear that we must do more to enhance the flexibility and resilience of our workforce. The principle of enabling people to move more easily between NHS organisations is fundamental to building a more fluid and adaptable workforce. Starting with trainee doctors, we aim to release efficiencies and fulfil the commitment to improve the onboarding and induction processes for doctors in training, outlined in the 2016 Junior Doctors contract negotiations.

NHS England and NHS Improvement and Health Education England have established a national Doctors in Training (DiT) programme to progress improvements further and faster.

The programme focusses on the implementation of six activities which will address the root causes of issues frequently encountered by trainee doctors. These are commonly referred to as the six principles. It is recognised that overcoming barriers at a national level for DiT will automatically address the same barriers for all staff.

## **Benefits of the programme:**

- A better onboarding and induction experience for both DiT and HR teams
- A reduction in unnecessary delays in the onboarding and induction process
- A reduction in the need for clinical backfill/locum expenditure
- Assurance that contractual commitments are being met
- Improved productivity and process efficiency by eliminating duplication in administration.

# The Six Principles

Our programme focuses on the implementation of six principles, which have been widely recognised as helping to improve the pre-employment experience of doctors in training.

**Principle 1:** Meeting the Code of Practice that sets out who needs to do what 12/8/6 weeks prior to a doctors' rotation start date

**Principle 2:** Automated transfer of data between Health Education England (HEE) and each employer's ESR system – known as the TIS/ESR interface

**Principle 3:** Automated transfer of data between employers via ESR's pre-employment Inter Authority Transfer (IAT)

**Principle 4:** Recording the national core skills training framework competencies (CSTF) in ESR for doctors in training

**Principle 5:** Agreement to the minimum standards for immunisations and vaccinations. Consistently recording and accepting the transfer of this information through ESR

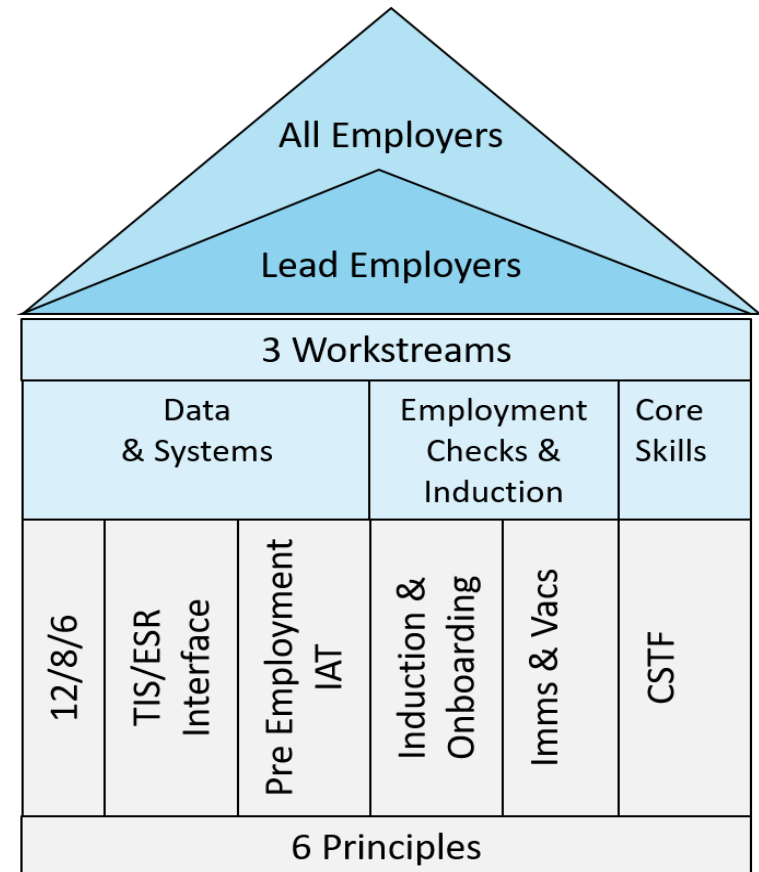
**Principle 6:** Redesign onboarding and induction processes to minimise the number of repeated activities during this first stage of joining a trust.

# Programme Workstreams

The six core principles remain the focus of the programme. As we enter the solution design and implementation stage of the programme the following workstreams have been created:

1. Data and Systems
2. Employment Checks & Induction
3. Core Skills
4. Lead Employers

Lead Employers are contracted by Health Education England (HEE) to hold the employment contract so that trainee doctors can rotate between host organisations without having to repeat employment checks. These Lead Employers are key to solution design and could become vanguards to test and implement co-designed solutions focusing on doctors in training for the benefit of all employers and staff.



# The Case for Change

The [NHS Long Term Plan](#) and the 2016 Junior Doctors Contract negotiations both outline a commitment to '*enable staff to more easily move from one NHS employer to another*'. This programme seeks to break down the unnecessary bureaucracy, promote standardisation of policies, processes and use of systems, and reduce the significant burden on HR teams. In doing so we aim to improve the experience of doctors in training as set out in the [interim NHS People Plan](#).

Our national programme formally brings together the key stakeholders to unlock the systemic barriers that have hindered previous attempts for such improvements.

The case for change for improving the experience of doctors in training, increasing the quality of HR services and delivering more efficient practices are significant.

There are significant time and financial savings to be saved, as well as a real opportunity to improve staff experience.

- It is estimated that the unwarranted duplication takes up to 2 days per rotation with an average of 1 change of employer each year. Over 10 years that is approximately 14 days of wasted time and therefore 14 days less patient contact.

## Commitments to NHS Staff

LTP commits to 'enable staff to more easily move from one NHS employer to another'



- 2016 Junior Doctors contract to 'streamline processes for recruitment and induction'
- Carter requires elimination of unwarranted variation
- Making our administration practices more efficient and effective

### Cost of administration

“ We have created an administrative monster due to the frequency that doctors rotate and the bureaucracy that we have to satisfy. If only we collected and checked documents once and passed them on.”



## Improving Staff Experience

Ensure staff feel part of the NHS as well as part of their local employing organisation



- Ensure staff feel their time is valued
- Eliminate unnecessary duplication
- Improve consistency of staff experience

### A doctor's experience



“ I was really pleased about having completed one of my training modules and enthusiastic about my next one. But by the time I had been through all the largely pointless new starter processes all my enthusiasm had all but gone.”

## Improving People Practices – starting with doctors in training

### Better Use of Time

An average of 2 days of doctors' time is lost per annum



- Agency backfill for lost days
- Up to 50% of administrative teams' time taken up with these checks and processes

### Loss of doctors' time

Total time lost is estimated to be circa **£20 million** per annum

### Unlocking Systemic Barriers

Getting policies, systems and processes working for our people



- Partnership approach to solving systemic issues
- Using all levers at our disposal
- Organising people to act collectively
- Developing system leadership capability

### Tackling systemic issues and levers for change

The national Improving People Practices programme brings together key stakeholders to unlock systemic barriers to change



# What does this mean for junior doctors?

Our programme focusses on improving the employment experience for trainee doctors.

As a group of staff that can move an average of twice a year and up to twenty times during the course of their training, they will feel the impact of our current processes the most.

By improving the current systems and processes, trainee doctors will be able to rotate more efficiently and effectively between NHS organisations, with onboarding and induction processes only being repeated when necessary. They will also receive information about their working pattern twelve weeks in advance of starting, meeting the code of conduct and enhancing their working lives.

## Improving Staff Experience

Ensure staff feel part of the NHS as well as part of their local employing organisation



- Ensure staff feel their time is valued
- Eliminate unnecessary duplication
- Improve consistency of staff experience

### A doctor's experience



“ I was really pleased about having completed one of my training modules and enthusiastic about my next one. But by the time I had been through all the largely pointless new starter processes all my enthusiasm had all but gone.”

# What does this mean for HR, education and medical staffing teams?

We want to increase the quality of our HR services and deliver more efficient practices.

The unnecessary duplication is both inefficient for HR and Medical teams processing new starters and they are equally frustrated by the time and effort they spend on the processes.

By improving the current systems and processes, this will save them a considerable amount of time, effort and energy, freeing up time to spend on more value adding services and thereby supporting their clinical staff.

With six employment checks and eleven core skills training subjects to repeat for each new starter, the administration cost runs into the £millions. Whilst working very hard it is often that this effort and commitment is not seen through the general frustration experienced.

## Commitments to NHS Staff

LTP commits to 'enable staff to more easily move from one NHS employer to another'



- 2016 Junior Doctors contract to 'streamline processes for recruitment and induction'
- Carter requires elimination of unwarranted variation
- Making our administration practices more efficient and effective

## Cost of administration

“ We have created an administrative monster due to the frequency that doctors rotate and the bureaucracy that we have to satisfy. If only we collected and checked documents once and passed them on.”



# What can you do as providers?

We are asking providers to actively work with NHS England and NHS Improvement, Health Education England, key national partners and each other to enable full implementation of the six principles and employment check standards. This is expected to include:

- Endorsement and prioritisation of the doctors in training programme within your organisation
- Providing time and support for staff to make the necessary changes to systems, processes and behaviours
- Allocating designated time for staff to participate in workshops, improvement events and capture the benefits realised for your staff and trusts
- Ensuring that your organisation's statutory and mandatory training is aligned to the core skills framework and ensuring the integrity and accuracy of your e-learning data.

Resources will soon be available on the NHS Improvement [website](#). This webpage will provide background to the programme and how you can start to implement some changes now.