

COVID-19 Training Recovery Programme Interim Report

October 2021



Executive Summary

This interim report provides a progress update on Health Education England (HEE) and partners' work to minimise and mitigate against disruption to Postgraduate Medical Education and Training (PGME) in England, as a result of the COVID-19 pandemic.

The report outlines the approach taken to define, manage and reduce risks to medical workforce wellbeing, numbers and future supply. It also sets out our joint commitments for continuing to build upon and embed the progress we have made to facilitate training recovery and secure future improvements to PGME.

The PGME Recovery Programme was established in April 2021 to lead and drive a system-wide effort to mitigate the impact of the pandemic on doctors in training. The continued training progression of England's 55,000 junior doctors will be **critical to managing the significant NHS care backlog post-pandemic**. It will also enable the health service to deliver better patient outcomes, while addressing the health inequalities laid bare by the pandemic¹. Our central objective has therefore been to **unify and integrate service and training recovery**.

Working closely with our NHS partners, NHS England & NHS Improvement (NHSEI) and NHS Employers, the Department of Health and Social Care (DHSC), the General Medical Council (GMC), the Academy of Medical Royal Colleges (AoMRC), and others, HEE set out to reset, recover and reform PGME. The purpose of these three phases, respectively, has been to minimise the initial impact of the pandemic on training and progression; to support trainees and educators with wellbeing and training recovery; and to lock in the innovations developed during the first two phases, to deliver long-term improvements in PGME and build future resilience into the medical education pipeline.

Since the establishment of the programme, HEE has gathered data insights and worked closely with educators to define the size and scale of disruption to postgraduate training, estimate potential extension requirements, and put mitigations in place. Through the HEE Postgraduate Deans, faculties and trust Directors of Medical Education (DMEs), the programme has emphasised the importance of **individualised training recovery**. To deliver on this principle, every trainee in the country has been offered a 1:1 conversation with their educational supervisor (ES) or training programme director (TPD), to identify their training and wellbeing needs. With the AoMRC, we have encouraged educators to explore wide-ranging options for obtaining competencies, and to tailor training activities to individual trainees' learning needs.

¹ For further information, please refer to HEE's Equality & Human Rights Impact Analysis.



HEE's postgraduate deans have led a range of initiatives to enhance and augment training opportunities, including improving access to training in the independent sector, facilitating trainee movement between employers, and accelerating digital and remote training solutions. With support from the DHSC, we secured £30 million new funding to invest into trust, regional and pan-England recovery solutions. By investing into PGME now, the programme aims to achieve significant savings on extensions, which pose a cost risk to HEE and the service, as well as a personal cost to individual doctors.

As a result of these interventions, as the major assessment period progresses, extension rates are currently significantly lower than original projections. We are continuing to promote innovative and effective recovery solutions, publishing these as best practice case studies. We will also monitor the impact of recovery interventions and commission a multi-year evaluation to inform future medical education reform.

Our continued system-wide commitments will be essential to avoid pushing extension costs further down the road, and to support trainees who are managing ongoing curriculum gaps. We must not reverse the progress made and, through our joint commitments, we will work with partners to increase opportunities for training recovery and to embed continuous improvements to training structures and delivery.



Our Joint Commitments

System engagement

Aligning training and service recovery

- 1) HEE, NHSEI and NHS Employers will continue to work with national and regional system partners to promote the unification of training and service recovery, providing practical information and resources to support the service with this aim.

Mitigating against further disruption

- 2) HEE will minimise the risk of further disruption to PGME education and training by working with NHSEI, NHS Employers, the GMC and AoMRC² to maintain education and training progression, and trainee and patient wellbeing and safety.

Funding

- 3) The DHSC and NHSEI will work with HEE to ensure funding for training recovery.

Increasing opportunities for training recovery

Individualised solutions

- 4) HEE, the GMC and AoMRC³ will provide focused support for trainees, educators and the service to encourage the development of individualised training solutions and provision of time for training.

Facilitating trainee movement between employers

- 5) HEE will upscale portability agreements across England to facilitate the acquisition of curriculum competencies. NHSEI and NHS Employers will support this effort by promoting the benefits and encouraging trusts to engage while we work together to accelerate digital staff passporting.

Accessing training in the independent sector

- 6) NHSEI will promote the need for service commissioners to support training recovery by requiring the IS to adhere to HEE's guidance regarding PGME in IS settings, outlined in NHSEI contract guidance.
- 7) HEE will support the development of educational expertise in local IS if this is a barrier to training.

Virtual working, including clinics

- 8) HEE will develop and signpost learning resources and materials for working and teaching virtually, including in a clinic setting.
- 9) HEE will explore the development of digital solutions for increasing access to teaching clinics, working with representatives from NHSEI and NHS Employers and AoMRC.

² The AoMRC is an umbrella organisation for the 23 Medical Royal Colleges and Faculties

³ Including the individual Colleges and Faculties

Ensuring wellbeing for training recovery and future resilience

Personal recovery

- 10) HEE will continue to extend its flexible offers for trainees in England, and will conduct a full impact analysis and evaluation of the flexible training offer, working with system partners to resolve any issues.

Vulnerable and shielding trainees

- 11) Local PGME teams will support TPDs and DMEs in identifying lower risk placements, and enabling vulnerable trainees to be placed in these posts if needed in future pandemic surges. Learning from this, we will develop future plans for more personalised training that include the identification of placements that support trainees with specific needs.

Embedding improvements to training

Supporting trainees at critical progression points

- 12) HEE and the AoMRC will promote high quality training planning conversations between trainees and trainers, to enable competency catch up and progression.

Supporting the educator workforce

- 13) The NHSEI People Directorate, supported by NHS Employers, is leading a workforce-wide retention programme, including updated pensions and flexible working policies and guidance, which will support the retention of mature clinicians to support training catch-up.
- 14) NHSEI, NHS Employers, the AoMRC and HEE will encourage providers to engage the SAS workforce in training recovery.

Study Leave

- 15) HEE will monitor study leave expenditure, provide guidance on optimising activity based on this expenditure, and work with partners to develop solutions to issues raised through the Study Leave group.

Dynamic Recruitment

- 16) HEE will continue to develop recruitment processes that support new ways of working and are fair, flexible and transparent.

Trainee rotations

- 17) HEE will explore how changes to the management of rotations in training can enable faster training recovery.

Sharing best practice

- 18) HEE will share best practice in training recovery across providers, partners and the HEE education faculty, and collect feedback and embed improvements into the education reform programme.

