

COVID-19 Training Recovery Programme Interim Report

October 2021



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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 pandemic. 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 workforce.

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, their 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 AoMRC 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 AoMRC 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.



Background

The COVID-19 pandemic has caused disruption across the globe in innumerable ways, but especially to healthcare and to healthcare education and training. In the UK it has affected the placement, experiential learning and progression of thousands of learners.

This report focuses on the impact on the Postgraduate Medical Education (PGME) of England's 55,000 junior doctors in training, who are not only an essential part of the current workforce but also the future consultant, GP and decision-making registrar workforce. The impact of COVID on recruitment, training placements, rotations, assessment and progression has jeopardised the security of the continuous supply of this essential workforce.

National and regional pandemic surges have had a significant cumulative impact on trainees' experiential learning and attainment. HEE's analysis in Spring 2021 indicated that this impact could risk the progression of up to 50% of trainees, posing a major risk to the continued flow in medical workforce supply.

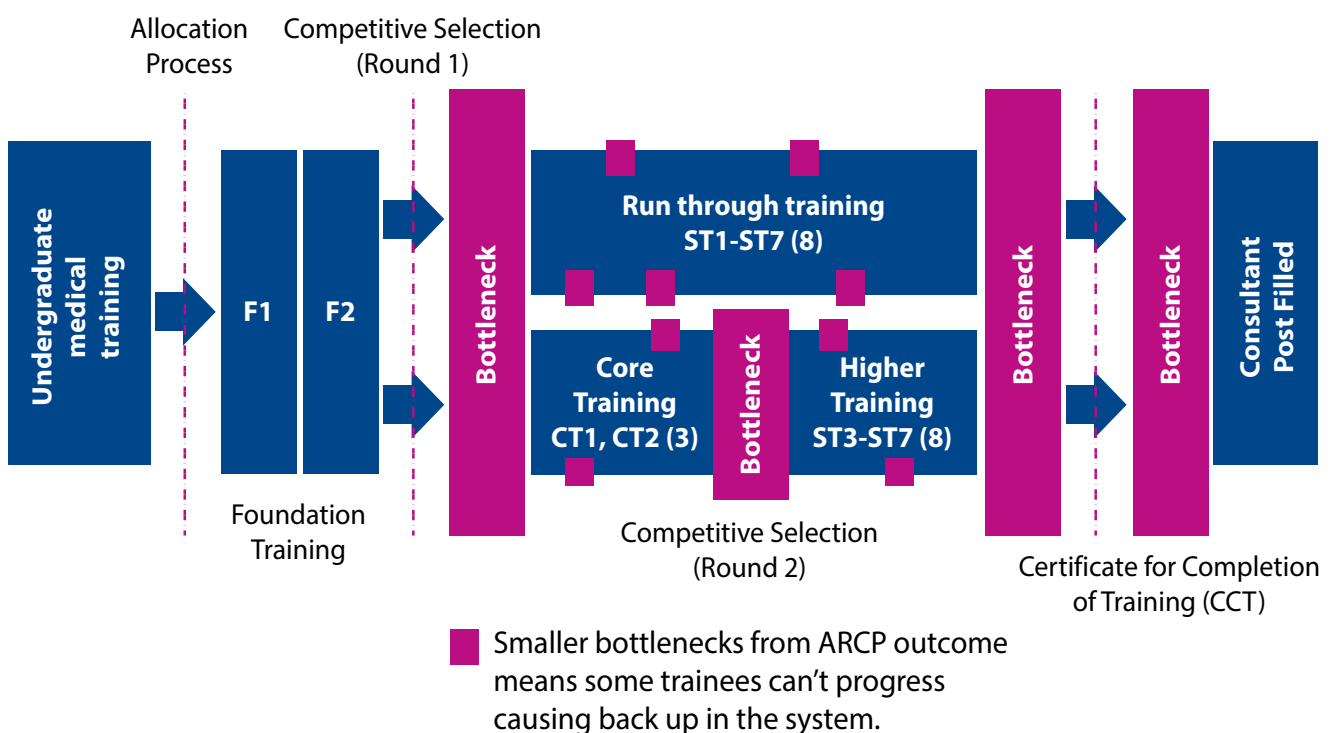


Figure 1 - Bottlenecks in medical workforce supply. Training recovery will reduce the risks of extensions and bottlenecks for recruitment during the postgraduate medical education pathways. This is essential for trainee morale and wellbeing and to maintaining the supply of middle grade and consultant doctors. These senior decision makers will be instrumental in delivering post-COVID service recovery.

Training extensions have been the traditional way of achieving outstanding curriculum requirements during a set training period. These have been necessary to ensure that trainees obtain the education outcomes required by the medical regulator to complete training and be entered onto the specialist register. However, the numbers affected during the pandemic are such that if every trainee were simply given an extension to cover the period of the pandemic,

additional funding would be needed at a cost of £350 million. Furthermore, the workforce supply would halt, resulting in insufficient numbers of consultants and GPs with CCTs over the next few years.

This would increase service pressure at a time of increasing demand to recover from COVID-19, especially in places where there were workforce issues predating the pandemic. Trainees are essential to service delivery in the UK, and the possible impact of non-progression on patient care is significant.

Case Examples - Gastroenterology

Trainees at risk of non-progression to CCT = 24*, 12 months delayed

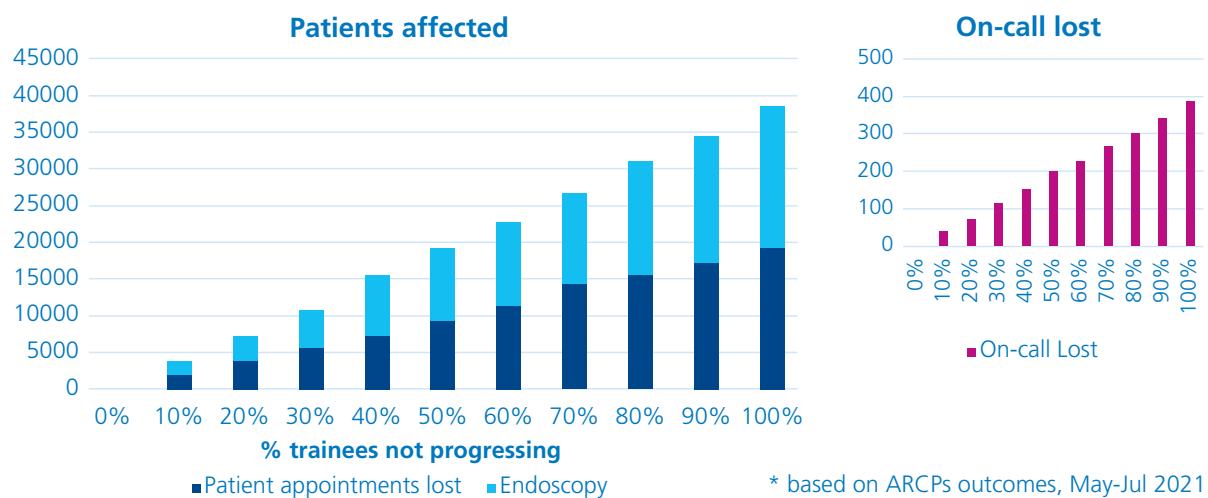


Figure 2 - The service impact of trainee non-progression in Gastroenterology

This congestion to the medical workforce supply pipeline would also hold doctors back from progressing to the next stage of training, resulting in post unavailability for new recruits, as these positions would continue to be occupied. This would both affect the morale of doctors in training, who have worked so hard during the pandemic, and would prevent doctors starting on their career pathways, risking significant discontent and attrition in the junior medical workforce.

Throughout the pandemic, HEE has supported both the service and doctors in training by working with system partners across medical education, regulation and the health service to design and implement a range of rapid interventions to maintain PGME, adapting core processes to protect the system from the immediate effects of the pandemic.

In the short to medium-term, recovery planning needs to mitigate the service, financial and personal impacts of the pandemic. We are working to reduce the number and length of extensions required by trainees to protect recruitment and workforce supply, and to support trainees.

The longer-term recovery plan will also embed lessons learned from COVID-19 – including adaptations to training pathways – and help to futureproof the medical supply pipeline, by making the processes more resilient for potential future national healthcare surges in demand. This will feed into HEE's proposals for education and regulatory reform.

The Recovery Programme

The Postgraduate Medical Training Recovery Programme was established to ensure HEE maintained the continuous supply of the medical workforce and to ensure that PGME was responding to the current and future needs of patients and local communities. The Programme's aims are to:

- 1. Stage 1 - Reset (March 2020 – August 2021)** – Maintain PGME processes using the necessary adaptations initiated during the pandemic to allow training progression; get the required training processes back on track where possible; and ensure trainees can progress where they are safe to do so. This maintained the medical workforce supply, reducing personal and financial extension costs (and resultant impacts on recruitment), while supporting NHS service delivery.
- 2. Stage 2 - Recovery (April 2021 – December 2022)** – Enable trainees to gain essential competencies lost or inaccessible during the pandemic; address wellbeing issues and the confidence / competence gap; and enable trainees to evidence the competencies gained during the pandemic, while aligning this activity closely with service recovery.
- 3. Stage 3 - Reform (ongoing)** – Overlapping the above, HEE will ensure that the medical education reform programme (MERP) builds on the lessons learned from COVID-19 in implementing further reforms. This will help build greater flexibility and resilience into the medical education and training pathway and for wider medical workforce, reducing the negative impact of any future health challenges.

The programme aims are summarised in the driver diagram in Figure 3.

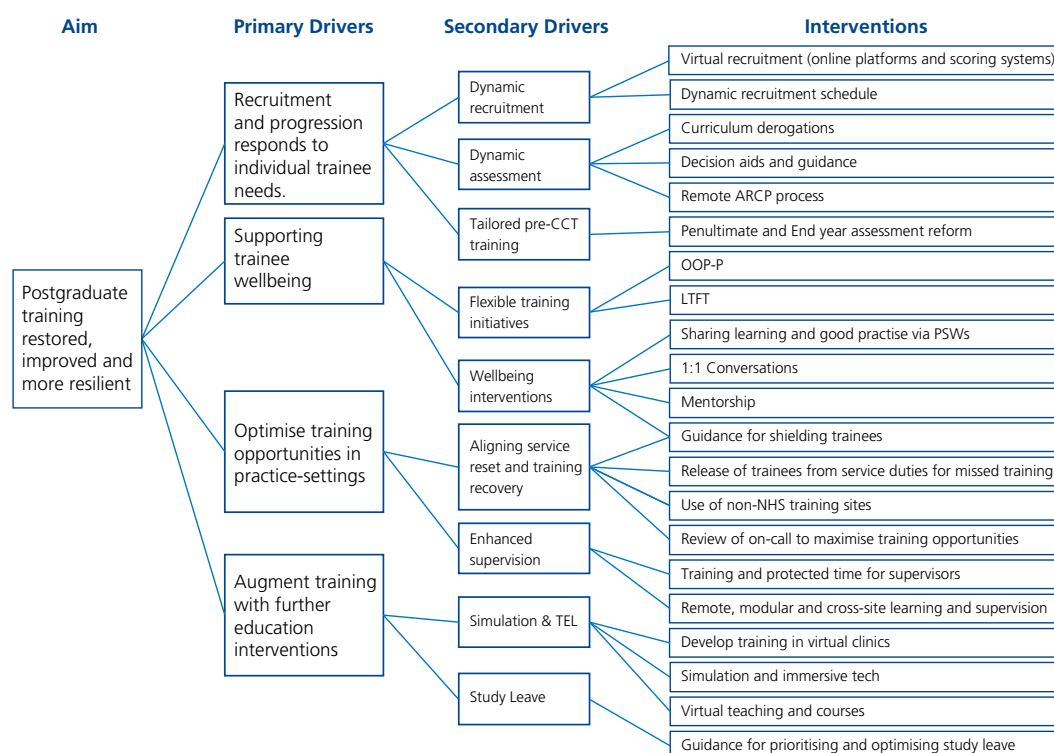


Figure 3 - C19 PGME Training Recovery Driver Diagram

Adapting and maintaining PGME processes during the Reset phase

In 2020 and 2021, HEE worked with the UK Statutory Education Bodies (SEBs), Medical Royal Colleges and trainee representatives to adapt specialty recruitment processes to remain resilient to the challenges of the pandemic. While moving to a remote recruitment process and agreeing contingencies for the possibility of a future resurge, we have recruited record numbers to specialty training programmes, with more applicants, more posts and the highest ever fill rate.

The 2021 fill rate for England is 99.18 per cent across all specialties showing year on year improvement for four years running. 7846 doctors, an increase of 282 doctors over 2020, have accepted posts despite the challenges of the pandemic in delivering the recruitment exercises.

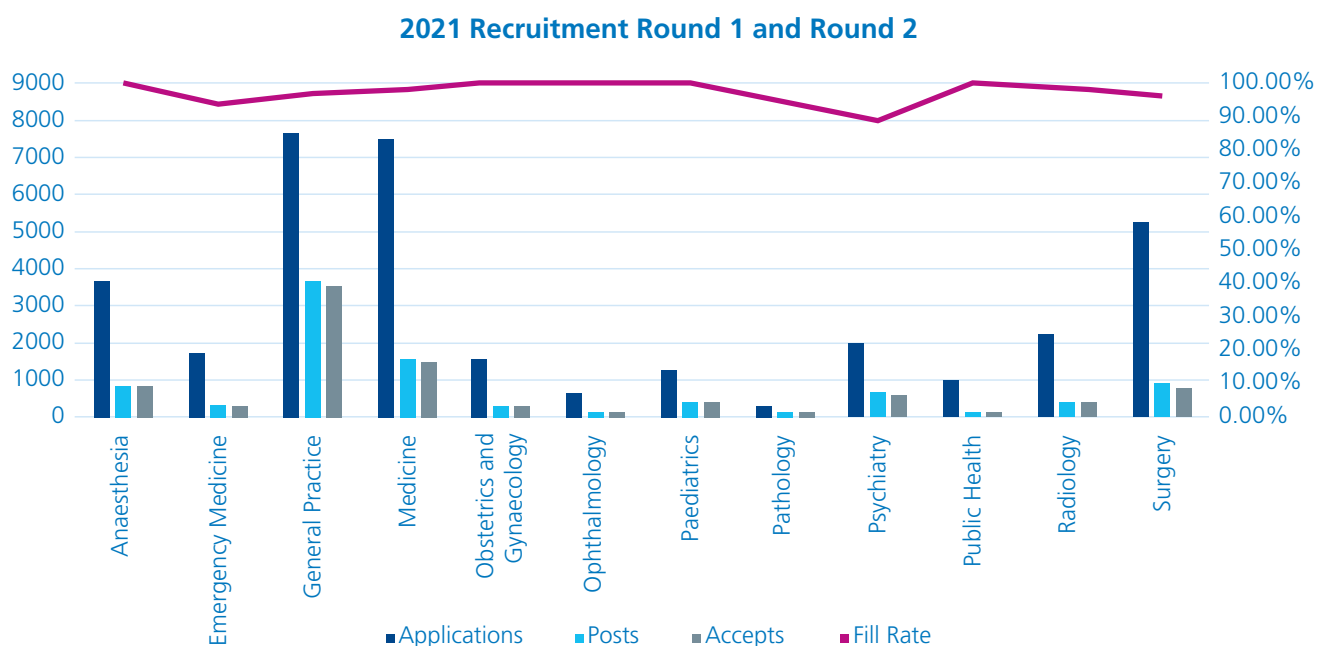


Figure 4 - 2021 Specialty recruitment applications, posts and acceptances



Enabling PGME Reset – Derogations and COVID outcomes

HEE has worked with the GMC, the other UK SEBs and Medical Royal Colleges, on curriculum and Gold Guide (GG) derogations aiming to optimise training progression across the specialties, maintaining workforce flow. That dialogue has been helpful, allowing challenge to our thinking about assessment requirements and the justification for critical progression points. Similarly, it has allowed exploration of alternative sources of supporting information used in progression assessments, which has accelerated the move to capability-based curricula as required by the GMC.

In addition, SEBs have approved GG derogations (ARCP Outcome 10.1 & 10.2) as no fault equivalents to Outcomes 2 and 3 respectively, recognising the impact that COVID may have had on training.

We are confident that these measures will continue to enable ARCPs to proceed with more permissive use of outcomes, fully informed by the most up to date curricula and decision aids across all specialties, optimising and enabling progression for trainees.

The changes have been well received by educators and trainees, and the GMC have suggested that - since these temporary derogations have enabled trainees to achieve the required capabilities, progress and where appropriate to achieve CCT - they should be considered for permanent change going forward.

Similarly, it is agreed that a version of the Outcome 10 derogations will be included in future versions of the GG, should there be national emergencies in the future similar to a Global Pandemic.

As of 1st September 2021, PGME faculties in England have also conducted 48,362 annual reviews of competency progression (ARCPs). This is the means by which trainees are reviewed each year to:

- 1) ensure that they are offering safe, quality patient care; and
- 2) assess their progression against standards set down in the curriculum for their training programme

Assuming that each ARCP requires at least two hours of work across contributors (excluding trainee preparation time), it is estimated that over 100,000 hours have been committed to ARCPs between May and September this year (Figure 5).

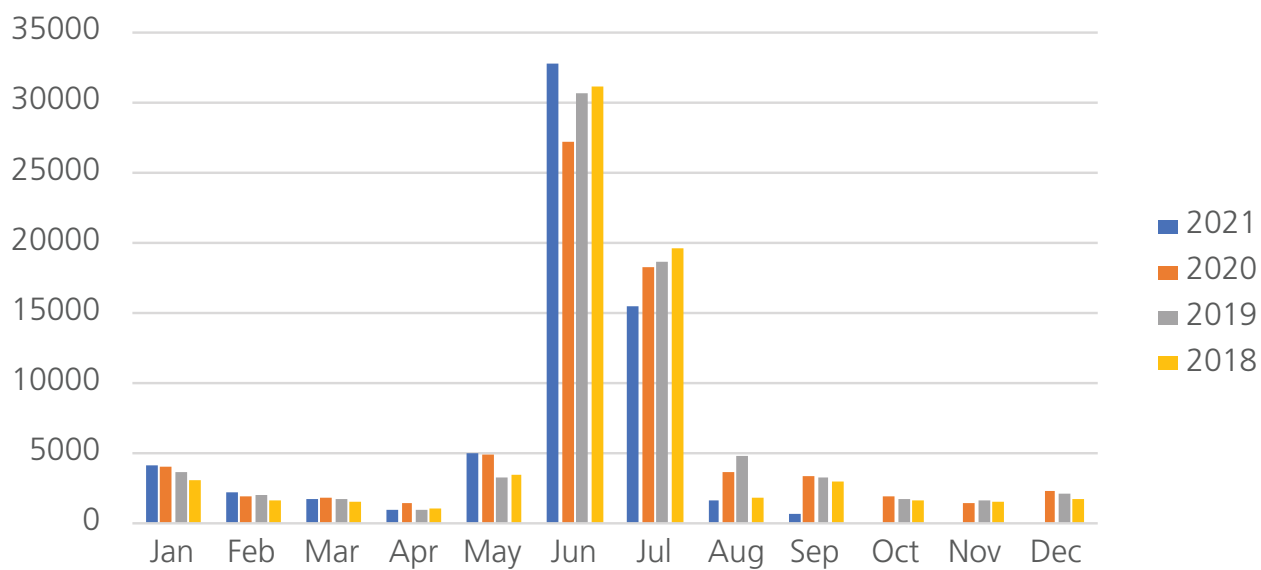


Figure 5 – Monthly ARCPs conducted, 2018-2021 (as recorded on HEE systems at 03.09.2021)

Defining the size of the problem

HEE has implemented a range of monitoring, data collection and engagement mechanisms to profile risks to trainee progression. This has allowed us to:

- frame and focus discussions with stakeholders, optimising system engagement;
- prioritise activity and align our recovery response to areas of high risk, in order to maximise benefits;
- identify and share effective recovery solutions; and
- inform financial planning across the programme.

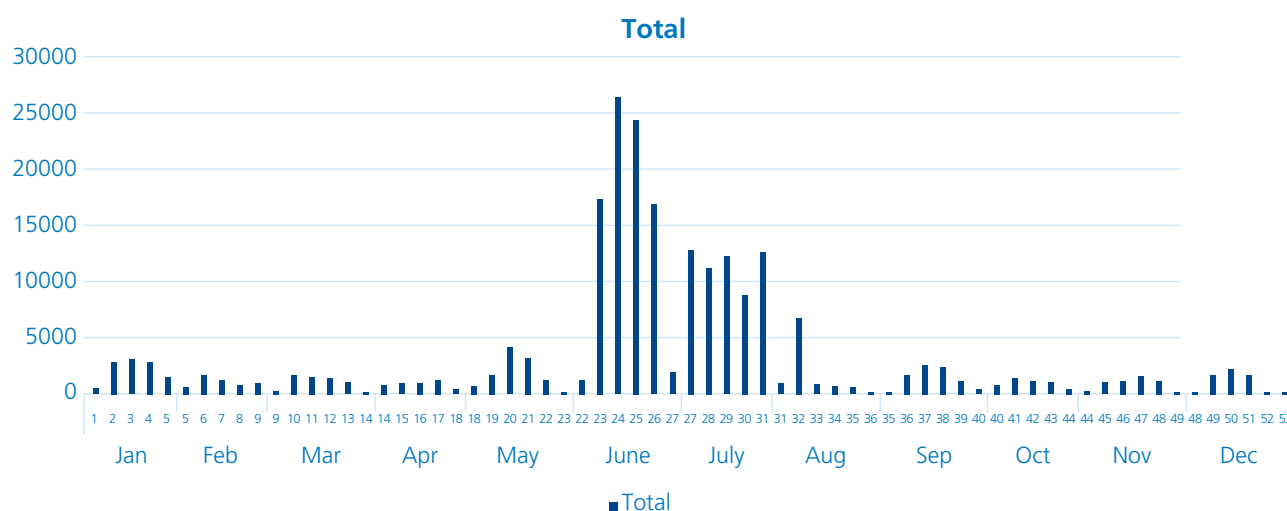


Figure 6 – Average numbers of scheduled ARCPS by month from 2018-2020. The majority of ARCPS take place in June – August.

HEE has centred trainee voices throughout the recovery programme, to understand developing concerns, and test out ideas. In November 2020, we launched a risk reporting tool for trainees and educators to report concerns regarding training and progression as a result of COVID-19. Circa. 6,000 risk reports have been submitted, equivalent to approximately 10% of the trainee population.



Risks reports were analysed on a specialty basis, as per the examples in Ophthalmology, Core Surgical Training, and Internal Medicine Year 1 below:

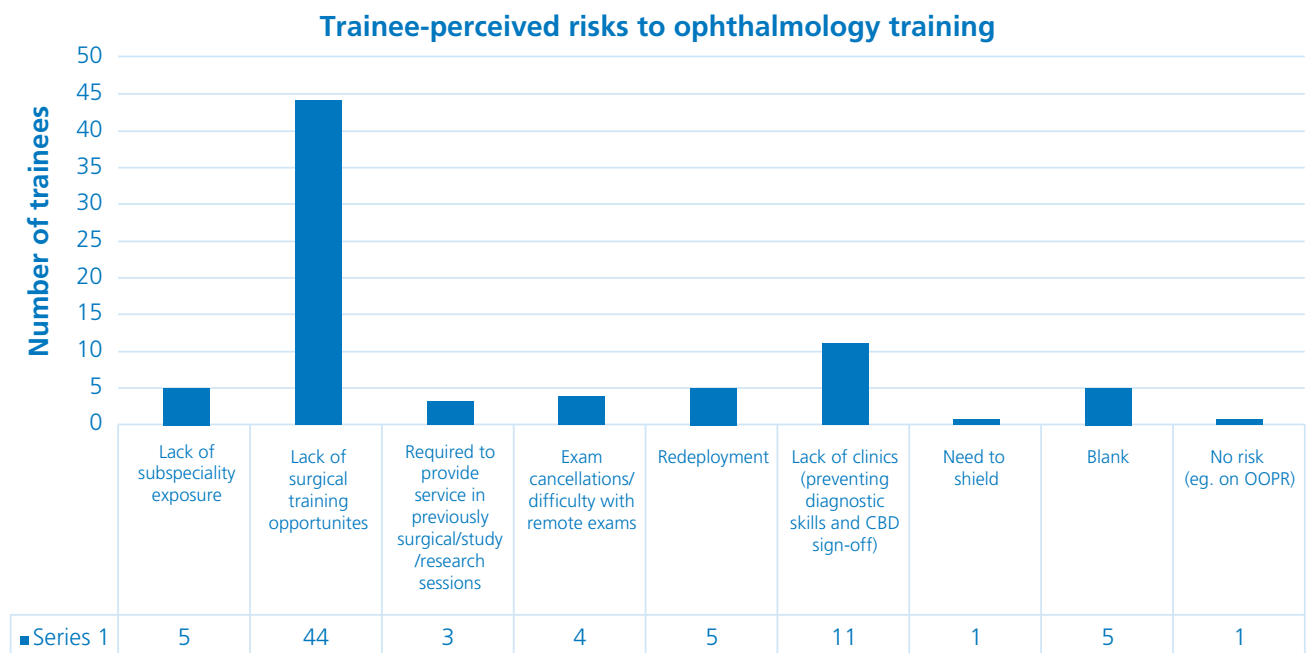


Figure 7

Reported risks to progression in Core Surgical Training

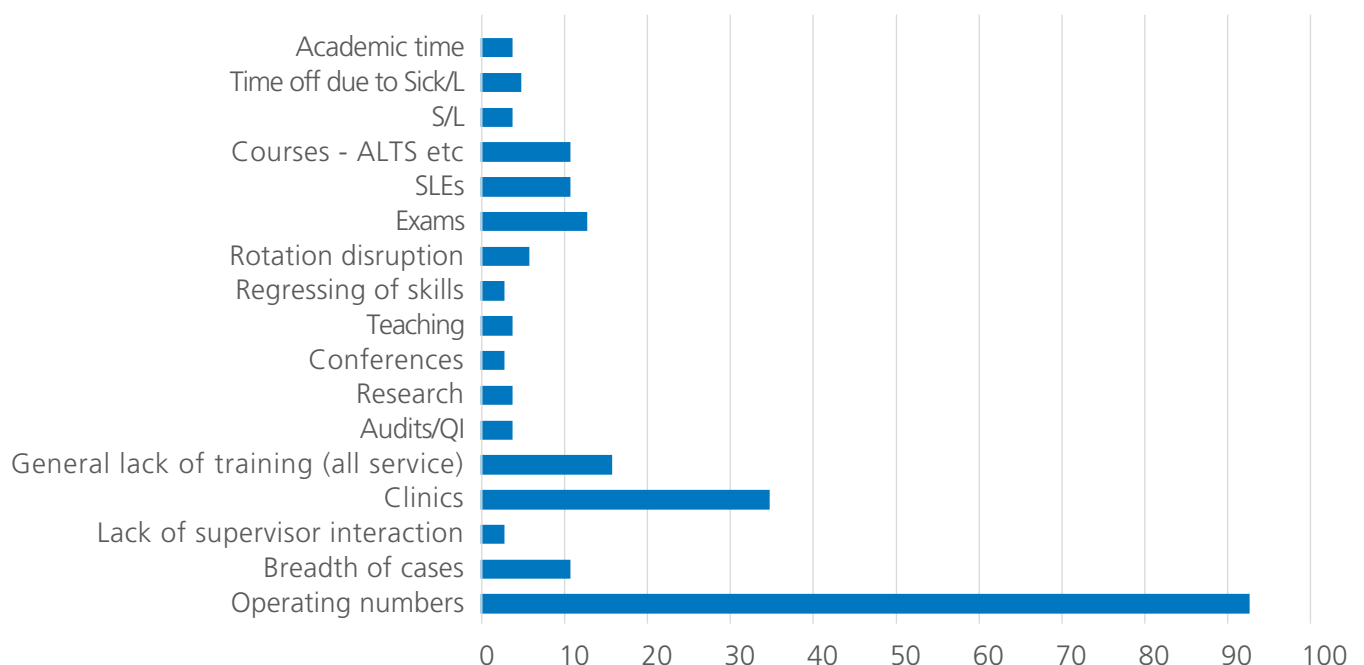


Figure 8

Reported risks to progression in Internal Medicine Stage 1

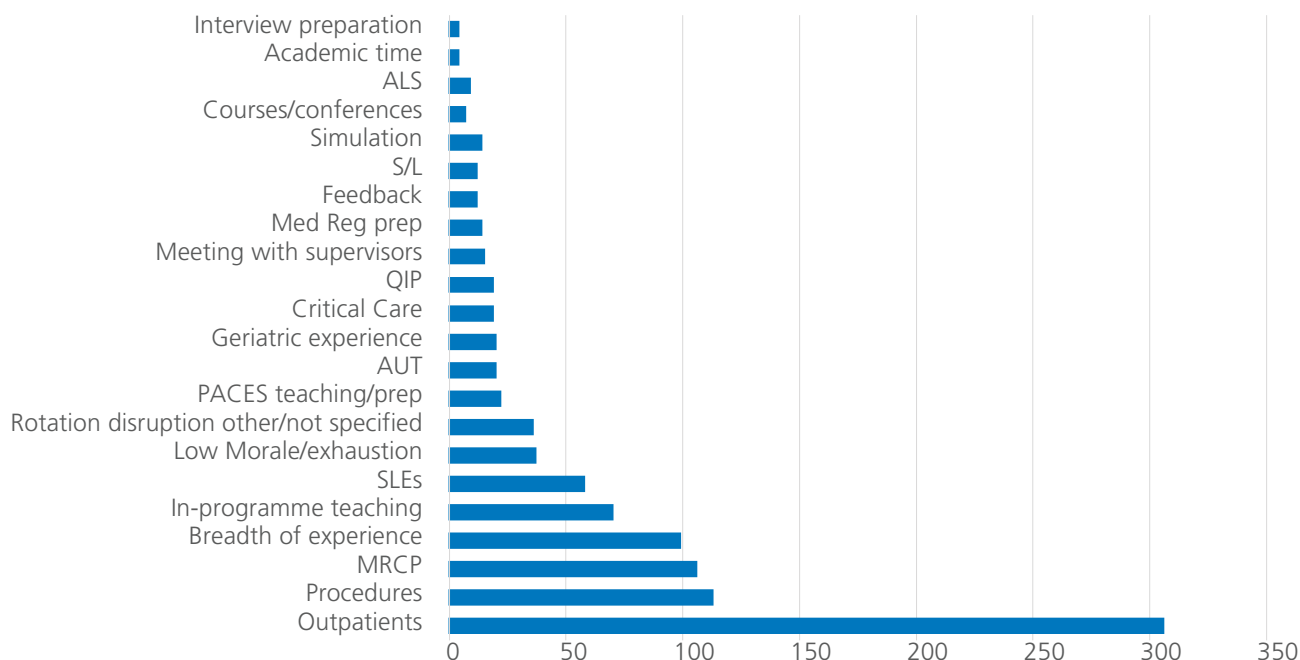


Figure 9

Figures 7-9 - Trainee-reported risks to progression in Ophthalmology, Core Surgical Training, and Internal Medicine Stage 1.

Reporting enabled HEE to identify the most at-risk specialties and locations. This empowered regions to begin to look for mitigations and provided the focus for national conversations with Medical Royal College representatives to understand the progression risks and causes. This in turn accelerated the initiation of potential training solutions, as well as the exploration of possible further curriculum derogations to support trainee progression.

The College meetings also considered the circumstances where additional training may be required to support trainees with a confidence / capability gap, or enable catching up on missed learning requirements before the next progression point.

HEE also surveyed TPDs to identify predicted extension numbers. An initial survey provided data on 52,069 trainees, and informed a high-level estimate of extension risk, based on a worst case scenario in which trainees would require 12-month extensions. A second TPD survey, concluding in May 2021, provided data on 56,000 trainees and refined the number of trainees at risk of requiring extensions, as well as the predicted duration of these extensions (Figures 8 & 9).

Number of Programmes	Total No. Trainees	High Risk	% Trainees High Risk	Intermediate Risk	% Trainees Intermediate
70	52,069	2,463	5%	2,465	5%

Number of Programmes	Total No. Trainees	High Risk	% Trainees High Risk	Intermediate Risk	% Trainees Intermediate
69	56,451	2,575	5%	2,723	5%

Figure 10 - TPD extension risk estimates in February (top) and May 2021 (bottom)

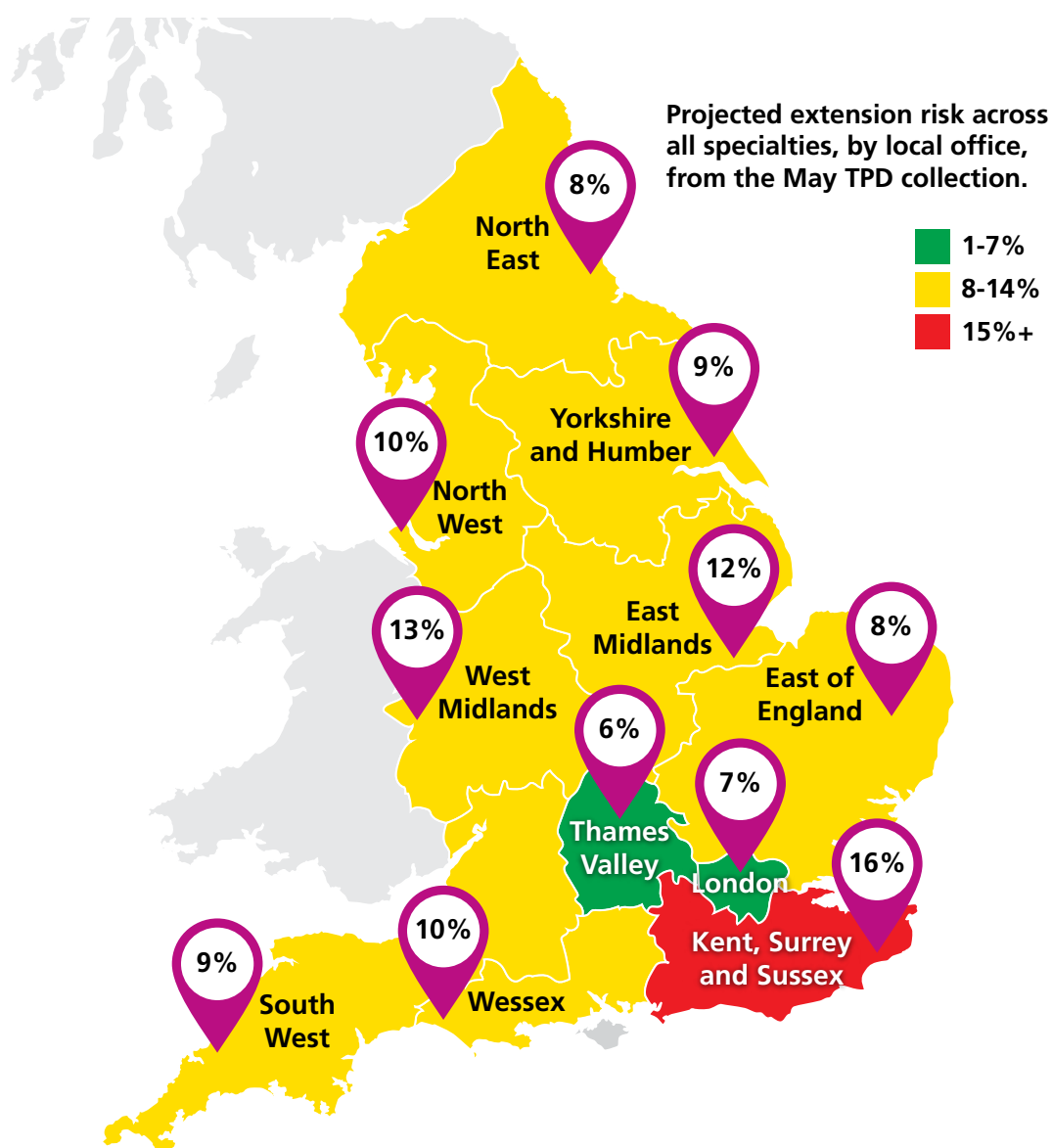


Figure 11 - Projected extension risk across all specialties, by local office, based on TPD predictions in May 2021.

Approximately 48,000 ARCPs have now taken place, and we have monitored the numbers of extensions given, keeping track of these against the previous two year average (Figure 12).

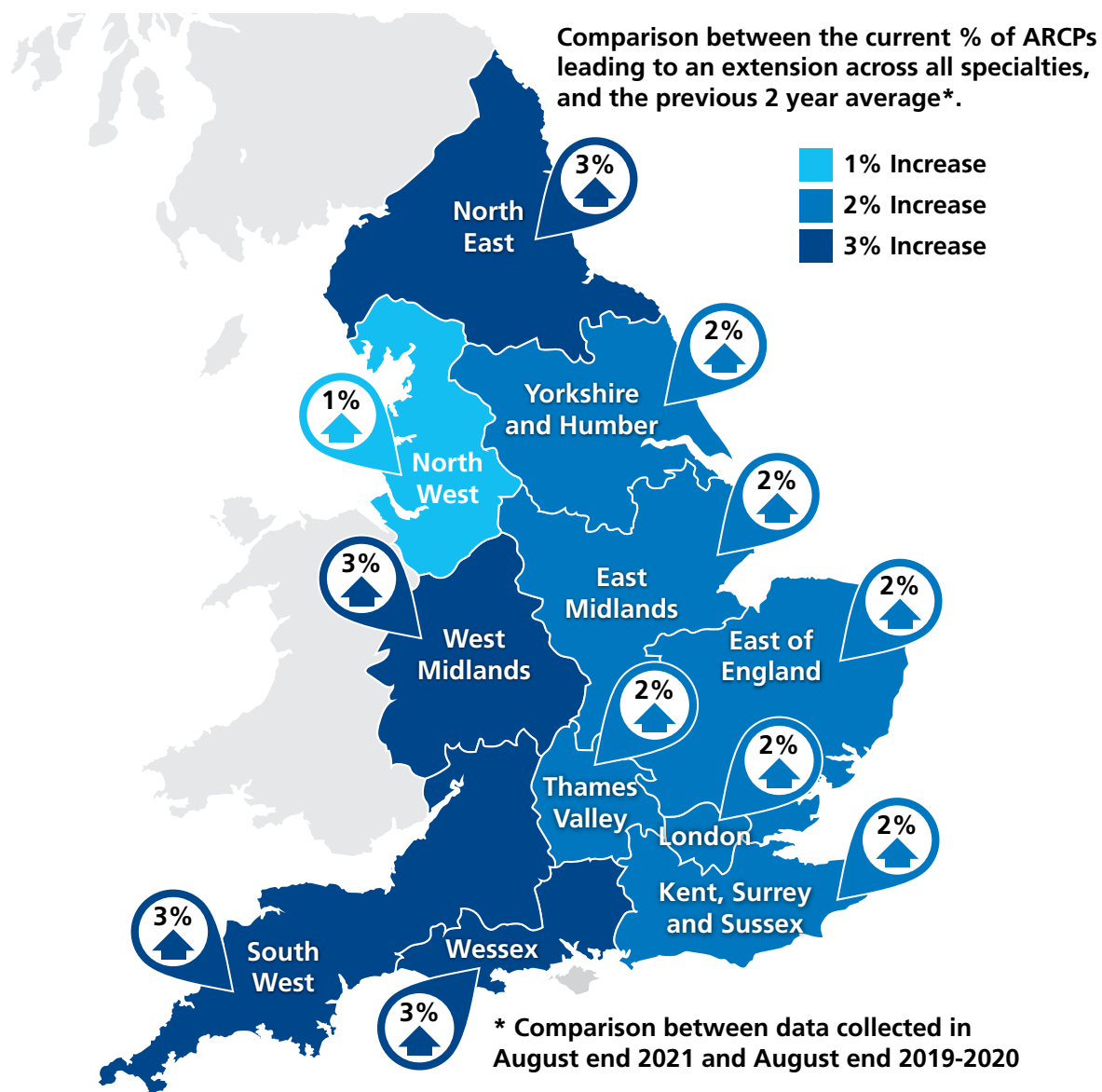


Figure 12 - Regional comparison between the current [01.09.2021] % of ARCPs leading to an extension across all specialties, and the previous two year average.

The continued downward trend is dependent on trainees having time to catch up on learning and, crucially, trainers having time for the additional training required. As service pressures increase, training recovery has to be linked to service recovery, or the mitigations will not be sufficient to prevent an upturn in the numbers needing extensions. The pandemic has impacted every trainee on an individual and personal level, with no two trainees having the same experience. While many trainees have missed out on essential experiential learning, others have had the opportunity to acquire clinically and professionally relevant skills. Recovery solutions must therefore be individualised. This approach to recovery has the potential to build greater flexibility into training pathways, providing greater resilience in the medical education pipeline and trainee service delivery, as well as resulting in increased trainee satisfaction in the future.

With this in mind, HEE asked employers and trainers to ensure that every trainee in the country had a one-to-one Individualised Training Needs Assessment. This conversation provided essential time for trainees and educators to reflect on the past year, think about learning and wellbeing needs and plan for effective individualised training recovery.

These conversations have helped both trainees and trainers to gain an understanding of the skills gaps and capability / confidence gaps. This has allowed TPDs to forecast potential extensions more accurately and enabled trainees and trainers to take proactive actions to address training needs. Extensions provide an unfocused approach to managing loss of experiential learning, while the training needs conversations enabled a more focused individualised approach.

COVID-19 PGME Training Recovery Assurance Group

HEE established the PGME Training Recovery Assurance Group, bringing together senior leaders and trainee representatives from HEE, the Academy of Medical Royal Colleges (AoMRC), General Medical Council (GMC), Department of Health and Social Care (DHSC), NHS England and NHS Improvement (NHSEI) and NHS Employers.

The Group recognises that it is essential for the system to work together to ensure that training recovery - including trainee and trainer wellbeing - is at the heart of service recovery and delivery. Together, these senior leaders have considered training recovery strategies and explored a range of mitigating actions.

The Group (full membership in Appendix A) has been pivotal in considering cross-organisational solutions, and building system engagement, awareness and sharing of best practice. The Group takes cross-organisational ownership of the training recovery programme, with members assuming responsibility for elements of the strategy in accordance with organisational remit.

The Group met weekly from 6th April, with each of the initial meetings focused around a clinical service area:

6th April 2021	15th April 2021	22nd April 2021	27th April 2021	11th May 2021
Medical Specialties	Elective Care (anaesthetics, obstetrics & gynaecology, ophthalmology and surgery)	Cancer & Diagnostics (clinical oncology, medical oncology, radiology, pathology)	Mental Health & General Practice	Emergency Care (Emergency Medicine)

Each meeting facilitated Medical Royal College discussions, with a view to mitigating training extensions and advancing training reform through innovative specialty specific interventions with regional / local flexibility. Discussions informed the development of national principles and priorities that enable local training recovery, as well as helping us define different specialty solutions.

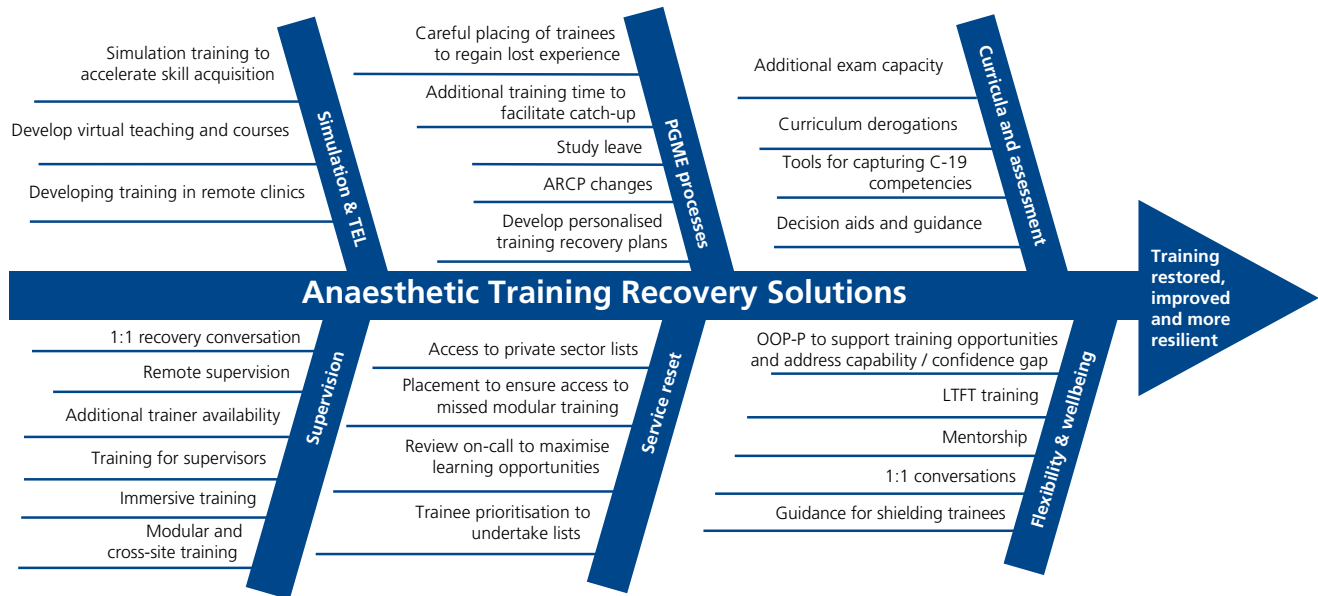


Figure 13 - Sample fishbone diagram, illustrating training recovery solutions proposed for Anaesthetics training programmes



Cross-system priorities and commitments

The Assurance Group identified the following cross system priorities for the Training Recovery Programme:

Identifying individualised training needs and recovery options

HEE and partners recognise the importance of promoting individualised recovery solutions for catching up on training needs. Trusts and educators have been encouraged to explore more wide-ranging options for obtaining competencies, with a view to improving individual options. Our guidance to faculties has been to optimise additional training, by tailoring activity and supervision to trainees' learning needs, which aligns with the recent move in curricula away from being based on time served.

The programme aims to mitigate and minimise the number and length of extensions required by trainees and to ensure they can progress, whenever it is safe to do so. However, wherever an extension is required by a trainee – to enable them to consolidate both competence and confidence in their practise – HEE is clear that this should be given.

It has been a hugely challenging year, with the pandemic causing significant training disruption, anxiety and distress for trainees. 1:1 Training Needs Conversations have provided the opportunity for trainees and educators to reflect on the past year, think about learning and wellbeing needs, and plan for training recovery.

With additional Government funding, HEE has provided £12.09 million to trusts in England to enable DMEs to both ensure the 1:1 conversations occur and to develop recovery interventions that respond to identified training needs. We have provided guidance for trainees and educators to clarify the purpose and scope of the conversations and the expected outcomes of the meeting.

These high quality planning conversations need to continue into the future, and Assurance Group members endorsed and promoted a [HEE statement](#) on the subject on 14th May 2021. This stressed the importance of conversations, and provided assurance that HEE would support employers with delivering the conversations, collating trainees' learning needs, developing individualised training recovery plans, and implementing trust-level solutions.

Commitment

HEE, the GMC and AoMRC⁴ will provide focused support for trainees, educators and the service to encourage the development of individualised training solutions.

⁴ Including the individual Colleges and Faculties

Trainee Health and Wellbeing

HEE has worked closely with national, regional and local partners to ensure that the health and wellbeing of students and trainees is prioritised throughout their learning, working and training. HEE local Professional Support and Wellbeing Service (PSW) leads have met on monthly basis throughout the pandemic to share good practice and learning, and each PSW has maintained an [online wellbeing hub](#) for their trainees.

A series of Supported Return to Training (SupportTT) [webinars](#) were also developed for doctors returning to frontline clinical work during the pandemic – such as those who had been out of programme to undertake research or other experience.

We have developed [specific guidance](#) for postgraduate trainees who have been shielding during the pandemic, supporting these trainees to acquire competencies in non-patient facing settings wherever possible. We have also signposted all learners to wellbeing resources; guidance for supporting NHS staff in high risk groups – including disabled and Black, Asian and minority ethnic trainees; and life assurance during the pandemic.

Vulnerable and Shielding trainees

A number of trainees have been required to shield or adapt their work schedule during the pandemic, which will have both a personal and professional impact on these individuals. Trainees with the protected characteristics of disability, race, and maternity are more likely to be represented among shielding trainees.

We have provided specific guidance for these trainees, to help them to acquire competencies in non-patient facing settings wherever possible. We have also developed an eLearning module for educational supervisors of shielding trainees which is hosted on our eLearning for Healthcare (elfh) website.

We are embedding further improvements, that respond to an independent equality impact assessment (EIA) of the Guidance. The EIA highlighted the benefits in identifying and facilitating the allocation of low risk placements, and encouraging trusts to learn from the experiences of disabled trainees.

Commitment

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.

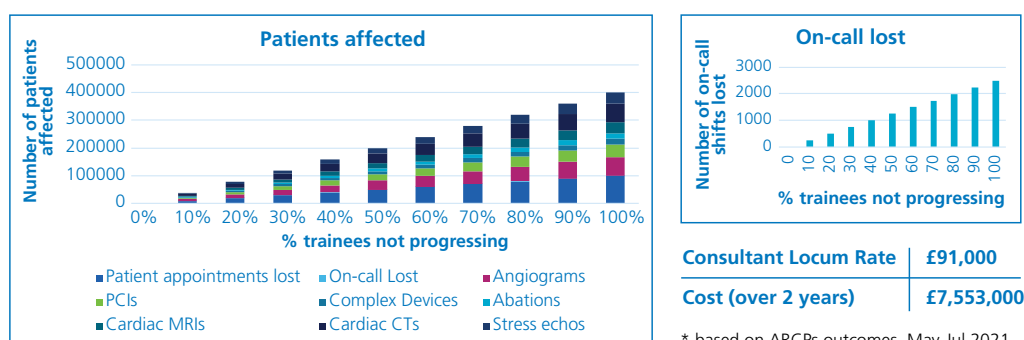
Aligning training and service recovery

Elective procedures offer significant educational opportunities for trainees, as well as enabling service recovery. HEE and NHSEI are therefore liaising closely to build training into elective service recovery and service restoration plans.

In particular, NHSEI's Getting It Right First Time programme is focusing on high volume, low complexity work to maximise service efficiency and reduce the elective backlog at pace. This work has potentially enormous educational value, and we are therefore working with NHSEI colleagues at multiple levels to build training recovery into the elective recovery guidance.

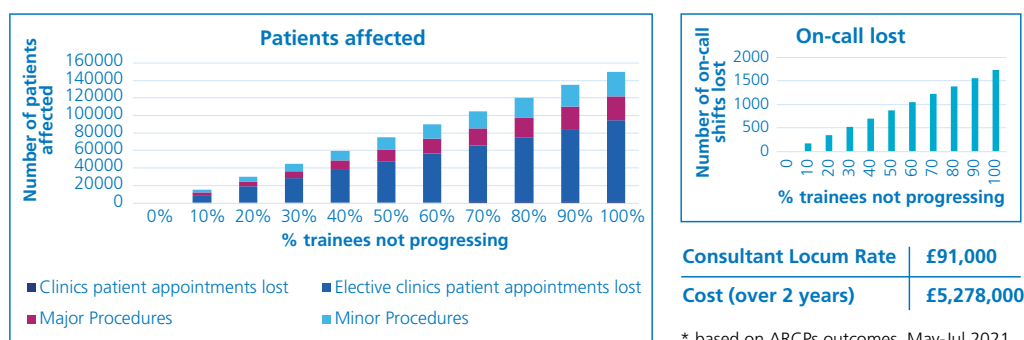
Impact on consultant workforce (Cardiology)

Trainees at risk of non-progression to CCT = 83*, 12 months delayed



Impact on consultant workforce (General Surgery)

Trainees at risk of non-progression to CCT = 87*, 12 months delayed



Impact of General Practice delay in CCT

Trainees at risk of non-progression to CCT = 375*, 12 months delayed

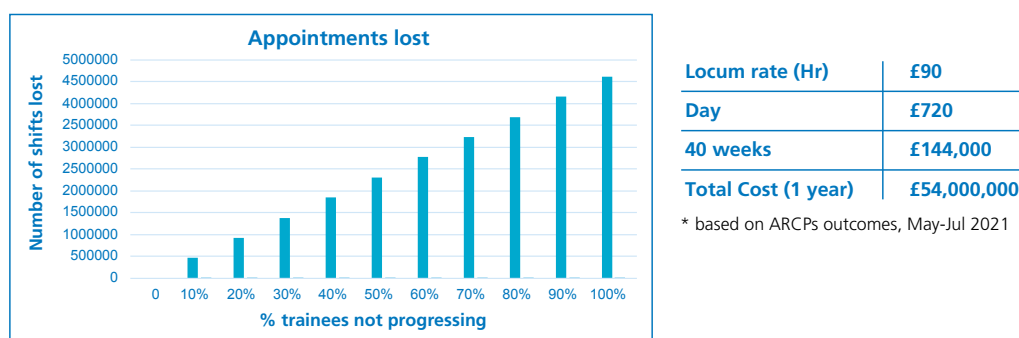


Figure 14 - Modelling the impact on the consultant / GP workforce if training is not recovered in Cardiology, General Surgery and General Practice.

By thinking innovatively about building training capacity, optimising learning opportunities and finding training placements that are tailored to individual learning needs, we can maximise training opportunities while supporting service recovery. The fundamental principle is that for the NHS to have consultants and GPs tomorrow, we must train them today. In addition to the clear future need, there is also the significant delivery of service recovery, which will be carried out by senior trainees if they are supported to progress.

Examples of best practice are being shared across HEE and NHSEI, to enable those working on service recovery planning to adapt and adopt practical examples of effective planning for training recovery.

Commitment

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.



Facilitating trainee movement between employers

Historically, the rigorous pre-employment checks required by employers before clinicians can begin work have presented a barrier to trainees moving seamlessly between trusts to support service and to acquire clinical experience. HEE and NHSEI have been working together to address this for a number of years, via the [Enabling Staff Movement Toolkit](#). The toolkit seeks to break down unnecessary bureaucracy, promote standardisation, and reduce burden on HR teams

The pandemic has provided the impetus for accelerating this work, and HEE is now supporting NHSE with a concerted push to extend COVID-19 Digital Staff passports more rapidly and systematically. The GMC is also advocating for the application programming interface (API) that would allow trainee identification and data sharing. This will enable trainees to move more easily between different employers and regions, and provide valuable access to outstanding curriculum requirements in relevant clinical settings.

Staff passporting could also help trainers to move between sites, and distribute educator expertise more equitably across the system. This aligns with the NHS drive to retain senior clinicians, who may wish to reduce their clinical commitment but remain in an education role. Local employers working with the Postgraduate Deans' teams would be well placed to identify and engage with the mature workforce and identify those individuals with an interest in staying on as an educator.

We are exploring whether there are cultural barriers to upscaling passporting; however, initial indications are that most consultants would not object to supervising a trainee from another trust if their role and training needs were clearly communicated.

While the NHSEI digital passporting programme is progressing, HEE aims to expand the use of portability agreements, which have been used with great success in the Yorkshire & Humber region. These agreements support and facilitate adaptability and flexibility for the benefit of doctors in training. The cosignatories agree for doctors in training in an NHS organisation to be released to undertake sessions specific for their progression in another NHS organisation. The agreement may support the movement of doctors in training across a limited number of organisations or may be widened to support movement across Integrated Care System boundaries.

Accessing training in the independent sector

As the independent sector (IS) is taking an increasing role in supporting the NHS elective service backlog, postgraduate medical trainees need to be able to access the high quality education opportunities in this sector.

As an example, prior to the 2021 ARCP period, 40% of Trauma & Orthopaedic (T&O) trainees had outstanding competencies required, due to reduced operating experience in the previous year's training. As procedures such as hip replacements and knee surgery are increasingly offered in the IS, it is essential that T&O trainees can access these opportunities, in order to progress.

HEE has clear [guidance](#), based on NSHEI's contract guide, asserting that postgraduate medical training should occur in all settings where NHS patients are seen, including independent settings, and that the HEE Quality Framework applies in these settings. The CQC has also issued a [statement](#) that it expects IS providers to have governance, employment checks, clinical supervision and infrastructure to support training.

The issues raised by the IS as barriers to training are mainly related to safe supervision, indemnity and regulatory concerns. Working with the DHSC and NHS Resolution, HEE has therefore clarified the following:

- Those in training grades who work in IS hospitals as part of their NHS training are covered by NHS indemnity (via the Clinical Negligence Scheme for Trusts membership of the employing Trust) provided that such work is covered by an NHS contract of employment. This is regardless of whether the supervising Consultant is an NHS Consultant or employed / engaged directly by the IS [and regardless of hours worked].
- The doctor in training's employer would be required to give permission for this training to occur in the IS to enable this, and this should be given as part of the responsibilities of the NHS.
- If the consultant is directly employed or engaged by the IS, then NHS indemnity will not be available to the consultant.
- Consultants working in the IS under honorary NHS contracts would be covered for NHS work in the IS. (Criteria for issue of these could include being on the specialist register, up to date revalidation, no complaints or investigations, and trained to GMC standards as below).
- All supervising consultants, whether NHS or directly employed by the IS will need to be trained to GMC standards and included on the local Postgraduate Dean's trainer database. It remains the responsibility of the Postgraduate Dean to ensure all GMC standards are met.

In the South West, recovery funding has also been used to provide rapid access to clinical supervisor training for consultant T&O surgeons in the IS. This has opened up trainee access to arthroplasty training lists, with senior trainees placed based on need, to ensure they achieved the competencies and capabilities required.

Commitment

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.

HEE will support the development of educational expertise in the local IS if this is a barrier to training.

Supporting trainers / enhancing supervision

Consultant time is a primary resource required for training recovery, and HEE recognises the efforts of educators across England in supporting training recovery. We have distributed £12.09 million of recovery funding to trusts in England to help them to develop local solutions. The National Association of Clinical Tutors (NACT) has also committed to support DMEs with building training solutions within their trusts.

The Assurance Group has discussed the role of staff grade, associate specialist and specialty (SAS) doctors in training recovery, as these are highly capable doctors who can support both training and service recovery. HEE is promoting the role of SAS doctors in education and the GMC has reinforced its guidance clarifying that Standards for Promoting Excellence with regard to supervision allow for SAS doctors to take up educator roles.

Commitment

NHSEI, NHS Employers, the AoMRC and HEE will encourage providers to engage the SAS workforce in training recovery.

Accelerating digital education development

HEE's Technology Enhanced Learning (HEE TEL) team has established the Specialty Training Gaps (STG) project to support training recovery. This work aims to enhance access to simulation and technology-based resources to help address specific training gaps and support broader recovery plans. The project also provides the foundation for digital reform in future medical training

In alignment with other elements of HEE TEL, the team will offer a range of complementary solutions that make the best use of HEE's Learning Hub, elfh content, virtual teaching platforms, educator faculty development programmes and other resources to benefit both learners and educators.

HEE has developed a portfolio of resources to address training skills gaps. This is continuously evolving, with currently over 60 suppliers listed, offering products for consideration by national leads or local offices.

This includes access to immersive learning technology equipment, virtual simulation scenarios, and specialist e-learning packages; all of which facilitate flexible approaches to learning, both individually and in groups. The catalogue of resources has been developed to enable colleagues to filter by specialty, training needs, or type of resource or product, with additional intelligence added to highlight any specific deployment and adoption requirements for local providers. This approach puts in place the foundations of a service that will accelerate adoption of innovative learning technologies which bring educational value.

The TEL team has centrally funded the resources in the catalogue, with investment prioritised against nationally identified needs.

Commitment

HEE will explore the development of digital solutions for increasing access to teaching clinics, working with representatives from NHSEI and NHS Employers and AoMRC.

Sharing best practice through innovative training solutions

The Postgraduate Deans continue to work with educators and providers to develop bespoke and innovative solutions to support trainee progression. They are developing solutions that can be shared, adopted and adapted across specialty and geography, as well as those that begin to set the direction for future education reform. These solutions are being assessed and evaluated against the principles of value for money, impact, trainee experience and ARCP outcomes.

Funding for developing training solutions has been made available to all DMEs and across every HEE region, to ensure maximum reach into the system at all levels. These solutions encourage educators to think more innovatively about improving training and reducing extensions, by tailoring interventions to trainees' learning needs.

A suite of case studies has been [published](#), to raise trainee and educator awareness of what's on offer and to provide examples for employers about effective, optimised trainee workforce deployment. By sharing this best practice, we can build on the innovative approaches across the country, identify successful themes and embed these innovative training solutions into future training.

Case Study – Obstetrics & Gynaecology

In the West Midlands, the School of Obstetrics & Gynaecology was able to minimise COVID-related extensions compared to other areas in the country.

This case study provides a practical breakdown of how the School achieved this outcome by:

- Maintaining trainees' portfolios throughout the course of the year.
- Identifying minimum curriculum requirements and ensuring that a quality, supportive training can be delivered within the service environment to consolidate essential skills.
- Maintaining a flexible programme, with OOP and other options for trainees who wish to pursue a portfolio career, to manage overall programme capacity.

Case Study – General Practice

In the East of England, the School of General Practice was able to minimise extensions to training by providing additional support to trainees and educators to meet specific development needs relating to exams

Case Study – Anaesthetic Skills

In London, the School of Anaesthesia and Intensive Care Medicine is developing plans to create hubs across the region to deliver training courses using virtual reality equipment, 3D software and simulation centres.

The courses are designed to address the loss of training opportunities in practical skills caused by the pandemic, while improving trainees' confidence and capability in performing core anaesthetic skills.

Commitment

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.

Virtual Clinics

Trainees have missed out on outpatient clinic experience during the pandemic and, as services are restored, more clinics are being delivered remotely. HEE is signposting and developing eLearning resources for optimising training through remote consultations, and for preparing trainees to deliver virtual clinics.

We are working with trainees and trainers across primary and secondary care to curate available resources and identify the additional resource needed.

Internal Medicine Training (IMT) has provided an exemplar for the wider system by developing an initial training package for trainees delivered on the elfh platform, and signposting all schools to this. The IMT programme is now developing guidance for trainers in the supervision and assessment of trainees undertaking virtual clinics. Collaboration with the Royal Colleges has ensured that virtual clinics will be recognised as developmental experience.

Commitment

HEE will develop and signpost learning resources and materials for working and teaching virtually, including in a clinic setting.

Study Leave

In 2020/21, the urgency of the pandemic response presented a significant barrier to trainees accessing study leave opportunities. HEE is assessing trainees' study leave requirements this year to inform budget planning, ensure trainees can access the training they need, and support the development of local delivery plans.

A consistent approach to budget approval is being implemented across the local offices, and HEE is bringing all the different study leave financial streams under one process. The HEE Deans have reviewed the current Study Leave policy and agreed its continuation this year so 'aspirational leave' opportunities can continue.

Study leave expenses for GP trainees in primary care, along with Dentists and Public Health trainees, will be aligned with that for tariff-funded and equivalent posts in secondary care. The increase in trust funded posts increases the budgetary pressure, but we are working with stakeholders to improve processes, noting that some Trusts have their own systems that need to be integrated.

Commitment

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.

Supporting trainees in their final years of training

HEE has engaged with the Medical Royal Colleges to consider the approach for supporting senior medical trainees approaching the end of their training - many of whom, particularly in craft specialities, will have been impacted by the pandemic. Senior educators will focus on providing highly tailored training plans for the pre-CCT year of training.

To take this forward, HEE worked with the devolved nations to review the evidence from specialities and the Medical Royal Colleges, and create a set of principles to ensure there is adequate support for trainees as they go into their final year.

Supporting Trainees In Their Final Year

1. There should be access to support and advice for all trainees in each of their training years in every specialty, with particular emphasis on those entering their final year of training.
2. Processes should be high-quality and supportive, co-designed with trainees and educators.
3. Conversations with the trainee's educational supervisor should involve a formative forward looking discussion, rather than a predominantly summative approach to assessment. Trainees should be able to seek advice from TPDs or other local senior medical educators if required.
4. Trainers must be appropriately trained, particularly in relation to detailed understanding of the current curriculum requirements, to be effective in giving advice.
5. There should be a clear delineation between the supervisor conversations and the ARCP process (although the information could contribute alongside other formative information to future planning for trainees).
6. The formative forward looking conversations should be helpful rather than burdensome to those involved – trainees, trainers, organisations:
 - a. A robust locally managed and delivered approach overseen by TPDs,
 - b. Appropriate value for money for the NHS.

Commitment

HEE and the AoMRC⁵ will promote high quality planning conversations between trainees and trainers, to enable competency catch up and progression.

⁵ Including the individual Colleges and Faculties

Dynamic Recruitment

Dynamic recruitment has been introduced to ensure that as many doctors as possible can enter training programmes as soon as possible, reducing the risk of rota gaps. This introduces a greater flexibility into the flow of postgraduate medical training to support individualised progression, spreading recruitment more across the calendar year

Building on the learning from 2021 recruitment, we have developed plans for 2022 with continuation of virtual recruitment, along with contingency planning for future pandemic surges. We are also evaluating the benefits and disadvantages of these changes. This responds to patient safety concerns, while also acknowledging feedback that electronic solutions for virtual recruitment have reduced the burden of travel and time away from the workplace for frontline clinicians. We are therefore working to ensure both improved safety and efficiency.

Plans include:

- an expanded 'Round 3', to fill any vacant posts that are likely to be available from December 2021 – February 2022, including posts not previously identified for Round 1;

and

- extending the window within which posts can be included for recruitment, so that numbers of vacant posts and the duration of any rota gaps can be reduced.

HEE hosted the MDRS recruitment group stakeholder meeting in June 2021 to gather views on the principles for 2022 recruitment. These form the basis of next year's recruitment planning.



Recognising the importance of the training workforce to local service delivery, HEE is exploring how to increase employer support for, and from, recruitment. Employer involvement for recruitment is currently limited to providing panel members for the recruitment processes. The three options below offer approaches to increasing employer involvement with recruitment of trainees to their posts:

- Agreement with applicants that appointable candidates who are not offered a post in national recruitment would have their details passed on to the local education providers (LEPs) they have preferenced, to facilitate their local recruitment as LEDs.
- Greater involvement from employers into recruitment (e.g., preferential scoring based on an employer reference or for those preferencing less popular geographies).
- ICS based recruitment with programmes occurring in a smaller geography than the current units of application. This option would require posts to still rotate outside of the chosen ICS in order to meet all curricular requirements, but would allow an element of 'local recruitment' possibly associated with national benchmarking.

Commitment

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

Trainee Rotations

Currently most training programmes start at fixed points in the academic year – the majority being the first Wednesday of August. Facilitating individual flexibility in these start dates could support trainee wellbeing and will enable faster training recovery, decreasing workforce supply delays due to time out or additional training, by enabling progression at multiple points in the year.

HEE has engaged with trainees, trainers, postgraduate faculty and other educators and service representatives to explore how to create flexibility across the duration of a training programme and allow individualised progression. Key considerations include trainee induction, pre-employment checks, rota staffing, impact on teaching across curricula / modular training, and access to peer-to-peer support. HEE is now planning to pilot different rotation models.

HEE is actively considering the best approach to the rotation of senior trainees between hospital trusts as part of their speciality training programmes. There is good evidence that moving all junior doctors in a department can cause challenges to the continuity of patient care and the support available for foundation and core trainees.

In the summer of 2021, the East of England hosted a pilot that delayed the rotation of medical registrars by a month. The pilot is now being evaluated to inform HEE whether this approach has benefits that should be implemented across England in future years.

ICS based training programmes

HEE Heads of School and TPDs have for some years been working in partnership with our trainees to develop and implement geographically congruent programmes. Where possible, these allow doctors to live in an area from which they can realistically commute to the majority of their training posts each day.

Led by one of our medical fellows, we are now considering how this model could be extended so that programmes are based in one, or sometimes two ICS areas. This will allow employers to develop a long term relationship with their future consultant and GP workforce, and help trainees to understand and contribute to the specific health needs of the local population. We anticipate piloting and evaluating this model in Yorkshire during over the upcoming two years.

Commitment

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

Ensuring wellbeing for training recovery and future resilience

We have encouraged trainees and educators to consider HEE's enhanced flexibility offer to promote recuperation and wellbeing, reduce burnout, and support trainees to consolidate skills acquired during the pandemic, rather than continuing at full pace in their training programme.

The [Out of Programme Pause \(OOPP\)](#) initiative allows doctors to take a break from training and to consolidate their skills in a service post for up to 12 months, before re-joining the programme at a later date. Any capabilities gained whilst on OOPP may be demonstrated and assessed on their return to training. In response to the pandemic, HEE extended the OOPP initiative for a further two years with approval from the GMC and agreement of the devolved nation SEBs. Trainee uptake of OOPP has increased since, and a three year longitudinal evaluation of OOPP is underway.

The [Less than Full Time \(LTFT\) Category 3](#) initiative allows trainees to request the opportunity to undertake a period of LTFT training for personal choice. The initiative intends to address the risk of trainee burnout and support time for recovery and restoration of work life balance. HEE was rolling this out across the specialties, having included Emergency Medicine, Paediatrics and Obstetrics and Gynaecology.

In response to the pandemic, HEE has accelerated the planned roll out of LTFT Category 3 to all remaining specialties. Trainees in intensive care medicine, higher physicianly specialties, radiology and psychiatry have had the opportunity to apply to train LTFT from August 2021, and trainees in all the remaining specialties are able to train LTFT from February 2022. Plans for this in Foundation are now in development. A three year longitudinal evaluation of LTFT Category 3 is underway, and the findings of the [Year 1 report](#) are particularly positive in respect of trainee wellbeing and work/life balance.

Increasing the availability of LTFT training and expanding the training workforce to enable service to continue to be delivered provides an increased medical reserve available to support any future surges in NHS activity.

Commitment

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.

Whole System engagement

“We must unify and integrate service and training recovery”

The recovery programme has unified the system in its understanding and messaging around the challenges and lessons learned during the pandemic. The core message that HEE and partners have promoted throughout the PGME Training Recovery Programme is that we must integrate service and training recovery.

We have worked with the membership of the Training Recovery and Assurance Group to craft, amplify and enhance this consistent message across the health and care system. The Programme Chair, Professor Sheona MacLeod, is issuing a fortnightly training recovery message to the system, bringing to the fore the core messages, such as the integration of service and training recovery, and the need for individualised recovery plans.

Core messages

Trainees

We committed to trainees that they would each be provided with an individualised training recovery plan, and have encouraged them to have 1:1 conversations with their supervisor or TPD to enable this. We also emphasised that this was an opportunity for trainees to raise their concerns and anxieties, signposted supportive resources, and expanded [**professional support for postgraduate trainees**](#) in every region.

We have communicated with trainees via webinars, social media channels – including an explanatory animation – and through correspondence via the postgraduate deans. We listened to trainees using new methods: since November 2020, trainees have been able to report their concerns directly to HEE using the COVID-19 training risk reporting tool. This has directly informed our recovery response.

HEE’s training recovery webpage has received 3,365 views with 887 visits to our flexible training webpage and 2,012 views on our wellbeing webpages.

Trainers

We recognise that the pandemic has generated unique, almost overwhelming, pressures for trainers, and that the service reset has the potential to generate further tensions with training recovery.

Protecting trainer time is essential. We have therefore worked with employers to support educators to undertake training. HEE has worked with the AoMRC, Medical Royal Colleges, NACT, the Academy of Medical Educators (AoME) and National Association of Medical Education Management (NAMEM) to develop guidance, resources and support for educators to optimise training opportunities and minimise extensions.

We are also encouraging medical leaders to highlight where training can support clinical effectiveness and efficiency. By effective planning to utilise the trainee workforce, recognising their breadth of experience and capability, and offering training opportunities while doing so, we can help service recovery and create a more sustainable model of training for the future.

NHSEI and the service

We are communicating to the service that it is essential that training recovery is embedded into the service reset, in order to supply the workforce needed to deliver COVID recovery, restore services and reduce waiting lists. The message for patients is the if we want doctors tomorrow, we must train them today.

This message has been communicated to commissioners and the service via the NHSEI leadership, including the Medical Director, Chief People Officer and former Chief Operating Officer (now Chief Executive). The programme has developed briefing and presentation materials for NHSEI colleagues, including regional directors and transformation leads, to demonstrate the importance of unifying training and service recovery.

The postgraduate deans are identifying exemplars where employers have optimised training while supporting service efficiency. We will signpost these effective training solutions and good practice for enabling service recovery.

AoMRC and the Medical Royal Colleges

We have asked our colleagues in the Medical Royal Colleges to share their ideas and effective solutions for training recovery via the Assurance Group, circulating ideas raised via trainee and trainer engagement for comments and additions. We have also continued to engage with College representatives, seeking views on targeted support for simulation and immersive technology that would enable training recovery.

We have worked closely with the AoMRC to develop communications, including reassurance for trainees that adjustments to training pathways will not compromise standards, and messaging for employers that the consultant workforce must be released for training needs, including specialty examinations.

The GMC

We have worked with the GMC to find training solutions and the GMC has promoted messaging to the system regarding supervisory standards. The GMC has reinforced its messages:

- that the Standards for Promoting Excellence in Supervision allow for SAS doctors to take up educator roles;
- the importance of ensuring there is time and support for training; and
- the risk of burn out being reported across trainers as well as trainees.



Mitigating against further disruption

Resurge guidance

Recognising the impact of earlier waves on the pandemic on the education and training of health and care trainees, we have refreshed [HEE's guidance on managing the training workforce](#). This reaffirms our priority of retaining learners on programme and updates the processes for decisions about deployment into service which should now only happen when absolutely necessary and decided at a regional level.

The guidance recognises there may be service pressures during the forthcoming months due to localised resurges in COVID and predicted surges in flu and respiratory syncytial virus (RSV), but maintaining the future workforce pipeline should be prioritised. HEE is committed to the health and wellbeing of staff and trainees and the guidance includes principles for protecting learning and supporting health and wellbeing of learners and educators.

As with previous surges, Postgraduate Deans are using their discretion in considering trainee redeployment requests from the service, with a view to maintaining planned training wherever possible and avoiding further delays in the supply of the qualified workforce. For instance, the movement of trainee with an ARCP Outcome 10.1 should be avoided, as the trainee will have outstanding competencies from the previous year's training, which must be achieved in order to progress at the next review point.

Commitment

HEE will minimise the risk of further disruption to PGME Education and training by working with NHSEI, NHS Employers, the GMC and AoMRC⁶ to maintain education and training progression, and trainee and patient wellbeing and safety.

⁶ The AoMRC is an umbrella organisation for the 23 Medical Royal Colleges and Faculties.

Funding, distribution and reporting

Reset

Clinical NHS staff have frequently been redeployed during the pandemic to manage the immediate patient safety issues caused by multiple surges of COVID-19. Every doctor has a duty to act when there are immediate patient safety concerns. However, over a prolonged period of time repeatedly redeploying doctors without consideration of their development needs would have resulted in unnecessary training extensions, significant gaps in the workforce supply and service delivery and an additional personal wellbeing cost.

By developing national and local guidance, we reduced unwarranted variation and ensured that HEE worked with the entire local system. We requested that non-training grades were redeployed first, and that senior trainees were not moved out of the community, or mental health settings, which were also busy, unless the new placement aligned with curriculum requirements. All redeployments were agreed with the local Postgraduate Dean, who considered both service and training needs. By providing clarity regarding what different grades of doctor could safely do, clinical supervision was also safely maintained.

The current extension rate is now much lower than predicted when data collection began. Data analysis in the North East suggests that by ensuring redeployment only occurred when necessary, HEE saved at least £2million in this region alone.

Recovery

To mitigate against predicted extensions, DHSC and HEE identified £30 million funding to develop, upscale and administer training recovery solutions.

Funding allocation

Funding has been apportioned as follows:

- **Director of Medical Education (DME) funding** – £12.09 million has been distributed. This has enabled DMEs to oversee the delivery of high quality 1:1 training recovery conversations, collate trainees' learning needs, and support supervisors, TPDs and trainees with their individual training recovery plans.

Funding was awarded between May and September 2021. Interim reports were submitted in July, with final reporting by early October.

- **Regional funding.** A further £10m is being distributed through regional postgraduate deans to support specialty schools and HEE educational faculty across primary care and secondary care to mitigate against training disruption within their geographical areas. The distribution is weighted 50/50 by two aspects: 50% is based on total numbers of trainees supported, and 50% is based on the number of trainees recorded as high / medium risk of requiring an extension.

The postgraduate deans have shared initiatives to create a list of suggested activities to inform investment decisions. This is not exhaustive or prescriptive, and is expanding as further innovative solutions are identified and shared across the regions:

- Building additional educator capacity / supervision to support trainee progression.
 - Supporting innovative educational activity to increase trainee exposure to curriculum aligned material. e.g., “Bootcamps” and “Academies”.
 - Building trainee and/or trainer capability in virtual, remote consultation and supervision.
 - Maximising the use of the independent sector with appropriate supervision and curriculum attainment.
 - Ensuring training opportunities and trainees are aligned to where service is being undertaken e.g., facilitating movement between employers, use of “surgical hubs”.
 - Supporting trainees and educators to undertake “gap analysis” of training needs and to find appropriate solutions.
- **Cross-regional funding:** The Postgraduate Deans are considering how to deliver funded proposals, with the remaining circa £8 million at scale across (or between) training programmes and the remaining funds will be invested into cross-regional solutions to ensure national consistency and economies of scale.

Monitoring extensions and related costs

HEE is has monitored ARCP outcomes throughout April to September to identify extensions, and cost pressure related to these.

Programme	Expected Extensions based on TPD Survey	Expected % extensions from TPD survey	Current extensions from ARCP Outcomes	Extensions as % of ARCPs done	No. of trainees in programme	Out-standing ARCPs*	Worst case additional extension risk remaining	Worst case total extensions
General Practice	1100	9%	435	6%	11350	2358	259	694
Foundation	522	4%	161	1%	12323	608	6	167
Anaesthetics	448	17%	35	2%	2532	547	11	46
Acute Care Common Stem	293	23%	94	5%	1224	159	0	94
Internal Medicine Training Stage 1	253	10%	25	1%	2511	0	0	25
Trauma & Orthopaedic Surgery	240	25%	42	6%	1095	356	21	63
Obs & Gynae	193	9%	75	4%	2137	500	25	100
Core Surgical Training	189	20%	71	6%	1159	231	14	85
General Surgery	187	19%	32	6%	1186	667	60	92
Clinical Radiology	166	12%	42	4%	1390	291	6	48
Intensive Care Medicine	165	26%	16	2%	397	128	3	19
Cardiology	154	20%	46	7%	810	61	2	48
Paediatrics	151	4%	38	2%	3821	941	0	38
Emergency Medicine	130	9%	57	5%	1558	128	6	63
Core Anaesthetics Training	127	21%	33	7%	761	122	10	43
Core Psychiatry Training	109	7%	101	8%	1421	69	3	104
Histopathology	88	21%	53	14%	427	27	4	57
Gastroenterology	53	9%	4	1%	723	257	5	9
Urology	49	16%	7	4%	325	100	50	57
Haematology	47	8%	8	2%	559	139	6	14
Endocrinology and Diabetes Mellitus	46	11%	5	1%	441	49	0	5
Ophthalmology	42	7%	5	1%	594	211	2	7
Vascular Surgery	38	23%	4	5%	155	67	0	4
Geriatric Medicine	36	5%	0	0%	719	205	2	2
Medical Microbiology and Virology	27	9%	0	0%	213	29	1	1
Respiratory Medicine	26	4%	11	2%	737	274	3	14
Acute Internal Medicine	25	6%	8	4%	395	180	4	12
Cardiothoracic Surgery	24	25%	12	12%	136	14	3	15
Otolaryngology	24	7%	5	3%	354	140	4	9
Paediatric Surgery	23	23%	7	18%	111	52		7
Renal Medicine	22	6%	5	2%	381	116	2	7
Oral and Maxillofacial Surgery	22	20%	8	8%	161	38	1	9
Plastic Surgery	21	8%	6	3%	299	87	2	8

Table 1 - Comparison of TPD identified risk compared to current [01.09.21] ARCP Outcomes for programmes and projected extensions based on these trends, where the TPD predicted a risk of 20 or more trainees requiring extension. Programmes where worst case extensions are >50 are highlighted red.

* based on difference in number of ARCPs done 2021 compared to average number 2018-2020.

Future cost pressures

There are ongoing resource implications for delivering the following elements of the training recovery programme:

- **Study leave budget:** Study leave enables trainees to attain required curriculum requirements that cannot be accessed in clinical placement. As the majority of trainees were unable to take their study leave in 2020/21, future cost pressures are anticipated. Work is underway to consider how the level and mechanisms for study leave to be effectively used this year and optimised to accelerate training recovery.
- **Expanding capacity in the independent sector:** Postgraduate Deans are liaising with the independent sector in their locality, and a national advisory group has been established to help expand and optimise access to training opportunities. Additional funding may be required to expand capacity, and support training recovery with service recovery.
- **Development and delivery of further training catch-up initiatives:** e.g., simulation, immersive technology enabled sessions will support recovery and also enable the earlier delivery of training reforms. The wraparound immersive training offer will be essential to ongoing training recovery, especially as remaining pressures on the NHS could limit patient-facing learning opportunities during the winter period.
- **Extension costs:** The individualised trainee assessments and local service reset will determine which trainees require extensions, and the duration of these. ARCP outcomes from June to the winter will give the final picture for this year. The number of trainees carrying a curriculum backlog has increased following the May-September assessment period. It is recognised that, with the remaining pressures on the NHS, these trainees are at risk of requiring additional training time in the next few years.
- **Medium and long-term funding** for the 3,784 trainees who have progressed using curriculum derogations between May and September 2021, but will still require an extension to training time to attain curriculum requirements before CCT. Further work with the GMC and Medical Royal Colleges is planned to clarify what future curricular changes may be needed.

Overall, modelling shows that training recovery must be prioritised and funded, as the longer term costs to service are significantly greater:

If Delivery Recovery Is Prioritised Over Training Recovery

- If delivery recovery is prioritised over training recovery there will be an initial increase in service delivery time and value, but this will be followed swiftly by a reduction in service delivery time and value.
- This is based on a simple prototype model based on a graduate intake of 1000 per annum and the following key assumptions about trainee attrition and progression delays.

Critical Assumptions	Training Recovery	No Training Recovery
Trainee attrition	10%	25%
Trainee fail to progress	10%	25%
Supervisor capacity	20%	10%
Graduate entrants WTE	1000	1000

- Further work will be needed by HEE to develop the model and embedded assumptions – it is presented here as illustration only.

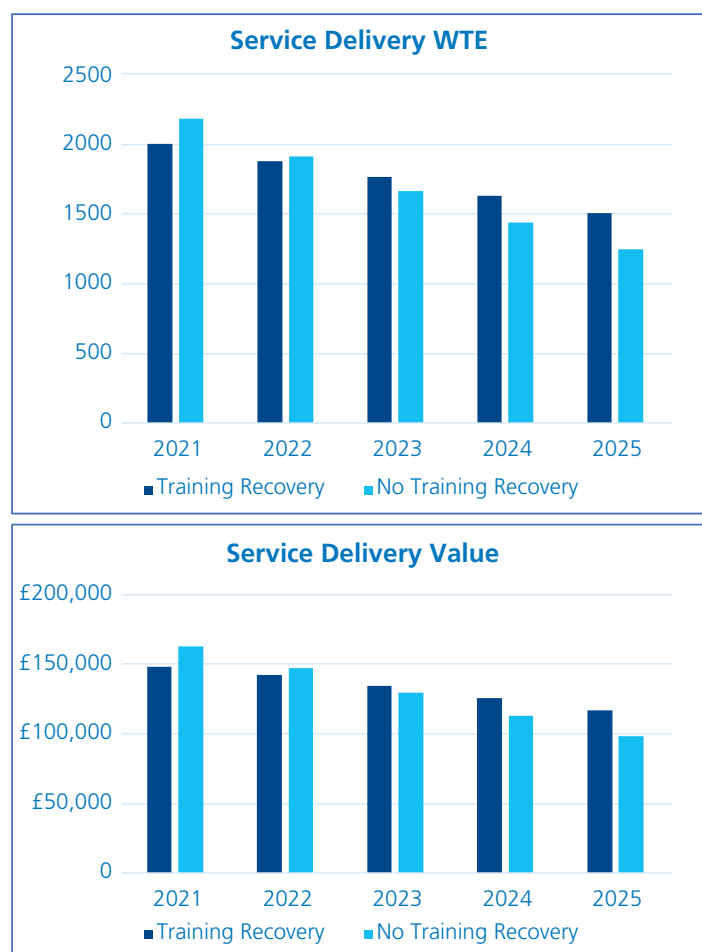


Figure 15 - Economics By Design: Prototype economic model design for PGME recovery.

Commitment

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

Measuring impact

Impact and success measures will be monitored via a multi-year national evaluation, which is being commissioned to commence in the 2021/22 financial year. This will measure and assess the effectiveness of recovery solutions, trainee experience, and workforce impacts, and build a robust evidence base for future medical education reform and sustainability.

Interim reports from DMEs, regarding the £12.09 million funding for trust-level interventions, demonstrate that this investment has enabled wide-ranging recovery solutions, such as courses, additional training clinic and theatre time, drop-in educator sessions, simulation, and train the trainer sessions. These targeted interventions are addressing lost supervision time, boosting exam capabilities, developing procedural and consultation skills, and supporting trainee welfare.

Governance and Accountability

DMEs and HoS will report on activity, progress and outcomes via their relevant Dean or nominated deputy, to the lead deans for COVID recovery plans, Professor Geeta Menon and Dr Gary Wares.

The lead deans will report to the COVID-19 Training Recovery Operational Group, in accordance with any identified delivery risks.

Progress and monitoring data will also be reported to the COVID-19 Training Recovery Assurance Group, to note activity, ensure effective delivery and build engagement, awareness and best practice.



Appendix A – Assurance Group Membership

The Assurance Group membership is as follows:

Name	Position	Org.
Members		
Professor Sheona MacLeod	Deputy Medical Director for Education Reform (Chair)	HEE
Graham Cooper	National Professional Advisor	CQC
Dr Vidushi Golash / Dr Raees Lunat	Medical Director's Fellows	HEE
Dr Celia Ingham-Clark	Medical Director for Clinical Effectiveness	NHSEI
Dr Jeanette Dickson	Vice-president	AoMRC
Sam Illingworth	Director of Education Quality and Reform	HEE
Gavin Larner	Director of Workforce	DHSC
Simon Mawhinney	Interim Director Elective Care Recovery & Transformation	NHSEI
Professor Colin Melville / Phil Martin	Medical Director and Director of Education and Standards Assistant Director, Education Policy	GMC
Dr Anna Olsson-Brown	Chair of the trainee doctors committee	AoMRC
Professor Wendy Reid	Medical Director and Director of Education & Quality	HEE
Alan Robson	Deputy Director; NHS Workforce: Education, Modernisation & Funding	DHSC
Professor Helen Stokes-Lampard	President	AoMRC
Paul Wallace	Director of Employment Relations and Reward	NHS Employers
In Attendance		
Emily Hall	Policy Manager (Secretariat)	HEE
Bethan Maher	Head of Marketing and Stakeholder Engagement	HEE
Joanne Marvell	Head of Policy & Regulation (Secretariat)	HEE

Appendix B – Senior Clinical Leads

Responsibility	Name	Position
Senior Responsible Officer	Professor Sheona MacLeod	Deputy Medical Director for Medical Education Reform
Local Recovery Plan co-ordination and assurance	Professor Geeta Manon and Dr Gary Wares	Postgraduate Deans for South London and North London
Specialty Recruitment	Dr Geoff Smith	Postgraduate Dean for the South West
Assessment and Progression	Professor Jane Mamelok	Postgraduate Dean for the North West
Accessing the Independent Sector	Professor Namita Kumar	Postgraduate Dean for the North East and Yorkshire
Study Leave and Budget	Professor Russell Smith	Postgraduate Dean for the Midlands
Penultimate and Final Year Assessments	Professor Bill Irish	Postgraduate Dean for East of England
Rotations	Professor Geeta Menon and Professor Bill Irish	Postgraduate Deans for South London and East of England
Simulation in recovery	Dr Sanjiv Ahluwalia	Postgraduate Dean for London



Appendix C – Comms Activity Overview

Our social media engagement statistics show a reach of 1.1 million, with 60 shares and 228 likes.

Date	Activity
26th April	Training recovery support webpage published, with guidance on training recovery conversations
14th May	Letter to DMEs, notifying them of c. £12.7m training recovery funding, to be distributed to trusts to fund educator time and enable training recovery.
14th May	HEE statement on training recovery
19th May	DHSC press notice £30 million funding to support training recovery
19th May	Film by Professor Sheona MacLeod, with information recovery programme.
20th May	Social media launch of three short animations providing information on Recovery programme, progress and plans/information on next steps.
21st May	HEE Stakeholder Brief – Reset, Recovery and Reform from Dr Navina Evans
9th June	National Trainee Engagement Forum
1st July	HEE Training recovery update from Professor Sheona MacLeod
2nd July	Academy Weekly Update including training recovery update
7th July	Training recovery webinar
7th July	Launch online case study database
9th July	Regional Stakeholder Bulletin including training recovery update
9th July	Launch e-Learning for Healthcare training recovery directory
14th July	HEE Training recovery update from Professor Sheona MacLeod

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