

## 2. Progress made since 2017's report

Reported issue	How we have addressed this	Progress as of March 2018	Involved organisations	Key facts and figures
<b>Deployment</b>				
Difficulties that arise from late rota notification and fixed leave.	Updated the Code of Practice to increase notification of placements from 8 to 12 weeks, and committed to meet this target for 90% of trainee rotations.	Quarterly monitoring and publication of Code of Practice compliance.	HEE	We have achieved 90% compliance with the Code of Practice across England, although some regional variation has been reported and HEE local offices are working with trusts to ensure that information received is accurate and timely.
		Trainee information received and passed on within the deadline.	HEE, NHS Employers	
		Further changes made to the Code of Practice, to take account of exceptional circumstances and assess how they impact on the system.	HEE, NHS Employers, BMA	
		Development of data templates to capture compliance with the Code of Practice more efficiently.	NHS Improvement HEE, NHS Employers	

**KEY:** Pink text: activities led by organisations other than HEE.

Reported issue	How we have addressed this	Progress as of March 2018	Involved organisations	Key facts and figures
<b>Flexible training models</b>				
Limited opportunities for doctors to train flexibly, including structural and cultural barriers to Less Than Full Time (LTFT) training.	Worked with trainees and system partners to develop and, where appropriate, pilot new approaches to flexible training.  Worked with system partners to agree a more co-ordinated approach to flexible training across the system.	Piloted an extension of LTFT training in Emergency Medicine, and undertaken an interim evaluation.	HEE, GMC, NHS Employers, Royal College of Emergency Medicine, BMA	18 trainees in the pilot from August 2017.  100% of trainees wish to continue in the pilot.  Approval to continue the pilot for a further 12 months from August 2018, and open to a further cohort.
		Invited the Royal College of Physicians (RCP) to develop plans to design, pilot and evaluate Flexible Portfolio Training.	HEE, RCP	Four complimentary pathways have been developed.  Pilot sites to be identified in summer 2018.  Trainee recruitment opening in November 2018 for pilot start date in August 2019.
		The Joint Committee on Surgical Training (JCST) have developed and published a position statement on LTFT training, with considerable trainee input.	JCST	<a href="#">Position statement</a> published in September 2017.  The statement asserts that all training environments should accommodate LTFT trainees.

Reported issue	How we have addressed this	Progress as of March 2018	Involved organisations	Key facts and figures
<b>Flexible training models (continued)</b>				
Limited opportunities for doctors to train flexibly, including structural and cultural barriers to LTFT training.	Worked with trainees and system partners to develop and, where appropriate, pilot new approaches to flexible training.  Worked with system partners to agree a more co-ordinated approach to flexible training across the system.	We have worked with the devolved administrations to incorporate key changes to the 2018 Gold Guide to increase flexibility and achieve a consistent approach.	HEE, the GMC, NHS Education Scotland (NES), the Wales Deanery, the Northern Ireland Medical and Dental Training Association.	The 2018 Guide provides updated guidance on Certificates of Completion of Training (CCT) dates, LTFT training, pauses to training, whistleblowing and Out of Programme Experience. The GMC has clarified the flexibilities which exist for doctors in training who wish to train on a LTFT basis – statement issued in November 2017.
		The GMC have introduced General Professional Capabilities, or GPCs, which could provide trainees with greater flexibility to transfer competencies and reduce the need to restart training if switching specialty.	GMC	The nine domains are outlined in <a href="#">the GPC framework</a> . The GMC has asked colleges and faculties to update their curricula to reflect the new framework by 2020.
		The AoMRC and GMC are working together to consider how we can support trainees' ability to move between programmes.	AoMRC, GMC	The AoMRC and GMC are identifying and developing shared curricula content between specialties. The GMC's plans for promoting flexibility are outlined in <a href="#">Adapting for the Future</a> : a plan for improving the flexibility of postgraduate medical training.
		Worked to link together the various groups involved in LTFT training across England and the UK to ensure clarity and consistency.	HEE, AoMRC LTFT Training Forum, medical Royal Colleges, NHS Employers, BMA	

Reported issue	How we have addressed this	Progress as of March 2018	Involved organisations	Key facts and figures
<b>Recruitment</b>				
Mechanisms to deploy doctors in training in certain areas or regions do not adequately facilitate caring responsibilities or the maintenance of relationships and family life.	Developed, and are trialling, evaluating and refining new approaches to recruitment and selection.	Implemented and evaluated pre-allocation of placements for trainees with special circumstances.	HEE's Medical and Selection & Recruitment Programme (MDRS), BMA, four nation representatives	47 applicants pre-allocated to their preferred region at the time that offers were released for the 2017 recruitment round. Pre-allocation to be offered again for 2018 recruitment.
		Pre-allocation system now being managed centrally to ensure consistency.	HEE MDRS, four nation representatives	
		Trialled facilitated swaps, allowing applicants who had accepted an offer to swap this with a vacant post in a preferred location.	HEE MDRS, BMA	10 swaps were conducted in 2017, nine of which were in General Practice.
		Introduced a system of enhanced preferencing, which will allow applicants, for the first time, to update their preferences throughout the full application process, including after posts have been offered.	HEE MDRS, BMA	The new enhanced preferencing system is open to all trainees in England, including those who have been offered a training post in their first choice of location. This is supported across all four UK nations through the MDRS programme.

Reported issue	How we have addressed this	Progress as of March 2018	Involved organisations	Key facts and figures
<b>Costs of training</b>				
Rising costs of training for individual doctors in training, including the cost of examination fees.	HEE and the Academy of Medical Royal Colleges (AoMRC) have worked to explore the cost of exams and training for doctors in training and develop principles to underpin medical Royal College and specialty faculty cost-setting.	The AoMRC have published agreed principles for the funding and costs of exams across medical Royal Colleges and specialty faculties. A further overview is being planned by doctors in training in the AoMRC.	AoMRC, HEE	
		The AoMRC have provided the results of an initial overview of the costs of training in different specialties.	AoMRC	
<b>Study Budget reform</b>				
Varying equity in study budget provision.	Pooled study budget from the secondary care placement tariff, to implement a system whereby HEE supports all elements of curriculum delivery for trainees on approved secondary care training programmes, and discretionary courses that add value to the individual and support the wider system.	Publication of updated Department of Health and Social Care tariff guidance.	HEE, the Department of Health and Social Care (DHSC)	All trainees in approved secondary care training programmes – both HEE-funded or trust-funded – will have access to study budget under the reforms.
		Worked with the medical Royal Colleges, Specialty Advisory Committees and trainees to define the mechanisms for approving supported activities.	HEE, BMA, AoMRC, medical Royal Colleges	
		Commenced implementation of the revised tariff in February 2018, with local offices collecting data from trusts for Heads of Schools and Training Programme Directors to review.	HEE, DHSC, BMA, AoMRC	

Reported issue	How we have addressed this	Progress as of March 2018	Involved organisations	Key facts and figures
<b>Supported Return to Training</b>				
Inequality for those who take time out of training – the need to support doctors upon their return to training.	Developed innovative and evidenced solutions for supporting doctors in training when they exit, take time out and return to the training programme.	Conducted an evidence-gathering and engagement exercise to ensure that the Return to Training strategy promotes effective approaches and solutions identified by trainees and trainers.	HEE, BMA	Ran a call for ideas from 26 June to 4 August 2017, receiving 116 submissions and 29 organisational responses.  Made 10 SupportTT commitments, including ring-fencing £6 million to fund resources and activities to support doctors returning to training.  Three-year evaluation to commence in 2018.
		Published our <b>Supported Return to Training</b> (or SupportTT) strategy and investment <a href="#">plan</a> on 30 November 2017.	HEE	
		Ensured that a co-ordinating function is put in place in each local office.	HEE	
		Recruitment of fellows, to work with doctors in training, HEE, medical Royal Colleges and employers to shape the approved activities for returners.	HEE	
		Working with employers to develop packages to support returners.	HEE-provider trusts	

Reported issue	How we have addressed this	Progress as of March 2018	Involved organisations	Key facts and figures
<b>Early-careers support</b>				
The need to support doctors at the post foundation or pre-specialty level looking for a more flexible approach to career progression.	Extended access to the Horus foundation training portfolio.	HEE's in-house portfolio, Horus, was launched in August 2017, providing full access to doctors who have completed foundation training, but are yet to decide on their specialty training route, allowing them to continue to record experience and competencies gained.	HEE	Over 800 doctors who have completed foundation training but are not currently in training are accessing Horus as of March 2018.
<b>Streamlining</b>				
The need for improvements to induction and mandatory training, including unnecessary repetition.	NHS Employers' Doctors in Training (DiT) Streamlining programme established with a view to standardise processes between employers, compare performance and share best practice.	Developed six principles for delivering a "perfect rotational process".	NHS Employers	12 pilot sites and 16 fast followers testing the principles for the rotational process.  Pilot extended until the August 2018 rotations to ensure robust testing can take place.
		Commenced an engagement process with employers to encourage adoption of the new processes.	NHS Employers	
		Published a toolkit in November 2017 to support full roll-out of the perfect rotational process.	NHS Employers	
		Liaised with NHS Improvement to build the principles into model hospital reporting mechanisms.	NHS Employers, NHS Improvement	

Reported issue	How we have addressed this	Progress as of March 2018	Involved organisations	Key facts and figures
<b>Length of placement</b>				
Unnecessary repeated home moves during training.	Worked with Heads of Schools, the BMA and the AoMRC to review the principles underpinning lengths of placement, with a view to minimising movement where it does not add educational value.	Agreed a set of principles for good practice for setting the length of training rotations.	HEE, BMA, AoMRC	
		Conducted an impact assessment for implementing the principles in each local office.	HEE	
<b>Whistleblowing protection</b>				
The need for clearer legally-binding protections for doctors if they believe they are subject to detrimental treatment by HEE as a result of whistleblowing.	Provided trainees in England with legal protection if they are subjected to detrimental treatment by HEE as a result of whistleblowing.	Worked with NES, the Wales Deanery and Northern Ireland Medical and Dental Training Association (NIMTA) to update the Gold Guide, to include guidance and signposting to support for trainees who wish to raise a concern without going directly through their employer.	HEE, BMA, NES, the Wales Deanery, NIMTA	



Reported issue	How we have addressed this	Progress as of March 2018	Involved organisations	Key facts and figures
<b>Providing individualised support for doctors in training</b>				
The decline in supportive relationships in the training environment.	Worked with trainees and medical Royal Colleges to explore the attributes of the old Firm model, and consider how to provide the same level of support in modern, working environments.	Developed the concept of the Modern Firm, with the Royal College of Surgeon of England (RCS)'s Improving Surgical Training (IST) pilot, which will commence in August 2018.	HEE, RCS	23 general surgical trainees expected to commence in IST pilot posts in England from August 2018.
		Working with the RCP to develop guidance on learning, using effective collaboration in busy workplaces.	RCP	
		Formally reviewing the Educational Supervisor role and looking at how best we ensure good supervision and good support for doctors in training.	HEE	

Reported issue	How we have addressed this	Progress as of March 2018	Involved organisations	Key facts and figures
<b>Review of the Annual Review of Competency Progression process</b>				
Doctors in training often find the Annual Review of Competency Progression (ARCP) processes inconsistent, stressful, and a tick box exercise without an accompanying formative appraisal.	We have <a href="#">conducted a 12-month review</a> of the ARCP process and published our report, Enhancing training and the support for learners, with a set of recommendations which will impact on the working lives of doctors.	Enhancing training and the support for learners report published in February 2018.	HEE, BMA	680 formal submissions to the call for evidence from individuals and organisations.  14 recommendations made, under five themes.
		Planning for delivering the report's recommendations now underway.	HEE	
		Plans are being developed to pilot more flexible Out Of Programme (OOP) arrangements in several specialities across the country.	HEE	
		Working with partner organisations to ensure Educational and Clinical Supervisors receive greater support, information and ongoing training.	HEE	
		Exploring the how Review's findings can be of benefit other healthcare professions.	HEE	

Reported issue	How we have addressed this	Progress as of March 2018	Involved organisations	Key facts and figures
<b>Improving training data</b>				
The need for a standardised approach to capturing, storing and sharing trainee data, which reduces the administrative burden.	Launched HEE's new online <a href="#">Trainee Information System (TIS)</a> as a resource for doctors in training and employers.	Developing data reporting templates to enable automated data collection, so that processes can be done easily and quickly.	HEE	
		Collaborating closely with the NHS Employers National Streamlining project to provide greater consistency of the TIS / Electronic Staff Record interface.	HEE, NHS Employers	
		Working to continuously improve our systems and processes.	HEE	