NHS
Health Education England

Enhancing Junior Doctors' Working Lives

Annual progress report 2021

www.hee.nhs.uk

We work with partners to plan, recruit, educate and train the health workforce.

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Foreword

This last year has been like no other, bringing relentless challenges but also possible opportunities. Thank you deeply to everyone involved: trainees and trainers, HEE and system colleagues, and the front-line NHS who form the pillar of the NHS community.

When talking to students and trainees over this last year, their dedication has really resonated with me. Their commitment to the future of the NHS fuels us to rapidly deliver a strategic plan for the restoration of their health, wellbeing and training.

I am in huge support of the work done by the Enhancing Junior Doctors' Working Lives programme and know it will be instrumental in making the NHS a better place for our people and patients as we emerge into its next era. Thank you to all involved for continuing to seek cross-system improvements, for now and in the future.

In the peak of the pandemic, HEE responded by mobilising the workforce to patients with greatest need. In recent months, we are ensuring training recovery forms an integral part of NHS service recovery, and in the years to come we have a fascinating and challenging future of medical education to shape and reform.

I look forward to keeping you all updated on our progress via this annual report.

Prof Wendy Reid
Director of Education & Quality,
Executive Medical Director, HEE

Introduction

Despite the disruption caused by the COVID-19 pandemic over the past year, we are pleased to share this annual report which details the progress we have made to enhance junior doctors' working lives during 2020-2021. The Enhancing Junior Doctors' Working Lives (EJDWL) programme was established in 2016 to address the concerns and improve the working lives of doctors in training. We have continued to work in collaboration and co-design with trainees and partner organisations, to listen to feedback, consult on possible solutions, implement agreed changes, and share best practice to significantly improve the training experience of junior doctors.

This is the second year that the report has been published in a world suffering the global effects of the COVID-19 pandemic. This has put massive strains on our NHS, felt by all those who work in the NHS and in social care, including the many thousands of junior doctors. The pandemic has highlighted the phenomenal professionalism of those working and learning in the NHS,and has shown that – as individuals and as a system – we are capable of much greater resilience and adaptability than we had previously realised. However, this has not been without personal cost and impact on the health and wellbeing of many, so the continued work that this report documents remains vital in our efforts to sustain the current and future medical workforce.

We would like to commend the continued dedication of the doctors in postgraduate training programmes, and their educator faculty, both in providing clinical care through a time of unprecedented pressure, often out of their usual sphere of practice, and in continuing to focus wherever possible on learning, development and progression.

The EJDWL programme aims to enable doctors to progress in their training and longer-term medical careers whilst maintaining a healthy and balanced personal life. We hope to continue to reduce the risks of stress and burnout by ensuring junior doctors feel highly valued and equipped to deliver high-quality care.

The flexibility agenda remains high on our list of priorities. We have expanded the availability of Less Than Full Time (LTFT) training (category 3) to all doctors in specialty training, meaning eligibility criteria will no longer be required if seeking to work flexibly. We have agreed to continue and extend the Out of Programme Pause (OOPP) offer, allowing trainees to 'step in step out' of training without unnecessary burden, and we have also expanded the successful Flexible Portfolio training scheme established with the Royal College of Physicians (RCP).

Our Supported Return to Training (SuppoRTT) programmes have significantly benefited more junior doctors, with a greater system-wide awareness of the help available, and a third cohort of clinical fellows who are focused on further developing the programme and all that it offers.

We have continued to improve the trainee information systems, and further improved the four-nation recruitment processes with the development of online platform Oriel 2. The pandemic necessitated changes to enable recruitment to go ahead, and we are evaluating all modified recruitment processes to identify and embed those that improved the experience and equity in recruitment and selection.

We have streamlined the Annual Review of Competence Progression (ARCP) processes to allow doctors to progress during the pandemic, and closely monitored the effects of the pandemic and trainee redeployment on training opportunities, using our NETS survey to gain additional information. We have taken forward the recommendations from the review of the Foundation Training programme, so those early on in their careers are better supported and can access self-development time.

Equality, diversity and inclusion (EDI), along with wellbeing, will always be core priority focus areas for the EJDWL programme and throughout HEE, especially in the post-COVID era. The newly established HEE Deans' EDI committee is dedicated to continually improving EDI throughout postgraduate medical training.

Learning from COVID-19 has highlighted the need for us to collectively think about how to train 'The Future Doctor'. As outlined in the Future Doctor 2020 report, developing our enhanced generalist vision for the future is key to addressing health inequalities by creating locally nurtured doctors serving true population health needs. To support this ethos, we have also expanded HEE-funded population health fellowship opportunities.

While we recognise this report relates mostly to doctors in training, we acknowledge some doctors choose not to work in training posts. The medical workforce is a united team, working to optimally serve patient care. The improvements described in this report contribute to positively change in the working culture for all doctors, championing healthy, flexible working and learning environments. These improvements have only been made possible by a shared commitment across organisations and individuals. We are grateful to our partners and the junior doctors who provide ideas, support and feedback to the HEE teams.

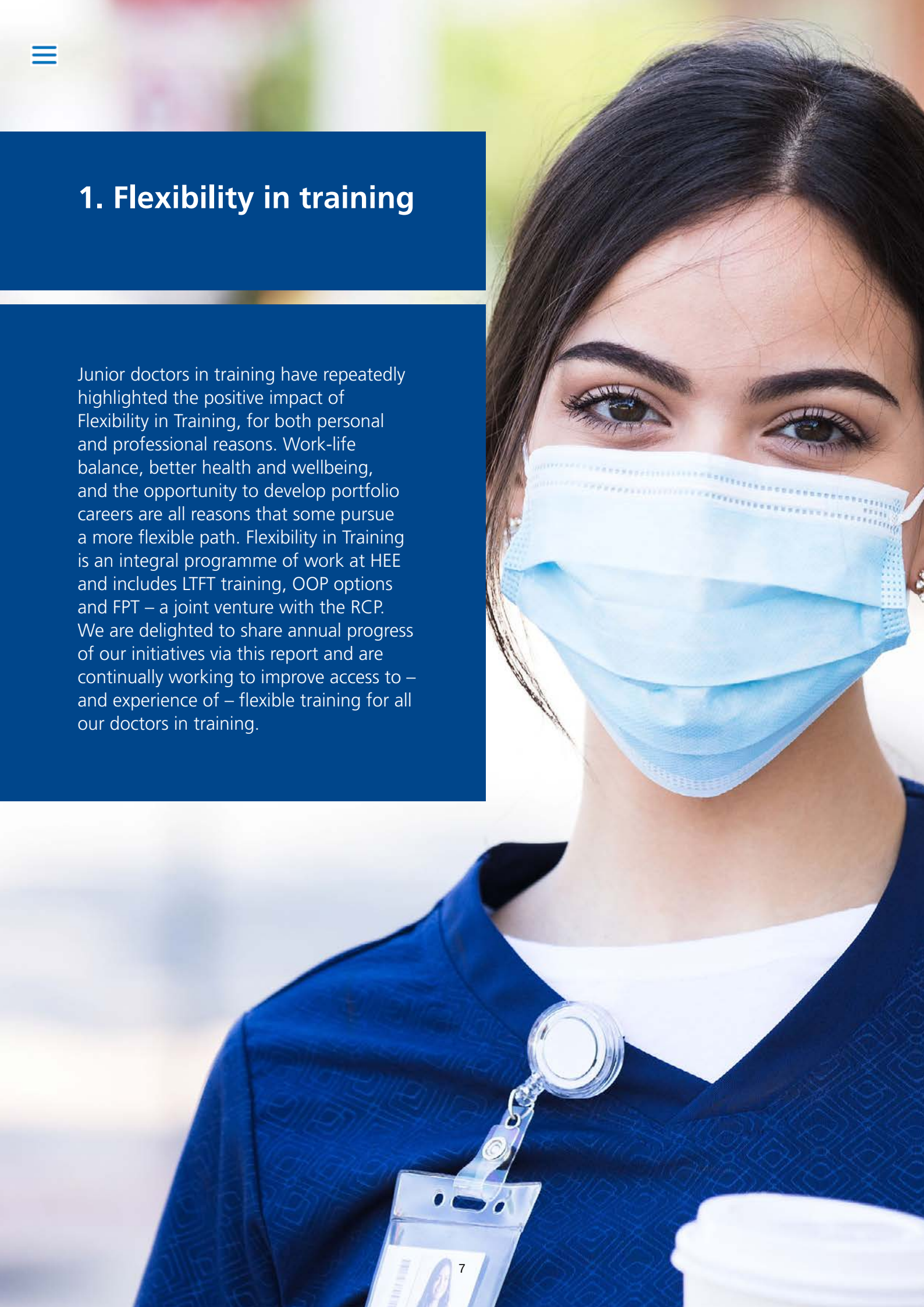
Our HEE FMLM fellows Dr Vidushi Golash and Dr Raees Lunat have improved communication between our central leaders and teams and our trainees across the country through their National Trainee Engagement Forum (NTEF). Next year and onwards, we look forward to the trainee engagement network influencing the EJDWL programme and many other core HEE initiatives.

This years report is longer to include the breadth of initiatives in a year when COVID-19 has highlighted the importance of the work and the wellbeing of doctors in training. Although we have continued to make significant improvements, there is still much to be done to ensure we have a valued, healthy, motivated, and empowered medical workforce. We look forward to continuing to work with junior doctors and across organisational boundaries to find solutions as an important part of the wider Medical Education Reform Programme.

Prof Sheona MacLeod
Deputy Medical Director,
Education Reform, HEE

1. Flexibility in training

Junior doctors in training have repeatedly highlighted the positive impact of Flexibility in Training, for both personal and professional reasons. Work-life balance, better health and wellbeing, and the opportunity to develop portfolio careers are all reasons that some pursue a more flexible path. Flexibility in Training is an integral programme of work at HEE and includes LTFT training, OOP options and FPT – a joint venture with the RCP. We are delighted to share annual progress of our initiatives via this report and are continually working to improve access to – and experience of – flexible training for all our doctors in training.



1.1 Less Than Full Time training (LTFT)

LTFT training has traditionally only been available to those with caring or health needs (LTFT Category 1) or those with unique opportunities for personal development (LTFT Category 2). Responding to valued trainee perspectives, HEE introduced a new flexibility initiative in 2017: LTFT Category 3.

Category 3 LTFT allows doctors in training to opt to train on an LTFT basis for an individual, professional or lifestyle need. The choice to train LTFT is not subject to any judgment, but it may be constrained by local service considerations. The aims at inception remain true to this day: to improve the lives of junior doctors by offering a flexible training option for those who may want it.

In 2017, 17 doctors in training entered the pilot, which started in Emergency Medicine as the specialty with high stress and attrition rates. In July 2020, there were 150 Category 3 trainees in England benefitting from previously inaccessible flexible training. The project has been evaluated at every stage, and this evaluation process continues.

Key findings from the first-year evaluation of LTFT Category 3 trainees in Emergency Medicine show:

- **95 per cent positive impact on trainee wellbeing**
- **92 per cent positive sense of work/life balance**
- **92 per cent likelihood of remaining in the NHS**
- **87 per cent desire to become a consultant in the NHS (58% in full-time peers)**
- **71 per cent achieved ARCP 1 (45% in full-time peers)**
- **65 per cent educators felt they were able to maintain a positive trainee relationship.**

Following the success of ongoing pilots in selected specialties, over the next 12 months we will be offering LTFT Category 3 to all specialty training programmes in England. The roll out will be in two waves with a lead-in period for both. Foundation training will shortly follow. Further information can be found **here**.

Less Than Full Time training through COVID-19

Working through a global pandemic has really highlighted the importance of individual wellbeing. Alongside volumes of anecdotal evidence, we have strong data from trainee surveys that wellbeing has been enhanced by the ability to work LTFT.

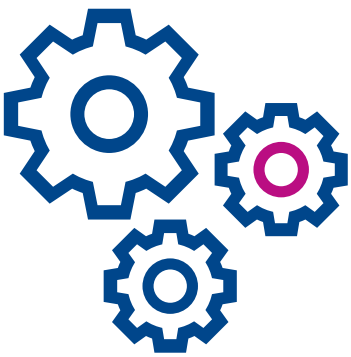
The majority of LTFT Cat 3 trainees were hugely satisfied with the initiative; trainees reported that their work-life balance had improved, even in the context of the COVID-19 pandemic. They felt less exhausted and/or burned out, were more motivated and able to provide better quality patient care. In addition, 91% agreed/strongly agreed that LTFT Cat 3 had increased their sense of job satisfaction.

Going forward

In 2022, **all trainees across all specialties will be able to apply for LTFT Category 3.**

Whether a trainee wishes to spend more time with their family or needs some time to recover from the pandemic, flexible training will be available as a potential solution.

For doctors in training: please speak to your supervisor or HEE local office to find out more about your individual options.

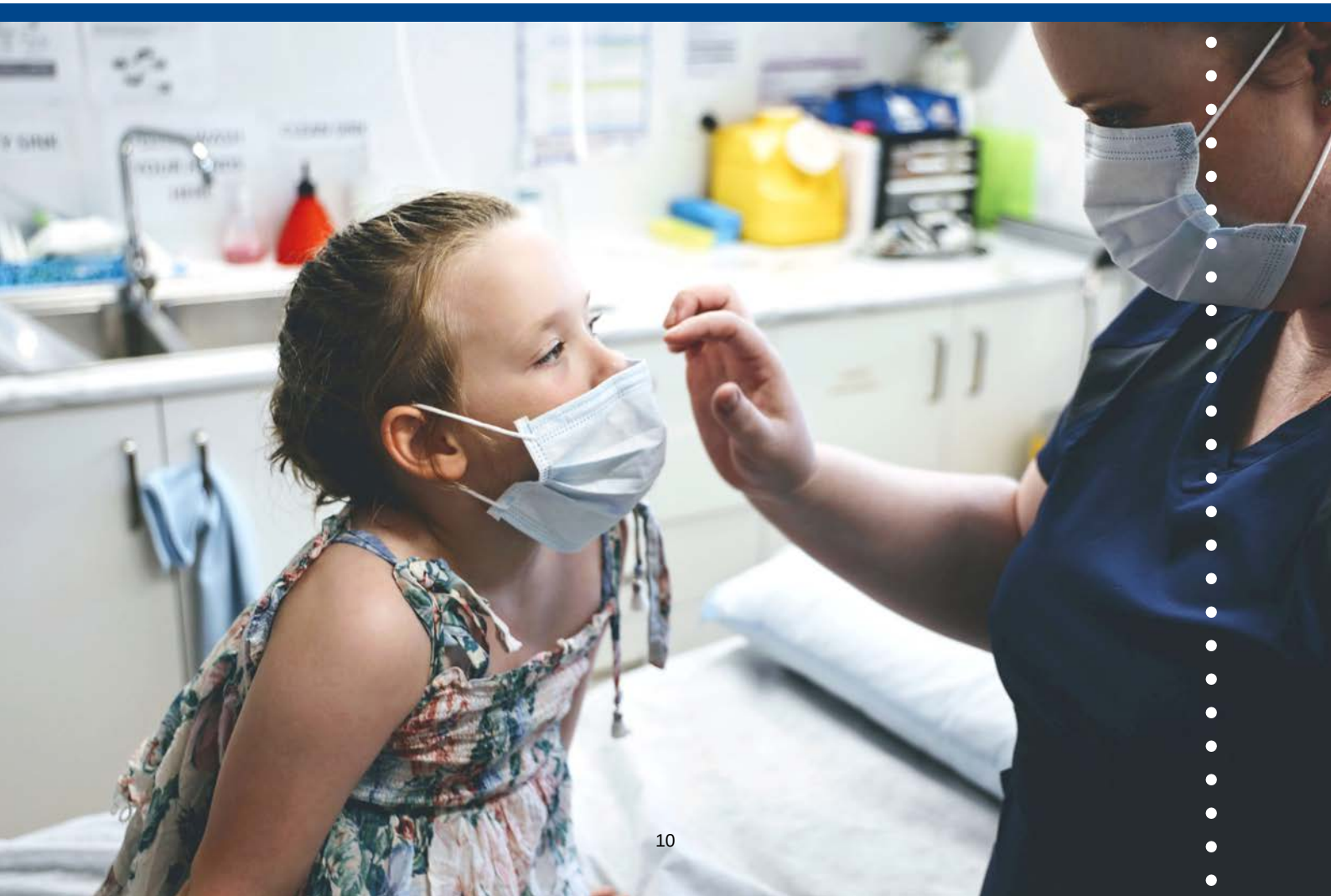


"I am very glad I went LTFT and had the opportunity to do so, especially since the COVID pandemic, which left me feeling shattered. The application process was easy and I was well supported throughout."

"Going to LTFT has changed my life. I feel completely different about work. I am happier, healthier and I feel a better doctor as a result."

"I definitely feel I have a better balance with work and life commitments. I feel I have more time to reflect on my work and build on existing knowledge – [I] would rarely otherwise have time to read up on interesting cases or consolidate knowledge."

Trainee perspectives gained from the RSM-UK Commissioned Evaluation on LTFT training, 2021



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

Another flexible training mechanism is Out of Programme (OOP). Previously, doctors in training could step out of their training programme for authorised reasons, such as research (OOPR), development experiences (OOPE), approved training (OOPT) or career breaks (OOPC). Since 2019, HEE has introduced a further option: the Out of Programme Pause (OOPP).

OOPP enables doctors in training, who have had at least two years of full registration with the GMC and are progressing satisfactorily, to apply for a new category of Out of Programme and undertake clinical work, within a UK-based organisation, and without the training assessment burden. Significantly, any competencies gained during OOPP can be assessed on the trainee's return to the programme and, if appropriate, counted towards their CCT. This differentiates OOPP from other forms of OOP.

The first phase of this initiative was launched in spring 2019, where OOPP was offered to Anaesthetics junior doctors in the East Midlands. Phase 2 commenced in summer 2019, with selected specialties in Wessex, North Central and East London, and the North East taking part, along with the remaining specialties in the East Midlands.

The local postgraduate dean continues to be the responsible officer for purposes of revalidation for trainees on OOPP. A three-year independent evaluation is underway and will provide interim reports to HEE on a biannual basis, to allow us to see what is working well and what can be improved. There has been four-country engagement via the Joint Academy Training Forum, in order to ensure that training initiatives are aligned across the UK while acknowledging that differences exist between the nations.

Expanding OOPP for trainee wellbeing through COVID-19

In response to the onset of the pandemic in Spring 2020, following wide stakeholder engagement and support from the GMC and devolved nations, it was agreed to expand the OOPP pilot as an offer to trainees across all specialties and locations in England for 12 months, to give trainees the option of stepping out of training if they wished.

In Spring 2021, as the effects of the pandemic on trainee wellbeing continue, having consulted with stakeholders and with the agreement of the GMC, we have extended the pilot for a further 24 months, enabling trainees to apply for OOPP until end of July 2023, when the first full evaluation of OOPP will be published.

"Can the competencies gained during OOPP contribute to my training?" The Gap Analysis Framework

In conjunction with the Academy of Medical Royal Colleges (AoMRC), HEE have been piloting the Gap Analysis Framework with OOPP junior doctors who have returned to training after a pause. This framework supports those involved in OOPP with guidance on how to approach the review of competencies when trainees 'step out and step in' during training programmes, assuring trainees, educators, and employers of patient and trainee safety. The gap analysis discussion considers what competencies have been achieved, or lost, during periods on OOPP (subject to confirmation at ARCP), with regards to experience and capabilities as outlined in both Generic Professional Capabilities and specific curriculum outcomes.

Why did you apply for an OOPP?

"[I] needed some breathing space from the training treadmill and revising for the next exam. [I was] even considering leaving medicine but found the Pause option, which enabled me to continue working whilst I made up my mind."

How long did you Pause for?

"[I] applied for a six-month Pause but actually returned earlier as I felt ready to get back. Having taken a Pause, I am far more likely to stay in training."

What did you most appreciate about the OOPP?

"[I] really enjoyed the break from the pressures of all the extra things related to training and could just do my job and gain some work-life balance. Thanks to the Pause, I decided to stay in medicine."

An OOPP trainee provided feedback via a survey, 2020.

1.3 Flexible Portfolio Training (FPT)

Flexible Portfolio Training (FPT) is an initiative within higher specialty training, run by HEE and the RCP, which protects one day a week (or 20 per cent full time equivalent) for additional professional development within a defined pathway theme.

The training scheme aims to meet the demand for flexible working in higher specialty training, and for doctors in training to engage in work that will benefit their broader professional development by providing protected time away from clinical medicine. FPT is directed towards prioritising 'hard-to-fill' training posts, which are often found in geographical locations or organisations with recruitment and retention challenges.

There are four pathway options, each of which exposes the trainee to different individuals, teams and networks that are not always visible in traditional, daily clinical work as a medical registrar. These pathways are:

- clinical informatics
- medical education
- quality improvement
- research

The first cohort of 43 portfolio trainees across eight NHS/HEE regions in England began in August 2019, followed by a second cohort of 26 trainees in August 2020. Health Education and Innovation Wales (HEIW) and a ninth region in England joined FPT for the second cohort. We currently have 56 trainees across the two cohorts.

Cohort three has been impacted by our specialties not recruiting this year due to the changing curriculum and IMT3. We analysed the possibilities for a cohort three and decided that recruiting ST4+ would be suitable.

The external evaluation has been awarded to a team at Newcastle University and we anticipate a full report will be available at the beginning of 2022. Interested parties can contact: flexibleportfoliotraining@rcp.ac.uk for more information or visit our **website**.

Delivering Flexible Portfolio Training through COVID-19

During the pandemic over this past year, the programme team at RCP focused on creating an FPT community to support our trainees. Through this:

- a Microsoft Teams channel has been created for trainees with the aim of bringing the group together to share information;
- drop-in virtual sessions have been organised;
- regular information sessions and educational events have been held, featuring guest speakers, medical leaders and medical educationalists relevant to the various pathways;
- the website has been updated to provide information for trainees on the scheme and for potential applicants seeking further information.

Much like all training pathways, various projects of our FPT trainees were disrupted due to COVID-19. However, we hope as service and training resumes, FPT will continue to be a valuable way to holistically train our medical trainees.

Project case study for a Flexible Portfolio trainee (Clinical Informatics)

My trust was planning to move from written to electronic documentation but COVID meant that this was needed much earlier than planned. As a Flexible Portfolio trainee on the Clinical Informatics pathway, I was excited to be involved in this transition. My aim was to improve patient safety by ensuring the quality of electronic documentation. My first step was to develop a generic ward round template according to national standards and I made sure to include sections on NEWS scores, VTE risks and treatment escalation decisions. I then liaised with clinicians to gain feedback on my proposed template. Electronic documentation has been successfully introduced in my trust and the benefits have already been appreciated. For example, we can now monitor a patient's progress remotely, which I feel is very empowering to clinicians. Another benefit we have identified is that paper notes can harbour pathogens and in the current context reducing the risk of contamination and transmission is imperative. Now that the template is in use, my focus is to gather more feedback and improve the form further. We are currently working on creating drop-down choices and tick boxes to streamline the form for user ease. The easier the form, the more time we can spend with patients!

I have learnt a lot from this project, developed new skills and an appreciation of how to implement a successful digital health project. Standards and guidelines must be followed for efficient patient care and must be considered when accomplishing digital health projects. It has shown me the importance of liaising with both clinicians and informatics technicians, and creating a dialogue between the two groups. I have helped facilitate communication between the two, which has been crucial to delivering a successful digital health project. As a flexible portfolio trainee, I have insight into both roles and a clearer understanding of each group's needs, which has been hugely beneficial. I have seen that these are revolutionary processes where there is always room for improvement. It has given me the opportunity to work on my leadership skills and a first-hand experience of creating organisational change. I am so pleased that we could move forward and achieve our goal of electronic documentation with the push of the COVID-19 pandemic.

Dr Lin Sanda Hlaing, Acute Medicine (FPT - Clinical Informatics), Wessex

1.4 Supported Return to Training (SuppoRTT)

With thanks to the success of the various mechanisms that allow doctors in training to train flexibly, approximately 5,000 (10 per cent) of junior doctors take approved time out of postgraduate training at any given time. Returning to training after a period of time out can pose unique challenges for doctors and their educators, best addressed with individualised planning and support. The SuppoRTT programme furthers HEE's commitment to develop innovative, evidence-based initiatives "to remove as far as possible the disadvantage of those who take time out".

As of April 2020, SuppoRTT transitioned to core business after several key benefits were identified for junior doctors accessing the programme. In its first-year evaluation report, these benefits included improved wellbeing, confidence and competence on return to training. This has been further supported by the second year evaluation report. HEE continues to distribute £6 million funding to returning junior doctors via the Returner Support fund on a yearly basis, with the remaining £4 million dedicated to supporting educational supervisor upskilling, Keeping in Touch days, SuppoRTT Champions and innovation projects.

Alongside an agreed consistent standard offer for returning junior doctors across England, funding is being used for initiatives such as:

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

The second-year evaluation report has recently been published and it reflected the significant work that has been undertaken by HEE to continue to support returning junior doctors during the pandemic. Key findings from this year's report included:

- COVID-19 response: Both nationally and at a local office level, SuppoRTT activities were designed and delivered flexibly in response to COVID-19. This included support for shielding trainees, online delivery of courses and wellbeing resources. Implementing online courses allowed local offices to reach more trainees and share resources between regions.
- SuppoRTT Champions: Champions are playing a key role in the delivery of SuppoRTT. Trainees of the programme found Champions useful as a supportive point of contact throughout their return to training.
- Awareness of SuppoRTT has increased since Year 1: The surveys indicate that awareness of the SuppoRTT programme has increased among all stakeholders since last year. The increased use of social media during COVID-19 played a key role in improving awareness among doctors in training and faculty since last year.
- Confidence, competence and knowledge have increased since year 1: Both educators and trainees considered SuppoRTT to have increased the confidence of these doctors in training, along with their competence and clinical knowledge. Some trainees indicated they would have been too overwhelmed to return to training without the programme.

SuppoRTT during COVID-19

In response to COVID and being unable to hold face-to-face SuppoRTT courses, HEE local offices rapidly designed and implemented activities for trainees to help support their return during the pandemic.

This included:

- offering support for shielding trainees (which included informal WhatsApp groups, local guidance and additional training materials);
- online courses (both new courses and online adaptations of previous face-to-face versions), which were accessed by over 1,500 registrants, including non-training registered doctors and consultants;
- wellbeing resources, including podcasts;
- the commencement of an immersive technology programme, which will provide immersive scenarios for shielding trainees and team-working scenarios for the returning trainee community.

Case study: South West support for shielding trainees

During the COVID-19 pandemic, many clinically vulnerable trainees were advised to shield away from the high-risk clinical environment. Maintaining wellbeing and continued professional development for our shielding trainees is an important part of supporting their safe and enjoyable return to training after the pandemic.

To ensure that shielding trainees' professional development was not adversely affected, the South West local office created the Shielding Trainee Springboard Scholarship Programme. The local office offered shielding trainees the opportunity to do various postgraduate certificate courses, provided by the University of Exeter and the University of Plymouth.

In addition, the office created a local shielding trainees peer-mentoring group to reduce feelings of isolation and for information sharing. The local office has also set up coaching support for trainees displaced due to COVID-19.

SuppoRTT clinical fellows

HEE have appointed the third cohort of clinical fellows to help develop and deliver the SuppoRTT strategy. The SuppoRTT fellows have undertaken work in key strategic areas, such as developing a mentoring network, the development of a suite of immersive technology scenarios that will be launched over the course of the year, and a revamped communications strategy to continue to promote and increase the awareness of the programme.

1.5 Champions of Flexible Training roles

The Champion of Flexible Training role was introduced in 2016 and made mandatory in the 2018 Junior Doctor Contract review. The role was designed to continue to create a shift in culture to give doctors in training more flexibility and more support in their training and any other commitments they have. Every LTFT trainee doctor or dentist should have access to a Champion of Flexible Training. The Champion is based at a Trust level and plays a strategic role in improving support for LTFT trainees, advocating for them where necessary.

Alongside the externally commissioned evaluation of Category 3 LTFT, for the first time we performed a survey of the group of Flexible Training Champions. The survey results are being analysed and will be acted upon accordingly.

"I have been involved with an LTFT FY1 trainee who had encountered difficulties maintaining her competencies during COVID. She was having difficulties with her clinical supervisor understanding her individual circumstances… We met face-to-face so I could offer her pastoral support… and also to talk about practical ways to complete her training, as well as ensuring assurances that she would be treated fairly. I liaised with the deanery team to clarify how things would work for her ARCP. I was then able to feed back to the foundation team, the DME and her educational supervisor about her needs and the situation. A plan is now in place and her training is back on track and she is appropriately supported."

A Champion of Flexible Working supporting an LTFT trainee during COVID shares her positive experience of the impact of her role as a Champion.

2. Recruitment and deployment

At HEE we oversee recruitment into postgraduate core and higher speciality training programmes. Applying for a job can be a stressful process for anyone, particularly when jobs are distributed over a large geography and competition ratios soar higher. To ensure recruitment has taken place in the last 18 months we have had to significantly change recruitment methods, sometimes at pace. Lessons are learnt after each recruitment round, but it is accepted that the processes, whilst getting better over time, have not always been perfect and we are aware there is more we can do. We continue to work to optimise equality, diversity and inclusion. This chapter details some of the progress and changes we are making as part of the wider work on workforce planning. We have also shared accounts of how the COVID-19 pandemic affected recruitment and deployment, and what we can learn from it.

2.1 Development of Dynamic Recruitment

The recruitment team at HEE is continuing to develop an improved experience for applicants and better fill for trusts through a more flexible recruitment process: Dynamic Recruitment. This will enable additional posts to be added when they become available, facilitating the applicant reserve list to be continually considered for new posts. This will allow a greater number of posts to be appointed to, with multiple start dates where required.

Existing rounds of recruitment will have longer offer windows and further, adaptable rounds will be added into the timetable to ensure vacancies are recruited to efficiently and to provide the greatest opportunity for applicants and trusts.

In summary, Dynamic Recruitment will:

- allow for multiple start dates to be advertised within the rounds of recruitment;
- allow the offer process to continue while there are still appointable applicants on the reserve list;
- add further posts into the process when they become available (subject to there being appointable applicants);
- allow additional specialties to any of the current three or four rounds of recruitment.

Equality and fairness in the recruitment process during the pandemic

When recruitment processes were changed as a result of Covid-19, work was undertaken to understand whether the processes in place were potentially discriminatory or could disadvantage any people or groups that share a protected characteristic.

Recruitment outcome data from 2020, was compared with data from the 2019 recruitment process. The statistical analysis found no significant adverse impact on any of the protected characteristics. In addition, an equality impact assessment was carried out by an independent consultant. This showed HEE anticipated the challenging environment which applicants were experiencing and took steps to meet the needs of protected groups and address the risk of potential discrimination and/or bias.

The full reports are available **here**.

What about recruitment in 2022?

All 2021 applicants were sent a survey to provide feedback on their experience of the Covid-altered selection processes. This will be used in conjunction with feedback from recruitment teams and clinicians to aid decision making on delivery of 2022 specialty recruitment processes.

Engagement is currently ongoing to develop recruitment plans for 2022 and 2023, working with trainee representation groups, Royal Colleges and the four health departments. The principles for the 2022 round, which opens in November 2021, will be agreed and published by July 2021 to provide as much notice as possible to applicants. The plans for 2022 on how individual specialties will select will be published ahead of applications opening in November.

Recruitment aims for the future

- **Reducing the complexity of recruitment** – The COVID recruitment contingency plans provide an opportunity to assess whether selection has evolved into too complex a process for some specialties. This is for applicants, panel members and administrators. Could we still recruit the same calibre of doctor through a more streamlined process, taking the learning from the last year?

- **Appropriate distribution and resource of recruitment** – New models of recruitment provide an opportunity to evaluate whether we have the right number of staff delivering recruitment and providing the right level of service to applicants and panel members. Historically, recruitment has been delivered with train and road connections in mind, but with digital delivery we could distribute the work more evenly, and perhaps provide a better service. This work will also highlight whether we have enough staff delivering this high-profile work.

- **Maximising the use of technology** – Reviewing the technology that is available to offer a better experience in digital selection. For example, applicants are keen for Multiple Mini Interviews (MMIs) rather than single interviews, so we are piloting technology to see if we can make that happen. We're also looking to see how data moves between systems, reducing human error and bias across systems.

This project will help ensure:

- recruitment plans can be future proofed, so that they are deliverable regardless of social distancing or other restrictions and will not need to be changed after applicants have applied, helping to streamline future recruitment rounds;
- applicants can understand the selection process that they will undertake before they submit an application;
- effective introduction of digital interviews;
- self-assessment, where used, will have evidence verification;
- a rescheduled timetable for recruitment to ensure as many applicants as possible can be interviewed;
- a timetable for offers extended to maximise the number of training opportunities available for successful applicants;
- we will continue to evaluate the impact on equality, diversity and inclusion.

Oriel 2

Oriel is the UK-wide portal and recruitment system for postgraduate specialty medical, dental and public health training vacancies.

Oriel enables applicants to register for training, view vacancies, apply, book interviews and assessment centres and manage offers, all within a single, central location. During 2020, HEE implemented the latest version, Oriel 2. Some benefits of Oriel 2 include:

- a more intuitive, modern design and layout of the system,
- improved application process,
- improved system navigation,
- more advanced support functions,
- ability to use filters when preferencing,
- ability to copy like-for-like sections from previous application forms,
- one application form across all foundation programmes (AFP, FPP and FP).

Success and lessons learnt from COVID-19

The initial COVID contingency plans, developed at short notice in 2020, showed both successes and areas for improvement. Based on this learning, principles agreed for the 2021 recruitment plans are:

- recruitment plans to be future-proofed, meaning that they are deliverable regardless of social distancing or restrictions in place and will not need to be changed after applicants have applied;
- applicants should be aware of the selection process that they will undertake before they submit an application;
- introduction of digital interviews;
- self-assessment where used should now have evidence verification;
- addition of digital interviews to contingency selection processes at the request of trainees;
- rescheduled timetable for recruitment to ensure as many applicants can be interviewed as possible;
- timetable for offers delayed to maximise the number of training opportunities available for successful applicants.

2.2 Trainee Information System (TIS)

Our Trainee Information System (TIS) programme is a national initiative to develop information systems for the management and administration of trainees and learners. The TIS Programme has been working with the National ESR Team to develop and implement an improved way to exchange data between HEE (TIS) and employer trusts. We have a developed a robust bi-directional exchange of trainee data, currently covering 191 trusts (of 210) and 91 per cent of our trainees. This means HEE data is now synchronised with data in trusts, improving data quality and availability of information for the Code of Practice. Work on implementing this in remaining trusts is continuing.

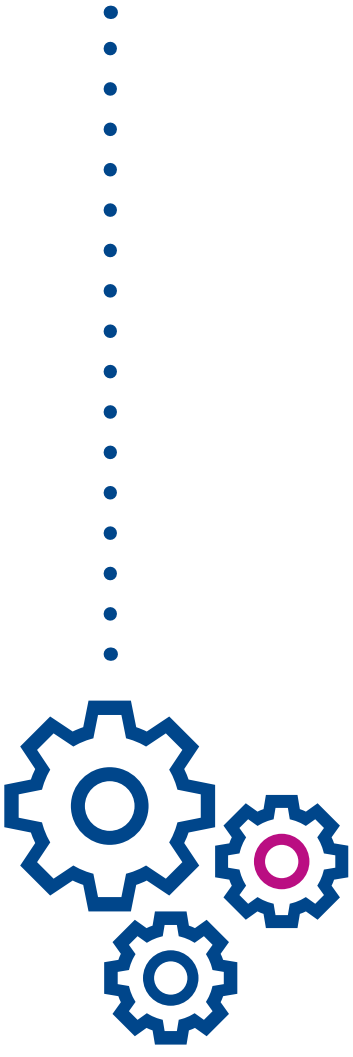
The TIS team is also engaging with the Enabling Staff Movement Programme, working on the development of a Digital Staff Passport for Doctors in Training (DiT), which will pull some key data from TIS. The development is being jointly led by NHS England and NHS Improvement, NHSX, and HEE, building on the success of the COVID-19 Digital Staff Passport, which has supported all types of staff to be shared when supporting the pandemic. The DiT passport has just completed its discovery stage and moved into alpha, where prototypes will be tested. A live minimum viable product passport should be available for testing with a small cohort of doctors by March 2022. The passport will remove the need for DiT to repeat employment checks and training, provided the passport is trusted by doctors and the organisations employing or hosting them during rotation. Successful collaboration has begun between a number of national bodies, including BMA, GMC and the Home Office, to enable its success.

What does this mean for our doctors in training?

For our doctors in training, these improvements to the Trainee Information System (TIS) mean the onboarding process when moving between placements will be significantly improved and simplified. We also anticipate that, by better syncing employer and HEE trainee information, reduced bureaucracy will make it easier to confirm rotas for trainees earlier than previously.

The TIS team is also developing a self-service function for doctors in training, in the form of an app that can be used on laptops or mobile phones. A pilot in May 2021 will eventually lead to coverage for all trainees. The initial version of the app will include information on forthcoming placements, and enable trainees to complete the Form R Parts A and B in the app. It will also enable doctors in training to see some of the data we hold about them. The app will address variation in the ways Form Rs are currently managed, and provide a common and improved online experience for doctors in training, with a high degree of transparency.

Once the app is fully deployed, other transactional processes, such as LTFT and OOP, will be added to ensure easy application and equity of experience for all doctors in training.



2.3 Redeployment during COVID-19

Training through the pandemic has been an incredibly varied experience for all. From exam cancellations to elective list suspensions, we fully acknowledge and appreciate that the pandemic has significantly disrupted training for all our doctors in training, and across all aspects of the system.

In response to the service need during the peaks of the pandemic, many doctors in training were redeployed from their training environments. This included both physical and functional redeployment, where trainees were physically moved from one location to another (physical redeployment) or the service use of their training environment changed such that training opportunities were comprised (functional redeployment). This varied at different times in different locations, with each wave of the pandemic having varied regional impact.

Recognising that pressures and solutions vary between regions, HEE postgraduate deans facilitated a local/regional approach to redeploying doctors in training on a specialty-by-specialty basis. Any proposed trainee movement was discussed with – and required the approval of – the local postgraduate dean and relevant directors of medical education before the formal redeployment of the trainee. This measure was to ensure training needs were continually considered throughout the pandemic and balanced with needs of service. Centrally, a live dataset of trainee redeployment and rotation pauses was documented, evaluated and escalated through HEE to ensure full awareness of the impact of redeployment on individual training.

Heads of school and training programme directors ensured that, wherever possible, in-programme teaching continued to be delivered by making adaptations (e.g. simulation, online learning, placing a greater focus on group learning and support) and using every opportunity to train where there was no continued risk to patient services. Early in the pandemic, clinical fellows at HEE produced a helpful **COVID advice guide for all healthcare learners** in a new environment, sharing practical tips on how to keep safe in personal and professional settings.

As the peaks of the pandemic and acute pressures on the NHS have gradually eased, redeployments have resolved and trainees are back in their training environments. However, there is more work to do with regards to training recovery. By working with cross-system colleagues in NHS England and Improvement, Academy of Medical Royal Colleges, and GMC and more, we are ensuring training recovery is at the heart of service recovery as the system begins to recover and resume after an unprecedented year.

3. Assessment and progression

The Annual Review of Competence Progression (ARCP) is a formal evaluation of doctors in training in the UK, which allows them to progress to the next stage in training, meets the needs of revalidation and ultimately serves as a quality assurance process to protect patient safety.

As outlined in the **Gold Guide**, the ARCP process involves reviewing evidence to arrive at a judgement of progression (known as an outcome – see Table 1). This is usually conducted by a convened panel of members, with oversight from external advisors. An outcome that allows progression signifies that the trainee is ready to move on to the next stage of training or complete their programme, whereas other outcomes warrant feedback to address any issues or provide a training extension (or removal from the training programme if appropriate).

The purpose of the ARCP is to ensure doctors in training meet the requirements to progress with training and GMC revalidation, and to ensure patient safety. The ARCP is not formally a root to provide careers advice or placement feedback, and these conversations are best held with educational supervisors. This **quick video** articulates the purpose and process of an ARCP.

3.1 Annual Review of Competence Progression (ARCPs)

Delivering the 50,000+ ARCPs that occur each year in HEE is always a challenge. To do this during the pandemic was even more so.

After consultation and feedback from trainees and representative bodies, there was a clear consensus that ARCPs should proceed under amended circumstances to allow learning and progression to continue as much as possible. Health Education England (HEE), along with the devolved nation Statutory Education Bodies, committed to ensuring that, where possible, no trainee should be delayed in progressing their training. After collaborative discussions with the Academy of Medical Royal Colleges (AoMRC), the GMC and trainee representatives, many temporary adjustments were agreed and are detailed below.

Principle changes made to the process:

- Panels convened remotely instead of in-person
- Two clinical panel members only
- No externality/lay panel members
- Amendments to the curricula requirements
- Decision aids produced for all specialties
- Introduction of new COVID ARCP Outcomes 10.1 and 10.2

In 2020, the GMC postponed the need for revalidation. Therefore the Form R was not formally needed in 2020. This requirement has now been re-established for 2021.

As a consequence:

- Between April and October (inclusive) 2020, we did 48,711 ARCPs
- Outcome 6 proportion of ARCP Outcomes maintained
- Number of Outcome 3s reduced slightly
- Outcome 10.2s and Outcome 3s increasing by a factor of 2-3 and becoming an increasing trend across the duration of the pandemic
- Numbers of Outcome 10.1s increasing across the duration of the pandemic.

Going forward we will aim to take the lessons learnt to refresh the ARCP review which was last published in 2018.

Lessons learnt from ARCP trainee feedback during COVID-19

- The delivery of ARCPs using virtual panels was welcomed by the majority of people involved.
- Different methods of frequent communication, although well intended, produced a degree of confusion.
- Supportive national webinars welcomed.
- Use of decision aids was seen a positive move.
- The increased reliance on holistic judgements rather than prescriptive amounts of evidence was welcomed and has accelerated the move to curricula that support this as an assessment methodology.
- Feedback from stakeholders, including trainees was important to establish the acceptability of changes made to the normal ARCP process.

4. Education reform programmes

Education reform is a key programme at HEE, and allows us to adapt and innovate existing educational offers to ensure doctors in training are equipped with the necessary skills to meet the demands of an ever-changing health landscape both in the present and future.

4.1 Enhancing generalist skills: developing the future doctor

Adaptability in skillset and the integration of skills across a variety of clinical environments has been key to the NHS COVID-19 pandemic response. Through this programme we hope to implement learning from improvements in cross-discipline, speciality, and organisational communication, and rapid training and redeployment. Harnessing the positive learning from the unpredictability of the last year to pivot on the findings of the **Future Doctor programme**, we are creating a wraparound development offer for doctors in their first five years following qualification.

The programme builds on existing Medical Education Reform initiatives to develop a universal professional development offer to enhance current training, focusing on embedding generalist skills early on in medical careers, allowing a broader future career for all doctors in training – the ambitious aim is future flexibility for all. Importantly, this programme does not aim to lengthen training, be burdensome for doctors in training, or create a new training pathway or CCT. Instead, we hope to enhance the skills of doctors by ensuring that generalist skills are embedded early on in medical curricula so they can be used throughout their career.

This new programme is currently developed with a wide field of stakeholders and aims to address a number of key 21st century health needs:

- to support future doctors to feel confident in meeting the complex demands of the healthcare landscape, while promoting self-care at individual, team and organisational levels;
- to address health inequalities and support equitable healthcare delivery across maturing integrated care systems, including remote, rural and coastal regions;
- to feel confident in co-delivering 'whole person' care for patients with multiple conditions;
- be fluent in shared decision-making and personalised care;
- become authentic, collaborative leaders and colleagues with a thorough grounding in human factors and team science;
- understand and address population health and care needs in the communities they serve by harnessing data, technology and contemporary research methodologies;
- apply their learning to address local health priorities and specific needs, such as homelessness, poverty, migrant health and other social justice agendas;
- become system literate across organisational boundaries with cross-cutting interests and skills in informatics, digital health and epidemiology.

Our approach does not alter established curricula or training pathways. We are not creating a new generalist specialty but broadening the expertise of specialists, including general practitioners, with a new vision of professional practice for the 21st Century – working in collaboration to reduce health inequalities and support delivery of care across all types of health and care settings.

The development offer has been designed to deliver the GMC Generic Professional Capabilities through innovative blended learning opportunities, supplementing existing training with a focus on enhancing generalist skills and future portfolio careers.

Each HEE region will be supported by a lead educator with defined administrative support, who will work with a wider group of local stakeholders to make the educational concept a reality.

The programme will ensure that future doctors are empowered to deliver high-quality healthcare, are able to work across system boundaries thereby changing the current landscape of service provision, and feel valued and rewarded in a wider range of flexible and sustainable career paths.

How COVID-19 shaped the proposal for education reform

- The value of systems literacy was realised at all levels – treating leadership as a skill to be developed in all professions, with a flat hierarchy that supports autonomy, belonging and competence.
- The need to understand and address population health is a priority.
- Going forward, consideration of social inequity and marginalised communities, with the challenge of digital literacy, will be key to addressing health inequalities.
- Prioritisation of staff wellbeing and promotion of self-care, addressing hierarchy of needs, is key to sustaining a healthy, engaged and empowered workforce.
- Importance of teamwork, mitigating human error and interaction with technology.

How are trainees involved in this work?

The programme is in creation phase at present, and a core tenet of the team's approach is for trainees to be involved in every aspect of development. To date we have consulted with the BMA JDC, AoMRC ATG, RCP trainees' committee chairs, and the FMLM fellows' forum of current and past fellows. These representatives are members of the assurance board, development groups and trailblazer forums, with each smaller working group also comprising a trainee. Further engagement is planned with the newly formed HEE NTEF, as well as with the seven HEE regions.

4.2 GP specialty training reform programme

The expansion of GP Specialty Training places to 4,000 per year and the increase of training time spent in general practice (now 24 months from 18) provides an opportunity to reform the way we train GPs. GP Specialty Training programmes of the future will provide high-quality training and education, leading to sustainable GP careers that best serve the local population and needs.

The programme has been created to consider areas of best practice from local models of delivery, as well as further explore opportunities to reform GP specialty training based on several cross-cutting themes and specific priority areas. These were developed prior to the COVID-19 pandemic but application is informed by lessons learned and the headlines are even more pertinent.

The themes and priority areas are:

Four themes

- Compassion, holism & quality of care
- Equity, diversity and inclusion and differential attainment
- Social justice, social partnership & social accountability
- Quality of education & training

Four priority areas as detailed in the Long Term Plan, all reinforced through the impact of COVID-19

- Mental health
- Cancer
- Technology
- Population health

Historically, training has only been in training practices. The GPST Reform Programme will diversify and extend training opportunities through a model of training Primary Care Networks. At present, place-based training pilots have been set up in each region to test innovative models of training.

Trainees will be equipped to provide high-quality care to meet the need of individual patients and local populations. Training places will be high quality, sustainable and appropriate for the needs of learners, with a focus on what it means to be a modern GP. In addition, the programme will include reform of models and methods of educational supervision. GP education and training will be compassionate, responsible, fair, and inclusive, and supportive for learners of all backgrounds and will address issues of differential attainment.

How did COVID-19 influence this reform?

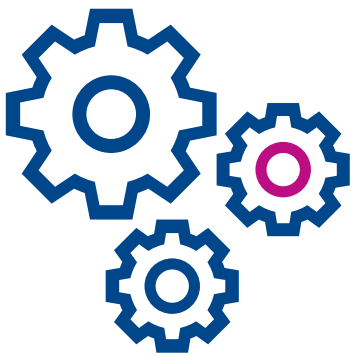
Primary Care provision changed overnight as part of the response to COVID-19. Total triage and virtual consultations were implemented at pace. This rapid change has reinforced the need for training to be reviewed and reformed to ensure that our future GP workforce meets the needs of a post-pandemic world.

4.3 Foundation review

The transition from medical school to foundation training is a challenging time for trainees. In collaboration with Royal Colleges, the Medical Schools Council, the General Medical Council (GMC), the British Medical Association (BMA), and trainees, HEE published Supported from the start; ready for the future in summer 2019. The Postgraduate Medical Foundation Programme Review made recommendations about improving that transition period and highlighted the importance of making the NHS an appropriate environment for individuals to learn and work – a key theme in the NHS People Plan.

During the last year, HEE has published a suite of resources to embed several of the review's recommendations. These include:

- Guidance around shadowing for Foundation Year 1 doctors to support the transition from Medical School into the Foundation Programme, allowing the doctor to become more familiar with their work environment and thus supporting the delivery of high-quality care. The guidance was introduced as good practice in 2020 and will be measured through HEE's Quality Processes from 2021.
- A 'Quality Charter' to support Local Education Providers (LEPs) in caring for foundation doctors. The charter covers areas such as induction, supervision, out-of-hours working, creating a supportive environment, and improving educational experience. To accompany the charter, good practice guidance has been developed. As with shadowing, adherence to the charter will be monitored through HEE's Quality Processes from 2021 onwards.
- A website to offer guidance to trainees who choose to take a break from training following completion of the Foundation Programme. The website signposts resources and offers guidance on careers planning and pausing training.
- Guidance on 'near-peer' support for foundation doctors, which builds upon the suggestion to LEPs within the Quality Charter that a buddying system is introduced to match senior doctors in training with foundation doctors. Work with the Academy of Medical Royal Colleges is continuing to help advance plans for senior doctors in training to help more junior colleagues in formal and informal ways.
- Introduction of wellness check-ins and mental health disclosure resources was piloted with Interim Foundation Year 1 Doctors (FiY1) and is now being disseminated.



Over the course of the Foundation Programme Review, we heard that foundation doctors are often unable to find time within the working week for essential non-clinical activities such as working on their ePortfolio, meeting with supervisors, and developing skills in teaching and QI.

In August 2020, all English trusts with foundation doctors were required to include self-development time in the work schedules of Foundation Year 2 (FY2) to also cover Foundation Year 1 (FY1) doctors. FY2 doctors were required to have a minimum of two hours per week of self-development time. For FY1 doctors, the aim was a minimum of one hour. After evaluating the first year of this scheme and listening to feedback from the system and from doctors in training themselves, it has been determined that from August 2021 all FY1 and FY2 doctors will have a minimum of two hours on average per week of SDT time. The evaluation showed that doctors found the time incredibly useful for undertaking activities, including reflecting on practice, quality improvement activity and exploring potential career and specialty options. The implementation of this has been developed alongside provider organisations, many of whom have been incredibly proactive in re-implementing this time during the significant service challenges posed by the pandemic. This programme was developed as a direct result of the Foundation Programme review and we hope over the coming year this protected time allows foundation doctors to focus on their non-clinical responsibilities needed for progression.

We are continuously trying to improve the preparedness and experience of medical students transitioning to become foundation doctors. The COVID-19 pandemic affected the clinical experience of many students in their final year at medical school, with some having reduced or altered clinical exposure. As a result, HEE and the devolved nations have agreed to fund an optional extra five days shadowing for new FY1 doctors in August 2021. We hope this will increase confidence in the workplace while allowing incoming foundation doctors to get to know senior medical colleagues in their team, meet the other healthcare professionals in their new workplace, and become familiar with their new clinical environment before formally starting work.

Case study from The Royal Surrey Hospital: self-development time for foundation doctors

The Royal Surrey NHS Trust incorporated its own version of self-development time (SDT) as part of the new Junior Doctor Contract (JDC) in 2016. The trust calls it 'supported professional activity' (SPA) and, while the hours allocated to FY1 and FY2 doctors differ from the SDT time recommended by the Foundation Programme Review, the trust says the two hours per week for each doctor works well. It allows this time for all its doctors, not just foundation trainees, which, says the trust's Director of Medical Education, Dr Jane Tilley, is important in keeping staff morale high. More information here.

Lessons learnt from COVID-19: Foundation Interim Year 1 (FiY1)

The COVID-19 pandemic brought sudden surges in demand for healthcare services throughout the whole of the United Kingdom. This, combined with proportions of the healthcare workforce being unable to work due to COVID, isolating due to positive contacts, or shielding for personal reasons, led to widespread workforce shortages.

In Spring 2020, to address this potential workforce shortage, HEE together with the Medical Schools Council (MSC), the General Medical Council (GMC) and the UK Foundation Programme Office (UKFPO) proposed that final-year medical students who graduated early could offer to work as paid "interim" foundation year doctors (FiY1) in the NHS.

The eligible medical students had passed all exams and competencies and were due to begin work in August 2020. Many of these students had their medical 'elective' placement (most often in a foreign country) cancelled due to COVID-related travel restrictions. Therefore, offering them employment in the NHS was a safe, effective, and valuable method to increase clinical workforce supply.

To allow this to happen, HEE worked closely with the GMC to bring forward the date from which applications for provisional registration could be made, thereby allowing FiY1s to practise under supervision. The UKFPO worked with Foundation Schools to allocate FiY1 posts nationally. NHS providers then employed individual FiY1s, with HEE overseeing the quality standard of FiY1 posts nationally.

Of the 7,588 UK medical school graduates in 2020, 5,607 medical students volunteered to be FiY1s, with 4,700 of those who volunteered being deployed across the UK. Based on data collected, approximately 3,800 were employed by NHS providers in England as FiY1 doctors. HEE undertook a survey of FiY1s in England between 1st June and 3rd July, gathering 622 responses (response rate 16.4 per cent). The survey asked questions relating to quality of placement and support available. When asked if they felt 'very supported clinically', 87 per cent agreed or strongly agreed.

4.4 Population health fellowship

The National Population Health Fellowship was launched in February 2020 for 16 fellows across the seven HEE regions. As part of the programme, fellows embark on a year-long part-time fellowship (i.e. two days a week alongside their substantive clinical post) and pursue a population health project that is combined with a formal taught programme. We are now in Cohort 2 of the programme, which will see the programme expand to 21 posts (three in each HEE region). The expansion will enable the growth of a network of like-minded clinicians, who will be able to utilise their acquired competencies to incorporate population health approaches into their local work systems, in order to improve patient outcomes.

The Cohort 1 evaluation has helped us learn ways in which we can improve the fellowship experience for the second cohort. For example, changes are planned for the projects and the level of supervision, and, depending on the COVID-19 restrictions, we are incorporating more face-to-face learning and networking opportunities as well as maintaining the virtual style for the sessions where that is preferable.

The Population Health Fellowship will be one of the options to upskill workforces in population health. It complements work with Integrated Care Systems, led by the NHS, to improve the health and wellbeing of local populations through population health management approaches. HEE is also developing an online learning resource that will extend population health learning to all junior doctors. This resource is based on a core population health curriculum and will signpost to available resources. This will be available as an interactive online learning tool that will sit on the e-Learning for Healthcare (e-LfH) platform.

Testimonials from Cohort 1 Population Health Fellows

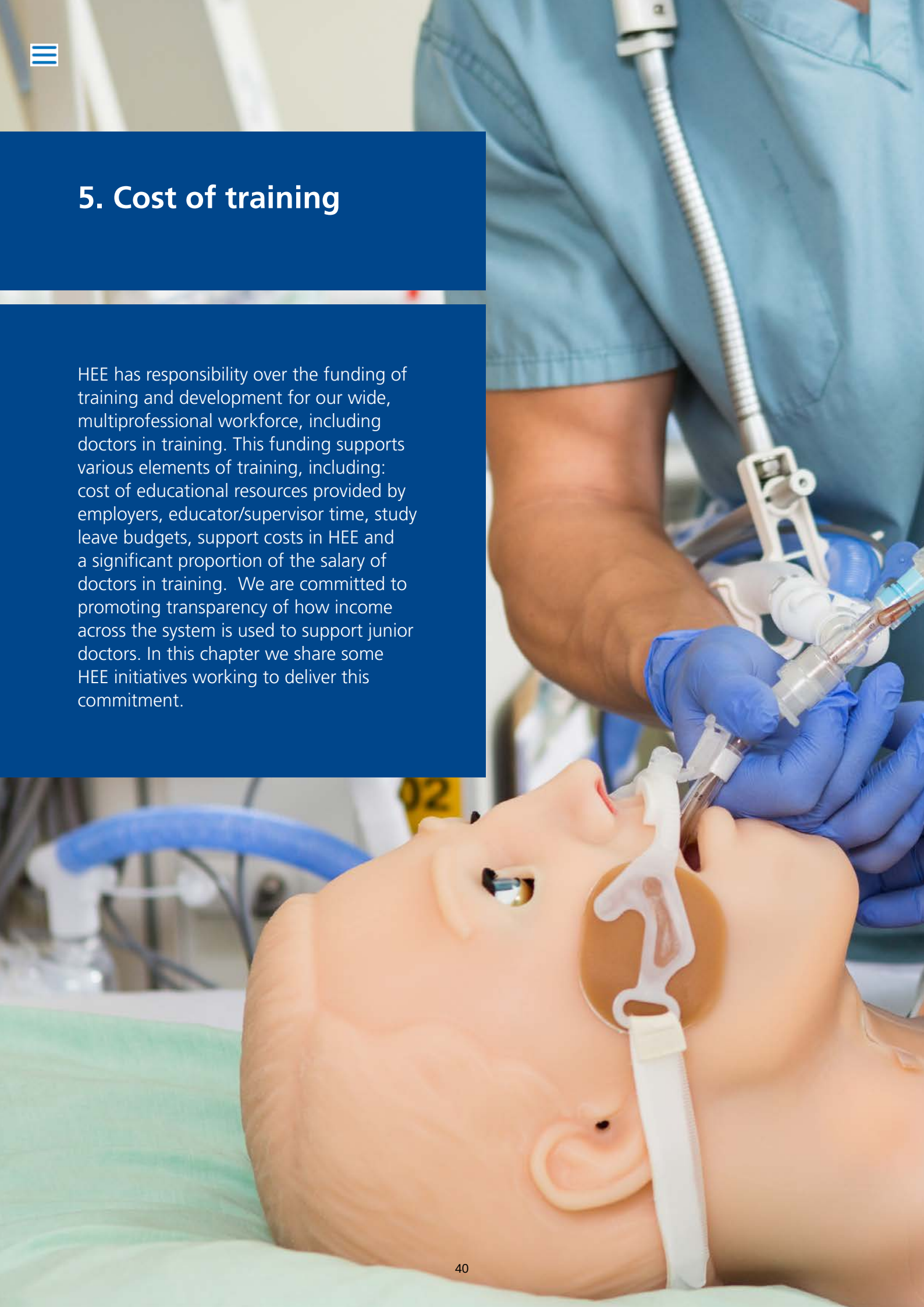
"The way in which I am beginning to think about people and projects is changing. My thoughts are being reframed to think about populations of people."

"I am working with a county council and writing a joint strategic needs assessment on food poverty. I am working with charities, public sector organisations, a university and members of the public to develop an understanding of food poverty, including services available to those experiencing food poverty, at a country level. It is hoped that this work will go on to inform future policy."

"I have been incredibly excited for the fellowship to start and to develop a network with peers who are also driven by creating sustainable change. I enjoyed being able to see and speak to my colleagues about their own experiences and share learning."

5. Cost of training

HEE has responsibility over the funding of training and development for our wide, multiprofessional workforce, including doctors in training. This funding supports various elements of training, including: cost of educational resources provided by employers, educator/supervisor time, study leave budgets, support costs in HEE and a significant proportion of the salary of doctors in training. We are committed to promoting transparency of how income across the system is used to support junior doctors. In this chapter we share some HEE initiatives working to deliver this commitment.



5.1 Improving transparency in the cost of training

There has been an ongoing commitment from all Royal Colleges to be transparent in the use of income obtained from doctors in training, e.g. for examination fees etc. Colleges have worked with their trainee groups on how best to achieve this. For example, the Royal College of Psychiatrists is one of several colleges to have issued a financial report articulating how they spend their exam-related income. The Academy Trainee Doctors' Group (ATDG) is continuing to encourage transparency and is sharing best practice in achieving this.

How has this programme been affected by COVID-19?

The COVID pandemic has led to a very significant change in the mechanism and delivery of examinations, with a general move to online/virtual provision. This has led to a change in the costs, logistics and delivery of exams. Understanding the impact of this change in terms of costs, demands and development is important, and consideration is being given to how best to provide relevant information to allow trainees insight and to offer transparency. This will be a subject to be explored further in 2021/22.

5.2 Study budget

The HEE Study Leave Group continues to meet regularly with wide representation, including from the BMA Junior Doctors' Committee.

The Study Leave Group in 2020 devised and published a new national approach to Study Leave Appeals and has also published an HEE Study Leave Report, summarising key developments and spend per region for financial years 2018/19 and 2019/20. An annual report will continue to be published.

HEE's current approach to study leave remains unchanged, as we assess the impact of the pandemic.

All HEE study leave documents can be found via the website **here.**

Going forward from COVID-19

Key workstreams for 2021/22 will focus heavily on COVID-19 recovery. However, the ongoing development of a national solution for recording and managing Study Leave data on HEE's national Trainee Information System (TIS) will also be a priority.

6. Engaging with doctors in training

At HEE, we want to work with and for our doctors in training. We're always looking to improve how we listen, engage and act on trainee feedback – it's fundamental to the work we do, to ensure we're best preparing and supporting the training workforce so they can best care for their patients.

We have multiple mechanisms for engaging with doctors in training, covering all levels of the system. Trust-level feedback feeds into regional trainee forums, which work closely with their postgraduate deans and HEE local offices to listen, discuss and act on feedback. A milestone achievement for HEE this year was the launch of the National Trainee Engagement Forum (NTEF) – a network for all HEE regional trainee forum representatives. The NTEF is a community of grassroots trainees, serving as an interface between HEE National and the front line. More information can be found in the pages that follow.

The table below summarises some of the vehicles HEE operates for national-level trainee engagement.

	Postgraduate medical education – trainee engagement mechanisms	
	Internal (HEE)	**External**
National Forums	**HEE's National Trainee Engagement Forum (NTEF)** • Grassroots representation of trainees from all regional trainee forums (which are informed by local/trust-based trainee forums) • Chaired by doctors in training • Allows cross-regional collaboration and sharing of best practice • Opportunity for direct interaction between HEE National and front-line trainees • More info **here**	**BMA Junior Doctors Committee (JDC)** • Comprised of elected junior doctors from national and regional committees • Chair and deputy chair for education and training invited to various HEE meetings to represent trainees • More info **here**
	HEE/AoMRC's Medical Education Training (MET) Forum • A forum of Royal College and faculty leaders with HEE and the BMA • Trainee voice is key to this forum and represented via the ATDG representatives	**Academy Trainee Doctors' Group (ATDG)** • Comprised of doctors in training from all colleges & faculties • Chair/executive committee of ATDG invited to various HEE meetings • Updates **here**
National Surveys	**National Education & Training Survey (NETS)** • For all multiprofessional learners • Asks about quality of learning environment • Runs twice a year (Nov & June) – reports **here**	**National Training Survey (GMC)** • Two users: – Postgraduate doctors in training – Trainers • Annual survey, reports **here**
	Pulse survey • Conducted by HEE Stakeholder teams with individual trainee representatives, most recently with ATDG.	
	Programme-specific trainee involvement, engagement and surveys	

6.1 National Trainee Engagement Forum (NTEF)

The National Trainee Engagement Forum at HEE is a network of regional trainee representatives from various specialities across all regions in England, who form a community of grassroots doctors and dentists in training. The NTEF serves as a communication platform for trainees, facilitating sharing of best practice, providing inter-regional support and bringing local, practical perspectives into national discussions. The NTEF was launched by two clinical fellows at HEE National in March 2021, as a mechanism for HEE to interact better and directly with trainees on both a regional and national level. The NTEF aims to serve as a sounding board for HEE policy and reform ideas, providing doctors and dentists in training with a safe space to be the valued 'critical friend' to HEE.

The NTEF currently consists of medical and dental learners. However, it will continually evolve to serve its members. The longer-term vision for the forum is to be truly multiprofessional in nature, reflecting the increasingly multiprofessional teams who deliver modern-day healthcare.

The NTEF is also proud to host regular Insight Events, open for all to attend in the current format of webinars. These Insight Events bring together senior NHS leaders, internal HEE staff and the wide multiprofessional training workforce, as the healthcare service of the future. Various topics are shared and openly discussed to co-create HEE's future strategy. For example, in June 2021 we were delighted to host Chief Medical Officer Prof Chris Whitty to discuss 'How can HEE and doctors in training help address health inequalities?' alongside Prof Wendy Reid and a panel of front-line doctors in training. By making these important strategic discussions visible and accessible to all, HEE aims to be transparent and inclusive in our future vision and bring everyone along on the journey.

If you would like to get in touch regarding the NTEF or our Insight Events, or you have any suggestions for discussion ideas or guest speakers, we'd love to hear from you. **Please email ntef@hee.nhs.uk**

More information on the NTEF can be found **here**.

Case study from Thames Valley LTEF (Local Trainee Engagement Forum)

"The NTEF has provided a platform to share good practice, discuss upcoming challenges for doctors in training, and develop leadership skills in a national forum – it is very positive to see trainee representation featuring more prominently at all levels within HEE. As chairs of a well-established LTEF in Thames Valley, we have also really enjoyed being given the opportunity to share our experience by mentoring other areas who are developing these important groups as part of the NTEF, and look forward to continued involvement in this work."

Dr Laura Oakley and Dr Tom Barge – LTEF co-chairs, Thames Valley

NTEF Insight Events

March 2021: "What does postgraduate medical training look like after COVID-19?"

HEE's new National Trainee Engagement Forum was launched in March 2021, with the inaugural Insight Event welcoming over 120 trainees, educators, education support teams, HEE employees and wider system colleagues. We discussed 'what does postgraduate medical training look like post COVID-19?' and welcomed guest speaker Celia Ingham-Clark, Medical Director for Clinical Effectiveness at NHS England, to open the discussion on behalf of our stakeholder partners. Prof Wendy Reid, Director of Education & Quality and Medical Director at HEE, continued the dialogue to share HEE's future plans around generalist schools and education reform. The discussion held a strong momentum and was directed by questions posed from audience members.

May 2021: "How can HEE and doctors in training help address health inequalities?"

Our second Insight event was held in May where we were delighted to welcome Prof Chris Whitty, Chief Medical Officer, Prof Wendy Reid and Dr Navina Evans, Chief Executive HEE to discuss "How can HEE and doctors in training address health inequalities". It was a fascinating discussion attended by almost 400 individuals with Prof Whitty highlighting "If you are not interested in health inequality, then are you interested in health?". Prof Reid explained how tackling health inequality is a key underpinning value for medical reform at HEE and how HEE aims to produce trainees that influence the healthcare system throughout their careers by equipping them with the tools through their training. A full recording of the event can be found here. We were delighted to bring one of the most influential doctors in the country to a forum where they can directly hear the experiences of trainee doctors. These interactions leave the trainee cohort feeling empowered, stimulated and motivated while providing challenge which allows for constructive and authentic feedback to central teams and senior leaders.

Feedback reports that attendees highly valued hearing directly about HEE's future vision, as well as having the opportunity to ask questions directly to senior leaders. This included both HEE internal colleagues as well as doctors in training. Going forward, we plan for these events to be reflective of our multiprofessional and integrated health service. Any suggestions or ideas for Insight Events are always welcome – let us know your thoughts at ntef@hee.nhs.uk.

Dr Vidushi Golash & Dr Raees Lunat
Co-chairs National Trainee Engagement Forum 20/21

Case study from Yorkshire & Humber LTEF

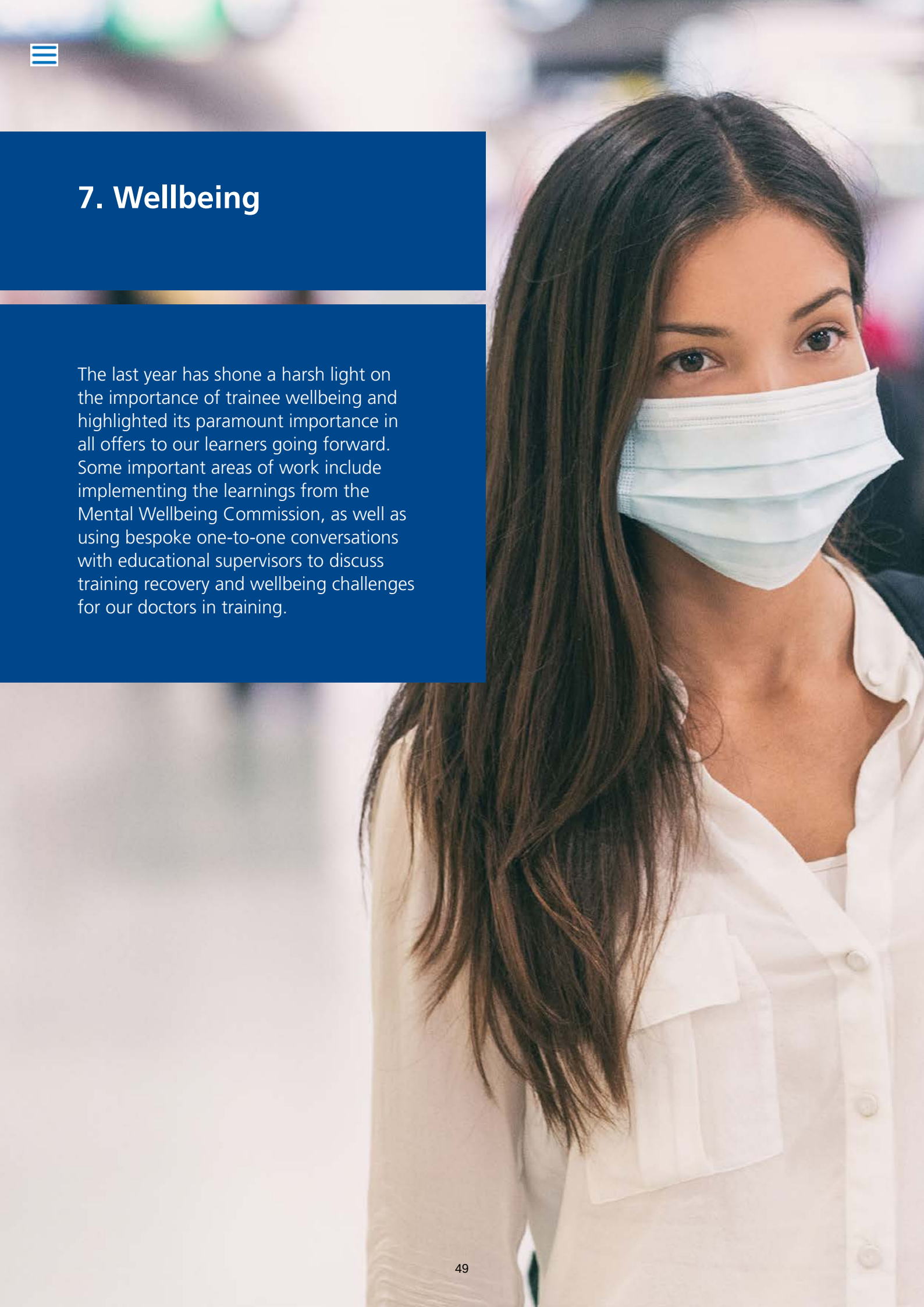
"The Yorkshire and Humber Trainee Forum is a group of trainees across our large region coming together to ensure the trainee voice is heard, considered and prioritised in decisions and policies made by Health Education England regionally. By creating a group that is passionate about ensuring positive change, where trainees are equitably represented, we aim to drive improvements in quality of education and training, particularly since the impact of the COVID-19 pandemic, and ensure wellbeing and support. We are already working collaboratively with HEE to ensure trainees are on panels and working groups and are well represented at crucial meetings held by HEE, deans, associate deans and trust management networks. This aims to ensure trainee perspectives are being respected during decision-making. The Trainee Forum is making efforts to create a two-way conversation between HEE and junior doctors and dentists in training.

"The National Trainee Engagement Forum (NTEF) has been an excellent way to network, collaborate, share ideas and inspire 'blue sky thinking', particularly with imaginative and ambitious initiatives. In Yorkshire and Humber, the trainee forum is already working on improvements to our study leave policy to make it a fair and equitable process, and the creation of an Education, Training and Wellbeing Charter to ensure prioritisation of enhancing learning, training and support to reach competencies, to grow the medical/dental workforce in the region. This charter was inspired by discussions during the NTEF meetings, whereby West Midlands trainees have collaborated with HEE and trusts in their region to create a West Midlands Charter. We hope further collaboration and discussion will inspire future regional and national projects for the betterment of trainees across the country."

Dr Annabelle Carter – TEF Chair, Yorkshire & Humber

7. Wellbeing

The last year has shone a harsh light on the importance of trainee wellbeing and highlighted its paramount importance in all offers to our learners going forward. Some important areas of work include implementing the learnings from the Mental Wellbeing Commission, as well as using bespoke one-to-one conversations with educational supervisors to discuss training recovery and wellbeing challenges for our doctors in training.



7.1 NHS staff and learners' mental wellbeing commission

The COVID-19 pandemic has placed considerable strain on our doctors in training. This includes direct personal impact, loss of family, friends and colleagues, and the prolonged impact of providing care. Although the pandemic has impacted all trainees in some regard, those in intensive care and high dependency roles have been particularly affected. Some trainees have been redeployed directly into COVID-19 care roles, while others have found the care they would expect to provide distorted and have had to adapt to new ways of working. Multiple trainees have also needed to shield carefully during this uncertain time. The impact of providing this level of care over a sustained period is clear, with evidence pointing to higher levels of distress.

Feedback from our doctors in training highlights that a key factor for wellbeing at work is feeling valued by their employers. There continue to be numerous examples of treatment of trainees that does not meet the standards employers aspire to.

While there are some targeted interventions as part of the 'wellbeing recovery response', many of the changes in trainee support that were introduced during the first wave of the pandemic were the support measures that HEE already advocated, including access and signposting to wellbeing services, the provision of psychological safe rest spaces – including on-call rooms – and 24-hour access to food and drink.

HEE's NHS Staff and Learners' Wellbeing Commission recommendations included:

- establishing NHS Workforce Wellbeing Guardians in all NHS organisations;
- Wellness Inductions for all learners as part of induction to raise awareness about personal wellbeing and signpost to resources and support;
- mental health disclosure and support – published advice for learners and supervisors.

Wellbeing Guardians are now being introduced across the NHS. HEE deans and FMLM fellows developed resources for doctors in training, educators and wellness champions. The continued implementation of these is vital.

We have worked with the People Directorate at NHSEI to develop a system-wide NHS Support package that directly accounts for doctors in training. The NHS People Plan confirms that all new starts from October 2020 should have a health and wellbeing induction, and this includes all rotating doctors. The Wellness Induction ('health and wellbeing induction') is not an assessment of wellbeing or a health check. It is aimed at supporting NHS learners through raising awareness of their own wellbeing as part of a routine induction process, and signposting doctors in training to support and resources. It is a 30-minute wellbeing meeting, which is offered to all NHS learners, and will be conducted via video-teleconferencing or face-to-face by a trained NHS Wellness Champion. The induction will be held within 2-4 weeks of the learner starting their placement. It is important that colleagues who find their mental health impacted by their work, including the COVID response, and those with mental ill health, know they can talk about it with their supervisor and receive help if they need it. During the pandemic we saw some real advances in wellbeing with protected doctor space, a real focus on nutrition and hydration, and employers coming together with educators to ensure that doctors in training felt valued, supported and cared for. Over the next year we hope to see this become a sustained, system-wide commitment.

Those in a position of authority have a key role in creating the conditions whereby work is a supportive environment for learners and staff to thrive. Speaking to learners about their mental health is often perceived as a challenging issue, and supervisors may not feel confident doing so. Therefore they should be supported to have these conversations, know what is required of them, and receive guidance on how they can help if they are approached by a learner or colleague who is experiencing mental ill health. Resources were developed to (i) encourage and support learners to feel safe talking about their mental health at work, and (ii) support supervisors to assist learners who disclose a mental health problem. Both sets of resources were piloted with COVID FiY1s and are now being disseminated more widely, including use in individual trainee recovery reviews.

Lessons Learnt from COVID-19

- That the learning from and recommendations of the NHS Staff and Learner Mental Wellbeing Commission were all implemented or applied on, before, or during the response to COVID, with the key being getting the basics right.
- Many of the changes in trainee support that were introduced during the first wave of the pandemic were the support measures that HEE already advocated, including access to support, the provision of psychological safe rest spaces – including on-call rooms – and 24-hour access to hydration and nutrition. It is vital that these continue.

Case study: resources for supervision of trainees shielding during COVID-19

These resources were developed for the educational supervisors of displaced or shielding doctors in training. However, supervisors and educators of trainees in other settings may find it useful.

The e-learning content was developed in collaboration with displaced trainees who share their experiences of being displaced, and demonstrates how they can be supported to progress in their training.

The e-learning programme can be accessed here.

Supporting learners' mental health at work

In light of COVID-19, advocating and supporting workplace mental health has never been more important. Resources in the way of electronic leaflets and animated videos were developed to:

1. Help identify and signpost appropriate support for learners struggling with their mental health, who may be at risk of burnout, work performance issues and suicide.

2. Support supervisors to assist learners who disclose a mental health problem, and help address a potential gap in supporting clinical/ educational supervisors who may not have much experience or feel confident in dealing with these sensitive issues.

Resources available on MindEd Hub, E-learning for Health (e-LFH) and HEE webpage.

Resources developed by Dr Vanita Gandhi, National Medical Director's Clinical Fellow at HEE 2019-20

Wellness Induction

The Wellness Induction is a 30-minute wellbeing meeting that is offered to all NHS learners. The aim of the induction is to proactively support learner wellbeing through reflection and signposting. The meeting is delivered by a trained NHS Wellness Champion during the first 2-4 weeks of a new placement. The Wellness Induction can be conducted via video-teleconferencing or face-to-face. HEE has produced guidance for Wellness Champions, learners and NHS organisations, explaining the purpose, structure, framework and resources for conducting Wellness Inductions, in addition to training for Wellness Champions.

Resources developed by Dr Chee Yeen, National Medical Director's Clinical Fellow at HEE 2019-20

8. Equality, diversity and inclusion in PGMDE

During COVID-19, we saw the disproportionate impact that the pandemic had on minority ethnic communities. This will inevitably continue to take a significant toll – both personally and professionally – on minority ethnic doctors in training, who may be required to shield or adapt their work schedule to manage their health risks. The re-emergence of the Black Lives Matter movement has also highlighted the importance of considering the needs of minority ethnic doctors in training, and of actively addressing discrimination and bias within society.

Educators are well placed to provide tailored support and guidance for doctors in training with protected characteristics, and to promote inclusive learning environments, and we would recommend that this is more explicitly required within the standards. Working collectively, the medical education system needs to commit to address differential attainment by promoting an inclusive learning environment that ensures equality of opportunity for all learners.

There is potential, therefore, for greater focus on equality, diversity and inclusion (EDI), and what this means for education and training. This could be emphasised more strongly within the revised quality standards, by requiring the trainer to embed the principles of EDI in their practice. Trainers should be aware of the issues and challenges within medical education, and be able to facilitate discussion – including via appraisal – and respond to issues locally, regionally and nationally. ED&I should be both relevant to personal 'core values', as well as the way the system is organised, including the governance within which the trainer operates.

8.1 Establishment of the HEE Deans' equality diversity and inclusion committee

HEE deans remain committed to promoting Equality Diversity and Inclusion (EDI) across postgraduate medical and dental training, this is a core element of their role. Following the clearly observed differential impact of COVID-19 on our different communities, the HEE deans developed a specific EDI work programme.

The work to date has focussed on HEE's 'Diversity and Inclusion – Our Strategic Framework 2018-2022'. This will help HEE, as a Public Sector Body, remain focused on what matters and better understand what it must – and should – do to support the diversity and inclusion agenda, while it delivers on its primary role of workforce planning in the healthcare system. HEE is working hard to ensure it fully meets its legal duties and responsibilities in relation to the Equality Act 2010, as well as its obligations in relation to human rights.

The Framework is aligned to our existing national and corporate objectives, priorities and values, as well as the principles set out in the NHS Constitution. The Framework is structured around the key themes of Our People, Our Business and Our Influence.

- Our People – HEE recognises the importance of valuing diversity and inclusion in the workplace and understands the benefits that can be achieved through building an inclusive and representative workforce.

- Our Business – Through the Framework we will work to achieve a cultural change that leads towards consistent consideration of inclusion in business and delivery of key functions.

- Our Influence – HEE has a crucial role to play, within the healthcare system, in supporting a world-class approach to education and training that creates ladders of opportunity for people in every setting and from every background. We will use our influence with stakeholders to further diversity and inclusion in the wider healthcare system and within medical and clinical education.

The group will concentrate on the second and third aims to ensure that the business of PGMDE is delivered with an even greater focus on EDI, and will explore how some of the longstanding issues can be addressed with greater visibility and communication of both actions and results. An example of this is seen within General Practice training, where we are piloting a new programme that aims to support international medical graduates and helps to remove the effects of differential attainment seen in this cohort. We hope to provide further updates on this over the coming year.

This group intends to maintain a focus on this essential element of training quality both now and in future. This year, HEE launched its first EDI Learner Assembly in the summer of 2021, where senior HEE leaders interacted directly with trainees in order to hear and develop innovative solutions to EDI issues in training.

HEE is also working with guidance from the deans, to develop new resources, including a tool-kit to support disabled learners transitioning into the workplace. This will improve awareness of schemes like Access to Work, whilst at the same time help address stigma and discrimination.

We hope this will be the first of a series of events and projects that we launch over the coming year.

HEE will continue to work internally, and in partnership with colleagues within the Department of Health& Social Care and the wider NHS, to ensure that advancing equality and diversity is central to how we conduct our business as an organisation.

Lessons Learnt from COVID-19

The differential impact of COVID-19 on some populations and learners highlighted EDI issues that the HEE deans explored further through a call for evidence to learners to see how we best manage education and training going forward.

How are doctors in training involved in this programme?

In practice, this has led to the creation of HEE's inaugural EDI Learner Assembly, which was held in May 2021 and attended by our Chief Executive, Dr Navina Evans, and by the Co-Chair of Health Education England Deans, Namita Kumar. At the Assembly we brought together those who initially responded to HEE's call for evidence following the Black Lives Matter movement and discussed a range of topics including the role EDI plays in recruitment, wellbeing and supervision for our learners.

Summary of highlights and next steps

As you will have read in this review, very many developments and initiatives have been accelerated during this last year of challenge and uncertainty. We are determined to embed the lessons learned from the COVID pandemic into everyday working, and to integrate new processes and approaches into the way we support education and training in the future.

Key to this has been, and will continue to be, co-design with our trainees and the service at every step along the journey. This has been demonstrated very clearly to be essential during the last year and will be the watchword for our future ways of working.

This means doing things differently and smarter as part of the new 'business as usual', for example in recruitment, examinations, ARCPs, faculty developments, teaching and learning, working with the independent sector, virtual outpatient clinics, and the many other areas of change outlined throughout.

Virtual learning

We will learn the lessons from simulation practices, such as the easier and much more collaborative sharing of resources, linking these to enhanced utilisation of study leave support, along with the development of better sharing platforms. We will work to develop a community and network of educators in this area to be able to rapidly support areas of increased need in education and training.

Equality, diversity and inclusion

We will continue to maintain the focus on the equality, diversity and inclusion agenda in all of our work and our developments, building on the progress over the last year. This will complement our important work to increase the awareness of health inequalities and population health more generally in training, and the practical ways we can address and prioritise these.

Trainee rotations

Work is underway, led by trainees, to capture and embed best practice regarding training rotations, working with developments in the TIS system, and including the 'trainee passport' approach to streamline movements of trainees and their essential checks and induction processes.

Flexibility and wellbeing

We will develop further our resources and approaches to placing the wellbeing of trainees (and indeed all healthcare staff) at the centre of all that we do. This has been a huge focus during the COVID pandemic and will continue to be so, not simply because of the pandemic itself but in response to the pressures of working and training in healthcare more generally.

This, along with valuing the contribution and work of our trainees, is essential to include at every stage of training and working life, and begins at the induction points in all healthcare posts.

We will develop more flexible training opportunities and portfolio training approaches, evaluate and extend out of programme pause opportunities (and understand their place in training pathways), and promote the work to support the cultural shift and acceptance of flexible training.

Properly acknowledging and championing work-life balance is a central tenet of all this work.

Reform

The benefits and importance of enhancing generalist skills and approaches have been amply demonstrated during the pandemic. We will be building on this to develop generalism further, both as a golden thread throughout all training programmes, and for some by more concentrated training programme opportunities via our trailblazer impact review as outlined.

We will develop further innovative Foundation Training programmes, crossing the boundaries of primary care, secondary care, community and mental health areas, and explore the potential opportunities offered in social care and local authority settings. We will include working with our integrated care system partners and support these with research, teaching, quality improvement and medical education development opportunities. This integrated style of learning will reflect our increasingly integrated style of working.

The additional shadowing period for newly qualified doctors will be assessed to evaluate how best to offer this more widely and consider how this aligns with enhanced induction for international medical graduates new to the NHS.

The next few years promise to be ever more challenging, but we believe that the programme of education and training reform, with the outlined development, offers tremendous opportunities to further improve the capabilities of our trainees. We will ensure they have the space to develop the values, skills, knowledge and flexibility to serve as valued members and doctors of our integrated health communities of the future.

Prof Graeme Dewhurst
Regional Postgraduate Dean for South East England and Co-Chair of Health Education England's Postgraduate Deans.

Note from the editors

It's been a pleasure to lead this year's Enhancing Junior Doctors' Working Lives report on behalf of HEE and cross-system partners. Working lives of trainee doctors have been very different these last 18 months. Through this report we aimed to share personal experiences, increase transparency of data and capture lessons learnt from the COVID pandemic. Trainee engagement is key to guide this important programme of work at HEE, and through surveys, focus groups and the National Trainee Engagement Forum, we will ensure the trainee perspective is integral going forward. This year, we are also delighted to release the **first ever Enhancing Junior Doctors' Working Lives video** to accompany and improve the accessibility to these updates.

This report will forever have a unique perspective, following the reflections and learning from the last year. We hope this report will be an informative and a useful resource for our trainees, educators and system colleagues.

Thank you for taking the time to engage.

Dr Vidushi Golash & Dr Raees Lunat
Lead editors of Enhancing Junior Doctors' Working Lives report
Clinical fellows to Prof Wendy Reid, HEE and to the National Medical Director, Prof Steve Powis, NHS England

Dr Vidushi Golash

Dr Raees Lunat

Acknowledgements

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

Glossary of acronyms

AFP	Academic Foundation Programme
AoMRC	Academy of Medical Royal Colleges
AoMRC ATDG	Academy of Medical Royal Colleges Academy Trainees Doctors' Group
ARCP	Annual Review of Competence Progression
ATDG	Academy Trainees Doctors' Group
BMA	British Medical Association
BMA JDC	British Medical Association Junior Doctors Committee
CCT	Certificate of Completion of Training
CEGPR	Certificate of Eligibility for GP Registration
CESR	Certificate of Eligibility for Specialty Registration
DiT	Doctors in Training
EDI	Equality Diversity and Inclusion
EJDWL	Enhanxcing Junior Doctor Working Lives
E-LfH	E-Learning for Healthcare
ESR	Electronic Staff Record
FP	Foundation Programme
FiY1	Interim Foundation Year 1
FMLM	Faculty of Medical Leadership and Management
FPP	Foundation Priority Programmes
FPT	Flexible Portfolio Training
FY1	Foundation Year 1
FY2	Foundation Year 2
GMC	General Medical Council
GP	General Practice
GPST	General Practice Specialty Training
HEE	Health Education England
HEEDs	Health Education England Deans
HEIW	Health Education and innovation Wales
IMT	Integrated Medical Training
ICS	Integrated Care System
JDC	Junior Doctors Committee
LAT	Locum Appointment for Training
LEP	Local Education Provider
LTEF	Local Trainee Engagement Forum
LTFT	Less than full time
MET	Medical Education Training

MMIs	Multiple Mini Interviews
NETS	National Education and Training Survey
NEWS	National Early Warning Score
NTS	National Training Survey
NHS	National Health Service
NTEF	National Trainee Engagement Forum
OOP	Out of programme
OOPC	Out of Programme Career Break
OOPE	Our of Programme Experience
OOPP	Our of Programme Pause
OOPR	Our of Programme Research
OOPT	Our of Programme Training
PGMDE	Postgraduate Medical and Dental Education
RCP	Royal College of Physicians
SDT	Self Development Time
SPA	Supporting Professional Activity
ST	Specialist Trainee
SuppoRTT	Supported Return to Training
TIS	Trainee Information System
QI	Quality Improvement
RCP	Royal College of Physicians
UKFPO	United Kingdom Foundation Programme Office
VTE	Venous Thromboembolism

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