

A close-up photograph of a young woman with dark hair, wearing a light blue surgical mask and dark blue scrubs. She is looking directly at the camera with a slight smile. A stethoscope is visible around her neck. The background is blurred, suggesting an outdoor setting.

Enhancing Junior Doctors' Working Lives

Annual progress
report 2022

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Glossary of Acronyms

AoMRC	Academy of Medical Royal Colleges
CCT	Certificate of Completion of Training
GMC	General Medical Council
HEE	Health Education England
NHS	National Health Service
RCP	Royal College of Physicians

Foreword

The Enhancing Junior Doctors' Working Lives (EJDWL) programme was established to address a range of issues having an impact on doctors in postgraduate training, and our cross-system partnerships and shared commitment has enabled meaningful change since the programme's inception through the implementation of a variety of initiatives.

This year, I firstly want to thank every doctor for their commitment during the pandemic. The professional and personal challenges were significant for everyone, and I know how hard everyone worked. Of course, the hard work continues not least as we work to reset education and training building on what we learnt in the pandemic and ensuring that every doctor in training gets what is needed to progress. The work HEE is leading on COVID-19 recovery is published in a separate document and is underpinned by our work and learning from all that have contributed to the EJDWL programme over the past six years.

We recognise that doctors aspire to have flexibility in the pace of training, opportunities to take breaks from training, and opportunities to work and train less than full time. The flexible training agenda has remained at the forefront of the EJDWL programme.

The Secretary of State's decision to bring together HEE and NHS England and Improvement into a new single organisation along with NHS Digital, provides us with an opportunity to draw on our collective expertise, knowledge, and experience. I look forward to harnessing the momentum built through the EJDWL programme over the past six years to improve the working lives of as many doctors as possible. Broadening the system will allow us to be more inclusive and develop support for education and training across other groups such as Locally Employed Doctors and Specialty and Associate Specialist (SAS) grades.

Of course, EJDWL has also informed HEE's medical education reform programme which ranges from new and inclusive opportunities to train in medicine through an apprenticeship route to a wide-ranging offer of enhancing generalist skills for doctors in early years of training. The outcomes from trailblazers in each of the elements of reform will feed into future reports about education and training as we move to a new NHS England.

I want to thank the authors and all those who have contributed to this work over the last year. Valuing and developing doctors and medical education is key to the future care of patients.



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

Note from the Editors

On behalf of HEE, it has been our pleasure to produce this year's Enhancing Junior Doctors' Working Lives report. Through this report we highlight some of the incredible work that has been achieved over the past 12 months. We would like to thank all the internal and external report contributors, and the organisations and committees represented on the membership of the Working Group for Enhancing Junior Doctors' Working Lives. As ever, we hope this year's report is a useful and informative resource for doctors, educators and system colleagues.

Dr Vanisha Parekh & Miss Radha Sehgal

Clinical Fellows to Professor Wendy Reid, Health Education England,
and to Professor Stephen Powis, National Medical Director of NHS England



Introduction and Summary

Since 2016, the Enhancing Junior Doctors' Working Lives programme has aimed to make tangible improvements in medical education and training to positively impact doctors' working lives and wellbeing.

As our NHS workforce continues to deliver care, plus working to address the elective backlog and the ongoing impact of COVID-19, we know that many doctors in postgraduate training, and their educators, are concerned about education and training. It therefore remains important that we share information about the initiatives described in this annual report, which can help mitigate these concerns. This year, our Editors have focussed on the areas which they hear are impacting most on doctors in postgraduate training.

The pandemic highlighted the importance of wellbeing and the risk of burnout in doctors which has been described in the GMC National Trainee survey. A key theme of the programme has always been increasing flexibility to prevent burnout and promote wellbeing, and the update on progress with Category 3 Less than Full Time (LTFT) training, allowing any doctor to ask to train LTFT for any reason, Flexible Portfolio Training, allowing doctors to spend time on additional learning experiences, and Out of Programme Pause which enables doctors to take time out of a training programme, are important to note. The pandemic also highlighted that for many the competence / confidence gap is stressful after time away from a training post and so the work of the Supported Return to Training (SuppoRTT) team and network of fellows is more important than ever.

The report also describes the work we have done to support those who take some time before committing to specialty training. The HEE funded research is clear that the reasons are multifactorial but that things can be done to support people taking time to make career and training choices. The work on the ePortfolio for those not in training after Foundation is an example. This links to our flexibility initiatives and together they will improve the quality of care as employers will have evidence of competencies which protect patient safety, while doctors with a less traditional training path can get credit for experiences and learning prior to formal training and feel more valued by the training system.

The four-nation Medical and Dental Recruitment and Selection (MDRS) programme hosted by HEE, has worked since its inception to try to improve the quality, consistency and equity in processes. The ongoing work has focussed, especially in the last few years, on applicant experience and equality. The increased use of digital technology and attention to better communication will continue to improve applicant experience, and the ongoing evaluations will help us increase efficiency and ensure that equality, diversity and inclusion (EDI) are fully considered. This is linked to the broader EDI work in medical and dental education and training signposted in the report.

Postgraduate training currently involves regular rotation to support development of a breadth of skills and competencies. Our aim has always been more individualised training and a clinical fellow-led programme explored how to support both service and doctors through different rotation models. We are now piloting different initiatives which facilitate individual flexibility in start dates and progression points, staggered changeover dates and geographically focused programmes. HEE, nationally and locally, also supports individualised fellowship opportunities and progress with the innovative Population Health Fellowship is described.

Ensuring all doctors receive excellent training is central to our work at HEE. The report highlights the refreshed HEE Quality Framework and the extensive work of the recovery programme as it supports doctors to catch up on education and training opportunities lost during the pandemic. As well as high quality training in Trusts and GP practices, we are working to provide high quality information support systems for doctors in training, and the progress with digitalising processes are described.

To help us understand where there are issues and to enable doctors to shape their training, we are improving our engagement with doctors in our training programmes. The success of the National Trainee Engagement Forum (NTEF) is an example of this, as is the approach to GP Specialty Training (GPST) Reform. We are keen to hear of ways that we can improve this further.

We have aimed each year since the programme's inception to show how much doctors training in postgraduate medical programmes are an essential and valuable part of the NHS. The work on how we describe these valued doctors is referenced. This along with the recognition that many doctors are moving in and out of postgraduate training, plus an intention to better support our educator faculty, will be reflected in next year's report on Enhancing Doctors' Working Lives.

I would like to thank the editors, the teams whose considerable work is reflected in this report, our system partners and especially the many educators and doctors in postgraduate training programmes who work with us to continuously improve education and training, enhance doctors' working lives, and benefit patients.



Prof Sheona MacLeod

Programme Senior Responsible Officer, HEE

1. Flexibility

1.1 Less Than Full Time (LTFT) Training

LTFT Category 3

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

LTFT Category 3 allows doctors to opt to train on a LTFT basis for an individual, professional or lifestyle need, aiming to improve their work-life balance and to promote retention. The choice to train LTFT is not subject to any judgment, but it may be constrained by local service considerations. Following the success of pilots in selected specialties, this initiative was rolled out to include all specialties. As of February 2022, close to 800 doctors in postgraduate training in England have trained LTFT Category 3. This initiative has been evaluated at every stage, and the process is ongoing.

The second year of the externally commissioned evaluation involved surveys with LTFT Category 3 trainees, full-time trainees and educators. Key findings include:

- 100 per cent of survey responders agreed/strongly agreed that it has increased their sense of work-life balance,
- 100 per cent of survey responders agreed/strongly agreed that it has increased their sense of wellbeing,
- 93 per cent of survey responders agreed/strongly agreed that it has increased their likelihood of remaining in training,
- 29 per cent of wider trainees and 61 per cent of educators regarded LTFT Category 3 as having negatively impacted on service provision,
- 86 per cent of LTFT Category 3 survey responders intend to become an NHS consultant,
- 86 per cent of full-time survey responders would consider training LTFT. The majority of these trainees (79 per cent) would consider an 0.8 whole-time equivalent role.



LTFT training webinars

To better understand the challenges and barriers doctors in postgraduate training may be facing in relation to LTFT training, HEE hosted a series of live-stream webinars in January 2022 with the dual purpose of providing information about LTFT training – including the introduction of LTFT Training Category 3 – and receiving feedback directly from doctors about their experience of accessing and training LTFT. All doctors in postgraduate training in England were invited to join and a total of 856 participants attended the webinars. A recording of the webinar may be accessed here: <https://www.youtube.com/watch?v=PFRrTx2DrHY>

Findings from the webinars were subsequently presented at a Future of Less Than Full Time Training meeting, hosted jointly by HEE and the AoMRC and attended by senior leaders representing the Royal Colleges and Faculties, HEE and NHS Employers. The meeting explored the perceived barriers and potential challenges arising from LTFT training, and recognised the need for further collaborative work to address these issues and balance the service and individual wellbeing needs.

In response to the feedback, HEE updated their guidance on LTFT Category 3, including the production of a frequently asked questions document, available here: <https://www.hee.nhs.uk/our-work/doctors-training/delivering-greater-flexibility>

Any doctors in postgraduate training interested in LTFT training should speak to their Educational Supervisor or HEE local office to find out more about individual options.

Going forward

In 2022, doctors in postgraduate training across all specialties can apply for LTFT Category 3, and from August 2022, doctors in the Foundation Programme can apply for LTFT Category 3 as part of a lead-in year for the initiative.

LTFT Category 3 will be mainstreamed into postgraduate training in England.

HEE has agreed consistent future LTFT funding arrangements in all regions.

“Being LTFT is the only thing that has enabled me to continue training without taking time out due to burn out.”

- LTFT Category 3 trainee

1.2 Flexible Portfolio Training (FPT)

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

There are four pathway options:

1. Clinical informatics
2. Medical education
3. Quality improvement
4. Research

The scheme has been running since 2019 and there are currently 49 doctors in postgraduate training participating in the locations offering the scheme. Over the last few months, we have been working with the regional leads to explore recruitment for posts that commence from August 2022.

The team at the RCP have been working to raise the profile of FPT, including delivering regional presentations, hosting a promotional video on their website, and advertising FPT in education bulletins and on social media. A group of trainees was also invited to speak at the RCP's trainee conference. The RCP's Commentary magazine ran a special feature on FPT in the September 2021 issue: <https://70b706f2.flowpaper.com/CommentarySeptember2021/#page=21>

The research team at Newcastle University have completed their evaluation of FPT and reported positive findings:

“Overall, our data indicate a positive impact of FPT in its roll-out to date. The flexibility intended by the programme appears to be apparent, and it has had the intended effects for those trainees we spoke to. These effects included providing respite from clinical pressures, which in turn was felt to benefit clinical training and practice. There was clear perception of learning from involvement in the pathways, and positive impact on organisations from the delivery of projects.”

Going forward

The RCP is providing a comprehensive handover to transition the FPT initiative and allow this to be mainstreamed into local programme management in HEE.

“Flexible working with one non-clinical day a week not only helped with my long covid recovery but also gives me the opportunity to follow my dreams of improving patient care with innovative technology and improving healthcare systems. I am enjoying my FPT training very much and I would highly recommend the fellow trainees to join the FPT training.”

– Acute Medicine ST5 trainee on Clinical Informatics FPT pathway

1.3 Out of Programme Pause (OOPP) and the Recognition of Training Completed Outside of Training Programmes

Another flexible training mechanism is Out of Programme (OOP). Doctors in postgraduate training can step out of their training programme for authorised reasons, including:

- research (OOPR)
- development experiences (OOPE)
- approved training (OOPT)
- career breaks (OOPC)

In 2019 HEE introduced a further option called OOPP. This category enables doctors in postgraduate training, who have had at least two years of full registration with the GMC and are progressing satisfactorily, to undertake clinical work within a UK-based organisation and without the training assessment burden. An issue reported by trainees is the inability to record valuable experience whilst OOP, therefore of note any competencies gained during OOPP can be assessed on the trainee's return to the programme and, if appropriate, counted towards their CCT.

After an initial pilot in selected specialties and locations, the OOPP category was expanded as an offer to all doctors in postgraduate training in response to the onset of the pandemic in Spring 2020, giving doctors the option of stepping out of training if they wished. As the effects of the pandemic on wellbeing continued, HEE extended the pilot for a further 24 months in Spring 2021, enabling trainees to apply for OOPP until the end of July 2023, when the first full evaluation of OOPP will be published. Extensions to the pilot involved wide stakeholder engagement and support from the GMC and devolved nations.

Going forward

An increasing number of trainees are taking up the option of OOPP in 2022. HEE is working with Medical Royal Colleges and the GMC to enable the length of time and range of experiences to be expanded.

The Royal College of Anaesthetists (RCoA) has produced guidance for Schools of Anaesthesia to recognise capabilities gained prior to entry and re-entry into training programmes. Details of learning and assessments recorded using the RCoA's Lifelong Learning Platform can be reviewed in a similar manner to OOPP evidence, after recruitment into a training programme.

"I just wanted six months to prioritise my life, to take a break from the conveyor belt of training and I wanted to do some more intensive care medicine. I was doing paediatric emergency sub-specialty training, but was toying with the idea of doing post-paediatric intensive care training, so was trying to look at ways to do some more time in paed intensive care, to help me make that decision before CCT."

– OOPP trainee



1.4 Supported Return to Training (SuppoRTT)

With the various successful flexibility initiatives, approximately 5,000 (10 per cent) of doctors take approved time out of postgraduate training at any given time. The SuppoRTT programme continues to further HEE's commitment to develop innovative, evidence-based initiatives to address the unique challenges faced by doctors and their educators upon returning to training.

Evaluation reports to date have identified several key benefits including improved wellbeing, confidence and competence on return to training. HEE continues to annually distribute £10 million which, alongside an agreed consistent offer for returning doctors across England, is used for initiatives such as:

- Keeping in touch days
- SuppoRTT champions
- Innovation projects
- Coaching and mentoring
- Refresher courses
- Enhanced supervision
- Supernumerary working
- Personal development courses
- Educational Supervisor upskilling

The recently published third-year final evaluation report reflects the significant work undertaken by HEE to continue to support returning doctors during the pandemic. Key findings from the report included:

- A lack of awareness about SuppoRTT amongst trainees and educators is being addressed and has improved since 2019;
- Trainee concerns about taking time out have decreased since 2019, suggesting that perceptions are changing;
- The positive impacts of SuppoRTT on confidence, competency and knowledge have remained consistent between 2019 and 2021.

HEE appointed a third cohort of national SuppoRTT Fellows to help develop and deliver the SuppoRTT strategy, alongside local Quality and Innovation Fellows in each local office. Work undertaken by the national SuppoRTT Fellows includes:

- Creating five immersive technology e-learning resources for trainees, covering three themes: Escalating Concerns and Speaking Up, Remote Consultation, and Teamworking;
- Developing an updated communications strategy;
- Developing and establishing a national mentoring network.

Going forward

Further improvements to the SupportTT programme, based on the recommendations from the final evaluation, will be taken forward by the HEE Local Office SupportTT Network and the Fellows.

“It can feel very isolating coming out of training, so having groups that meet for courses works well in sharing knowledge and being supportive of each other.”

– Trainee accessing SupportTT

1.5 Flexibility in Medical Careers: The F3 Phenomenon

Exploring a new norm and its implications

Over the last 12 months, HEE and the RCP undertook a study to explore the reasons for trainees not progressing straight from Foundation into Specialty Training. The full report can be accessed here: <https://www.hee.nhs.uk/our-work/doctors-training/enhancing-working-lives>

The majority of Foundation doctors now choose not to progress directly into Specialty Training, instead taking a year or two before applying. This year, known as an ‘F3’ year, most commonly involves clinical work and is often associated with gaining additional experience in areas such as leadership and quality improvement, or further education.

As part of the commitment to enhancing the working lives of doctors, we explored why this is, whether the F3 year provided what was hoped, and what the implications are for workforce planning.

Our findings revealed the interconnected and complex multifactorial nature of each individual's reasons. These included:

- taking a break from service or training requirements,
- taking a break because of burnout,
- specialty uncertainty,
- a sense of unpreparedness and the naturally present gap in progression,
- enabling autonomy and flexibility,
- additional opportunities within and outside medicine,
- allowing headspace,
- the potential for financial benefit,
- the strong influence of others (peers, senior clinicians, family members).

Many areas have been highlighted for further work, including: barriers to taking an F3 related to equality, diversity and inclusion; the way in which posts are delivered in different regions; and the best ways to ensure this cohort is able to re-enter training in a supported and confident way.

An e-portfolio for post-Foundation doctors not in training

With the increasingly common practice of pausing after the two-year Foundation programme to take an F3 year or more, this group of doctors would benefit from having the option to record their experience and present this evidence to their employers.

Foundation doctors in England currently use the Horus ePortfolio platform. On completion of the Foundation training programme, doctors can continue to record their experiences on the Non-Training Grade (NTG) section of Horus, at the discretion of their employing NHS Trust.

Going forward

HEE is reviewing options to improve access to this e-portfolio for post-Foundation doctors not entering training programmes who wish to use it, and to better accommodate the needs of this group.



2. Recruitment and Placements

2.1 Recruitment

HEE hosts the UK's four-nation medical and dental recruitment and selection programmes, which includes recruitment into Foundation, Core and Higher Specialty training programmes. Applying for a job can be stressful, particularly when jobs are distributed over a large geography and competition ratios are increasing year-on-year.

Recruitment processes have had to change in the last two years to ensure that delivery has remained possible during a global pandemic. Lessons are learnt after each recruitment round and it is accepted that, while the processes are getting better over time, they are not always perfect and improvements are still possible. We continue to work to improve experience, to optimise equality, diversity and inclusion, and to reduce the personal cost and service impact of running large recruitment processes.

Communication with applicants

To improve the experience for applicants, who have fed back that the tone of communications has not always been supportive, a Stakeholder Engagement Manager has been recruited to the national recruitment team. They will work with recruitment teams to ensure that any communications with applicants are timely, written with compassion, give appropriate information and provide context where appropriate.

Increasing the use of technology

Replicating in-person recruitment processes in a digital environment has been challenging but, by making the best use of available technology, huge strides have been made in this area.

Development of the Self-Assessment Portal, as asked for by doctors in postgraduate training, has allowed for virtual replication of portfolio stations, with applicants uploading evidence for review and assessment by panel members, without the need to show evidence during their interview.

Feedback has shown that applicants favour multiple mini-interviews over single panel interviews, and functionality has been developed in the digital scoring system to allow multiple mini-interviews to be undertaken online. This is currently going through a pilot stage with a small number of specialties and it is hoped that this can be rolled out to more specialty selection processes later in the year.

Many benefits have been identified with digital recruitment and it is important that these are not lost. These benefits include:

- the ability for applicants to attend multiple interviews on the same day,
- a reduction in the amount of leave required to attend interviews for applicants and interviewers,
- the removal of travel and subsistence costs to attend interviews.

It has been decided that recruitment for posts commencing from August 2023 will continue to be run using digital processes, and evaluation will continue.

Going forward

Statistical analysis from digital recruitment processes will help to identify areas with potential for discrimination or disadvantage.

Two projects are being commissioned to look at recruitment data and the resource required to deliver recruitment and selection processes, with a third project planned to review the complexity of specialty recruitment.

A further review of the special circumstances process will be undertaken in the coming months to highlight any areas for improvements. This process currently allows applicants with significant caring responsibilities or health issues to be pre-allocated to a particular region.

Reasonable adjustments for interview will be reviewed ahead of the next recruitment year. This follows the move to digital recruitment as the reasonable adjustments needed for certain groups are likely to differ with online recruitment compared with face-to-face processes.

The outputs and recommendations from all projects will be used to design specialty selection processes for the future, in addition to feedback from applicants, recruitment offices and the specialties themselves.



2.2 Medical Rotations

Postgraduate training currently involves regular rotation to support development of the breadth of skills and competencies needed to deliver safe and high-quality care. To address concerns in relation to rotation dates and patterns, HEE supported a clinical fellow-led programme, in collaboration with key stakeholders. The recommendations support services and doctors by improving trainee wellbeing, continuity for patients, and sustainability of medical provision. The recommendations include:

- **Flexible start dates** – facilitating individual flexibility in start dates supports wellbeing. This already happens due to individual circumstances, and can decrease consultant and GP workforce supply delays owing to time out or additional training. Enabling progression at multiple points in the year will also support training recovery.
- **Staggering changeover dates** – recognising that moving all trainees in a department can cause challenges to the continuity of patient care, trainee wellbeing, and service provision, a pilot was implemented in the East of England in August 2021. This enables Foundation and Core doctors to rotate in August, higher medical trainees in September, and higher surgical trainees in October. Initial feedback has been positive, and an external evaluation is underway to review the benefits of this approach to guide further implementation.
- **Reviewing the geographical boundaries of rotations** – implementing geographically congruent programmes would allow doctors to live in an area where they are realistically able to commute to the majority of their training posts, benefitting trainees' quality of life as well as providing continuity for patients, multidisciplinary teams and employers. A model based on the geographical footprint of an ICS is currently being piloted in the Humber region.

Going forward

Evaluation will review the benefits of these staggered and more flexible approaches to guide further implementation and the planning of different rotation models.



3. Improving the Quality of Training

3.1 Training Recovery

As the impact of the pandemic continues, not only is training still being affected, but many trainees and their trainers are exhausted and at high risk of burnout, as evidenced by the GMC National Training Survey 2021 results: <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/national-training-surveys-reports>

To mitigate the significant risks to doctors' recruitment, training progression and wellbeing, and the resultant impact on service provision, £26 million was invested in a recovery programme last year. This supported local, regional, cross-regional and national recovery solutions, which prevented a significantly larger impact. A range of intervention case studies is available at: <https://www.hee.nhs.uk/covid-19/training-recovery-case-studies>

Our Interim Report outlined the approach taken to define, manage and reduce risks to medical workforce wellbeing and future workforce supply, and to avoid greatly increased funding pressures. The report can be accessed here: https://www.hee.nhs.uk/sites/default/files/documents/C-19_Recovery_Sept21_Final.pdf

Due to interventions put in place, extension rates have been significantly lower than original projections. Feedback from trainees and educators suggests that these interventions have led to improved trainee confidence and wellbeing, increased exam success, improved training methods, and increased access to training through digital solutions and simulation, while helping to avoid negative Annual Review of Competency Progression (ARCP) outcomes and training extensions.

Going forward

HEE will host a series of national events, inviting doctors from different regions and specialties to reflect on lessons learnt, share best practice, discuss training challenges, and identify sustainable and innovative interventions.

Unifying and integrating service and training recovery have been central objectives. As we continue to work with system partners to support doctors in postgraduate training and maximise their training opportunities, we will support service recovery planning and continue to look for improvements to training structures and delivery.

3.2 Quality and Patient Safety

HEE is responsible for ensuring that there are high-quality learning environments for all healthcare learners in England, as well as best supporting individuals and the system to deliver safe patient care. Ways in which HEE has worked to achieve this include:

- **Ensuring learners' voices are heard and acted upon by using data and insights to measure the quality and experience of education and training** – Following the most recent National Education and Training Survey (NETS) in November 2021, an interactive reporting tool and suite of reports were published on the HEE website. These can be accessed here: <https://www.hee.nhs.uk/our-work/quality/national-education-training-survey>
- **Creating the first system-wide and consistent NHS patient safety syllabus and education and training framework to improve NHS patient safety** – The Patient Safety Syllabus, published in May 2021, is an integral component of the NHS Patient Safety Strategy: <https://www.hee.nhs.uk/our-work/patient-safety>. It comprises a five-level training pathway with level one targeted to all NHS employees. Level one and two have been launched via the e-Learning for Healthcare platform, while the curricula for levels three to five are currently in development. This training has generated interest from NHS organisations as well as the private, voluntary and independent healthcare sector.
- **Work with health and care systems, partners and regulators to regulate and improve the quality of clinical learning environments** – We continue to publish a high volume of quality review reports, which outline efforts to improve the quality of clinical learning environments in collaboration with partner and provider organisations: <https://www.hee.nhs.uk/our-work/quality/quality-review-reports-0>

Going forward

The Patient Safety Syllabus will be translated into the delivery of patient safety education and training;

Clear expectations will be set out for the quality of healthcare learning environments by introducing an annual self-assessment for placement providers from June 2022, in line with the refreshed HEE Quality Strategy and Framework.





4. Equality, Diversity and Inclusion

4.1 HEE Postgraduate Medical Deans Equality, Diversity and Inclusion (EDI) Committee

HEE has refreshed its commitment to supporting the EDI agenda within our work. The recent impact of COVID-19 on minority ethnic communities and staff, along with the Black Lives Matter movement, has focused thinking to prioritise this work.

In 2020, HEE Postgraduate Medical Deans established an EDI Committee to consider all the issues raised in multi-professional education and training, in line with the HEE Framework, 'Diversity and Inclusion – Our Strategic Framework 2018-2022'.

The first annual report from the HEE Deans EDI Committee, which summarises the work that has occurred over the past 12 months, can be accessed here: <https://www.hee.nhs.uk/our-work/equality-diversity-inclusion>

Part of this is the EDI National Learner Assembly, and in May 2022 HEE hosted its second assembly to collaborate with healthcare leaders and share best practice with colleagues.



5. Improving Information Systems

5.1 Trainee Information System (TIS)

The TIS programme is a national initiative to develop information systems for the management and administration of postgraduate training. The TIS team has developed and commissioned the 'person update' function so that data on doctors in postgraduate training can be more easily exchanged with employer Trusts.

Going forward

This function will improve the efficiency of onboarding doctors when they rotate between employers and improve data quality between HEE and Trusts. This will make it easier for doctors to move between employing Trusts during their training and help to resolve some of the issues that doctors often face when changing posts.

5.2 Trainee Self-Service (TSS)

In the last year, HEE has run three pilots of a new system called TSS. HEE is now working to give doctors in postgraduate training access to TSS. The ambition is for all transactional activity between doctors in postgraduate training and HEE to be incorporated onto TSS, so that they have an improved and equitable experience.

Going forward

TSS will allow Form Rs to be completed and submitted online, and we will work with doctors and others to streamline processes and add functionality over time.

5.3 Digital Application for Study Leave

We are working on a project to improve the consistency of the experience of doctors in postgraduate training when applying for study leave within their Trusts. The project is in its early stages but there is an appetite for Trusts to adopt the single digital system, which is already in use within some regions.

Going forward

Over the next year, more doctors will be able to benefit as Trusts adopt the digital study leave system.

6. Individualised Opportunities

6.1 Population Health Fellowship (PHF)

The PHF, established in February 2020, aims to develop a sustainable model for increasing the number of frontline healthcare professionals who have the skills and capabilities to:

- improve health outcomes for populations,
- improve the wellbeing of populations,
- prevent long-term conditions through population-level interventions,
- reduce health inequalities and unwarranted variation in health outcomes.

The number of multi-professional fellows has increased to a cohort of 28 from all HEE regions in September 2021. The final evaluation of the second cohort is expected in March 2023.

The current learning programme comprises a curriculum developed with key stakeholders and is delivered in collaboration with the London Public Health Academy. Information on current projects is on the programme website, available here: <https://www.hee.nhs.uk/our-work/population-health/population-health-fellowship-0>

The development of an online learning resource, the Population Health Toolkit, has enabled the extension of population health learning to a broader range of professionals. The toolkit is available here: <https://www.e-lfh.org.uk/programmes/population-health-toolkit/>

Going forward

A third cohort of fellows will commence in September 2022 with 36 HEE funded posts available, and several organisations are planning to sponsor further posts.

Delivery of the learning programme will transition to the School of Public Health in Yorkshire and Humber, and the programme will become accredited.

There will also be a pilot of the PHF to NHS support roles. This expansion enables 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, improving patient outcomes.

“This fellowship has opened my eyes to the potential and positive impact of working collaboratively with other teams, health professionals and stakeholders in my Integrated Care System. I will strive to work with more of a focus on the population I care for, not just the individual. It has been invaluable in developing my management and leadership skills.”

– Population Health Fellow

7. Engaging with Doctors in Postgraduate Training

7.1 The National Trainee Engagement Forum (NTEF)

The NTEF at HEE is a network of regional trainee representatives from various specialties 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 the sharing of best practice, providing inter-regional support, and bringing local, practical perspectives into national discussions. The NTEF was launched in March 2021 as a mechanism for HEE to interact better and more directly with trainees on 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 postgraduate training with a safe space to be the valued 'critical friend' to HEE.

The NTEF is also proud to host Insight Events, open for all to attend and bringing together senior leaders in healthcare and the NHS workforce. These events are currently in the format of webinars, with the most recent Insight Event taking place in March 2022 on the theme of Greener NHS and Sustainability. We were delighted to host Dr Nick Watts, Chief Sustainability Officer of the NHS, and Dr Tim Ferris, National Director of Transformation at NHS England and NHS Improvement, who provided their insights and expertise in this field. Further information about NTEF and a recording of the webinar are available here: <https://www.hee.nhs.uk/ntef>

7.2 GP Specialty Training (GPST) Reform Programme

Over the last 12 months, HEE has refreshed the GPST reform programme. The expansion of GP Specialty Training places and the increase of training time spent in general practice provides an opportunity to reform current GPST training provision. The vision is that GPST programmes of the future will provide high quality training and education, leading to sustainable GP careers that best serve the local population and its needs. Several themes and priority areas have been identified to shape this reform programme in alignment with the HEE values and behaviours: responsible, fair, confident, and inclusive.

The previous year has seen internal and external stakeholder engagement, with meetings for each theme and priority area, literature reviews, stocktakes, and discussions around existing pieces of work.



At the start of 2022, HEE engaged with doctors in postgraduate training via regions, providing invaluable feedback to the question: what is it about the way we train GPs that should be improved to meet the needs of the future world of general practice?

An internal engagement event was held in April 2022, entitled 'GPST Reform – Educating the Future GP and team'. The event provided an opportunity for HEE colleagues and doctors in postgraduate training, as experts, to contribute their views on the future of general practice and influence how we train GPs for the future.

Going forward

Crucial in developing the reform programme is the inclusion of trainee and patient voices, together seeking to achieve a common vision of sustainable general practice that is co-designed by citizens and the future workforce.

7.3 Valuing Doctors in Postgraduate Training

This is the last report that will be titled Enhancing Junior Doctors' Working Lives. Following the work of Mrs Scarlett McNally, further reports will be called Enhancing Doctors' Working Lives – A Focus on Training.

Mrs McNally's report, What should we call 'Junior Doctors'?, can be accessed here: <https://www.scarlettmcnally.co.uk/document/junior-doctors-report.pdf>



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