

Enhancing Junior Doctors' Working Lives – annual progress report 2019



Developing people
for health and
healthcare

Foreword



**Professor
Wendy Reid**

**Executive Director of
Education and Quality
& HEE's Medical
Director**

The 'Enhancing Junior Doctors' Working Lives' (EJDWL) programme was established in March 2016 to address a range of issues having a negative impact on the quality of life of doctors in training. Our cross- system partnership and shared commitment has enabled meaningful change since the programme's inception through the implementation of a variety of initiatives to improve the working lives of doctors in training.

Our previous reports, published in Spring 2017 and 2018 respectively, detailed the progress made through continuous focussed engagement and allowed us to identify areas requiring further work. I am pleased to share this years' report which summarises further improvements we have made over the past year.

We recognise that doctors in training aspire to have flexibility in choice of training location, specialty, 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. This report details the expanded opportunities for training less than full time, flexible portfolio training and development of Out of Programme Pause (OOPP) as the first step towards a 'Step-out Step-in' approach to training. I am very keen to

explore a range of proposals to establish an evolved postgraduate medical education training which will meet both the flexibility aspirations of doctors in training and NHS employers to ensure high quality, safe care can be delivered to all patients. These will include easier transferability between specialties, ensuring skills and competencies gained are counted when moving between training programmes, identifying entry and exit points for doctors to step in and out of training that aligns with patients and service needs, and offering options for 'accredited' Trust posts.

I was delighted that the NHS Long Term Plan recognised the importance of junior doctor well-being and improving their working lives an integral part of making the NHS "the best place to work". It is also encouraging to see support from the wider system for the initiatives presented here, to ensure that they are fully embedded and that the benefits may be experienced by more doctors in training than ever before.

I would like to thank Sheona MacLeod for leading this work and the many doctors in training who have guided and shaped the work to ensure tangible improvements are made on the frontline. I look forward to harnessing the collective momentum built through the EJDWL programme over the past three years, to expand opportunities further, to continue advocating for culture change across the system and to improve the working lives of as many doctors in training as possible over the coming year.





**Professor
Sheona Macleod**

**Deputy Medical
Director for Education
Reform,
Chair of Health
Education England's
Postgraduate Deans**

As we publish this 2019 Enhancing Junior Doctors' Working Lives annual progress report, I would like to thank all those who have helped take forward this programme of work. This latest report details the results of the ongoing collaborative working which has led to improvements for doctors in training over the past 3 years. We have continued to listen to feedback, consult on possible solutions, implement agreed changes and share best practice in order to significantly improve the experience of doctors in training.

In response to feedback from doctors in training, we have also changed the format of the report this year. I hope the new format will enable trainees to easily reference details of initiatives that directly impact their individual working lives.

The flexible training agenda remains central to HEE's work to enhance junior doctors' working lives. We recognise the importance of flexibility in training in maintaining a healthy work life balance and ensuring the development and retention of a diverse medical workforce. Increased flexibility remains a consistent priority in feedback from doctors in training, but it also what patients and service providers need as medical care continues to advance.

The importance of individual doctors to the quality care patients receive is key to this programme which aims to ensure doctors in training are able to provide the care they believe patients need. The evaluation of the Emergency Medicine LTFT pilot, which reports an improved work life balance, better job satisfaction and increased likelihood to remain in Emergency Medicine for the junior

doctors who participated, shows the impact that small changes can have. We look forward to expanding LTFT into other specialties, including Paediatrics and Obstetrics & Gynaecology over the coming year and to sharing the results of the evaluations of other areas of work.

The improvements in this report have been made possible by a shared commitment across the organisations involved, and their representatives to working together to improve junior doctors' working lives. I would especially like to thank the many doctors in training who provided robust representation to the programme, whose feedback has directly shaped the initiatives presented and enabled improvements to be wide-reaching and meaningful. I would also like to thank Tahreema Matin, for her enthusiasm and considerable help to co-author this report.

Whilst celebrating the significant progress made over the past year, we acknowledge there is still much to be done to ensure we have a medical workforce who feel valued, healthy, motivated and empowered to provide the best care for patients, now and in the future. We look forward to continuing this important work and to ensuring the Enhancing Junior Doctors' Working Lives programme remains a key priority within the wider Medical Education Reform Programme (MERP). We recognise there will continue to be aspects of training that need further attention and will continue to work across organisational boundaries to find solutions. In the spirit of genuine co-production, we will continue to foster the strong system-wide partnerships we have built and work towards embedding a culture that values and supports all doctors in training, and those who educate and support them.

We envisage that the improvements made will benefit not only junior doctors but the multi-professional teams they work in and the wider healthcare system. In continuing to drive improvement, HEE will support doctors in training to reach their full potential and be able to provide the high quality patient care they aspire to deliver.

Introduction and Summary of Highlights

HEE established the 'Enhancing Junior Doctors' Working Lives' programme in partnership with the BMA Junior Doctors' Committee, NHS Employers, the GMC, the Academy of Medical Royal Colleges (AoMRC) in March 2016.

The programme was established to address a range of issues having a negative impact on the quality of life of doctors in training. These issues initially came to light through discussion with the BMA's Junior Doctors Committee (JDC) and NHS Employers in parallel with the junior doctors' contract negotiations in 2015 and 2016 and were further highlighted in the ACAS agreement between the BMA and NHS Employers and through HEE's own quality management and reporting mechanisms.

The cross-system collaboration and shared commitment to meaningful change since the programme's inception has enabled the development and implementation of many HEE initiatives to improve the working lives of doctors in training.

Our previous reports, published in Spring 2017 and 2018 respectively, detailed progress made and allowed us to identify areas requiring further work. Over the past year, we have continued to work with doctors in training and system partners to build on successful initiatives and explore areas of need. This report summarises the progress we have made during this time.

The 'Enhancing Junior Doctors' Working Lives' initiatives are being progressed within HEE's broader Medical Education Reform Programme (MERP) which aims to modernise our approach to medical education to support safe, high quality patient care. Through MERP, we will continue to tackle wider cultural change within the healthcare education system so that 'Enhancing Junior Doctors' Working Lives' initiatives are implemented across England and all doctors in training can benefit from the improvements made.

Highlights over the last year

Expansion of flexible training opportunities



- We extended the Less Than Full Time Emergency Medicine pilot for higher trainees for another year and offered a second cohort the opportunity to join the scheme in August 2018. Subsequently, we have agreed to continue to offer this from August 2019, and are currently extending the opportunity to Paediatric and Obstetrics & Gynaecology trainees.
- Working with the Royal College of Physicians, we have launched flexible portfolio training for approximately 60-65 doctors in training, who will take up their new posts across England in August 2019.
- We are improving cross system working to support doctors in training, including an inaugural national meeting of Champions of Flexible Working to be held during Summer 2019.
- We developed an Out of Programme Pause (OOPP) proposal as the first step towards establishing an evolved training system enabling greater flexibility to 'step out, step into' training.

Implementing and sharing best practice



- We are implementing an investment plan for Supported Return to Training (SuppoRTT).
- We encouraged local improvements for junior doctors' working through sharing best practice in the 'Mapping initiatives to enhance Junior Doctors' working lives across the UK', now [available online](#).
- Co-badged with the Royal College of Physicians, we have produced [Never too busy to learn; how the modern team can learn together in the busy workplace](#). This online resource shares case-studies of good educational practice from all professions, suggesting practical ways of both creating and maximising learning opportunities in the workplace.

Continued efforts to improve concerns about the cost of training



- We continue to support AoMRC and Royal Colleges in the commitment for improved transparency in the cost of training.
- We implemented study budget reforms across England in April 2018, and continue to work on the introduction of this improved system.

Addressing deployment concerns



- We engaged recruiters, doctors in training and employers to identify how best to improve the recruitment experience for doctors in training. We are now implementing the suggested improvements that came out of this engagement.
- We implemented the revised Code of Practice for all rotations from August 2018 and improved compliance with the target for August 2019 rotations.
- We implemented the new Trainee Information System (TIS) and are engaging with trainees to determine who they want to interact with the system e.g. electronic Form R.

HEE is working collaboratively with NHS Improvement on the Doctors in Training Programme (Streamlining) to improve the employment on-boarding experience for doctors.

Other Related MERP activities



- Enhancing educational supervision: we have worked with CQC and NHS Improvement to support system-wide improvement in supervision and will publish a suite of materials during 2019 to support enhanced supervision.
- We have undertaken a comprehensive review into the delivery of Foundation Programme training with system partners.
- Improving well-being: we launched the [NHS Staff and Learners' Mental Wellbeing Commission report](#) in February 2019 with specific commitments to improve the wellbeing of postgraduate learners.



Increasing Flexibility in Training

We recognise the importance of greater flexibility in training which remains a consistent priority in feedback from doctors in training. The flexible training agenda remains central to HEE's work to enhance junior doctors' working lives. Building on the successful pilots and initiatives with Medical Royal Colleges initiated last year, we have continued to expand the opportunities for training less than full-time and flexible training so that these may be accessed by more doctors in training than ever before.

Less Than Full Time (LTFT) Training in Emergency Medicine pilot

Following early indications of success, HEE's LTFT in Emergency Medicine pilot, started in August 2017, has since been extended for a second and a third year, with applications for August 2019 recently closing in April 2019. During 2019, HEE extended the opportunity for LTFT under the same criteria of the EM pilot to doctors training in Paediatrics and O&G.

The LTFT Emergency Medicine pilot was initiated in response to doctors who told us they would like to train LTFT for a wide range of reasons that were outside the Gold Guide eligibility criteria. In the pilot, the offer to train LTFT was made to all higher Emergency Medicine doctors in training (ST4-ST6) across England. In the first cohort (August 2017), 17 out of 380 trainees took part, working 80% of full time across 16 hospitals in seven regions. Of these, four left at 12 months due to:

- Becoming a consultant (one trainee);
- Career change (one trainee);
- Taking up an OOP opportunity (two trainees).

The other trainees all chose to remain in LTFT. In the second cohort, 25 more doctors in training joined the scheme.

“ In my experience to date it has had a positive influence on my practice and overall well-being. I feel this has had a knock on effect leading to improved patient care. Ultimately, it has afforded a more sustainable lifestyle and I could not envisage working in the current climate in another fashion.

“ The pilot has made doing the job (which I love and am good at), caring for an older relative and commuting possible. Going to 80% has been personally, educationally and professionally fantastic and I hope to CCT in the next 24 months.

Initial evaluation of the first cohort has illustrated that, although the initiative does not impact on the intensity of workload, participating doctors reported an improved work-life balance, job satisfaction and increased likelihood of remaining in Emergency Medicine and the NHS. They also thought the quality of patient care they delivered was either similar or better.

We acknowledged initial concerns about the potential negative impact this pilot might have on provision of service, including how rota shifts consequent to the LTFT pilot were covered, and whether this was by consultants, other doctors in training or the wider workforce. The evaluation of the first cohort has not highlighted this as an issue [please see Appendix A]. However, any cumulative negative effect on rota gaps, which may be mitigated longer-term by reduced attrition through this initiative, needs to be kept under review and the subject of the next stages of evaluation.

An assessment of the evidence and stakeholder feedback will be made as we start to mainstream LTFT in Emergency Medicine moving forwards. We are also expanding similar LTFT initiatives into Paediatrics and Obstetrics & Gynaecology during 2019/20 and beyond. We will continue to work to deliver a more flexible approach to training; to reduce 'burn-out' and attrition, improve morale and help recruitment into high intensity clinical specialties.

Flexible Portfolio Training

HEE and the Royal College of Physicians (RCP) launched a pilot offering new ST3 trainees protected time to pursue professional development in one of 4 pathways (medical education, quality improvement, research or clinical informatics) alongside traditional training in their clinical specialty.



Flexible portfolio trainees (FPT) will have one day a week or the 20% time equivalent protected for project work in one of these pathways to support achievement of generic professional capabilities. The initiative aims to make posts in the acute unselected medical take attractive to greater numbers of trainees in physicianly specialties, by protecting time for project work related to development of services and departments. There are workforce challenges in these specialties, particularly in geographies that have historically struggled to recruit. Through the initiative, we aim to address the need for Trusts to rely on locums whilst improving the working lives of modern day medical registrars, by encouraging them to develop skills that they are likely to explore as a consultant;

“I’m keen to be a physician who isn’t just defined by their specialty.”

The initiative is being offered to those in high-pressured specialty training areas first, as there is a pressing need for physicians that manage the complex, co-morbid patients presenting on the acute medical take. It will also give these trainees the ‘thinking time’ to continue their development while gaining expertise in their chosen clinical discipline.

Working closely with the RCP, we identified eight geographies to prioritise the flexible portfolio training and the four pathways were allocated as shown below. We aim for up to 15 trainees on each pathway, to provide a pilot of around 60-65 trainees in total on the scheme.



The distribution of the first cohort of flexible portfolio training across England.

The allocation of pathways, provisional training numbers and confirmed specialties are as follows;

- West Midlands – Medical education – 8 posts in Clinical Pharmacology & Therapeutics, Endocrine & Diabetes, Geriatric and Acute medicine.
- East Midlands – Medical education – 4-5 posts in Endocrine & Diabetes, Geriatric, Respiratory, Renal and Acute medicine.
- East of England – Quality improvement – 7 posts in Acute, Renal and Geriatric medicine.
- South West England – Quality improvement – 7 posts in Geriatric, Acute, Respiratory and Endocrine & Diabetes medicine.
- North West England – Clinical informatics – 9-10 posts in Rheumatology, Endocrine & Diabetes, Gastroenterology, Acute, Geriatric, Renal and Respiratory medicine.
- Wessex – Clinical informatics – 4-5 posts in Acute, Geriatric, Endocrine & Diabetes, and Renal medicine.

- North East – Clinical informatics – 4-5 posts in Clinical pharmacology, Endocrine & diabetes, Geriatric and Acute medicine.
- Yorkshire & Humber – Research – 12-15 posts in Endocrine & Diabetes, Acute medicine, Geriatric medicine and gastroenterology

The application process for flexible portfolio training is running closely with that of national ST3 recruitment. Interest in the scheme has been very high from all trainees, with over 100 expressions of interest and social media interactions running in the thousands.

The first cohort of doctors in training will take up their new posts from August 2019 onwards. We are supporting the RCP to develop educational resources for flexible portfolio trainees and their supervisors and complete an external evaluation of the initiative. Given the significant expressions of interest, we anticipate and expansion in the number of posts for 2020, and expansion to other specialties.

Further information can be obtained by contacting flexibleportfoliotraining@rcplondon.ac.uk and applicants should look out for updates and communications from their local HEE office. FAQs and details of the four pathways can be found at <https://www.rcplondon.ac.uk/projects/flexible-portfolio-training>.

Other initiatives to promote flexibility

Mapping initiatives to enhance Junior Doctors' working lives across the UK

The 'Mapping initiatives to enhance Junior Doctors' working lives across the UK' document published in October 2018 captures examples across a range of organisations that are working to promote more flexibility in training across the UK. This resource enables employers to find relevant and applicable good practice initiatives in their work to improve the working lives of doctors in training and provides resources to doctors in training to highlight relevant solutions to the issues they experience. An example from the Royal College of Psychiatrists is described below.

Psychiatry training

Psychiatry training remains an exemplar with a long-standing mandatory special interest or research day including in the higher specialty training programme. This day is protected from routine clinical work and the timetable negotiated with the Educational and Clinical Supervisors. LTFT trainees also have this time incorporated pro-rata. The Royal College of Psychiatrists' flagship sustainability and parliamentary scholar schemes are also a part of this offer to higher trainees.



The Topol Programme for Digital Fellowships in healthcare

In response to the [Topol Review](#), HEE is establishing the Topol Programme for twenty Digital Fellowships in healthcare for clinicians, to incorporate digital health expertise within their careers and pursue training in informatics and digital health. These fellowships offer all NHS clinical staff, including Post-Foundation doctors in training, a unique opportunity for protected time aside of clinical commitments to develop skills in digital transformation and become a change agent at a local level. The application window for Digital Health fellowships took place between February-March 2019. It is anticipated that successful applicants will take up their new posts during Autumn 2019.

Emergency Medicine Leadership Fellow Programme

Following publication of Securing the future workforce for emergency departments in England, a number of initiatives are under way to support Emergency Medicine trainees.

https://improvement.nhs.uk/documents/1826/Emergency_department_workforce_plan_-_111017_Final.3.pdf

We have heard that Emergency Medicine trainees would value additional support to develop leadership skills to help face the challenges, intensity and pressures inherent to their chosen specialty. In response to this, investment has been secured for a joint NHS England and NHS Improvement initiative to provide leadership training for every Emergency Medicine trainee in England.

HEE are supportive of the Royal College of Emergency Medicine's proposal for leadership training which will increase in breadth and complexity as Emergency Medicine trainees progress to prepare them for becoming Consultants. The programme will commence delivery in 2019. In addition to this, each School will appoint an Emergency Medicine Leadership Fellow in Summer 2019 to support the development, implementation and evaluation of this important programme.



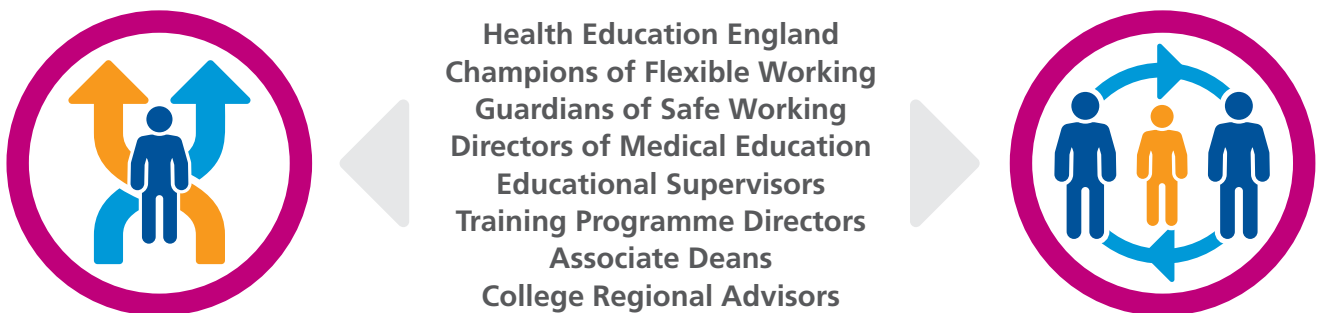
Flexibility to move between specialty programmes

We know that some doctors in training wish to change specialty pathways after finding that their initial chosen specialty is not for them. The AoMRC working group on flexibility and transferability is working with the GMC in exploring how these doctors can move more easily between programmes. The group has recognised that in the changing environment of medical training, the initial transferability work between groups of specialties was too restrictive, and so are looking at how competencies are recognised when trainees move to any new training programme. HEE is supporting this through the development of a gap analysis tool for use on returning to training, which could also help assist in transferring between specialties.

Co-ordinating flexibility initiatives across the training system

The inaugural national meeting of Champions of Flexible Working in 2019 is one example of the many ways we will ensure there is cross-system alignment and nationally agreed guidelines for equitable access to, and consistent advice about, flexible training.

We continue to work closely with Champions of Flexible Working, Guardians of Safe Working, Directors of Medical Education, Educational Supervisors, Training Programme Directors, Associate Deans and College Regional Advisors to ensure the opportunities for LTFT training are well communicated. HEE are committed to working with all partners involved to ensure we build on good practice and link together the initiatives involved in LTFT training so that doctors in training have access to consistent, relevant advice.



We developed guidance for all doctors in training, including Foundation doctors and LTFT trainees around additional working on top of their normal employment contract, working with the Conference of Postgraduate Medical Deans (COPMed) to enable consultation across the four nations.

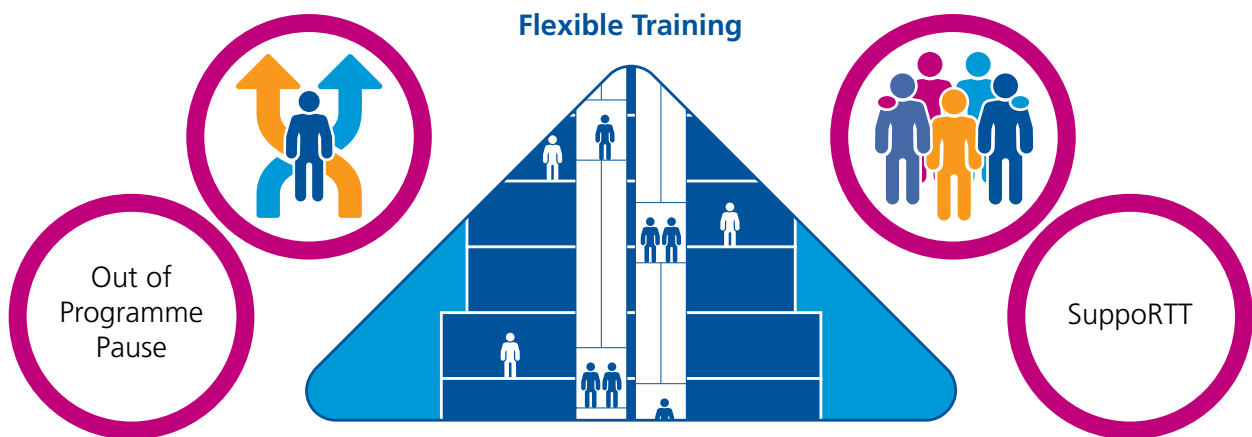
https://www.copmed.org.uk/images/docs/publications/Guidance_on_Undertaking_Additional_Work.pdf

Individualised Training Pathways

During HEE's 'Enhancing training and the support for learners, a review of the ARCP process', doctors in training told us they would like a more flexible, individualised approach to training and working. We heard that this would be attractive to the whole junior medical workforce, improve retention, morale and wellbeing. Based on this feedback, the review recommended that:

'Out of Programme (OOP) arrangements should be adapted to allow a 'Step-out Step-in' approach that allows a more flexible training pathway.'

The NHS Long Term Plan and Interim People plan reinforced the offer for greater flexibility in training, making it easier for trainees to step in and out of training and for competence attained outside of training to be counted towards CCT. The flexibility in training agenda is a key priority for HEE and the first step towards this is through the development and testing of Out of Programme Pause (OOPP).



The OOPP proposal has been developed by HEE, through an OOPP Programme Board and alongside representatives from NHS employers and the BMA Junior Doctors Committee. It has been supported by the AoMRC Flexibility Group and the GMC, and informed by views from the devolved nations. Phase 1 will be rolled out from August 2019.

OOPP would allow trainees who have had at least two years of full registration with the GMC, and are progressing satisfactorily, to apply for a specific category of Out of Programme to undertake work in a patient facing role within a UK based organisation. As with existing OOP options, trainees would be required to give a minimum of six months' notice of their intention to take up an OOPP post. OOPP would be subject to service exigencies in local regions.

Periods on OOPP would not normally be longer than 24 months and upon return to training, trainees would have an initial meeting with their Educational Supervisor to consider the experience and competencies gained during their OOPP. A 'gap analysis' would be conducted to determine what may have been achieved with respect to both Generic Professional Capabilities and specific curriculum outcomes. This would form the basis of a training plan. To aid this process, HEE is working with the Academy of Medical Royal Competencies (AoMRC) to develop an electronic 'Gap Analysis tool' which would be compatible with curricula and e-portfolio. It is planned that the Responsible Officer for purposes of revalidation for doctors in training on OOPP would remain within HEE.

To ensure that we manage any unintended consequences associated with the introduction of OOPP, for either the service or for training, it will therefore be introduced in a phased approach during 2019-2020.



Implementing and sharing best practice

Supported Return to Training (SupportTT)

The 2016 ACAS junior doctors' contract agreement committed HEE to develop innovative, evidence-based initiatives **“to remove as far as possible the disadvantage of those who take time out”**.

HEE recognise that time out of training, for a variety of reasons, is a normal and expected part of a doctors' progression through training. There are approximately 5000 (10%) doctors taking approved time out of postgraduate training at any given time.

The Supported Return to Training (SupportTT) strategy outlining HEE's ten commitments for supporting returning doctors in training was published in November 2017. The implementation of the plan for SupportTT investment over the past year has distributed £10 million pounds of funding to support local and national initiatives and infrastructure for returning doctors in training via the Returner Support fund.

This funding has been available to ensure direct access and benefit for returning doctors in training at local level. Alongside an agreed consistent standard offer for returning doctors in training at national level across England. Resources are being used for initiatives such as:



Some regions are taking this forward through SupportTT champions in NHS Trusts.

Funding has been provided across England for educational supervisor training and resources to support those returning to training. HEE offices are also co-ordinating regional 'keep in touch' events.

HEE continue to work with employers, Directors of Medical Education, Educational Supervisors and other stakeholders to embed necessary cultural change for delivering the SupportTT strategy.

The SupportTT strategy and investment plan will undergo an external qualitative and quantitative evaluation over three years to produce a range of materials, including evidence-based recommendations for improvement. An interim report will be produced Spring 2019 and a full one-year report in November 2019. Areas of focus for the first year will be analysis of current data and simulation funding bids awarded by the Assurance Board in 2017/18.

SupportTT Clinical Fellows

HEE have appointed clinical fellows to help develop and deliver the SupportTT strategy. Fellows ensure all SupportTT work is closely aligned to the needs of the returning doctors in training for whom the initiative was introduced.

AoMRC Gap Analysis Tool

The 'gap analysis tool' will help to fulfil HEE SupportTT strategy commitments. The tool will enable Educational Supervisors and doctors in training to better support a return to training by identifying training and development needs through the completing of a 'gap analysis'. The tool will help optimal re-entry planning for returning doctors in training to the postgraduate programme aligned to the SupportTT offers available as well as bespoke needs of individual trainees. The AoMRC gap analysis tool will be developed over 2019, for trainees returning to programmes in 2020.

Mapping initiatives to enhance Junior Doctors' working lives across the UK

https://www.hee.nhs.uk/sites/default/files/documents/Mapping_exercise_FINAL.pdf

The 'Mapping initiatives to enhance Junior Doctors' working lives across the UK' document was published online on HEE's Enhancing working lives webpage in October 2018.

This work was informed by National Medical Director's Clinical Fellows led by those at HEE, Scottish Leadership Fellows and their host organisations. The document summarises the known initiatives in place in 2018 and provides ideas for those working to improve morale amongst doctors in training. The examples included have been voluntarily shared by the collaborating organisations and are by no means an exhaustive list of the many local, national and four nation-wide initiatives that have been launched to date. However, the document provides illustrative examples of the concerted efforts by many organisations to tackle different aspects of enhancing junior doctor's working lives. The document also serves to identify potential gaps where further work is needed and encourage a collaborative approach to solving issues across the healthcare system.

The mapping document is a 'live' document to enable the resource to be updated easily with inclusion of other initiatives. The mapping document will be a useful resource for organisations across the system, College members and fellows and doctors in training.

Royal College of Physicians' 'Never too busy to learn: How the modern team can learn together in the busy workplace'

HEE supported the RCP to develop the 'Never too busy to learn' resource which was published in December 2018. This resource aims to help healthcare teams make the most of daily learning opportunities in the workplace. The publication explores how 'invitational' learning environments can be created in clinical settings for all members of the modern multidisciplinary team. Innovative and easy to implement case studies are shared to highlight feasible and tested strategies for maximisation of workplace-based learning opportunities. The full resource can be downloaded at <https://www.rcplondon.ac.uk/projects/outputs/never-too-busy-learn-how-modern-team-can-learn-together-busy-workplace>.

Academy of Medical Royal Colleges 'Support for doctors' resource

[http://www.aomrc.org.uk/supportfordoctors/ - 1465858914205-3cac3324-6baf](http://www.aomrc.org.uk/supportfordoctors/)

In recognition of the challenges of working in the NHS, the AoMRC have developed an online resource of organisations, services and websites that can offer help. This dedicated resource that signposts doctors to support available aims to promote healthy lives and wellbeing amongst all NHS professionals.



Cost of Training

Improving transparency in the cost of training

Since publication of the AoMRC statement in March 2017, HEE has continued to support the commitment for improved transparency in the cost of training. The AoMRC statement published guidelines for setting examination costs and Royal Colleges agreed to: -

1. Regularly review their examination costs and publish findings
2. Provide guidance to trainees about how costs had been reached
3. Indicate how any surplus income would be used to support doctors in training
4. Ensure that Less Than Full-time Training (LTFT) would not incur unnecessary additional costs compared with full-time training.

AoMRC has been working with the Colleges and Faculties to establish the baseline cost of training for all specialties and adherence to the March 2017 statement. An initial review was published online by the AoMRC in October 2017 and is updated annually at the beginning of every academic year.



Examples of good practice include:

- The Royal College of Anaesthetists, Faculty of Pain Medicine and Faculty of Intensive Care Medicine <https://www.rcoa.ac.uk/system/files/Cost-Training2017.pdf>
- The Royal College of Pathologists <https://www.rcpath.org/trainees/cost-of-training1.html>
- The Royal College of Radiologists <https://www.rcr.ac.uk/college/rcr-membership/fees-and-payment/membership-categories-and-fees/training-income-and-costs>

AoMRC continue to work with Colleges and Faculties to support greater transparency around costs through compliance with the March 2017 statement. Achieving compliance with the principles of transparency has been slower than hoped and Colleges have been reminded of the commitment and encouraged to ensure progress. Colleges continue to work together to share best practice and benchmark costs to minimise unnecessary costs for doctors in training.

Study Budget Reforms

Doctors in training told us that:

// You had inconsistent and inequitable experiences when applying for study leave and funding which varied across geographical regions and clinical specialties

// You paid for most of your education courses/activities personally with expenses infrequently reimbursed.

// You were frustrated with the current system for accessing study budgets/courses/activities personally with expenses infrequently reimbursed.

In response, HEE implemented study budget reforms across England in April 2018 by pooling of a proportion of funding from the secondary care placement rate, to ensure there is adequate support for all doctors in postgraduate training. Local HEE offices were tasked with providing equitable access to study leave, education, training and funding support for all trainees.





The new process moved away from a notional individual annual allocation of study leave funding to a system supporting:

- Educational courses/activities that enable curriculum delivery for all doctors in training and
- Discretionary funding for personalised training opportunities that add value to the individual and support the wider system.

Following implementation of study budget reforms, progress during 2018-2019 was monitored across England and inconsistency issues requiring further attention were identified. These have been addressed as follows:

- A clear reporting process to the Dean to address inconsistencies relating to individual specialty study leave approaches. The Dean will work Royal College Specialist Advisory Committees and Heads of Schools to resolve issues, including developing local alternatives for specific learning requests
- HEE has set up a working group including representatives of doctors in training to devise guiding principles that will promote a consistent approach to discretionary activity. The agreed principles will support Heads of Schools and will be published in 2019
- The inconsistent approach to study leave during Foundation Training is being explored as part of HEE's Foundation review
- Guidance on study leave access during period of grace and Out of Programme (OOP) was published and endorsed by Postgraduate Deans in Autumn 2018.

As part of the study budget reforms, HEE committed to publication of an annual study budget report on full expenditure and activity breakdown under the new system. This provides doctors in training reassurance that 2018/2019 study leave funding has been spent entirely on trainees' education and training.



Recruitment and Deployment


Improving the Trainee Experience of Recruitment

We heard that Doctors in training felt the specialty recruitment process was impersonal. In response, HEE engaged with a range of stakeholders including junior doctors and held a workshop in July 2018 to investigate the ways in which the recruitment experience could be improved. Areas where improvements have been made in recent recruitment years were highlighted and areas where further development is required were identified.

The following areas of good practice were identified:

- **Special circumstances** – introduced in 2017, this has made a significant improvement for applicants with recognised special circumstances, who would not have otherwise been placed in their preferred region.
- **Enhanced Preferences and Offer Exchanges** – introduced in 2018 after joint work with the BMA JDC, this Oriel functionality recognises that applicants' personal circumstances could change for any number of reasons between the time of application and offer, and allows them to make changes to their stated geographical preferences throughout the recruitment process, and even after offers have been released.

We will be focussing our efforts over the next year to resolve the following issues doctors in training have raised concerns about:

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- **Booking interviews** – shift patterns can make booking preferred interview slots problematic for trainees. Recruiters now release interview slots in batches throughout the day, rather than at the same time with details included in the 2019 guidance document.
 - **Interview Expenses** – HEE has removed the interview cap from 2019 recruitment, to ensure applicants are not out of pocket for attending interview. An online system for claiming expenses has also been introduced to speed up payments to applicants and panel members.
 - **Wider publication of flexibility initiatives** – whilst the flexibility initiatives have been welcomed, many trainees are still unaware of their existence. HEE will work with the BMA JDC, Royal Colleges and social media to ensure wider publication of these initiatives.
 - **Assessment methods** – many applicants are unaware of what they are being assessed against. Moving forward recruiters will make information on how applicants are scored at interview/assessment widely available.
 - **Communication with recruitment teams** – in addition to email, recruitment teams will now offer applicants a call back service to assist in dealing with their issues in a more timely manner.
 - **Processes are unclear** and applicants are unaware of the implications of their preference choices e.g. how to request a deferral, how to apply for special circumstances, making preferences. HEE are working to develop clear guidance and optimally disseminate this to inform prospective applicants.
 - **Quality checking of recruitment data and segregation of duties** – following issues experienced with ST3 offers by the Royal College of Physicians in 2018, we have implemented consistent quality checking processes to ensure that the same individuals are not responsible for all tasks associated with exporting, inputting and manipulation of recruitment data.

We have heard that doctors in training do not find the Oriel system particularly intuitive and were often confused about what they need to complete and upload. The recruitment system will be updated in 2020 and we will work to incorporate new functionality based on this feedback to make the application process smoother for all involved.



Inter-Deanery Transfer (IDT) Process

HEE has worked with the devolved nations to make improvements in the Inter-Deanery Transfer (IDT) process this year which has been well received by doctors in training.

We aim to ensure a fair and robust process for all doctors in training across the UK by adhering to the same principles used in national recruitment. These principles aim to enable as many doctors as possible to make a requested transfer and include:

- Improved awareness of the process through disseminating information via TPDs and HoS to share with doctors in training.
- Clearly defined timelines for when regions need to declare any available vacancies and when IDTs need to be completed by. These deadlines are in line with national recruitment and enable doctors in training to give three months' notice to their employers prior to transfer.
- Doctors in training who accept a conditional offer but are unable to transfer due to the receiving region not being able to accommodate their specific training requirements, are added to a waiting list.
- In order to continue to improve the process, the IDT team will be asking all regions to provide details about any IDT offers which do not progress to a transfer.
- Anonymised information about doctors in training remaining on the waiting list (i.e. who have not been made an offer) is shared with all regions.
- The central team sending regions monthly reminders to inform us if any posts become available which they wish to offer for an IDT.
- Doctors in training who accept a conditional offer but subsequently decide not to transfer are still able to reapply in future rounds, as with national recruitment, (although they are not added to the waiting list as they have withdrawn from the process).



Deployment

We fully acknowledge that doctors in training want to know about their next placement well in advance, to enable them to plan their lives.

HEE continue to work with NHS Employers, NHS Improvement and the BMA to help deliver this. We agreed to a new Code of Practice (COP) to provide employers with placement information 12 weeks before the start, as opposed to 8 weeks previously.

Following a “lessons learned” workshop, the Code of Practice was revised, and this was implemented for all rotations from August 2018. COP improvements introduced include:



We are aware that despite some rotas being given at 12 weeks, there have been later change due to operational reasons for the August 2018 rotation, for example:

- O&G ST3 – An additional selection centre was required to meet demand so that that offers were delayed until mid-June 2018
- Royal College of Physicians ST3/Intensive Care Medicine/Medical Oncology – Offers had to be reissued, although 90% applicants received the same offer as previously through this process.

We continue to elicit feedback from doctors in training and work closely with NHS Employers and HEE Heads of Schools to further improve deployment. We are committed to understanding and removing the barriers around deployment and adhering to the Code of Practice for 2019/2020 and beyond.



Support and infrastructure

Funding for improved facilities for doctors in training

In a letter to the BMA Chair of Council in September 2018, the Secretary of State for Health and Social Care pledged £10m of funding to improve facilities for junior doctors across England. Following this, HEE have worked alongside the BMA, NHS employers and NHS Improvement to enable this funding to be used to improve the work environment for doctors in training, with doctors in every Trust able to have a say on how this money is spent locally.

Trainee Information System (TIS)

HEE has now implemented TIS across all local teams replacing the previous Intrepid Database. We will be prioritising and initiating developments that will make the system better for trainees, trainers and make it easier for administrators to support them. In order to ensure we met trainees needs, we completed a "discovery", eliciting feedback from doctors in training, HEE administrators and Providers to determine the important features a trainee interface for TIS would need. We specifically focussed on reducing unnecessary bureaucracy.

Early Career Support

We heard that doctors who do not proceed straight from the Foundation programme into specialty training needed more support. HEE's in-house e-portfolio, Horus, went live in August 2017. This system is now fully accessible to doctors not in training programmes who have completed Foundation training but are yet to decide on their specialty training route (as well as other groups of non-trainee grade doctors). During the past 12 months, Horus was used by over 1900 doctors. This represents a two-fold increase compared with the previous year and feedback continues to be overwhelmingly positive.

Horus ePortfolio

12 months

Over 1900 doctors



Access to the portfolio allows pre-specialty doctors in training to log experience and competencies gained, which can then inform their educational needs assessment. It is anticipated that the 'Gap Analysis tool' HEE has commissioned AoMRC to develop will be compatible with Horus and will support more flexible training patterns.



Streamlining

We heard that doctors in training frequently find they are expected to repeat mandatory training and data checking processes as they rotate between employers during training. A commitment was made to address this as part of the ACAS agreement between the BMA and NHS employers in May 2016.

NHS Employers agreed to reduce unnecessary bureaucracy with the support of NHSI, the BMA JDC and HEE through the national Doctors in Training Streamlining programme. This initiative comprises four workstreams including statutory and mandatory training, recruitment, medical staffing and Occupational Health. HEE and NHS Improvement are supporting this to eliminate the need for repeated training and repeated checks. Several streamlining pilot sites have been implementing changes over the past year and the impact of these will be reported after August 2019 to inform the next steps.

NHS Employers' 'NHS Streamlining week' was held during April 2019 and highlighted national proposals for improving the pre-employment experience for doctors in training.



Other related MERP activities

Review of the Annual Review of Competence Progression Process

HEE published 'Enhancing training and the support for learners, a review of the ARCP process' in February 2018. Over the past year, we continued to engage with those involved in the review and have been working closely with system partners to implement the recommendations. We are ensuring that implementation is successful and that recommendations are fully embedded by monitoring improvement through HEE's performance committee. Initial data indicates that local offices are changing practice so this is less of a tick box process with a greater focus on educational supervision.

Enhancing Educational Supervision

A major finding of HEE's review of the Annual Review of Competence Progression process was the key role of Educational and Clinical Supervisors. A commitment was made during last year's Enhancing Junior's Doctors' Working Lives progress report to examine clinical, educational and workplace supervision. We are aware how vital supervision is to the development of doctors in training regardless of stage of training or specialty.

We have established an Enhancing Supervision working group which is working closely with the regulatory bodies CQC and NHSI to ensure system-wide improvement in supervision. We will publish a suite of materials to support trainers and trainees to participate in good supervision during 2019.

Key messages from HEE's enhancing educational supervision work



1. HEE is committed to providing a supportive, high quality learning environment
2. Delivery of high quality safe patient care is best delivered by healthcare professionals who are properly supported and supervised
3. The purpose of supervision should be more effectively communicated across the system to clarify expectations on trainees, supervisors and employers.

Foundation Review

During 2018, alongside partners HEE initiated a review of the Foundation Programme as announced in 'Facing the Facts, Shaping the future; A draft health and care workforce strategy for England to 2027'.

We heard that foundation training is still considered a highly satisfactory aspect of postgraduate medical education and training. However, whilst it receives good feedback, there is room for improvement. Doctors in training have provided invaluable insight into a range of issues, for example, lack of professional development time for foundation doctors, the frequent experience of isolation from colleagues in community posts, limited offers of career advice and more, all of which are impacting on trainee morale.

The review aims to address these issues whilst also:

- Improving the support for transition from undergraduate to postgraduate medical training
- Improving the quality of supervision
- Ensuring fairness and equality in the care that we deliver to patients by addressing geographic and specialty inequalities
- Moving towards a proactive model of care focused around prevention, population health and community-based care.



The Review will publish its findings and a set of recommendations in the Summer of 2019 and work to deliver them with partners across the NHS will be set out in an accompanying Implementation Plan.

NHS Staff and Learners' Mental Wellbeing Commission

HEE's Mental Wellbeing Commission report was launched in February 2019. The Commission emphasises the robust evidence-base that happy staff are more compassionate and provide safer care. The report explores mental wellbeing in all NHS staff, with Chapter 4 focused around doctors in training.

The key recommendation from the Wellbeing Commission is to establish an NHS Workforce Wellbeing Guardian in every NHS organisation, who would provide board-level leadership and hold responsibility for the mental wellbeing of their staff.

The NHS Long Term Plan, published January 2019 wants to see the NHS become: "a consistently great place to work," where there is more flexible working, enhanced wellbeing and career development, and greater efforts to stamp out the scourge of discrimination, violence, bullying and harassment. This resonates with the themes and recommendations of the Wellbeing Commission. With this shared agenda, HEE will work with NHS England, NHS Improvement and other stakeholders to advance a range of measures that will support trainees' mental wellbeing through the working groups implementing the Long Term Plan.



Next steps

Building on the previous year's work, published in 2017 and 2018 'Enhancing Junior Doctors' Working Lives' reports, this report details the initiatives designed to improve the working lives of doctors in training over the past 12 months, working with our partners, in Colleges, NHS Trusts and GP Practices, regulators and the other Arms Length Bodies.

However, we know that there is still more work to do and we will ensure we maintain a consistent focus on 'Enhancing Junior Doctors' Working Lives' initiatives over the coming year. We will progress many of these as part of HEE's broader Medical Education Reform Programme and aligned to the implementation of the NHS Long Term Plan.

The NHS Long Term Plan included a need for greater flexibility in doctors' training and we will be accelerating the changes that will help achieve this long term vision which is vital to delivering the aspirations of doctors as well as the needs of patients and the service in the 21st century.

There is recognition that Doctors in training aspire to have flexibility of choice in training location, specialty, the pace of training, opportunities to take breaks from training, and opportunities to work and train less than full time. NHS employers also aspire to have the flexibility, but in order to better manage their workforce and to ensure that safe care can be delivered to all patients. An evolved postgraduate medical training system developed over the course of the NHS Long Term Plan will bring these together and hold the following principles. We will work with partners to:

- Ensure that doctors can **move between training pathways**, taking with them 'credit' for competencies gained, without having to start again
- Deliver training with broad-based families of specialties which identify elements of shared curricular, allowing easier **transferability between specialties**
- Ensure that **skills and competencies gained by doctors that 'step out' of managed training pathways are not 'wasted'** and the skills and experience gained are taken into account when they 'step in' to subsequent training programmes
- Identify **entry and exit points** for doctors to step in and out of training that aligns with the needs of service and patient need
- Offer trainees options for **'accredited' Trust posts** recognised as high-quality posts to consolidate skills whilst out of formal training programmes
- Provide appropriate **assessment and support** packages to facilitate their return to the appropriate stage of training reflective of their experience and skills gained.

These principles will underpin the focus of the reform of medical education over the course of the Long Term Plan and by bringing together the lessons learnt from the initiatives to date, we will now work with NHS Improvement and NHS employers to expand flexible training opportunities for doctors across England.

We will continue to draw upon the cross-system partnerships we have made, engaging widely, and involving doctors in training to guide and shape all the work we do to bring about meaningful change for them.



We will continue to assess and improve the quality of clinical learning environments through our Quality Framework and assessment tools, such as the GMC National Training Survey and the HEE National Education and Training Survey. We will highlight good practice where education providers have made significant improvements so that these can be shared across the system.

Some of the important areas we will explore over the next year are:

- Review of lessons from Emergency Medicine LTFT pilot and expansion of LTFT options for trainees in Obstetrics and Gynaecology and Paediatrics
- Implementation and evaluation of the Flexible Portfolio careers initiative
- Piloting and evaluating the provision of greater flexibility to step out and into training in OOPP
- Improving the recruitment experience for trainees
- Building on deployment and streamlining initiatives to improve the on-boarding experience for junior doctors
- Improving study leave processes
- Improving transparency on the work Colleges are doing to address costs of training;
- Enhancing the provision of good quality supervision
- Supporting the implementation of recommendations from the NHS Staff and Learners' Mental Wellbeing Commission to improve the mental wellbeing of junior doctors.



Milestones for the year ahead

- August 2019** – Doctors in training commence new flexible portfolio training posts
- August 2019** – Publication of a suite of materials to support **Enhanced Educational Supervision**
- Summer 2019** – Inaugural national meeting to be held with Champions of Flexible Working
- Summer 2019** – Publication of findings and recommendations from HEE's Foundation Review
- Summer 2019** – Second cohort of SuppoRTT Fellows commence
- Summer 2019** – Impact of COP changes to be reported
- Autumn 2019** – Commencement of the expansion of LTFT training into other specialties, including Paediatrics and Obstetrics & Gynaecology
- June 2020** – Introduction of new recruitment system replacing Oriel
- 2019-2020** – Phased introduction of Out of Programme Pause aligned with increased GMC flexibility and cross UK plans
- 2019-2020** – Implementation of HEE's Mental Wellbeing Commission recommendations



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 Doctors' Committee
The Faculty of Intensive Care Medicine
The General Medical Council
The Health Education England Deans
Health Education England Medical and Dental Selection and Recruitment Programme
Health Education England National Policy and Programmes
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
Trainee Representatives

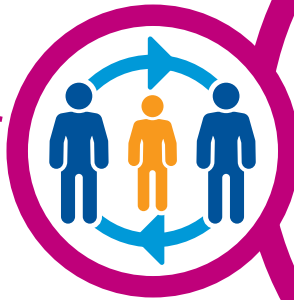


Appendix 1

The Less Than Full Time (LTFT(3)) working in Emergency Medicine Pilot. Final report.

The full evaluation report can be found on the Royal College of Emergency Medicine's website https://www.rcem.ac.uk/docs/Training/LTFT_pilot_FINAL_REPORT-for_website.pdf





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