

## Health Education England Training Recovery Update

1st July 2021

Dear Colleagues,

### ***'We must unite training and service recovery'***

In the first of a series of regular updates on the recovery of training, I am keen to highlight the positive impact of unifying service and training recovery both now, and for the future.

Following the intense winter with COVID we are acutely aware of the impact of the pandemic on all NHS clinical services. However, perhaps a less talked about, but as significant an issue for the short-term recovery and longer-term sustainability of these services, is the urgent need to get the training back on track for large numbers of postgraduate medical trainees.

During the pandemic many doctors in training were redeployed to COVID-facing settings, or had their usual workload replaced by COVID care and had their learning opportunities in elective care cancelled. This had a substantial impact on experiential learning and the attainment of curriculum competencies.

In order to maintain the supply of new consultants and GPs, and to enable doctors to progress through training, we now need to catch up with the workforce training needs. Where possible we want to mitigate the number and length of extensions to enable trainees to progress, where it is safe to do so. We are encouraging and supporting consultants and employers to think innovatively about postgraduate training, by tailoring training activity and supervision to trainees' learning needs. This emphasis will help to mitigate against costly conventional training extensions, which delay doctors' career progression and impact on medical workforce supply at a critical time for the health service.

With support from the Academy of Medical Royal Colleges, the General Medical Council, NHS England and Improvement, DHSC and NHS Employers we are funding £12 million to support trust level training interventions.

Throughout the pandemic, agile leadership in response to necessity helped achieve the best possible outcomes in an unprecedented situation. This agility in leadership has accelerated change.

As we now look to accelerate the recovery of both clinical services and medical training, NHS leaders must continue to demonstrate agility in their thinking to give us the best chance of getting training back on track. Leaders need to actively consider how to optimise training while supporting service efficiency.

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All those who provide healthcare need to be part of service and training recovery. Trainees are a key part of the NHS workforce, and they can and will be a positive assistance to service recovery if they are effectively embedded in clinical recovery planning. But unifying and integrating service and training recovery is essential.

The NHS and local system responses to COVID highlighted many 'field innovations' led by clinicians to manage operational pressures and pathways. We need this agile thinking again to optimise the integration of training and service recovery.

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

The NHS transformed so much in such a short time due to the pandemic. This is an opportunity for medical leaders with transformational agile thinking to integrate and optimise training within service recovery at this critical stage for the NHS - if we want doctors tomorrow, we need to train them today.

Best Wishes

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