

## Remote & Rural Post-CCT Fellowships

### Background

Health Education England (HEE) is responsible for ensuring that the future clinical workforce meet patients' needs and delivers high quality care. The Care Act 2014 sets out HEE's duty to ensure an effective system is in place for education and training in the NHS and public health system. The World Health Organisation aspires to integrate all clinical education with in-service training, continuing learning and professional development. *The NHS Long Term Plan* recognises that training and education supports recruitment, including supporting sufficient supply of doctors across all grades, specialties and geographies to deliver excellent patient care.

### Rationale

As highlighted in *Training in Smaller Places*, medical training posts and the associated allocation of resources have been distributed across England based on historical arrangements which is not aligned with current and predicted local population health needs. It is acknowledged that the geographical distribution of training programmes affects the future supply of doctors. Evidence indicates postgraduate medical trainees exhibit a greater propensity to remain in the geographical area where they complete specialist training, therefore the consultant workforce is commonly recruited from trainees who trained locally.

These Fellowships seek to address the divide between the majority of trainees experiences in teaching hospitals in urban centres and where service is provided for at least half of the UK population. This provides benefits to individual clinicians and the wider health service. Important curricula on offer include: the ability to demonstrate greater autonomy and independence, exposure to community settings and industry related health conditions, undifferentiated clinical case load, emerging models of care, systems thinking, generalist clinical judgement and decision making. Currently, trainees can achieve CCT without achieving these important learning considerations.

Successful Fellowships in Primary Care, Haematology, Cardiology and Obstetrics & Gynaecology are already offered. This Remote & Rural Post CCT Fellowship is available to all specialities. A successful fellowship will aid with recruitment and improve the retention rates of local workforces. This is an opportunity to provide excellent training experiences in smaller units with a holistic approach to patient care, promoting equitable access to healthcare for all.

### High Level Principles

- The purpose of Remote & Rural Post-CCT Fellowships are to improve the attractiveness of training in smaller places as a career to deliver high, quality patient care throughout the UK.
- Provides a year in a higher professional format to enhance knowledge and skills within the themes of leadership, management, quality improvement, research, education or enhanced clinical skills.
- The location of such workforce requirements must be considered.
- Schemes should promote innovation and new models of care meeting the needs of the future NHS.

### Key Principles common to all schemes

An open and fair application process co-ordinated at the local level. Schemes are to be post-CCT. Fellowships should be promoted towards the end of specialty training in all specialities.

- a) Schemes must contain both an educational and service components

#### **Educational component**

- The educational component can contain one or more areas including leadership, management, clinical skills, quality Improvement, education or research skills.
- Where possible, the ability to attain a qualification should be supported.
- Must be a minimum of 4 educational sessions per week.

#### **Service component**

- Clinical sessions in areas identified as Remote & Rural
- An approved local lead identified for Post-CCT fellowships with appropriate educational expertise

- b) Oversight of the programmes must be provided by a senior local HEE representative.
- c) Standards of educational support should be to GMC standards.
- d) Minimum contract 12 months full or part-time.
- e) Contracts of employment will be established locally.
- f) Finance is subject to local negotiation and budgets.

- HEE should support the education and training element rather than service costs except in special circumstance e.g. new roles.

**g) Promotion.** HEE central communications enabler function should support this.

**Conclusion** These Fellowships offer doctors and dentists broader professional and leadership skills to thrive as a practicing Consultant, promoting autonomous decision making and the creation of a generalist skillset. For remote & rural communities these Fellowships ensure local healthcare workforce needs are met which will improve wider health outcomes.

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## References

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