Improving Junior Doctor’s lives

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Developing Doctors

Doctors in our future teams

UK perspective:
The skilled medical workforce is one of our most important assets

Personal perspective:
For most people, after family, work is the most important aspect of their lives and is part of their identity
How positive do you feel about medicine as a career?

- Very positive A
- Moderately positive B
- Neutral C
- Negative D
- Very negative E
Current NHS Challenges

- Demographics - aging population
- Patient Expectations
- Cost containment, resource management and Population health
- Alignment of workforce roles, capabilities and numbers to service models
- Technology
- Expectations and engagement of the healthcare workforce
- Brexit and global health changes
Feedback

- Regular feedback through current Quality processes
- Regional doctors in training forum discussions
- GMC, College, & Local survey results
- BMA JDC
- Feedback to national committees
- National Leadership Fellows and AoMRC feedback
- New focus on quality through Quality Frameworks
- The Media
- Social media
Training issues

raised 2015-16 by BMA JDC

• Rota notification and fixed leave
• Deployment issues - IDT and joint applications
• Opportunities for LTFT training
• Variability in Study Leave
• Rising costs for those in training
• Induction and Mandatory Training
• HEE’s position with whistleblowing

Other concerns

• Not being a valued part of a team
• Time in one location
• ARCP inconsistencies
• Variable Educational Supervision
• Out of Programme access
• Return to programme issues
• Flexibility in training
• Transitioning in training
• Time on routine tasks
• Rota gaps and management
• Lack of awareness of the management of Quality
Topol Review - Preparing the healthcare workforce to deliver the digital future

Digital technologies are transforming our ability to empower patients to participate actively in their own care, with a greater focus on well-being, to prevent diseases such as cancer and hypertension, to predict the most appropriate treatments and to personalise the management of long-term conditions.
Time to change……

Medical Education Reform
Enhancing junior doctors’ working lives
Progress

Rota notification and fixed leave - changes to the code of practice
Deployment issues - special circumstances, enhanced preferencing and review of IDT processes
Opportunities for LTFT training – LTFT pilot, RCP Portfolio careers culture change
Variability in Study Leave – standardised approach for equitable access
Rising costs for those in training – Work with the AoMRC on increasing transparency all Colleges signed up to the agreed principles
Induction and Mandatory Training – streamlining work
HEE’s position with whistleblowing – additional protection
Flexible Training

• extension of the LTFT Training pilot in Emergency Medicine, interim evaluation demonstrated benefits in retention and wellbeing. New cohort in August 2018. Roll out to Paediatrics and O&G

• RCP Flexible Portfolio Training recruiting to pilot regions in areas of workforce shortages

• Facilitating a more co-ordinated approach to flexibility, engaging with Champions of Flexible Working

• Updated Gold Guide to reflect a modern approach to flexibility

• Encouraging medical Royal Colleges to think innovatively about flexibility and promoting initiatives

• Support for GMC and AoMRC on facilitating movement between specialties
HORUS access for “pre-specialty” doctors to enable them to record learning and support their development,- over 1000 doctors signed

TIS and Improving the ESR interface, Support NHS Employers with streamlining of rotational processes

Reducing the administrative burden through TIS module development

SAS cross system working group – SAS strategy

Agreed principles on the length of placements and altered programmes in line with the principles
Enhancing training and the support for learners
ARCP review

- Health Education England’s (HEE) review of the Annual Review of Competence and Progression (ARCP) launched in January 2017

- The review considered improvements to ARCP processes for trainee doctors, but also looked more widely at how the principles and learning in postgraduate medical education might be applied to benefit the wider workforce, to ensure consistency and excellence in patient care

- *Enhancing Training and the Support for Learners* was published on 20th February 2018.
Supporting learner progression

Improving consistency and equity in processes and ensuring there is feedback for doctors in training to improve training processes.

To realise system-wide benefits, this could not only focus on doctors in training, but also considered doctors out with formal training pathways and the wider healthcare workforce
Advanced Clinical Practice

• Comprehensive national framework
• Co-produced with system, academics, patients, services users and policy leads
• Multi-professional focus and support
• Collaboration to support intelligent and collegiate development of roles
• Training and assessment rethought to build trust, understanding and respect
Individualised training pathways

• Standardised and individualised routes to train
• Enhancing the working lives and giving autonomy back to trainees
• Finding a high quality development route for trust grade / locally employer doctors
• Opening up the option for trainees to step out of training and step back in after time out
• Ensuring there is an opening back into training
• SuppoRTT as an enabler
• Working with the AoMRC to develop the tools for gap analysis on return to training
• Working with the GMC to allow greater flexibility
Foundation Training

- Increasing numbers of UK medical graduates
- Need for better transition from undergraduate to postgraduate
- Moving healthcare to prevention, population health and community based care
- Incorporating flexibility
- Improving care - geographical and specialty spread
- Reflecting innovation
- Increasing morale, enabling doctors to work to the top of their competencies
- Providing support for those who need it most
Credentialing

- Governance for currently unregulated training
- Clarity for patients and employers on the quality and extent of a doctor’s training.
- Some sub-specialty components of current CCT training become pre or post-CCT credentials
- Some elements of specialty training could be accessed by others in training or by Staff and Associate Specialist Doctors and other health care professionals
- More flexibility in later career choice and development
- More flexible training responsive to patient needs
- Increased efficiency
Supervision

Cross system partnership working linked to Patient safety and productivity
Clear guidance for trainees, supervisors, employers, and regulators.
Links to wider MDT working – other professions provide supervision and / or support
Examples of good supervision
Do you wish you had chosen an alternative career?

• Definitely not A
• Probably not B
• Neutral C
• Probably D
• Yes definitely E
Medical Career(s)
Improving working lives
- Improving health and patient care