

Welcome to the London and KSS Joint Foundation Schools Conference 2020



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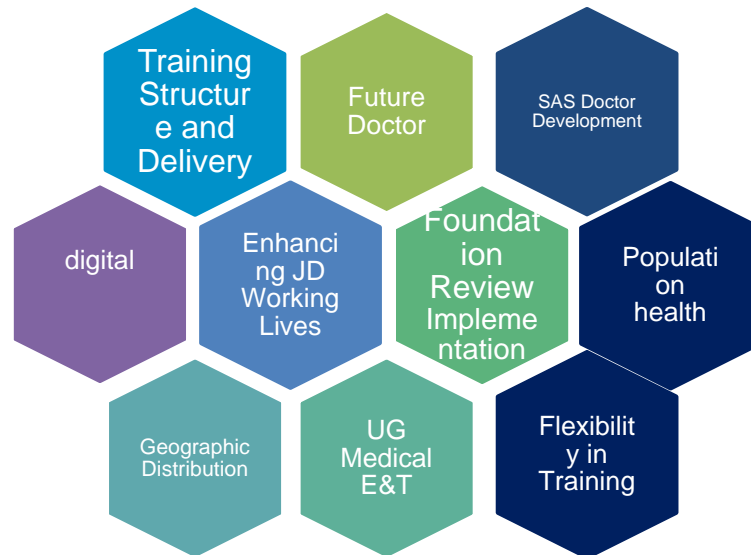
Developing people
for health and
healthcare

13th February 2020

Agenda For The Day

- Welcome and introduction – Dr Julia Whiteman
- Foundation Review - Dr Mike Masding
- GMC update - Prof Colin Melville
- Healthcare Education Team update – Stuart Morris
- ARCP Appeals - Michael Wright, Hill Dickinson
- Differential Attainment - David Mendel, Associate Dean
- Lunch
- Afternoon Workshops
- Summing Up and Close - Prof Graeme Dewhurst

Medical Education Reform Programme (MERP)



Working with partners to reform the medical training system to better align the medical workforce with patient need, and to support the aspirations of doctors in training

We aim to:

- Support the system by providing highly trained doctors in the places and specialties where they are needed.
- Support doctors and those who provide their education, training and supervision to increase morale and so boost recruitment and retention
- Ensure that doctors receive the highest quality of training and education to provide high quality patient care
- Provide flexibility in the training pathway to reduce stress and burnout, and ensure a sustainable service

Enhancing Junior Doctors' Working Lives

Established in partnership with the BMA Junior Doctors' Committee, NHS Employers, the GMC, the Academy of Medical Royal Colleges in March 2016.



#ReformingMedEd

Enhancing junior doctors' working lives – annual progress report 2019



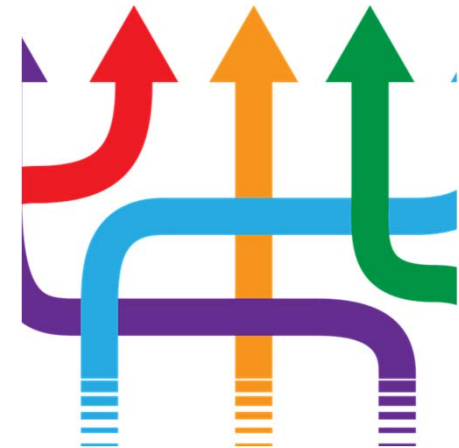
Next steps

- LTFT options for trainees in Obstetrics & Gynaecology and Paediatrics
- OOPP evaluation provision
- Improving the recruitment experience for trainees
- Improve the on-boarding experience for junior doctors
- Improving study leave processes
- Enhancing the provision of good quality supervision
- Supporting the implementation of recommendations from the NHS Staff and Learner's Mental Wellbeing Commission to improve the mental wellbeing of junior doctors

Flexibility in training

The future vision for individualised flexible training pathways would enable doctors

- to apply for a training pathway knowing it was no longer a 'train track'
- to take a break from traditional training progression to step-out and then step-back into training when they wished to progress
- to consolidate some of their skills
- to develop other skills in the parent speciality or another speciality
- to reduce working hours to balance personal and working lives
- to have more portfolio careers while training with special interests in or outside medicine



Out of Programme Pause (OOPP)

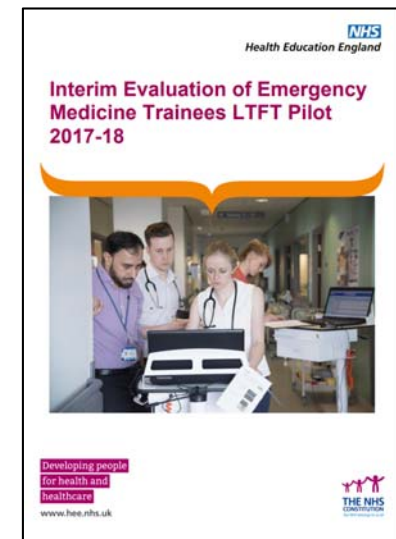
- **Out of Programme Pause (OOPP)** has been developed which would allow trainees in specialty training to step off the training ladder and **undertake work in the NHS or a similar patient-facing role in the UK**. Experience and competencies gained outside of training may be then considered on the trainees return to their training programme.
- This has been implemented in four local offices across a multitude of specialties. Plans for further expansion are now underway. Further to this a Flexibility (Step out, Step in) policy will be developed to encompass the vision and mechanism to enable Flexibility in Training to become the norm for Junior Doctors.

Less than Full Time Training

- HEE is expanding the access to less than full time training (LTFT). In some specialties there is a third category:

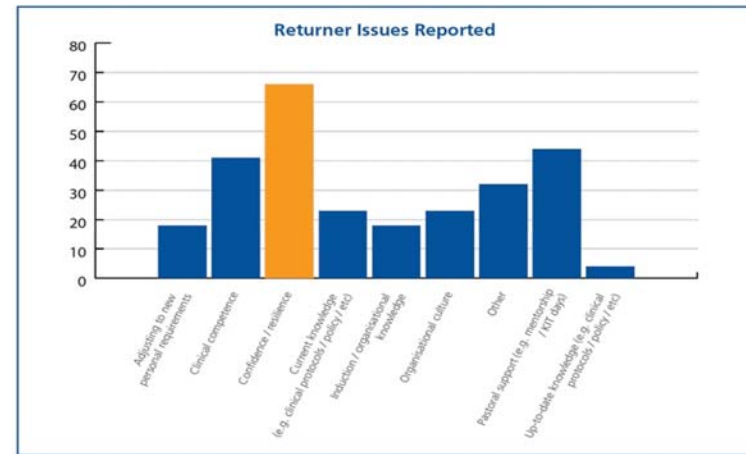
‘Trainees who choose to train LTFT as a personal choice that meets their individual professional or lifestyle needs. That choice is not subject to the judgement of anyone else and is only limited by service considerations.’

- A pilot for Emergency Medicine initially went live in 2017, and this has now been mainstreamed and has been extended to Paediatrics and Obstetrics and Gynaecology based on the same principles.
- The pilot showed that trainees felt they had a better work life balance & were more likely to remain in EM training and in the NHS. With small numbers the impact on others (consultants and registrars) needs further exploration. Many used the time for their ongoing personal development rather than leisure.



SuppoRTT – Supported Return to Training

- Programme for medical trainees to make return to work easier after maternity leave, research, illness, etc
- Set up after the ACAS Junior Doctors Contract Agreement 2016
- National scheme with a commitment of £10M to make this work within England
- Interpreted regionally, but similar principles
- To learn more about what is available, contact your local HEE office via the HEE website



OOPR	OOPT	OOPE	OOPC	Total OOP*	Maternity Leave	Long-term sick	Suspended	Other	Total
1452	358	511	313	2634	2044	188	8	22	4896

Table 1 - April 2017 HEE Out-of-Programme stocktake data

Enhancing Supervision for Postgraduate Doctors in Training - The Toolkit

- Full guidance document
- 'Standards in Supervision' benchmarking guide
- Handbook for trainees and trainers
- Animated video for trainees and trainers
- Video for CQC inspectors

<https://www.hee.nhs.uk/enhancing-supervision>



Standard	Section	Standard	Section	Standard	Section
1.1	1.1.1	1.1.2	1.1.3	1.1.4	1.1.5
1.2	1.2.1	1.2.2	1.2.3	1.2.4	1.2.5
1.3	1.3.1	1.3.2	1.3.3	1.3.4	1.3.5
1.4	1.4.1	1.4.2	1.4.3	1.4.4	1.4.5
1.5	1.5.1	1.5.2	1.5.3	1.5.4	1.5.5
1.6	1.6.1	1.6.2	1.6.3	1.6.4	1.6.5
1.7	1.7.1	1.7.2	1.7.3	1.7.4	1.7.5
1.8	1.8.1	1.8.2	1.8.3	1.8.4	1.8.5
1.9	1.9.1	1.9.2	1.9.3	1.9.4	1.9.5
1.10	1.10.1	1.10.2	1.10.3	1.10.4	1.10.5

