

## Cover Sheet

Trust Board Meeting in Public: Wednesday 9 March 2022

TB2022.028

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**Title:** Annual Update on Postgraduate Medical Education 2021-22

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**Status:** For Information

**History:** TME 24 February 2022

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**Confidential:** No

**Key Purpose:** Assurance

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## Executive Summary

- 1. COVID and Training Recovery.** The COVID pandemic continues to impact many aspects of working and training lives. A significant percentage of trainees require additional training time or curriculum-aligned training opportunities in order to complete their programmes, especially in ‘craft’ specialties. Generic competences, confidence and wellbeing are all areas highlighted as needing support – training recovery goes hand in hand with service recovery and “people recovery”. This report describes some of our HEE and OUH investments and programmes to support Training Recovery. We have already increased the amount of Simulation based Education (SBE) that we offer by investing in both equipment and faculty, with HEE funding support. We are also providing Training Recovery support for generic professional competences, and for wellbeing.
- 2. Trainees and junior doctors:** There are 850 WTE trainee posts at OUHFT whose training is subject to quality management by the local office of Health Education England (HEE). In addition, there are approximately 60 SAS doctors and 300 Locally Employed Doctors (LEDs). The locally employed posts do not receive HEE funding and they have educational and development needs. There is a SAS Tutor and an LED Tutor in post to offer support and signposting to resources. The Shape of Training Review has led to curriculum changes in every speciality and in addition some programmes have undergone major reform.
- 3. Trainers:** Every trainee in an HEE–recognised post has a named Educational Supervisor (ES) who is appropriately trained to be responsible for the overall supervision and management of a trainee’s educational progress during their placement(s). They help manage study leave and exception reporting against the 2016 contract. They also have an important supportive and pastoral role. We identify, train and appraise all ESs to meet GMC requirements for recognition of the role.
- 4. Funding:** In 2021-2 OUHFT received approximately £27M from HEE under the National NHS Education Contract to support postgraduate medical education. This includes trainee salary contributions, placement fees and some non-recurring funds for equipment or training. In addition to this we received Educational Support funding of £408K for OUHFT staff fulfilling educator roles for HEE.
- 5. Supporting trainers and trainees:** Junior doctors have a range of active groups and fora and are represented on Education Governance Group, Junior doctors Forum and Medical Workforce Group. There are QI and leadership opportunities and programmes available for trainees and trainers. There is an excellent Faculty Development Programme for Educational Supervisors, which is being extended to regional educators. We are supporting ‘Future Workforce’ by taking Physician Associate students on Clinical placements. We offer a wide range of courses free to OUH trainees and trainers. We support coaching and peer mentoring schemes.

6. **Induction and SMT:** All trainees are offered trust and department induction. All FY1 doctors have a hybrid induction of at least 1 week, including practical sessions, required SMT, and shadowing the outgoing post. In 2021 an additional 5 days shadowing was funded and offered to all new FY1 starters
7. **Educational Administration and Governance:** The DME reports to the Board through the CMO and also reports to the PG Dean for Educational governance and QA issues around the learning environment and support of trainees. A risk register is kept which is mainly based on concerns raised in the GMC National Training Survey and HEE National Education and Training Survey.
8. **Training Survey Results:** The detailed responses to these surveys are available in the public domain and can be explored using interactive reporting tools. The direction of travel for many of our posts remains one of continuous improvement – in response to improvement and action plans. The GMC National Training Survey includes more departments and specialties than ever before reported as ‘positive outliers’. There are no ‘triple-red’ departments this year and no departments on GMC enhanced monitoring.
9. **Simulation and Technology Enabled Learning (STEL):** We have a comprehensive Simulation-Based Education (SBE) programme. Work has included:
  - Design of a strategy for effective delivery of SBE for trainees in line with curricular requirements for all the postgraduate schools and with the new national Patient Safety Syllabus
  - The formation of an oversight committee for the delivery of SBE for trainees in the OUH
  - A scoping project to determine the range of equipment for SBE and the educational estate / clinical areas where it is used
  - A Regionwide SBE working group to develop a strategy for the effective delivery of SBE across Thames Valley
10. **Landscape and Horizon Scanning:** COVID effects continue to impact training. Alongside Service Recovery and People Recovery OUHFT will need to continue support Training Recovery. Pressures will persist for many months and likely years. The new HEE Educational Contract has been in place from April 2021 and external governance requirements may change to require more assurance from us. Next year HEE will merge with NHSE/I in reforms that will ‘put recruitment, training and retention of NHS staff and digital transformation at the heart of the NHS in England’. The role of the Buckingham Oxfordshire and Berkshire Integrated Care System and our relationships within it will become more important.
11. **Conclusions:** This report provides a description of the current situation of the postgraduate medical education training programmes at OUHFT and an overview of their performance against the requirements of HEE and GMC.

- Overall OUHFT continues to improve year on year. More of our programmes than ever before have received multiple positive (green) outliers this time and this should be celebrated. We have no 'triple red' outliers and no areas on enhanced GMC monitoring.
- Individual trainee experiences also need to be attended to. We have positive feedback from HEETV Quality Committee on the DME Team's proactive approach to educational quality assurance.
- We have a Training Recovery programme which includes excellent Simulation Based Education, a new Regional multiprofessional endoscopy academy and a new support programme for senior trainees in their transition to consultant posts.
- Wellbeing of the healthcare workforce is of particular importance, and it may take months or years to fully address.
- The Board approved a Postgraduate Medical Education Strategy in November 2021 and work continues on its implementation and monitoring this year

### **Recommendations**

12. The Trust Board is asked to:

- Receive this paper for information.

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In 2021 the Postgraduate Medical Education Strategy was launched and approved by the Board.

Its Key Objectives and themes are:



# OUH Postgraduate Medical Education Strategy

## 2021-2025

OUH will use 8 themes, underpinned by our Trust Values, to guide our development as an organisation that educates, trains, and develops all its medical staff to reach their full potential; and to be able to recruit and retain a workforce who understand and live out our trust values, and deliver the best care for patients.



Learning | Respect | Delivery | Excellence | Compassion | Improvement

Postgraduate Medical Education at OUH - OMI 79490

## Annual Update on Postgraduate Medical Education 2021-22

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### 1. COVID and Training Recovery

- 1.1. The COVID pandemic continues to impact many aspects of working and training lives.
- 1.2. In the first and second waves of COVID, postgraduate and undergraduate training was disrupted, largely by COVID redeployment and service changes. In later waves the disruption and uncertainty were due to work intensity and workforce shortages with high staff absence levels, increasing admissions both with and for COVID across many specialties, and high staff absences leading to unpredictable rota gaps, with an increasing backlog of planned work.
- 1.3. In 2020 the General Medical Council (GMC) brought forward registration for graduating medical students to allow them to become Interim Foundation Year doctors (FIY1s). This did not happen again in 2021, but an extra 5 days of shadowing was funded for all new Foundation 1 doctors who chose to take it up, in addition to the usual 1 week of induction.
- 1.4. In previous 'waves' of COVID, OUH received significant numbers of COVID patients and needed to redeploy junior doctors, including trainees, to acute COVID care. Learning from the first wave informed our planning for the second. We have committed to adherence to the principles laid out nationally and regionally by HEE with respect to the redeployment of doctors in training. In the recent omicron wave the challenges have been filling rotas and covering staff absence rather than needing to redeploy staff to specific COVID areas. Junior doctor trainee representatives and the Directors of Medical Education and Workforce have been involved in discussing redeployment planning, protocols, and principles. We have not needed to formally redeploy trainees in the most recent omicron wave but acknowledge the flexibility and willingness of all staff to provide extra bank, locum and cross-cover and support services in need.
- 1.5. There have been monthly regional HEE Training Recovery meetings including the PG Dean, Heads of School and DMEs in the region to ensure a common approach and share good practice.
- 1.6. A significant percentage of trainees require additional training time or curriculum-aligned training opportunities in order to complete their programmes, especially in 'craft' specialties, such as surgery, cardiology, gastroenterology and anaesthetics.

- 1.7. OUH is the site for a new Regional Endoscopy Academy which will support multiprofessional learners in gaining endoscopy skills. We have bid successfully for backfill funding from HEE to allow 8 trainees to each have 2 weeks immersive endoscopy experience to help meet required competences.
- 1.8. We have already increased the amount of Simulation based Education (SBE) we are offering by investing in both equipment and faculty, with HEE Funding support.
- 1.9. We are also providing Training Recovery support targeted at generic professional competences, and for peer support & wellbeing. An OUH 'Becoming a Consultant' programme for senior Trainees is launching in 2022, and we are also supporting coaching and mentoring initiatives for senior trainees, and training and support for any trainer or trainee who wishes to become a peer mentor.
- 1.10. OUH has paid attention to wellbeing for all its staff and trainees can access any of the trust wellbeing resources. There are also additional sources of support for trainees within the postgraduate education system, including their Educational Supervisors (ESs) and Training Programme Directors (TPDs) Educational supervisors already provide pastoral care and a continuity of relationship when trainees rotate between posts. During COVID they have had wellbeing conversations with their trainees. They are able to encourage and signpost them to engage with both trust and HEE resources. The Trust Head of Wellbeing has spoken on the Faculty Development Programme to highlight to our educators what is available, and trainees themselves have produced and shared signposting information. In addition to the trust resources, trainees and trainers can access a range of funded regional HEE resources including trainee-trainee peer support groups, classes and workshops, coaching and a range of online resources, hosted by the HEE Thames Valley Professional Support and Wellbeing Unit. [Professional Support & Wellbeing Service - Working across Thames Valley \(hee.nhs.uk\)](https://www.hee.nhs.uk/professional-support-wellbeing-service-working-across-thames-valley). We have commissioned some mentoring training and local coaching capacity as well as 'Survive and Thrive' workshops for the next year in addition to our ongoing programmes.
- 1.11. The national picture for training is explored in more detail in the GMC State of Medical Education & Practice report 2021 [ SOMEPEP] [The state of medical education and practice in the UK - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/our-work/education-and-training/state-of-medical-education-and-practice-in-the-uk) . Key points include:
  - Reported burnout levels are higher than they have been in previous years
  - A significant number of trainees have concerns about progression and
  - Training Recovery needs.

- Positive changes include innovation with more access to virtual learning environments and Simulation Based Education.
- Looking forward - the opportunity to retain positive changes is now. Compassionate cultures help retain the positive changes made during the pandemic. There must be a focus on supporting workloads and efficient ways of working.

## 2. Trainees and Junior Doctors

2.1. There are approx. 850 WTE trainee doctor posts at OUHNFT in 2021-22. The majority are tariff-funded by Health Education England (HEE) - we receive a salary contribution and a placement fee. There are 232 (28%) posts that recognised for training by HEE, but are trust funded. There are approximately 50 posts partially funded on the NIHR scheme (Academic Clinical Fellows and Clinical Lecturers).

2.2. Current post numbers:

<b>Training Grade WTE posts</b>	<b>Total in Each</b>
Foundation FY1	91
Foundation FY2	113 (72 of which are trust funded)
Core trainees including ST 1 / 2	125 (20 of which are trust-funded)
Specialty Trainees ST3+	410 (130 of which are trust-funded)
GPVTS Trainees	55 (10 of which are trust-funded)
Public Health Trainees	28
Dental Trainees	10

2.3. In addition, there are approximately 60 SAS grade doctors and 300 Locally Employed Doctors (LEDs) who are not in posts formally recognised for training and who do not receive salary or tariff funding from HEE but still have development and supervision needs. The Directors of Medical Education and Medical Workforce work together with the LED Tutor and SAS Tutor, to support this group of doctors. In the past year we have working on signposting to resources, joined a national, LED Tutor Network, and are working on a charter for LEDs, representation at Junior Doctors Forum, access to trained supervisors, and portfolio support.

2.4. We have a small number of doctors from overseas working on short-term (up to 2 year) sponsored Medical Training Initiative posts. The Medical Training Initiative (MTI) is a national scheme designed to allow a small number of doctors to enter the UK from overseas for a maximum of 24 months, so that they can benefit from training and development in NHS services before returning to their home countries. These are often experienced and relatively senior doctors coming to Oxford to develop

specific areas of higher training. Over time we have built up relationships with some countries and hospitals.

- 2.5. The Shape of Training Review has led to curriculum changes in every speciality and in addition some programmes have undergone major reform.
- 2.6. Recruitment to Core Medical Training ceased in 2019 and the new internal medicine training programmes of IMT and ACCS-IM are now in place. The updated Foundation Programme is also fully implemented.
- 2.7. In 2021 'Improving Surgical Training' (IST) scheme, a new competence-based, run-through training programme in General Surgery was piloted but has paused recruitment in England for 2022. The number of surgical training posts will be maintained as posts are added back into core surgical recruitment
- 2.8. The GP contract (2019) increases the number of GP training places overall, but they will spend more training time in GP surgeries and less in acute hospital posts from 2022. It is estimated that GP VTS schemes will need ~ 30% fewer hospital posts. The impact of this may be significant in some areas of service and we are exploring this with HEE and the GP Deans.
- 2.9. We have kept our trainers educated and updated on new programme and curriculum requirements.
- 2.10. From August 2021 all Foundation Trainees and many core and higher trainees are required to be given Self Development Time (SDT) in their work schedules. This has led to a reduction in rostered time available for clinical activities of approximately 5-10%, but an increase in other valuable and productive activities such as audit, QI and Leadership activity. Departments have worked hard to adjust their scheduling to accommodate these requirements. This is an opportunity for us to help doctors early in their career to develop essential leadership, education and QI skills and for them to contribute to non-clinical activities in the organisation. Provide any background required to the issues outlined in the paper.

### **3. Trainers**

- 3.1. Every trainee in an HEE-recognised post has a named Educational Supervisor (ES) who is appropriately trained to be responsible for the overall supervision and management of a trainee's educational progress during their placement(s). They also have an important supportive and pastoral role.
- 3.2. Educational Supervisor is a GMC recognised role. The DME keeps a regularly updated list of those supervisors who have completed their

required training. Funding for the ES role comes from HEE tariff and there is a tripartite agreement between HEE/ OUHFT / ESs which allows for payment, via recognition within job plans, of ES role. ESs are pivotal in supporting trainees in navigating their educational development and have provided an important pastoral role during COVID. We have gradually increased the number of trainers over the past 2 years and now have over 500 recognised ESs. It is mandatory for ES who supervise HEE trainees to have completed training and be on trust list of recognised trainers. It is not mandatory for non-trainees / trust posts to have an ES, but it is good practice for those who are supervising locally employed junior doctors to have been trained and recognised in this role.

- 3.3. Since 2018 the ES is responsible for approving Study Leave for their trainees, although the budget for this is now held regionally at Deanery and not trust level.
- 3.4. Exception Reporting by junior doctors continues against work schedules and education opportunities. The GSWH and DME report regularly to the JDF and the Board on this. Since March 2021 there have been 52 Exception Reports relating to missed educational opportunities, all of which have been closed, and 525 Exception Reports relating to hours / rest.

#### **4. Funding**

- 4.1. Every trainee in an HEE–recognised post has a named Educational Supervisor (ES) who is appropriately trained to be responsible for the overall supervision and management of a trainee’s educational progress during their placement(s). They also have an important supportive and pastoral role.
- 4.2. Educational Supervisor is a GMC recognised role. The DME keeps a regularly updated list of those supervisors who have completed their required training. Funding for the ES role comes from HEE tariff and there is a tripartite agreement between HEE/ OUHFT / ESs which allows for payment, via recognition within job plans, of ES role. ESs are pivotal in supporting trainees in navigating their educational development and have provided an important pastoral role during COVID. We have gradually increased the number of trainers over the past 2 years and now have over 500 recognised ESs. It is mandatory for ES who supervise HEE trainees to have completed training and be on trust list of recognised trainers. It is not mandatory for non-trainees / trust posts to have an ES, but it is good practice for those who are supervising locally employed junior doctors to have been trained and recognised in this role.

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## **5. Supporting Trainees and Trainers**

- 5.1. There are many well established Trainee Representative Groups in OUHNFT. These include regular forums representing various grades e.g. Medical Registrars Group, Core Medical / Internal Medical Trainees Group, and several Foundation Doctors groups including the Foundation Education Leads (FELs) and Oxford Foundation Trainee Group. (OFTRG). Their group meetings are supported by Postgraduate staff and Tutors.
- 5.2. Junior Doctors, the Directors of Medical Education and Medical Workforce are members of the Junior Doctors Forum which is chaired by the Guardian of Safe Working Hours (GSWH) and was established as part of the 2016 Contract. This has been active and during COVID peaks has hosted several extraordinary JDF meetings which members of the Redeployment Team have attended to answer questions.
- 5.3. All representative groups have flourished in the new virtual environment, with increased attendance made possible via Teams, and more 'real-time' interaction possible between meetings via messaging.
- 5.4. In 2021 - 22 we have continued to expand our Faculty Development Programme for Educators with regular Educational Supervisor Update days, Q&A sessions and an online resource library. These meet the ongoing CPD needs of educators, and also promote a peer network of educators. This has had excellent feedback and we have been asked to expand the resources to educators across the region.
- 5.5. The successful FMLM-accredited Emerging Leaders Programme (ELP), leading to Associate Fellow status, continues to run. It was initially for trainee doctors but is now multidisciplinary.
- 5.6. We have just succeeded in a multi trust bid to run a regional 'Leaders in Training' programme for HEE trainees and educators based on the ELP.
- 5.7. The OUH QI Hub supports trainee doctors as well as other disciplines and grades in QI projects. Foundation Doctors all have access to a QI programme run in conjunction with OxStar.

- 5.8. Trainees and trainers are involved in auditing whether Self Development Time is available and how it is used and in 2022 will be piloting ideas on how to link trainees into trust priorities and themes.
- 5.9. We encourage trainers and trainees to communicate with and feed back to each other. We have a Trainer of the Month award and encourage the use of Reporting Excellence.
- 5.10. The inaugural OUH Junior Doctor of the Year Awards ran in 2020 but not in 2021 – we hope to reintroduce them in 2022.
- 5.11. The Department of Postgraduate Medical Education run an extensive programme and well-received programme courses for trainees and trainers which are free to our staff.
- 5.12. The DME maintains links both informally and formally with Educators in other disciplines including Nursing, Midwifery, AHP, and the Clinical Medical School, and co-chairs the multiprofessional OUH Clinical Education & Training Committee (C- ETC) and the OUH – University of Oxford Medical School Joint Education & Training Committee (J-ETC)
- 5.13. HEE funds a formal Supported Return to Training programme (SuppoRTT) for trainees starting in, or returning to, an approved training after being out of training for 3 months or more, or who are new to the NHS. ESs have a vital role in this support programme, being the key point of contact with the trainee. <https://www.hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out>. This funding is only available for HEE trainees but some of the resources developed are useful and accessible to doctors who are not trainees but are new to the NHS.
- 5.14. **Future Workforce** - there will be some expansion in training places, but the largest gains will come from a flexible and innovative approach to developing other roles within the healthcare team. Roles such as Physician Associates and Support Workers can be used, and these posts are gradually being developed. We currently have 7 Physician Associates in post and have an active development programme for them. We started offering placements in 2020-21 to Physician Associate Students in 2021 from Buckinghamshire New University on clinical placement to try to encourage a mutual relationship that will help us develop our workforce in future. The first cohort will graduate in 2022 and feedback has been very good.

## 6. Induction and Statutory & Mandatory Training

- 6.1. Trust induction has moved largely to online delivery which has been well received and enables it to be delivered more flexibly and in a COVID secure way.

- 6.2. All departments have local induction for trainees in place with a designated lead.
- 6.3. For each placement trainees are required to discuss with their supervisor and document in their portfolio with their supervisor that induction has taken place.
- 6.4. New FY1 doctors starting in August receive a week of targeted induction including hybrid learning with a mix of virtual and in person sessions to welcome them to the trust. This includes interactive and simulated modules to introduce them to practice, and several days shadowing the outgoing FY1 in the post they are about to start. In 2021 an additional 5 days of shadowing was funded by HEE and offered to all new FY1s. This will continue in 2022 but only for FY1 doctors new to UK Practice.
- 6.5. Statutory and Mandatory Training for the FY1 starters is included within the Introductory week.
- 6.6. Responsibility for overseeing SMT for doctors remains with their line manager but ESs can remind and support trainees to complete it, and if it is not completed this may affect the granting of study leave or of successful end of year sign-off at Annual Review of Competence Progression (ARCP).

## **7. Educational Administration and Governance Arrangements**

- 7.1. There are two education centres (George Pickering Centre at the JR site and Terence Mortimer Centre at the Horton). These are run by a Medical Education Manager (MEM), supported by administrative staff across the two sites. The Churchill Hospital does not have an education centre, and this has been recognised to be suboptimal. £2.5M has previously been hypothecated from the SIFT fund to support the building of an education centre on the Churchill site. It is important that the provision of adequate educational facilities to support multidisciplinary teaching and training are factored into any plans for the development of the Churchill estate.
- 7.2. The DME, supported by the MEM, monitors issues arising from local processes and intelligence as well as the GMC and NETs Surveys. They work together with Trust teams and with HoS, TPDs and local Tutors to manage concerns and issues as they arise.
- 7.3. The DME reports to the Board through the CMO and also to the PG Dean for Educational governance and QA issues around the learning environment and support of trainees.
- 7.4. A Postgraduate Medical Education Governance Group (PMEGG) Educational Governance Group chaired by DME meets monthly to discuss education governance matters.

- 7.5. Almost a quarter of our trainees are Foundation doctors and a separate Foundation Governance Group (FoGG) meets monthly to discuss and oversee matters specific to Foundation training.
- 7.6. A risk register is held of education issues. National Training Survey results are described in the next section. We also encourage and monitor local feedback so issue can be raised and addressed as they arise and not only in the national surveys. In response to local feedback, we are currently monitoring and supporting some areas, including SEU and Neonatal Unit.
- 7.7. **GMC Enhanced Monitoring:** We do not currently have any areas under enhanced GMC monitoring.

## 8. National Training Survey Results

- 8.1. The GMC carries out an annual survey of Trainees and Trainers. It had been compulsory for trainees but not for trainers until 2018. As of 2019 It is no longer compulsory for either trainees or trainers, but it still considered good practice for trainees and trainers to contribute. The reports and a results tool are available online in the public domain.
- 8.2. GMC National Training Survey 2021 reported that nationally COVID has impacted training significantly. In 2020 temporary changes were made to the curriculums and assessment processes to allow trainees to progress to the next level of their programme, but with a requirement to catch up with missed training competencies in next placements. The NTS showed that a substantial number of trainees were concerned that they still had not had sufficient 'catch-up experience' to meet their required competences. This has placed extra requirements on us as a training provider to individualise experiential learning in placements, and to facilitate extensions or alternate placements where needed.
- 8.3. Simulation opportunities and virtual learning environments have expanded and been well received nationally
- 8.4. In the national report burnout scores were more negative in this year than in previous years.
- 8.5. The detailed survey responses can be explored using the online tool. [ Online results tool [National training surveys - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/national-training-surveys) ]. It gives access to data about individual trusts and placements which can be searched in different ways e.g., by site, speciality, and programme.
- 8.6. Looking at the OUH year on year data for specialty shows that we continue to demonstrate improvements in many areas. The direction of travel of our survey outcomes over the past 5 years remains that of continuous improvement. We have multiple positive outliers. Posts which

have previously been red (negative) outliers in past years are no longer so. We have no current 'triple-red' outliers.

- 8.7. More specialities than ever before have positive outliers in multiple domains. These include Cardiology, Dermatology, Endocrine & Diabetes, Geriatric Medicine, Gastroenterology, General (Internal) Medicine, Haematology, Immunology, Infectious Disease, Interventional Radiology, Neurosurgery, Rehabilitation Medicine, Renal Medicine, Rheumatology, Sports and Exercise Medicine.
- 8.8. Significant multiple or repeated negative (red) outliers occurred in previous years in medical and clinical oncology. Although these have improved following a detailed action plan put in place last year, some concerns on the NTS still remained in 2021. Further changes have been made and we hope to see still further improvement in this year's GMC National Training Survey.
- 8.9. Ophthalmology had previously been a multiple red outlier, but this year has been more positive. Service changes have made some types of curriculum aligned training experience more difficult to achieve here.
- 8.10. **GMC Trainer Survey Results:** our overall responses were within IQR, but some departments were positive outliers (Cardiothoracic surgery, Histopathology, Infectious Diseases, Plastic Surgery, and others negative (Anaesthetics, Cardiology, Intensive Care Medicine, Obstetrics & Gynaecology). Response rates were relatively low, but we will be working with Schools and departments to engage with trainers to better understand these responses in the coming year
- 8.11. **NETS survey:** HEE introduced their own 6-monthly survey in 2019 called the National Education and Training Survey (NETS). This is available for learners in all disciplines and professional groups, including, but not limited to, trainee doctors. It is not mandatory. The most recent NETS took place in late 2021 and results have just been released (Feb 22). [The National Education and Training Survey \(NETS\) | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/news/national-education-and-training-survey-net-2021-2022). The OUH data will be reviewed by the Clinical Education & Training Committee (C-ETC)
- 8.12. There is a national piece of work taking place to look at multiprofessional learning environments in maternity services and we will contribute to HEE South East learner focus groups in 2022.

## 9. Simulation and Technology Enabled Learning (STEL)

- 9.1. During COVID there has been a rapid pivot to, and increased provision of, virtual learning environments and technology enabled learning, this has required a huge shift in practice and will require a sustained change in our

pedagogy. In the 'recovery' from COVID SIM and TEL will be important to maximise learning opportunities and help mitigate any skills deficit. We have made successful local bids for equipment and also been allocated some funds from the HEE underspend study leave budget which are specifically for the provision of SIM /TEL projects to HEE trainees. HEE have also provided funding to develop simulation leadership in each programme area. We anticipate there will be ongoing opportunities to bid for funding for STEL related projects.

9.2. The Simulation and Technology Enabled Learning (STEL) Tutor was appointed to develop and deliver a strategy to ensure HEE trainees' mandated curriculum requirements and wider needs with respect to Simulation- Based Education (SBE) are anticipated and met within OUH. Work has included:

- Design of a strategy for effective delivery of SBE for trainees in the OUHT in line with curricular requirements for all the postgraduate schools and with the new national Patient Safety Syllabus
- The formation of an oversight committee for the delivery of SBE for trainees in the OUHT
- A scoping project to determine the range of equipment for SBE in the OUHT and the educational estate / clinical areas where it is used
- A Regionwide SBE working group to develop a strategy for the effective delivery of SBE across Thames Valley

## **10. Landscape and Horizon Scanning**

10.1. COVID has significantly impacted training. Alongside Service Recovery and People Recovery OUHNFT will need to continue support Training Recovery. Pressures will persist for many months and likely years.

10.2. Training Recovery includes extending or personalising training programmes, using STEL and other novel methods of attaining competences and capabilities. Recovery also needs to focus on developing confidence and providing mentorship for trainees at key progression points, particularly as they start their first job as a new doctor or finish their training and take up new consultant roles.

10.3. The new HEE Educational Contract has been in place from April 2021 and external governance requirements may change. We are updating our governance and delivery processes to meet the contract requirements but have not yet had an external visit or review. It is likely that we will have to provide a high degree of assurance.

- 10.4. In the next year HEE will merge with NHSE/I in reforms that will 'put recruitment, training and retention of NHS staff and digital transformation at the heart of the NHS in England'. It is not yet clear what impact this will have.
- 10.5. The role of the BOB ICS – Buckingham Oxfordshire and Berkshire West Integrated Care system and our relationships within it will become more important.
- 10.6. We will build on the OUHFT educational and research excellence brand and collaborate with University of Oxford in educational initiatives such as the new Masters in Medical Education course.
- 10.7. Future Workforce - we aim to train more Physician Associate students on clinical placements to support the trust's strategic aim to appoint more Physician Associates within the workforce.
- 10.8. Wellbeing remains a key focus area nationally. It has been recognised that being a junior doctor is intense and challenging and may affect mental and physical health adversely. Several position documents have been published in recent years about the intensity of challenge of the job and the risks to mental health of *all* NHS Staff and Learners. These include Pearson report: NHS staff and Learners Mental Wellbeing Report <https://www.hee.nhs.uk/our-work/mental-wellbeing-report> and the GMC Report: Caring for Doctors, Caring for Patients <https://www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/supporting-a-profession-under-pressure/uk-wide-review-of-doctors-and-medical-students-wellbeing>. This was an area of focus in the GMCs Annual State of Medical Education & Practice Report in December 2019 and 2020 and developed even further in their most recent report (Dec 2021). Burnout scores are higher than they have been in previous surveys.

## 11. Conclusions

- 11.1. This report provides a description of the current situation of the postgraduate medical education training programmes at OUHFT and an overview of their performance against the requirements of HEE and GMC. Overall OUHFT continues to improve year on year. More of our programmes than ever before have received multiple positive (green) outliers this time and this should be celebrated. We have no areas on GMC enhanced monitoring and no 'triple-red outliers' on the GMC NTS 2021. Some concerns remain in a small number of programmes and action plans are in place.
- 11.2. Individual trainee experiences also need to be attended to and include awareness of equality and diversity concerns. We have instituted more

listening and feedback sessions and have resolved many concerns early before they appear on GMC NTS. We have had positive feedback from HEETV Quality Committee on the DME Team's proactive approach to educational quality assurance.

- 11.3. There is an outstanding faculty development programme in place. OUHFT encourages trainers as well as trainees to complete national surveys and will be looking at their responses as well as using local feedback to understand their needs and concerns in more detail.
- 11.4. The last year has been continued to be impacted by the COVID pandemic and in the next year the recovery and restoration of training remains a key challenge. We have a Training Recovery programme - some highlights are excellent Simulation Based Education, a new Regional multiprofessional Endoscopy Academy and initiatives to support senior trainees in their transition to consultant posts.
- 11.5. Wellbeing of the healthcare workforce remains of particular importance, and it may take months or years to fully address. Safety and wellbeing is one of our themes in the OUH Postgraduate Medical Education Strategy. Even prior to COVID there was an increasing recognition nationally that engagement, attention to wellbeing and morale, a compassionate culture and leadership are essential in improving the experience, health, retention and recruitment of the medical workforce and this has been reinforced once again by the annual GMC SOMEPEP 2021 report. Burnout scores on the survey continue to be of national concern. OUHNFT continues to work collaboratively with learners and educators to engage with these issues to improve both the experience of our staff and patient safety. Both OUHFT and HEE have a wide range of wellbeing resources that trainees and educators are signposted to.
- 11.6. The Board approved a Postgraduate Medical Education Strategy in November 2021 and work continues on its implementation and monitoring this year, against the key themes of Engagement, Faculty Development, Financial Governance, Excellence in Education, Communication, Transformation, Innovation and Safety.

## **12. Recommendations**

- 12.1. The Trust Board is asked to:
  - Receive this paper for information.