

An introduction to HEE's National Programmes

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Directorate of Education and Quality (DEQ)

Hub of clinical expertise within HEE, with the responsibility to ensure the quality of education and training for the workforce:

- **Education Transformation** – people in the right roles with the right skills to meet the patient needs and service delivery models.
- **Education Commissioning** –proactively considers future workforce education needs to meet the vision and strategy for the future healthcare and wellbeing system.
- **Education performance, delivery and support** – ensuring necessary arrangements to deliver the curriculum including assessment to meet the expected professional and regulatory standards.



National Recruitment and Selection: MDRS

Strategic case for change

- Applicant Benefits
 - Improving the applicant journey
 - One stop shop/ Central registration
- Applicant tracking/ Workforce Planning (HEE)
- Efficiencies and cost effectiveness
 - Recruiting Offices (LETB's)
- Reduction of risk to specialty recruitment/ providing stability (longer term contract length/ provision)
- Supporting National Innovation (e.g. online reference portal)



National Recruitment and Selection: MDRS

Number of trainees in post this year

- Around **50,000** in total
- Foundation Programme: **12,500** (across 2 years)
- Core/ACCS: **7,100**
- General practice: **9,200**
- Higher: **13,700**
- Run-through: **7,600**
- Out of post: **2,600**
- Maternity: **1,800**

In the 2014 specialty recruitment process, across all rounds:

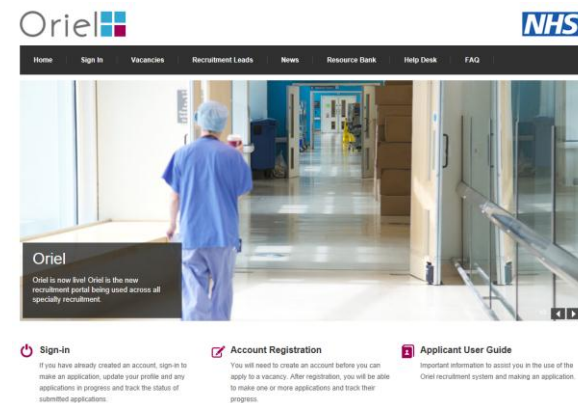
- More than **19,000** junior doctors submitted applications
- Over **30,000** applications were received and processed by recruitment offices
- **16,240** offers were made to training programmes
- **11,829** offers were accepted:
 - General practice: **4080** offers – **3084** of these accepted
 - Core surgical training: **878** offers – **581** of these accepted
 - Core medical training: **2429** offers – **1590** were accepted

National Recruitment and Selection: Oriel

Oriel is the new UK-wide specialty recruitment portal for recruitment to all medical, dental and public health training posts, with the exception of foundation training posts.

Benefits of Oriel:

- A **single applicant journey**, ensuring a consistent experience throughout the recruitment process
- Recruitment FAQs, all in one place
- Applicants only need to register with **one application system**
- **Search** for information on vacancies and lead recruitment organisations **in one place**
- Applicants can apply, manage and book interviews and assessment centres and manage offers, all in one place.



E-Learning for Healthcare (ELfh)

Working in partnership with the NHS and professional bodies

- 90 e-learning programmes
- 7,000 e-learning sessions
- 1,000 e-library articles
- 170 MCQs

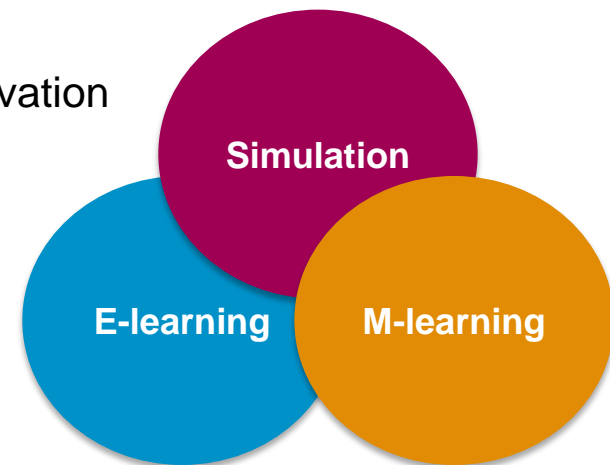


Available free to:

- All NHS employed staff
- Hospice staff
- Student Radiographers
- Student and qualified Health Visitors
- School Nurses
- Medical Students
- NICE employees
- Dental undergraduates
- Dental practice staff
- Social care organisations registered with SFC NMDS

Integrated Technology Enhanced Learning (TEL)

- **Development of a hub** to provide a national picture of where TEL is happening and provided
- **Access to examples and TEL resources** that are delivering major benefits in health education and training
- **Share and spread** of good practice and innovation across higher and postgraduate education
- Underpinned by the **DH TEL framework**.



Library Knowledge Services (LKS)

“Health is all about people. Beyond the glittering surface of modern technology, the core space of every health care system is occupied by the unique encounter between one set of people who need services and another who have been entrusted to deliver them”
Health professionals for a new century [Lancet 2010]

- LKS now sits within the remit of HEE
- HEE commissioned strategic review of LKS to mirror timeframe of Framework 15 – 2014-2029
- Being led by HEE LKS Service Leads with support from HEE national
- HEE Board in December 2014



National Programmes: Human Factors & Ergonomics

‘Human factors’ is concerned with the ‘fit’ between an employee, their equipment and the surrounding environment.

- HEE, LETBs and partner organisations: exploring how we can ensure that the practices and principles of human factors are integrated into all training and education
- It draws upon characteristics and potential issues that can influence behaviour at work and can affect patient health and safety. Including:
 - Individual capabilities
 - learning styles
 - behaviours and values
 - Leadership
 - team working
 - training and curricula
 - the design of equipment
 - organisational culture.



National Programmes: Human Factors & Ergonomics

This work is being delivered through the **Learning to Be Safer Programme**

Approach

- Collaborative **expert group** with cross-system representation; AHP, nurses, bands 1-4, doctors, mental health trust, foundation trust, learners, patients, regulators, national partner organisations, academics and experts
- Coordinated **delivery group** with LETB and Learner representation

Main outputs – year one

- **QI training** added to the core medical training programme
- **Gap analysis** on human factors education and training interventions
- Measurement and identification of **best practice**
- **Awareness campaign** on human factors
- **Recommendations** to support Commission on Education and Training for Patient Safety (CETPS) report

National Programmes: Better Training Better Care

Programme history

- In 2009, Medical Education England (MEE) led two reviews into the quality of postgraduate medical education and training which led to Sir John Temple's report: *Time for Training* and Professor John Collins' report: *Foundation for Excellence*
- MEE was requested by the then SofS to implement the 66 recommendations through the £3m Better Training Better Care (BTBC) programme



National Programmes: Better Training Better Care

Aims to improve the quality of training and learning for the benefit of patient care

Professor Sir John Temple: *Time for Training*

- 'Making every moment count'
- 'Appropriate supervision' and/or 'Consultant present service'
- 'Service delivery must explicitly support training'

Professor John Collins: *Foundation for Excellence*

- Appropriate supervision for trainees
- Concerns that trainees are working beyond their level of competence
- Redistribution of posts and community experience



National Programmes: Better Training Better Care

Next steps

- Evaluation of the 16 BTBC pilots – led by Matrix Knowledge and national evaluation of workstreams two to nine – led by HEE / Academy of Medical Royal Colleges
- Planning the national spread and adoption phase of the BTBC pilots through key partners including:
 - Faculty of Medical Leadership and Management
 - Academy of Medical Royal Colleges
 - General Medical Council
 - NHS Improving Quality
 - NHS Employers
 - NHS Litigation Authority



National Programmes: Urgent and Emergency care

The problem

- Intensity and nature of the work
- Unsociable hours
- Career sustainability
- Standards of supervision
- Educational component

Background

- In 2011, DH and the College of Emergency Medicine (CEM) established the Emergency Medicine Taskforce
- Taskforce presented an interim report to the last Medical Education England (MEE) Board and handed over to Health Education England (HEE)
- HEE established the Emergency Medicine Workforce Implementation Group (EMWIG) in partnership with CEM

National Programmes: Urgent and Emergency care


Key recommendations

- Work with the CfWI to explore workforce modelling in EM.
- EM trainee numbers should be carefully calibrated to support continued Consultant expansion.
- Early exposure to the EM component within ACCS core training to improve early experience and improve MCEM pass rates.
- Develop alternative routes into EM training for trainees currently in other specialty programmes.



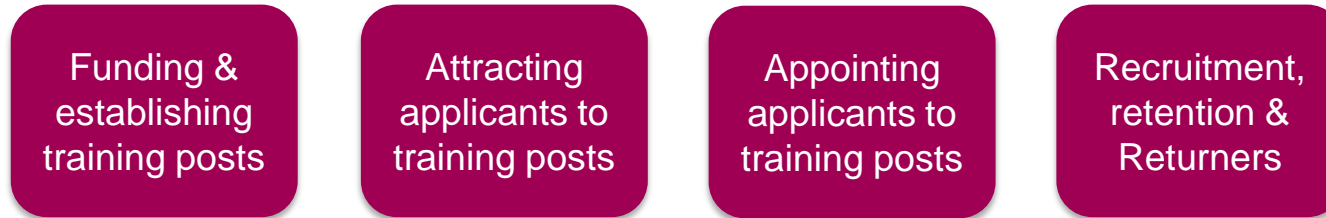
National Programmes: Urgent and Emergency care

Paramedics

- National work on paramedics is taking place
 - The Paramedic Education and Training Steering Group will make recommendations to the HEE Executive with respect to the conclusions from the Paramedic Evidence-Based Education Project (PEEP)
 - The Urgent and Emergency Care Review recommends using paramedics and ambulance services as mobile treatment centres
 - The group will also consider the use of paramedics within Emergency Departments, for instance triage posts.
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National Programmes: Primary and Community care

Ensuring increased supply of GPs to meet patient demand
4,900 more GP FTEs available by 2020



Increased number funded Training Places

- HEE invested in GP training posts as a **priority** for 2014
- Increase of **256 ST1** training posts in 2014 (**10%** increase)
- Ongoing work to create **3250 ST1** training posts by **2016** as part of HEE mandate (3250 verified by recently published CfWI GP workforce report)
- Distribution of posts to via weighted capitation, creating more posts in the North and East

Number of ST1 GP trainees starting:

	2010	2011	2012	2013	2014
	2732	2658	2669	2738	(3043)

National Programmes: Primary and Community care

Other workforce

- LETBs continue to deliver 3,250 training posts by 2016
- Deliver 300 GP returners in 2 years
- Complete round 3 recruitment 2014 – 272 applications
- Work to better utilise existing resource on the retainer and flexible career schemes
- Commissioned Medical Schools Council to review GP awareness and experience at medical schools
- Attracting greater numbers to apply for GP training – working with RCGP, MSC, NHS Careers & partners
- Ensure a robust recruitment process – independent review
- Work with NHSE & partners to increase through other means of supply
- Deliver the alternative workforce including Medical Assistants
- Develop and commission an independent review of the primary and community workforce.



National Programmes: Mental Health

Mental health is a significant part of the **HEE Mandate** for 2014/15.

The key elements of the Mandate deliverables include:

- Awareness training for the whole workforce
- Promoting parity between physical and mental health
- Developing pre and post registration curricula and CPD for healthcare practitioners
- Perinatal mental health
- Veterans' health
- Improving Access to Psychological Therapies (IAPT) programme
- Learning disability programme of work to include Positive Safe Practice
- Liaison and diversionary services and other service partnerships between health and justice
- Dementia training



Diagnostics – Modernising Scientific Careers (MSC)

- **UK wide comprehensive workforce transformation programme** supporting the education and training of the whole Healthcare science workforce of 52,000 across the whole career framework for over 45 specialties
- This programme is in the **final year of development** and is in the transition year so in March 15 the work will continue with the National School of HCS and Academy for HCS
- HEE is **working with key partners** including Medical Royal Colleges, Professional Bodies NHS Employers, council of deans, Trades Unions, staff representatives, patients and public. education and skills sectors on this programme.

Diagnostics - sonography

Background

HEE is working with a range of partners including LETBS, Society of Radiographers, NHS England, NHS Employers, professional bodies and Consortium for Accreditation of Sonographic Education (CASE) to identify the challenges trusts are facing in sonography and put in place an action plan to address issues in these areas. This work goes through to December 2015.

Work planned includes:

- Develop scope of practice
- Collect current good practice
- Develop standards and qualifications framework
- Undertake workforce planning and modelling review
- Identify training capacity
- Develop career framework for this workforce



Diagnostics - endoscopy

HEE will work with key partners including NHS England, DH, LETBs, Professional Bodies, NHS Employers, Council of Deans, Skills for Health, endoscopy practitioners, JAG, RCN to **ensure availability of sufficient endoscopists** to deliver bowel scope screening while taking account of the wider diagnostic services. This work continues until March 2015.

Work programme will include:

- Scope current workforce
- Identify training and education gaps
- Develop competency framework plus an accompanying competency portfolio



Questions?

