Academy of Medical Royal Colleges

NHS Health Education England

Improving Individualised Training Pathways and Flexibility in Training

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Outline of Session

NHS Health Education England

- Improving Flexibility and Transferability of Postgraduate Medical Education
- Flexibility Agenda: Stepping Out and Stepping In – Out of Programme Pause
- Questions and Debate
- Conclusions and Next Steps

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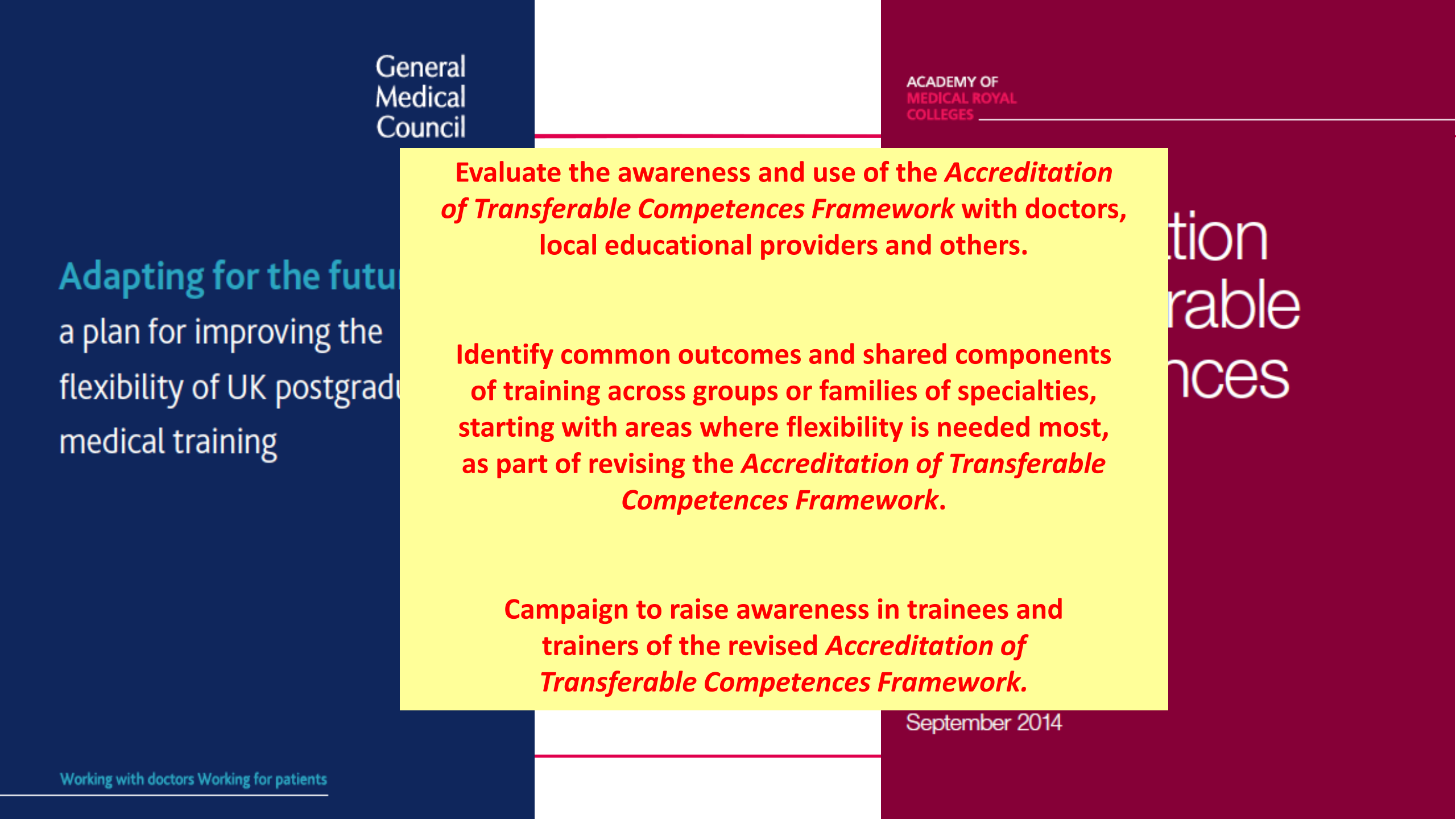
Improving Flexibility and Transferability of Postgraduate Medical Education

Original slides by: William Allum
Chair
Academy of Medical Royal Colleges Working Group



Evaluate the awareness and use of the *Accreditation of Transferable Competences Framework* with doctors, local educational providers and others.

Identify common outcomes and shared components of training across groups or families of specialties, starting with areas where flexibility is needed most, as part of revising the *Accreditation of Transferable Competences Framework*.

Campaign to raise awareness in trainees and trainers of the revised *Accreditation of Transferable Competences Framework.*

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Flexibility

- Long Term Plan
- Provision for trainees to develop skills that will help them clarify their career choice at an appropriate time
- Provision of training for a trainee who is committed to a career path in a run-through training programme
- Provision for those who do wish to change specialty
- GPCs embedded throughout

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AoMRC Working Group

- Royal Colleges and Faculties
- Trainees
- COPMED
- GMC
- NHS Employers
- Patient and Lay members
- UK Statutory Education Bodies
- Reports to Joint Academy Training Forum

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Advantages of Flexibility

- Ability to move between specialties.
- Ability to take time out of training.
- Better cross-specialty understanding.
- A more flexible medical workforce with more general training within and across specialties to adapt to patient and health service needs.
- Training arrangements that consider how and where doctors train, such as less-than-full-time training and the most appropriate local education provider to maximise work-life balance.

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Flexibility and Transferability

1. Doctors in Training

- Doctors in training who realise their current programme is not the right one for them and wish to train in another specialty.

- Doctors in training who wish to take some time out of their programme for other experience and return after a period of time.

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Flexibility and Transferability

2. Doctors not in Training

- Doctors not in training or trust/health board doctors who may not have decided on their career path but plan to join a training programme.

- SAS doctors working in a particular specialty who wish to enter a training programme.

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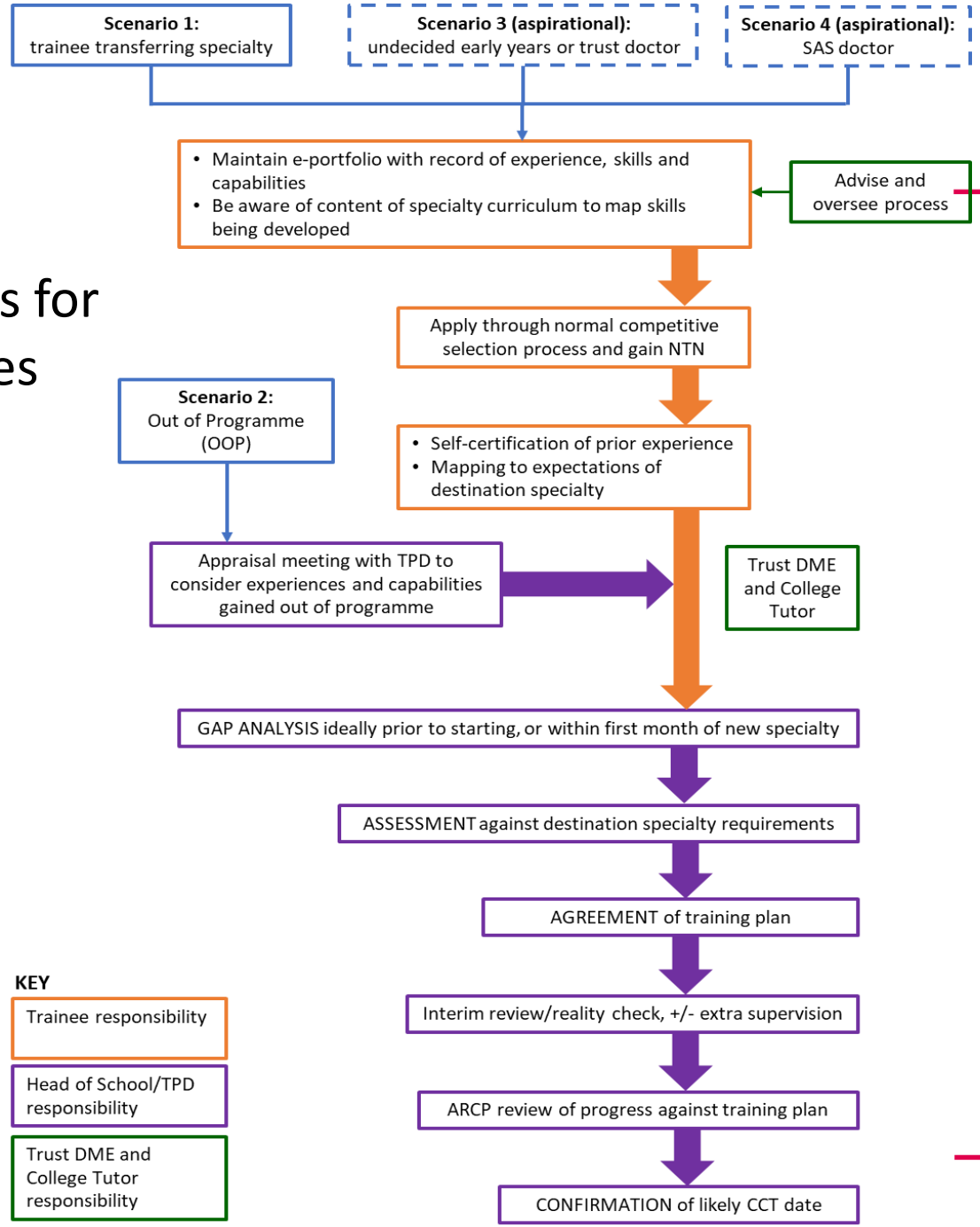
Flow chart of different routes for flexibility, with responsibilities



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Transferability

- Discuss with TPD and Postgraduate Dean
- Apply in Open Competition
- Gap Analysis

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Gap Analysis Principles

- Which previous capabilities are applicable.
- How previous capabilities relate to the requirements for certification in the specialty.
- What gaps there are in training and the requirements for successful completion of training which are clearly described in the Learning Agreement.
- Confirmation that the decisions made during the gap analysis are provisional and will be subject to the definitive assessment and review at the first ARCP.

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Implementation

- Publication of AoMRC document
- Introduction of Transferability
- Development of OOPP pilot
- Next steps to review aspirational scenarios

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Flexibility and Transferability

2. Doctors not in Training

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Doctors not in training

Post Foundation Doctors in early years

- Trust posts
- Spectrum of specialties

Doctors in long term Trust posts

SAS doctors

Experience recognized on joining training

General Medical Council

Adapting for the future:

a plan for improving the flexibility of UK postgraduate medical training

Working with doctors Working for patients

Identify common outcomes and shared components of training across groups or families of specialties, starting with areas where flexibility is needed most, as part of revising the *Accreditation of Transferable Competences Framework.*

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Shared Content

- Common conditions
  - the sick child

- Common areas of practice
  - Eating disorders
  - Autism

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Flexibility Agenda: Stepping Out and Stepping In: Out of Programme Pause

Adrian Brooke, Deputy Medical Director for Workforce Alignment and Lead for OOP-P

Step out, Step in – part of a suite of flexibility offerings across England

- LTFT option for emergency medicine and expansion to other specialties
- Flexible portfolio training in acute medicine with RCP London
- Out of Programme Pause
- Contributing to transferrable competencies work

Flexible Training

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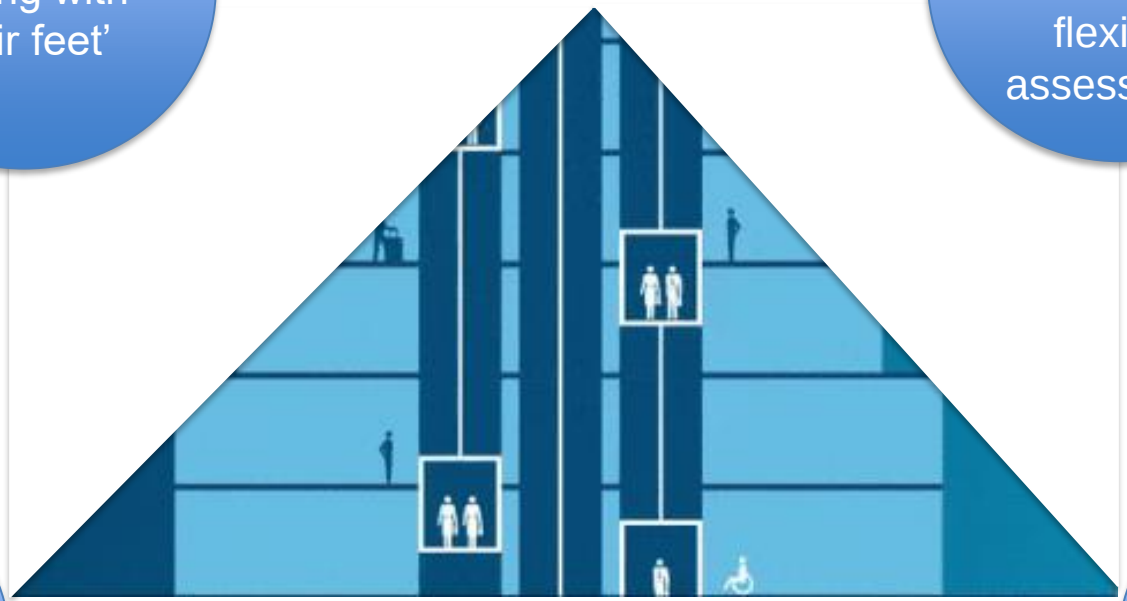
Trainees ‘voting with their feet’

ARCP Review – concept of flexible assessment



Out of Programme Pause

SuppoRTT

Step out, Step in

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The HEE future vision for individualised flexible training pathways would create a system whereby as currently trainees could chose to enter training or work as trust grades, but with the additional option of starting training knowing they could step out of training and choose a number of different options that would enhance and/or consolidate their skills and then be able to step back into a programme when they wished to progress their training.

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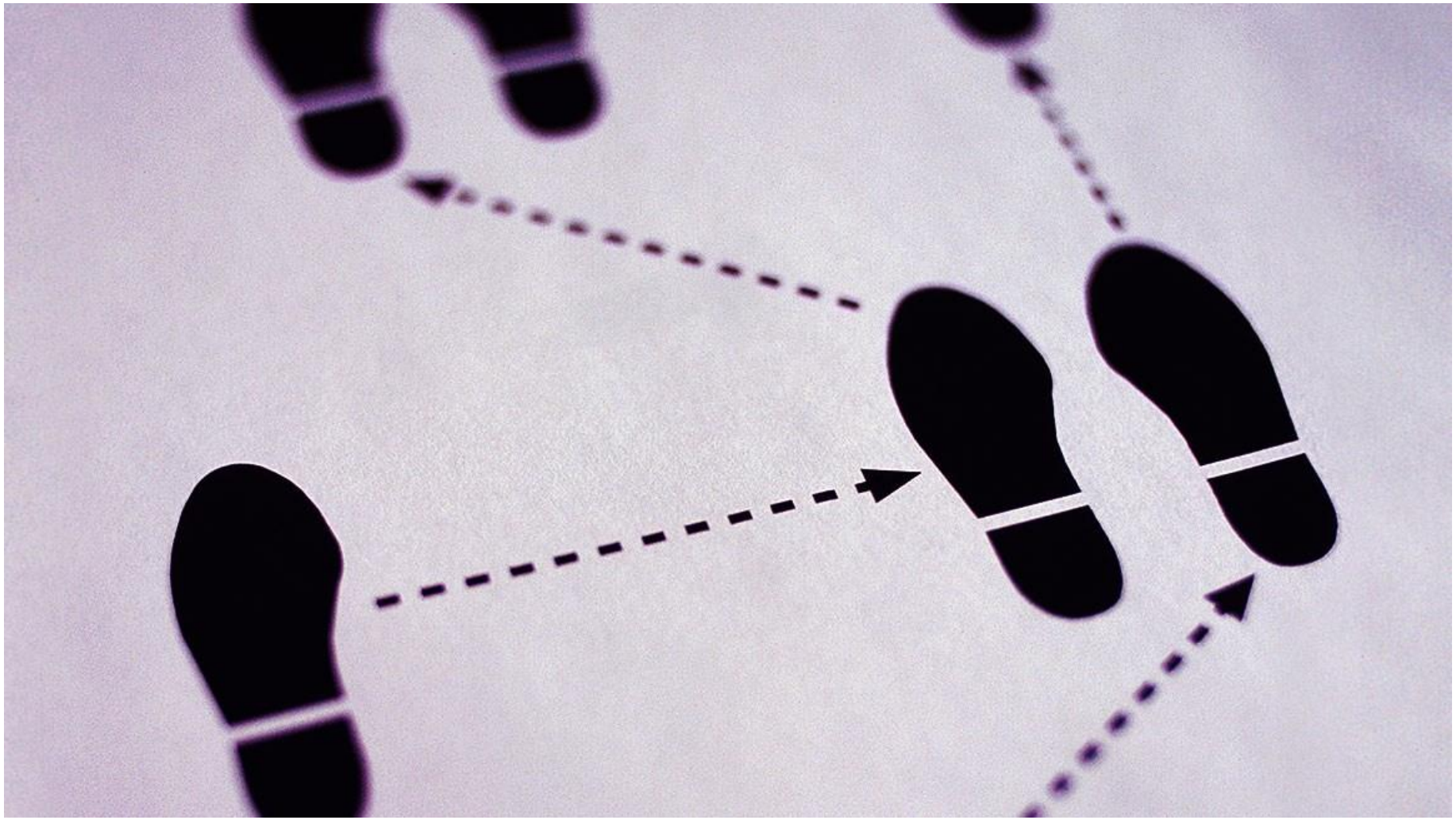

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Out of Programme Pause

- Trainees told HEE that they felt frustrated about the inability to count competencies or time in non-training posts, when they had left and at a later stage returned to training.

- Out of programme pause (OOPP) differs from out of programme for experience (OOPE) because in OOPE, none of the experiences or competencies/capabilities gained whilst OOPE are directly counted toward CCT.

- Out of programme pause therefore allows trainees to step out of formal training for up to two years and have any competencies gained whilst out of training assessed upon their return. This may allow trainees to minimise the impact on the time out of programme has on their CCT date.

East Midlands Pilot

- Phase 1 of OOPP consisted of a roll out within Anaesthetics in the East Midlands, a school in which core training is under pressure. Applications for trainees within the school wishing to take OOPP were accepted in Spring 2019, with the first trainees commencing OOPP in August 2019.

- Within the school, all trainees with one year or more specialty experience (hence with a minimum of two years post registration experience) are be eligible to apply.

- Five trainees are have taken up OOP-P and will be returning between November 2019- August 2020.

Return To Training

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Key activities

- Development of Competency framework tool (developed by AoMRC) to aid identification of competencies gained whilst out of programme.
- This framework will be piloted with the first cohort of OOP-P trainees returning to their training programmes.
- Scoping work is underway to develop an online ‘gap analysis tool’
- Development of online learning packages for both Educational Supervisors and trainees to outline the return process and also act as a method of benchmarking for Educational Supervisors undertaking gap analysis.

Gap Analysis

A Gap Analysis Framework has been developed for 4 Flexibility scenarios:

- A doctor transferring specialty
- Out of Programme Pause
- Doctors in joining a training programme (F3 and SAS)

GAP ANALYSIS FRAMEWORK

DOCTORS IN TRAINING FOLLOWING OOP

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SECTION 1: PERSONAL DETAILS	
Name	
GMC Number	
GMC license to practice renewal date	
Revalidation date	
Are you up to date with revalidation requirements?	Yes/No
SECTION 2: TRAINING TO DATE	
National Training Number	
Specialty	
Programme	
Current stage / year of training	
Exams: (1) completed, with date of completion	
Exams: (2) planned, with anticipated date	
Required mandatory capabilities:	
Most recent update of ALS / ATLS / APLS (choose appropriate training course)	
Date of Update	
Date of most recent ARCP	
Outcome of most recent ARCP	
List goals following ARCP	
SECTION 3: TIME OUT OF PROGRAMME	
Stage / Year of training at beginning of OOP	
Duration planned for OOP	
Reason for OOP: (1) Professional (includes clinical experience, leadership and management)	
Goals for professional OOP	
Reason for OOP: (2) Non-professional	
Goals for non-professional OOP	
Type of OOP proposed:	
OOP Training	
OOP Research	
OOP Experience	
OOP Career break	
OOP Pause	

Experience gained during OOP	
Description of activity undertaken - general	
Description of activity undertaken – specialty specific	
Log book of clinical skills, technical skills	
Degree of Supervision	
Name of supervisor(s) – (equivalent to ES)	
Position of supervisor	
Qualifications of supervisor	
Work place based assessments (old curriculum) or CiPs / EPAs (new curriculum) undertaken with outcomes	
Goals of OOP achieved?	Yes/No
Planned stage / year of training on return	
Expected CCT date	
Requirements identified by gap analysis to support level planned on return (SuppoRTT)	
CPD undertaken during time out of programme	
Use of activities enabling “keep in touch” / maintaining competence in context	
Date of appraisal during OOPP	
Outcome of appraisal (if applicable) during OOPP	
Mandatory training required once back in programme	
SECTION 4: OUTCOME OF GAP ANALYSIS	
Components of Learning Agreement required on return:	
a) Mandatory training requirements	
b) Determine appropriate capabilities to be achieved according to level of training	
c) In work assessment of skills gained on OOP	
Provisional level of training based on gap analysis (ahead of ARCP)	
Rejoin at a level requiring further supervision	
Rejoin at the same level at which the OOP was started (no progress)	
Rejoin at the level the trainee would have progressed to if performance had been satisfactory and if s/he had not gone OOP (chronological progress made)	
Rejoin at a higher level than that which the trainee would have progressed to if performance had been satisfactory and if s/he had not gone OOP (accelerated progress made)	

Proposed ARCP Process

- Any competencies gained during OOPP must be demonstrated when back ‘in programme’ and should be assessed within one year at a subsequent ARCP in line with processes described in the Gold Guide and SOP.

- Lay Representation at the ARCP panel where OOPP competence progression is being considered should be sought.

- Any ARCP panel decision on OOPP competence progression should be informed by a college/faculty representation and by the PGD representative with experience of ARCP and OOPP competence progression decision making across a range of high specialist training programmes.

- Colleges/faculties should, where feasible develop guidance on how competencies acquired during a period of OOPP could be assessed through the ARCP process and potentially translated to time equivalence towards CCT.

- Colleges/faculties and HEE should develop systems for recording and building on the experience of OOPP competence progression decisions in order to continually inform equitable decision making.

Continued Expansion

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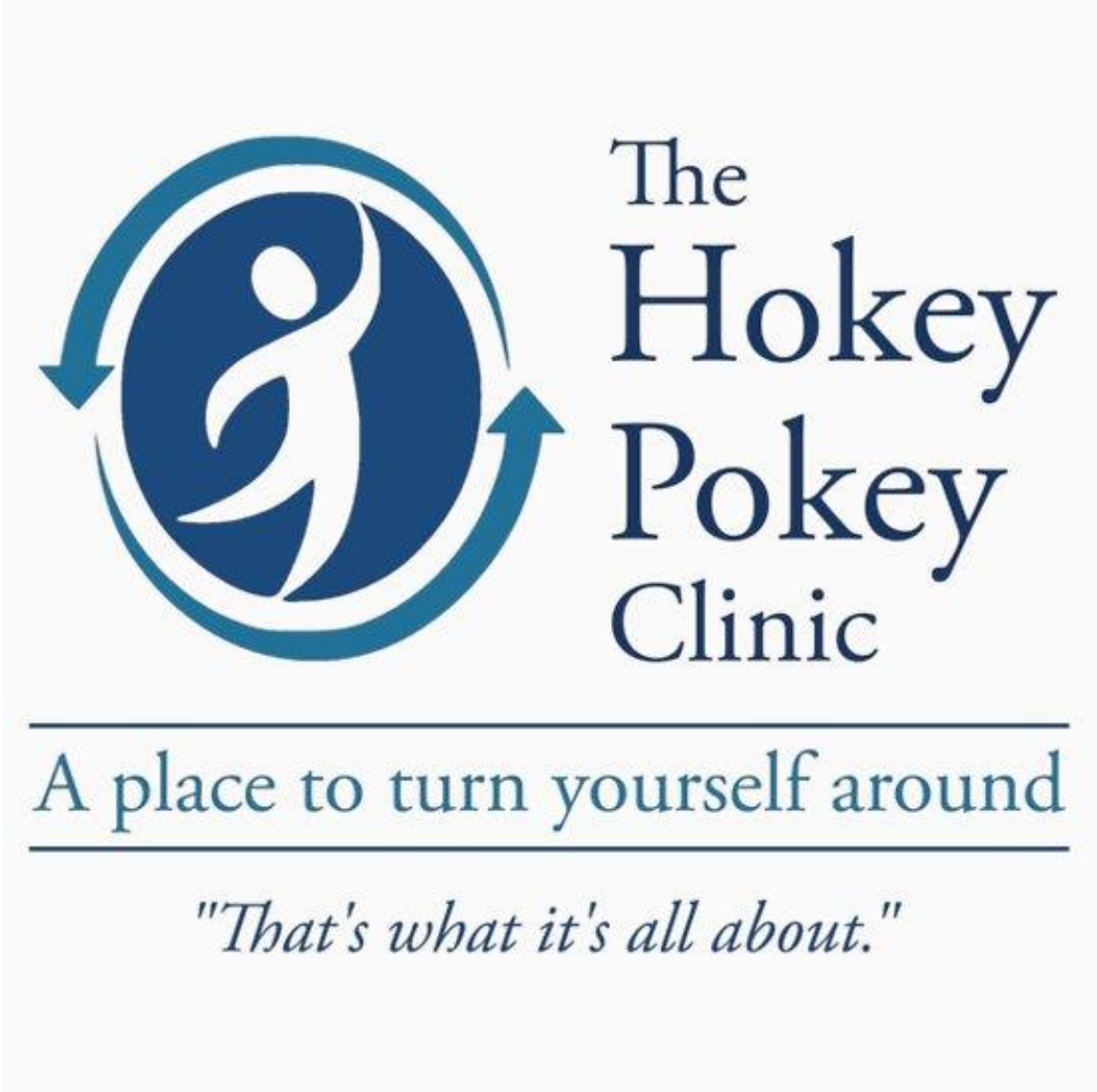
- Phase two of the expansion includes the following:

Local Office	Specialty	Phase 1	Phase 2
East Midlands	Anaesthesia	✓	
	All Specialties		✓
North East	Anaesthesia		✓
	Paediatrics		✓
North Central and East London	Anaesthesia		✓
	Psychiatry		✓
Wessex	Emergency Medicine		✓
	Anaesthesia		✓


The
Hokey
Pokey
Clinic
A place to turn yourself around
"That's what it's all about."

Questions

- How would these flexibilities offers work across the system?
- How would you account for capabilities against indicative time to CCT at ARCP?
- How would you develop shared content across multiple curricula for common areas of practice?
- How would you legislate against ‘gaming’ the system?
- What are the time and knowledge implications for faculty and learner?

Conclusions and Next Steps