General Medical Council

NHS

MIDLANDS' CHARTER

Postgraduate medical education and training during critical times

A collaboration between NHS England and NHS Improvement, Health Education England, and the General Medical Council

Midlands' Charter

This Charter outlines our commitment to prioritise the restoration of postgraduate medical education and training impacted during the COVID-19 pandemic. The Charter recognises the determination of providers to restore and reset education and training and to establish the Midlands region as a beacon for postgraduate education.

We commit to:

1. Ensuring adequate experience

- ☐ Consult with trainees and schools when making rota changes likely to impact on training.
- ☐ Consult with Health Education England (HEE) at the earliest opportunity when planning service reconfiguration.
- ☐ Ensure that trainees have access to NHS contracted work conducted in the independent sector with training opportunities equal to those provided within the NHS.
- ☐ Facilitate bespoke employment arrangements to allow trainees to catch up on curriculum competencies.

2. Providing educational support

- ☐ Use the consultant job planning process to ensure sufficient time is given for educational and clinical supervision.
- ☐ To continue to provide employer support/ counselling services with full access for trainees.
- ☐ Ensure provider IT systems enable access to HEE provided teaching platforms.
- ☐ Ensure medical education and training is represented and discussed at executive board level.

3. Creating a supportive training environment

- ☐ Create quiet, non-clinical areas for trainees to attend virtual teaching.
- ☐ Commit to ensuring trainee representation in leadership, management and employee networks.
- ☐ Provide high quality rest, sleep and changing facilities.
- ☐ Commit to providing 24-hour access to food.
- ☐ Make the necessary changes to educational and common areas to allow them to become COVID-secure.
- ☐ Commit to ensuring adequate time is given to trainees for educational supervision and other supporting activities, such as conducting audits and research.

"The Midlands' Charter was a beacon of good that came out of the very difficult first year of Covid-19. It is testament to our doctors in training, our hospitals and our collaboration with colleagues in HEE and the GMC that the Charter has been so widely adopted across the Midlands. We want to build on this first year of success and expand its scope and ambition going forward."

Dr Nigel Sturrock
Regional Medical Director
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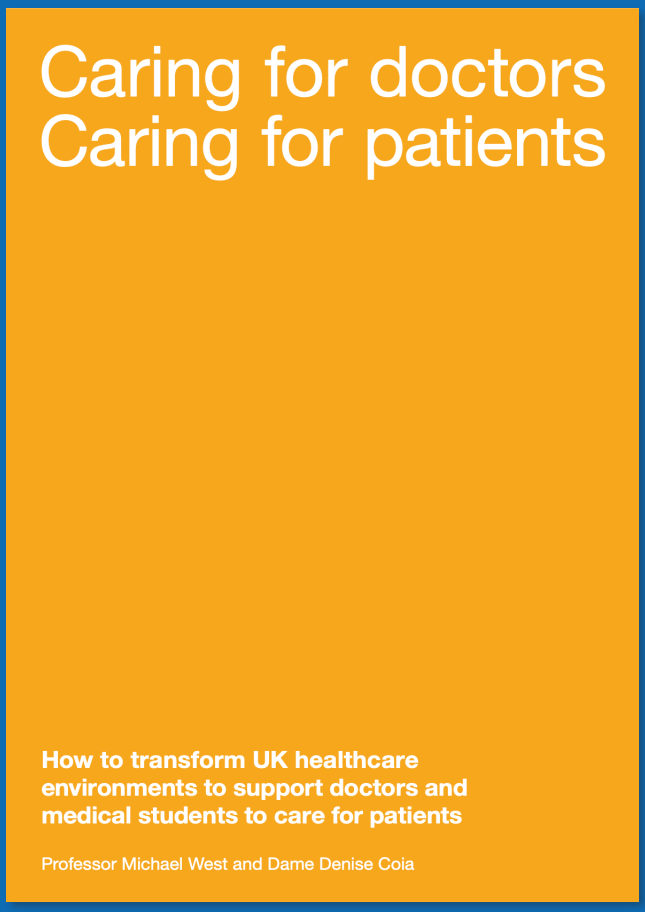
Caring for Doctors, Caring for Patients

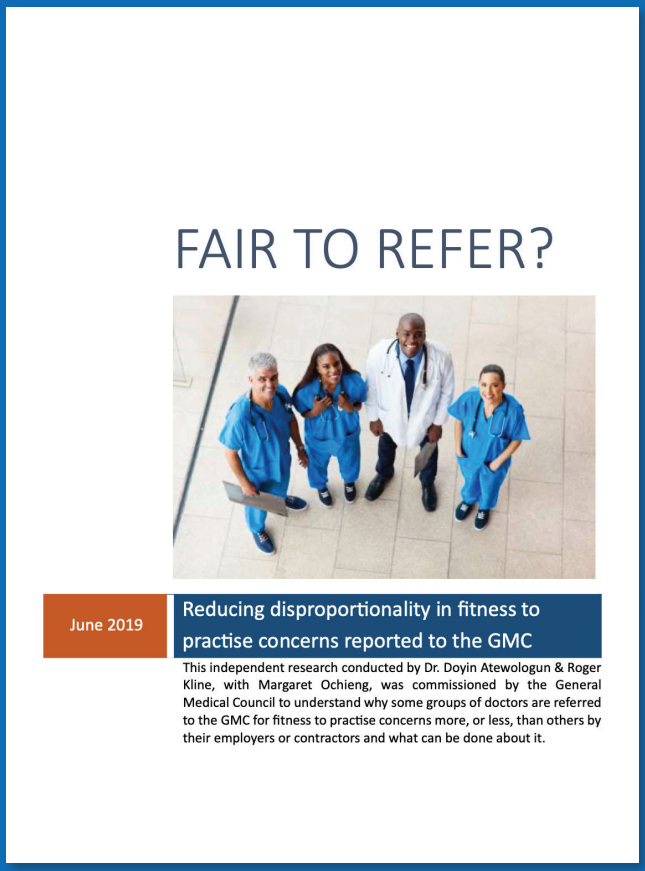


We recognise that well-supported, well-trained doctors working in collaborative, inclusive and compassionate cultures, deliver better care. The publication of Caring for Doctors, Caring for Patients in 2019 highlighted the need to prioritise wellbeing and gave practical recommendations for improvement. ***There is now clear consensus across the health service on a range of issues that affect patient welfare and doctors' wellbeing. All the evidence indicates that organisations who prioritise staff wellbeing and leadership provide higher quality patient care, see higher levels of patient satisfaction, and are better able to retain the workforce they need.***

Never has this been more relevant, with the significant impact of the pandemic on the wellbeing of the NHS workforce, it is vital that everyone gets the support that they need at this incredibly challenging time, but also that we don't lose the innovations and the resulting gains that this unprecedented situation has prompted. The Charter and Wellbeing Guide provide a straightforward and effective approach to support training and wellbeing with good examples from across the Midlands, earning a much deserved BMJ award. We are very happy to work alongside regional colleagues to support, promote and continue to develop this positive initiative.

We are very pleased that the Midland Charter Board is developing a focus on tackling inequalities. The GMC has set new targets to eliminate disproportionate complaints from employers about ethnic minority doctors and eradicate disadvantage and discrimination in medical education and training. Doctors from ethnic minorities are twice as likely to be referred to the GMC by their employers for fitness to practise concerns than white doctors, and the referral rate for doctors qualifying outside of the UK is three times higher than that for UK doctors.

In education and training, exam pass rates reflect a 12 per cent difference between white and BME UK graduated trainees – rising to more than 30 per cent for overseas graduates.



In 2019, the publication Fair to refer? identified six key factors that help to explain the higher rates of referrals the GMC receive from employers of certain groups of doctors:

- Doctors in diverse groups do not always receive effective, honest or timely feedback because some managers avoid difficult conversations, particularly where that manager is from a different ethnic group to the doctor. This means that concerns may not be addressed early and can therefore develop.
- Some doctors are provided with inadequate induction and/or ongoing support in transitioning to new social, cultural and professional environments.
- Doctors working in isolated or segregated roles or locations lack exposure to learning experiences, senior mentors, support and resources.
- Some leadership teams are remote and inaccessible, not seeking the views of less senior staff and not welcoming challenge and this can allow divisive cultures to develop.
- Some organisational cultures respond to things going wrong by trying to identify who to blame rather than focusing on learning. This creates particular risks for doctors who are 'outsiders'.
- In groups and out groups exist in medicine including relating to qualifications (including by country and within the UK by medical school) and ethnicity (including within BME populations). Members of in groups can receive favourable treatment and those in out groups are at risk of bias and stereotyping.

We look forward to working with the profession across the region to develop practical and achievable changes. The work that the Charter has showcased and prompted demonstrates the wide range of creativity and innovation that doctors in training and their trainers can bring when engaged and empowered to take initiatives forward.

Iain Whittle
Head of GMC Midlands & East of England

Background

The education and training of the future workforce is critical to the sustainable delivery of healthcare.

In addition to a continuing supply of Consultants and General Practitioners, there is also a well-recognised association between quality of training and quality of service.

Currently over 75% of our doctors who train in the Midlands stay in the area. We know that training that delivers both competencies and have supportive environments, are more likely to increase the number of trainees remaining in the Midlands.

All Local Education Providers (LEPs) agree to the terms of the Learning Development Agreement (LDA) or equivalent, as a condition of HEE funding. Whilst our LEPs remain committed to delivering high standards of education and training, the impact of COVID-19 resulted in serious disruption. Many trainees were redeployed to areas outside of their specialties, routine lists and many clinics were cancelled making acquisition and maintenance of competencies difficult and most non-experiential teaching was cancelled. Therefore, many of our trainees must catch up on missed training opportunities to ensure that the workforce is ready for the future, and as outlined in the NHS People Plan (August 2020).

'Employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors to continue growing our workforce; supporting expansion of clinical placement capacity during the remainder of 2020/21; and also providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response. For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties.'

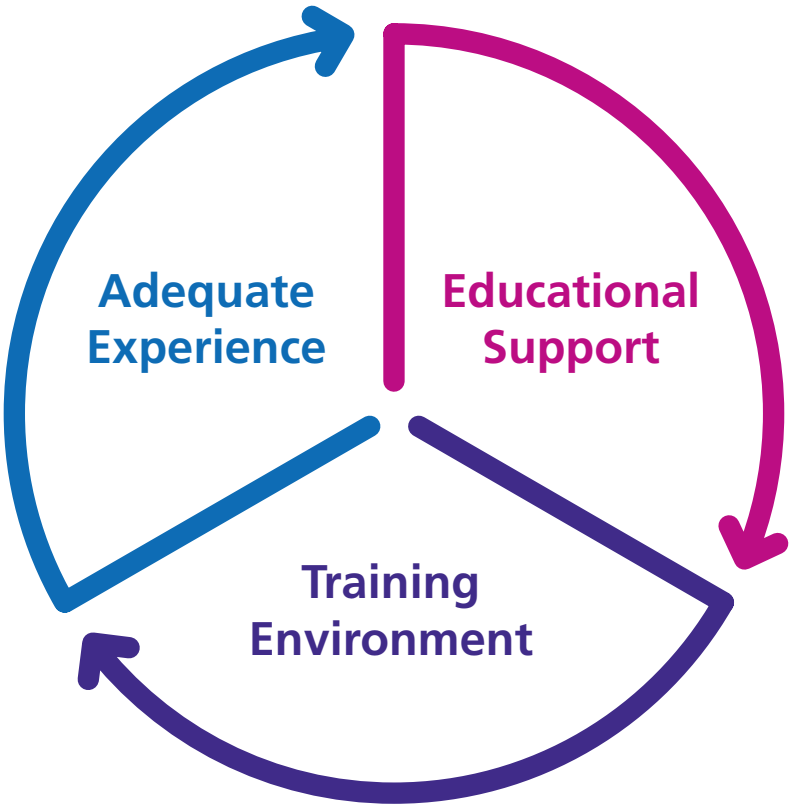
Source: We are the NHS: People Plan 2020/21 - action for us all (August 2020)

Our trainees are making a positive contribution to the delivery of healthcare during the COVID-19 pandemic. As many trainees provided care in areas outside of their curriculum, this jeopardised their ability to progress. The provision arranged by LEPs, in terms of support and wellbeing facilities, has been appreciated. This Charter recognises the centrality of education and training to the delivery of first-class healthcare and the crucial importance of its restoration. It recognises the immediate measures that must be taken to compensate for the disruption of training. The Charter emphasises the commitment to turn the Midlands into a beacon of education and training. It aims to align the expectations of all the contributors so that energy is focused on the priorities for postgraduate medical education and, as a result, the continued safe care of our population.

The Challenge

As an impact of the COVID-19 pandemic, some trainees had difficulty accessing their usual educational and clinical supervision, and consequently were unable to acquire new competencies and maintain existing ones.

Therefore, education and training must be under-pinned by robust educational and clinical supervision and increased pastoral support. The working environment also needs to be conducive to training with acknowledgement of basic needs as outlined in the BMA Fatigue and Facilities Charter.



CASE STUDY

University Hospitals Coventry and Warwickshire - Mindfulness course for GP trainees

Early career general practitioners are known to be at high risk of burnout. A Mindful Practice Curriculum (MPC) integrated into vocational training was delivered by a face-to-face, group-based, interactive course involving six 1.5-hour weekly sessions for 15 GP Trainees. This training has significantly helped with stress and wellbeing for the trainees.

CASE STUDY

George Eliot Hospital NHS Trust - Mentoring and Pastoral Service

The Mentoring and Pastoral Service (MAPS) was developed by the Postgraduate Medical Education Team to provide support to Foundation Doctors. MAPS offer monthly 1:1 near-peer mentoring meetings with a clinical education fellow.

They encourage an open environment for trainee reflection, allowing them to discuss workload management, identify areas for improvement, discuss teamwork and careers. This service has helped the postgraduate team to identify trainees at risk of burnout and has helped to create a rapport between the trainees at the postgraduate medical education team. Trainees report feeling cared for holistically as a key benefit.

1. Adequate Experience

Trainees must fulfil curriculum competencies. This requires meaningful exposure to a broad range of clinical conditions and procedures, to learn new skills and maintain existing skills.

Providers agree to:

1.1. Recognise the importance of trainees gaining appropriate clinical and non-clinical experience when planning rotas.

1.2. Recognise the need to balance service and training to ensure training needs are met.

1.3. Commit to consult prospectively with trainees and/or the relevant school when making rota changes likely to impact on education and training.

1.4. Commit to consult with HEE when service reconfiguration is being planned to ensure that training implications are considered, and training opportunities are not jeopardised.

1.5. Ensure when partnering with the independent sector that all training opportunities are maximised under NHS contracted work so that trainees are not disadvantaged in obtaining their curriculum competencies.

1.6. Recognise that some trainees may require bespoke arrangements to attain their necessary competencies and commit to facilitating these. For example, including shorter posts on their rotation, equity for less than full time (LTFT), flexible rostering and the ability to work at two different providers.

CASE STUDY

Birmingham and Solihull Mental Health Foundation Trust - Junior doctor wellbeing support

Nine wellbeing champions were identified who currently meet monthly to discuss key issues and create solutions for trainee doctors. These meetings have led to the creation of a junior doctor common room at the main training and education site. This increases much needed connectivity between doctors and a place to rest.

Further, development with the senior medical directorate for a wellbeing lead to work with these champions within the trust is currently being organised for trainees to help promote and implement the Midlands' Charter work.

CASE STUDY

University Hospital Coventry and Warwickshire NHS Trust – Junior Doctors' Forum

The Junior Doctors' Forum used online surveys and forum meetings to generate ideas for using the BMA Fatigue and Facilities funding to improve rest and wellbeing for staff within the hospital. It was clear from this work that juniors felt that more space was needed for breaks to eat and space to rest during demanding shifts.

Representatives of the Junior Doctors' Forum and Doctors' Mess collaborated with trust management to plan and secure additional funding to transform facilities for staff in the hospital, where additional space was extremely limited. An underused café in the hospital was repurposed as a new staff wellbeing area for breaks with 24-hour access to high quality food and hot drinks and to promote the importance of breaks during demanding shifts for all staff groups. The plan also allows the current Mess room to be renovated and supplied with rest pods and recliner chairs to allow junior doctors a quiet place for rest away from clinical areas during shifts. All these positive actions will undoubtedly increase the overall wellbeing of doctors.

CASE STUDY

University Hospitals of North Midlands NHS Trust – Collaborative Working

As part of the Midlands' Charter, the University Hospitals of the North Midlands has focused on trainee engagement adopting a co-creative approach to planning service delivery over the pandemic.

Throughout the pandemic, trainees have met with the Guardian of Safe Working to decide how best to meet the demands placed upon trainees during the pandemic. These meetings have been attended by the Chief Operating Officer, senior colleagues in Medicine, Surgery and Human Resources. They have developed a listening culture – with the words 'no decisions about me, without me' at its heart. This facilitated a clear trainee voice and resulted in improvements to the provision of hot food (now available 24/7), safe spaces to rest and connectivity to allow training and teaching to occur despite the need for social distancing.

2. Educational Support

Medical education and training are a blend of experiential and non-experiential learning.

Learning through experience is underpinned by robust clinical and educational supervision. Non-experiential teaching, for example seminars and workshops will be provided both locally and by HEE and will increasingly be virtual in nature. Providers have a vital role in ensuring robust educational and clinical supervision and facilitating the restoration of non-experiential teaching. Every patient contact should count as a learning opportunity, as recommended in NHS The Topol Report:

'NHS organisations will need to have: a strong workplace learning culture; cultivate a reputation for training and support; develop learning opportunities that are proactive rather than reactive; allow staff dedicated time for development and reflection of their learning needs outside of clinical duties.'

Source: NHS The Topol Review: Preparing the healthcare workforce to deliver the digital future (February 2019)

To fulfil this obligation we will:

2.1. Support educational and clinical supervision through recognition in consultant job planning. Ensure adequate time is available to allow for effective and well-planned supervision.

2.2. Ensure access to employer provided support services and continue to offer these services to trainees as a supplement to services provided by HEE.

2.3. Work with NHS England and NHS Improvement (NHSE/I) and HEE digital leads to ensure provider IT systems allow access to teaching platforms.

2.4. Medical education and training should be a standing item at board level and operational management meetings and is represented through the membership of the Director of Medical Education or Non-Executive Director.

2.5. Work towards transparency of the use of LDA funding or equivalent.

2.6. Ensure equity for LTFT trainees.

CASE STUDY

Nottinghamshire Healthcare NHS Foundation Trust – Forum for change

Nottinghamshire Healthcare NHS Foundation Trust always had an active Junior Doctor forum which met monthly. In response to the rapidly moving situation with the pandemic, the Junior Doctor forum met virtually every week chaired by the Guardian of Safe working hours. Representatives from Medical Education, Medical Staffing and a BMA representative were in attendance to hear Junior Doctor's views on a range of issues. Routine topics discussed at these forums included: Trainee Wellbeing, Rotas, Induction, PPE, Facilities, and Site Safety.

When changes were needed at short notice such as the implementation of Shadow COVID ward rota, the forum ensured that trainees were actively involved in the planning of this rota and the core principles upon which it was to be used, and not just the delivery.

CASE STUDY

Nottinghamshire Healthcare NHS Foundation Trust – collaboration with 'The Institute of Mental Health'

Nottinghamshire Healthcare NHS Foundation Trust has used the opportunities gained during the pandemic to revise its IT support structures available for the purposes of medical education. Virtual case conferences and Journal clubs are now available to access for all trainees on all Trust sites, with laptops provided to all.

Increased incorporation and academic input from The Institute of Mental Health [IMH], has allowed access to Local Academics who provide input to journal clubs, welcoming a more research-focused perspective to clinical discussions.

They are in the process of developing quarterly Research workshops to give trainees access to IMH-based Academics for support with research projects and ideas in building their confidence to become Career Academic / Researchers. Given the Trusts unique collaboration with the IMH in the region, it is expected that trainees within the Trust are soon equipped with a wealth of knowledge and support to enhance their careers and teaching abilities.

3. Training Environment

The NHS People Plan emphasises the importance of staff wellbeing. Providers made significant efforts during COVID-19 to ensure staff were supplied with adequate hygiene, food and rest facilities which improved staff morale and wellbeing.

Issues with accommodation and sleep and rest facilities have long been cited by trainees as major concerns and trainees have the additional problem of orientating between several providers rather than being permanent members of staff. To improve both the trainee experience and patient safety, providers should make every effort to engage trainees, create a supportive physical training environment, and safeguard a sense of belonging. As stated in the NHS People Plan (August 2020):

'Employers should make sure that staff have safe rest spaces to manage and process the physical and psychological demands of their work, on their own or with colleagues'.

To achieve this we will:

3.1. Work to ensure full trainee engagement and involvement in leadership, management and networks. This may include, for example, representation on winter planning, patient safety, and rostering groups as well as membership of provider BAME, LGBT+ and LTFT networks.

3.2. Ensure adequate availability of suitably maintained changing and shower facilities.

3.3. Ensure adequate and clean sleep facilities for those who have been on call at night.

3.4. Make the necessary changes to common room mess areas to make COVID-secure, noting that additional space may be required.

3.5. Commit to providing 24-hour access to food.

3.6. Create facilities to allow trainees to attend virtual training in a quiet, non-clinical area with adequate provision for social distancing.

3.7. Fulfil the recommendations of the BMA Fatigue and Facilities Charter (July 2018) when managing rotas.

3.8. Provide an induction to include basic education on sleep, working nights and the importance of breaks to improve both trainee experience and patient safety.

3.9. Ensure COVID-secure face-to-face training.

As a supplement to this Charter, please refer to the Working Environment and Wellbeing Guide which provides a more comprehensive insight into the training environment. The guide has been uniquely developed with trainees across the Midlands region, in collaboration with NHSE/I and HEE in response to frequently faced challenges.

CASE STUDY

The Royal Wolverhampton NHS Trust – Improving Access to Clinics

During the pandemic there was a rapid and near universal move to telephone clinics, often undertaken from consultant homes. This caused a reduction in training opportunities for outpatient clinics. It therefore became a challenge to maximise access to outpatient clinics for trainee doctors.

The trust created a guide based on the experience of some trainers and trainees on how to set up and supervise a training telephone clinic. Training was delivered both in person and remotely. Trust laptops were provided to departments that needed them for this purpose.

CASE STUDY

University Hospitals Birmingham NHS Foundation Trust – Independent Sector Training

During the pandemic all elective work moved to the independent sector and trainees accompanied consultants.

A ST7 Plastics Trainee at University Hospitals Birmingham NHS Foundation Trust realised that lists at Dolan Park independent hospital were excellent training opportunities. The provision provided one-on-one consultant training and there were no distractions/bleeps from wards, etc. The turnover of theatre cases tends to be higher in independent hospitals, so more cases can be operated on a list. The trainee found that after a whole day in theatre they had been able to consolidate skills, gaining significant experience.

CASE STUDY

Riverlyn Medical Centre in Bulwell, Nottingham

Working in a small GP Practice can often seem intimidating to trainees of all stages, however by ensuring an individualised approach is taken for the experience provided, these surgeries can provide a very intimate educational experience. A final year medical student from the University of Nottingham reflects on his experiences where just that was offered.

"I was given the freedom to discuss management plans with patients, book patients in for face-to-face appointments if I needed to examine them and update patient notes as appropriate. This gave me the opportunity to develop my own style of consultation and appreciate the real-world applications of my acquired knowledge. Clear documentation is a staple of practicing medicine and is something I had not been able to do previously in a primary care setting. However, during this rotation I was given the chance to develop this skill, understanding what is important to note and how to document in a clear, concise manner. The doctors did not hesitate to vocalise their gratitude for my efforts which served to boost my confidence and encourage me to take on more challenging cases. Alongside this, I also sat in on consultations to learn from the experts and see how I can develop my own skills.

Nevertheless, I was not made to feel isolated or that the responsibility rested solely on my shoulders. Anything I did was vetted by a qualified doctor with whom I discussed all my cases and was encouraged to give my thoughts on diagnoses and how I believed we should proceed. I was given ample time with my supervisor to address areas of improvement but also appreciate what I did well. Being the only medical student at the practice meant my learning and development had the undivided attention of my supervisor. We were able to build a good rapport and my supervisor was aware of what I needed to work on. This meant my learning could be tailored specifically to my requirements. After expressing my interest in paediatrics, I was given a large portion of their paediatric cases so I could explore that interest from a primary care perspective. This was echoed through discussions with the administrative staff about my goals for the rotation thereby involving me in their specialist diabetic clinic as well as training sessions for doctors. I am grateful for the lengths to which the practice staff went to ensure my learning was maximised in the short period of time I was there.

With it being a small practice, all members of staff worked in close proximity. The practice had an open-door policy therefore anyone could approach and speak to one another regarding any queries or concerns. This is a great concept for several reasons; practice staff look out for one another, helping boost morale; double-checking and collaborating on cases ensured that they provided the best possible patient care; and the practice ran as a team with everyone on the same page from the cleaning staff to the practice manager hence helping reduce uncertainties and improving patient safety. The sense of comradery was clear, and I felt the practice to be a healthy environment for everyone's personal development."

Sandwell and West Birmingham NHS Trust - Covid hub experience

"One of the biggest things for me was being able to be involved in the Covid hub, the vaccination centre and learning about the organisation of it all. It was good for the soul to be involved in these things as an ST3 when we could see what was happening to our colleagues in the hospitals. I learnt a lot about the roles of the PCN that I wouldn't have otherwise done. Education wise we had virtual teaching which worked well for a while but when we all realised that while we were having the clinical teaching and discussions, a lot of the softer stuff (chatting to each other informally when the supervisors weren't listening for example, catching up on non work stuff, learning about each other and developing support networks) was missing. So we had time built into Teams/Zoom sessions for small group breakout groups so we could just chat about anything. During lockdown this was great. The practice gave me a t-shirt with our practice name and a rainbow. It was a lovely thought."

Conclusion

The Charter provides a significant opportunity for key partners to work collaboratively to restore training opportunities and provide necessary support to our trainees, who will aspire to a standard of excellence that will establish the Midlands as a beacon for medical education and training.

Trainees from the Midlands region are recognised for their professionalism, agility and flexibility during the COVID-19 pandemic, and along with other clinical and non-clinical colleagues, they continue to provide quality care in often challenging environments. This Charter further supports this integral workforce, ensuring their education, training and wellbeing is centre of our discussions, and investing in their development and progression.

This will ensure the safety of our patients, attract innovators and future leaders to the Midlands region and create a long-term and sustainable first-class health service adaptable to the needs of the future.

Acknowledgements

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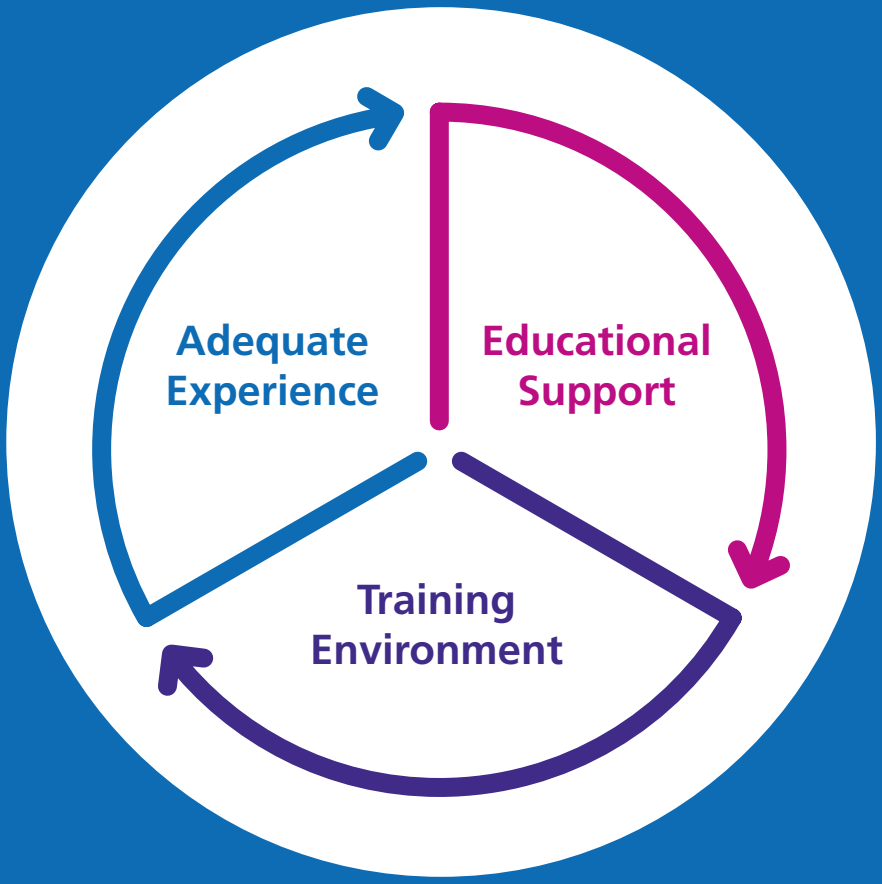
Some images used in this publication were taken before the COVID-19 pandemic.

General Medical Council

NHS



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