

# MIDLANDS'

# CHARTER

Resetting of postgraduate medical education and training during critical times

# 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.

## 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.

## 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.





“It is recognised by our organisations, that our trainees have given so much during the COVID-19 pandemic. By co-creating and signing up to this unique Midlands’ Charter, not only are we acknowledging the work they have done but we are pledging to take the necessary steps to counter the disruption they have experienced. In addition, this focus and determination to provide first-class training will ensure that we, as a region, support and retain our trainees, becoming the Midlands workforce and clinical leaders of the future.”



**Dr Nigel Sturrock**  
Regional Medical Director  
NHS England and NHS  
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**Jane Johnson**  
Regional Director for Midlands  
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# 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.

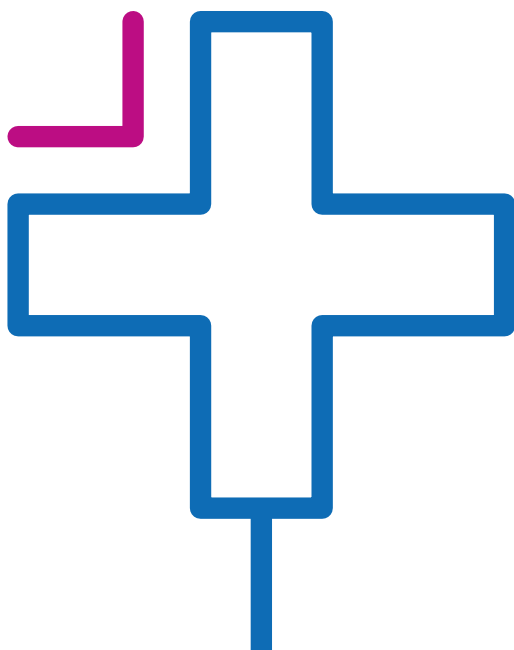
Currently over 75% of our doctors who train in the Midlands stay in the area. We know that training that delivers both competencies and have supportive environments, are more likely to increase the number of trainees remaining in the Midlands.

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)

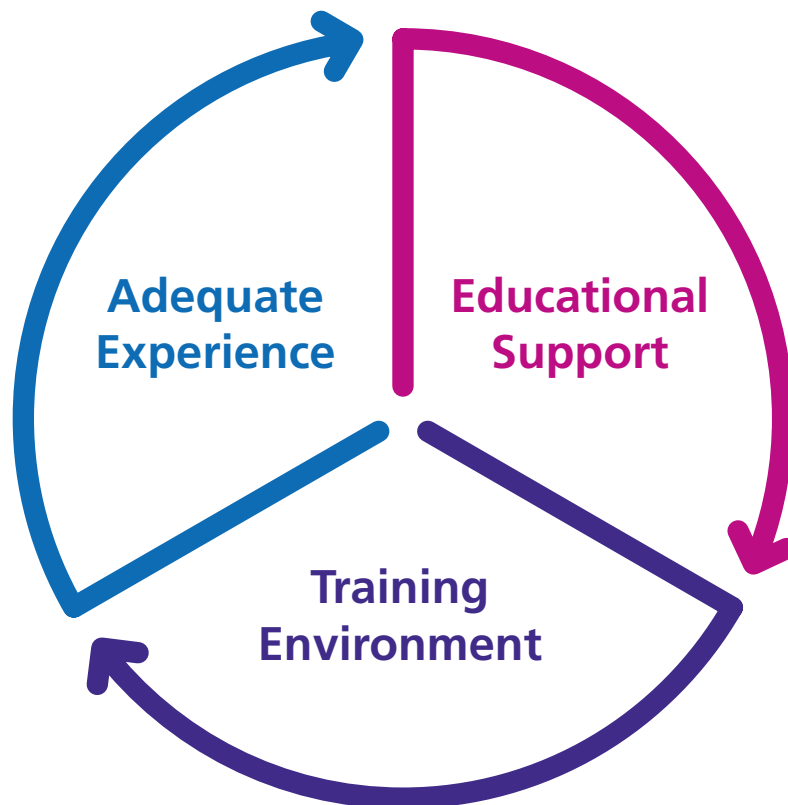
Our trainees are making a positive contribution to the delivery of healthcare during the COVID-19 pandemic. As many trainees provided care in areas outside of their curriculum, this jeopardised their ability to progress. The provision arranged by LEPs, in terms of support and wellbeing facilities, has 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

### Trainee Involvement

Northamptonshire Healthcare NHS Foundation Trust has a well-established junior doctor's forum which meets once or twice a month. Meetings are attended by the Director of Medical Education, tutors and medical staffing leads and the BMA representative. Trainees ideas are integral and have improved rota design, exam preparation and the Annual Review of Competency Progression (ARCP).





## CASE STUDY

# Trainee Engagement

**University Hospitals Coventry and Warwickshire NHS Trust has focused on trainee engagement in response to restoration of services during COVID-19.**

It is important to ensure direct trainee engagement in areas such as PPE provision, COVID-secure access to rest/refreshment facilities, flu vaccination provision and communication strategies.

An example of this includes trainees actively participating in the Trust's multi-disciplinary Infection Prevention Council that was formed in response to the pandemic. The Council includes representatives from nursing, medicine, occupational health, estates and facilities management and the communications team.



# 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.**

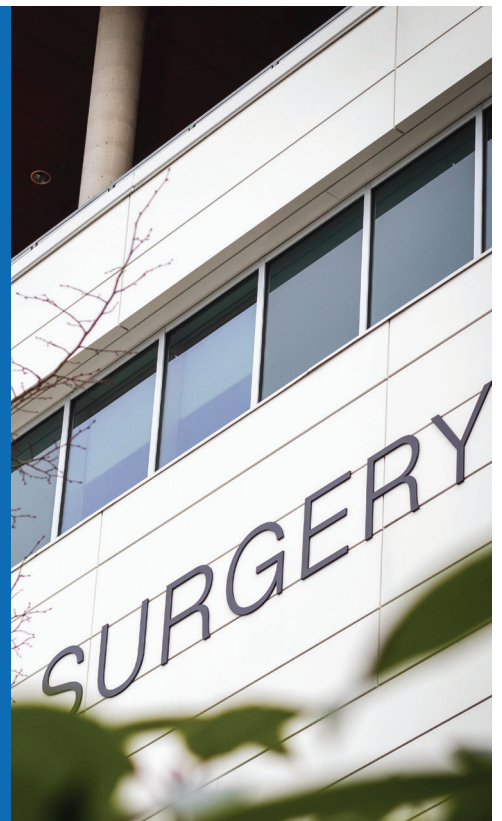
## **Providers agree to:**

- 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**

### **Curriculum Coverage - Maxillofacial Surgery Surgical Training**

Part of the curriculum in Maxillofacial Surgical Surgery is Paediatric Craniofacial surgery. To facilitate training of East Midlands based trainees they spend a two-week attachment at the Birmingham Women's and Children's NHS Foundation Trust (BWCFT) observing cases in theatre, attending clinics, ward rounds and Multi-Disciplinary Team (MDT) meetings. This was sufficient for Certificate of Completion of Training (CCT) and was a big help for the exam. BWCFT arranged an honorary contract. It was agreed with all units that trainees would 'drop out' of their usual rota for this period and would not have to take annual or study leave. HEE also agreed to pay for travel and accommodation for those two weeks as it was recognised it could not be provided elsewhere in the region.





## CASE STUDY

# Independent Sector Training – University Hospitals Birmingham NHS Foundation Trust

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

# Independent Sector Training

Within the East Midlands an approval process was commissioned for training posts in the independent sector which required sign-off from the host hospital Director of Medical Education, Head of School, Deputy Postgraduate Dean and the private hospital provider.

This increased trainee satisfaction, receiving positive feedback of supportive learning environments and good training opportunities.

*One trainee commented, "I have operated on three lists at Nuffield. All went smoothly and I was first surgeon for over half the cases. The staff were welcoming, and it was a good way to gain elective experience. I operated with consultants I had worked for previously and thus they knew my abilities which is probably why I was first surgeon for most cases. I have recommended operating in the independent sector to my fellow registrars and believe it is an asset for training."*

# 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)

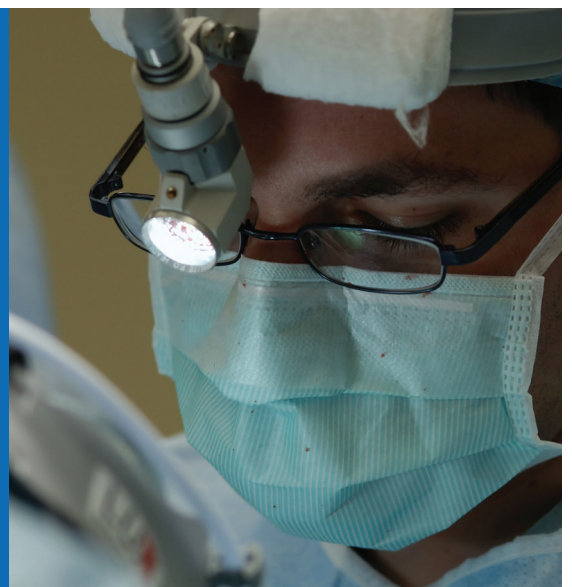
**To fulfil this obligation we will:**

- 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

### Rota Design – Sherwood Forest Hospitals NHS Foundation Trust

A Leadership and Management Fellow led on a redesign of the medical junior doctor rota, considering the Royal College of Physicians recommendations and the rising demand of admissions. This work, combining input across specialties led to the successful creation of a business case enabling the recruitment of eight additional junior doctors. They also worked with their Chief Registrar and a Surgical Registrar on a cross specialty COVID-19 rota to offer increased out of hours cover.







## CASE STUDY

# Doctors Mess Sites – University Hospitals Leicester NHS Trust

Three doctors' mess sites were extensively renovated and redecorated prior to the COVID-19 pandemic. This process included the provision of improved facilities such as new sofas, recliners, computers, desks, chairs, and televisions. Regular food deliveries to all three sites were already in place prior to the COVID-19 pandemic. Following the outbreak of COVID-19 the mess sites were made available to all members of staff and food delivery frequency was tripled.

In addition, junior doctors across all specialties and all sites were given the opportunity to bid for items of their choosing to improve their rest facilities. Bids were approved or rejected by the Junior Doctor Forum, acquired and delivered to the relevant areas.

As a result, £36,333 was spent on items. Feedback shows that 90% of respondents reported these items had a significantly positive impact on their rest facilities and 94.7% reported that team morale had improved.



# 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

# Wellbeing - Defence Medical Services

The Defence Medical Services has long been recognised for the huge value they collectively gain from having a shared social life via the Service Mess.

For their trainees, being accommodated in an Officers' Mess associated with their place of work, provides a great sense of organisational belonging and feel they are invested in. Excellent feedback is received, demonstrating how this contributes to their morale and wellbeing.



## CASE STUDY

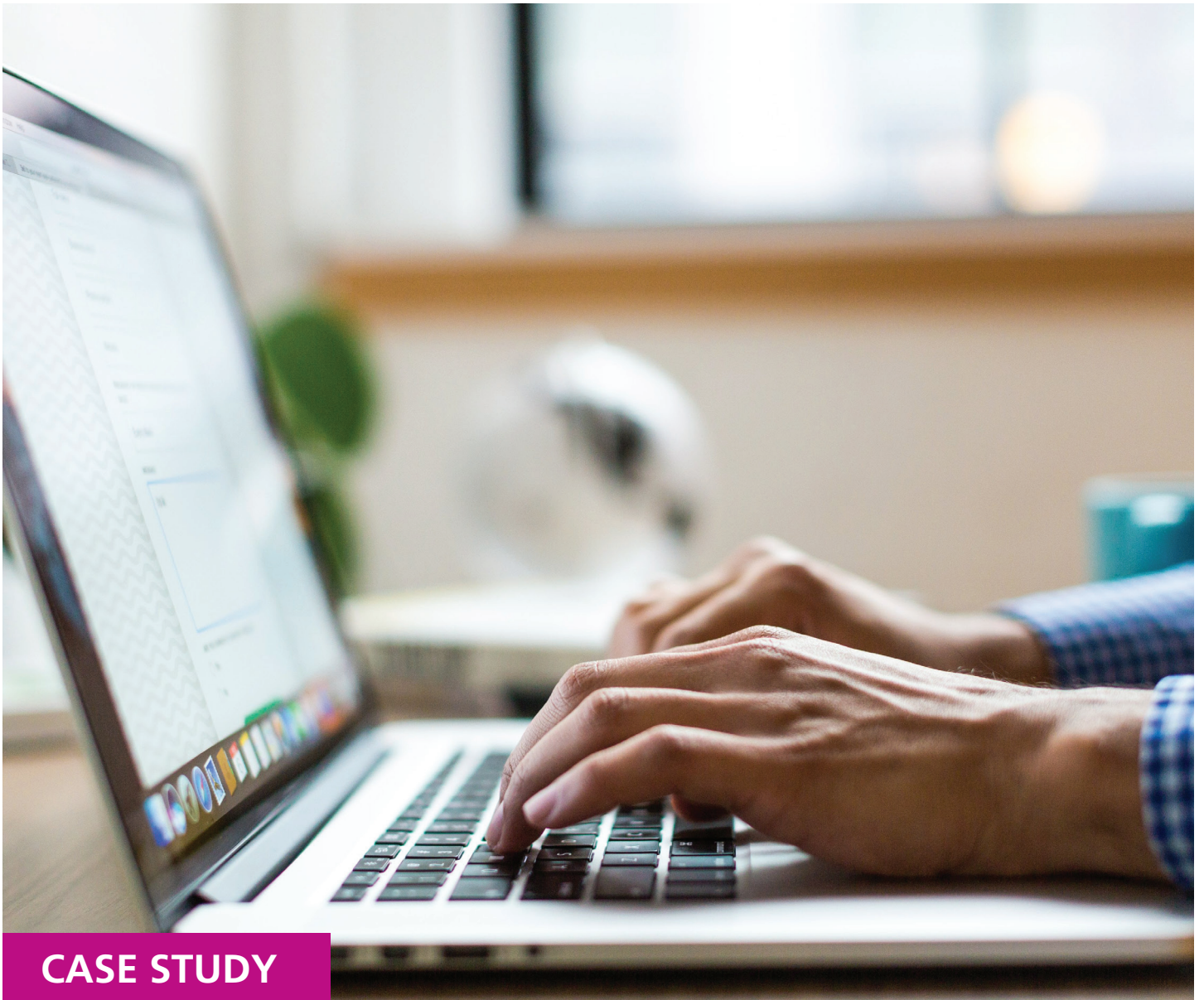
# A Fellow to Support Trainees

Lincolnshire Partnership NHS Foundation Trust has employed a Fellow to work with trainees to understand their needs and improve their experience.

For example, to embed leadership and management experiences and training into the core training programme and ensuring that trainees are supported to complete a Quality Improvement project during their placement.

As an organisation with a high number of trainees in the region, the Fellow is working with these doctors to understand the unique challenges they face to ensure they receive the highest quality training experience.





## CASE STUDY

# Virtual Induction - University Hospitals Leicester NHS Trust

The COVID-19 pandemic introduced numerous challenges for the induction process. Through the pandemic, and in response to the 'new groups' of staff requiring inducing (e.g. redeployed doctors, interim foundation doctors), 483 junior doctors and 72 medical students received online/virtual induction via the Microsoft Teams Live platform between May and August 2020.

The Trust induction team were able to adopt newly available technologies in a timely manner to deliver inductions without any significant dilution of the content. The interactivity, ability to record content, and the financial savings associated with delivery of content via a virtual platform has likely changed the way induction is delivered for the foreseeable future.

# 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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Images used in this publication were taken before the COVID-19 pandemic.



