

Cover Sheet

Trust Board Meeting in Public: Wednesday 10 November 2021

TB2021.88

Title: Postgraduate Medical Education Strategy 2021- 2026

Status: For Decision

History: TME 26 October 2021

Board Lead: Chief Medical Officer

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Confidential: No

Key Purpose: Strategy

Executive Summary

1. This Education Strategy is underpinned by our Trust Values and support the delivery of the OUH Strategy 2020-2025. Our mission is that OUH will
 - offer outstanding education and learning environments
 - engage, work with, develop and support *Our People* so they can achieve their potential
 - be a learning organisation that delivers Compassionate Excellence to *Our Patients* and *Our Populations*
2. Education, along with research and innovation is a core part of the Oxford University Hospitals 'brand' and we should aspire to be as celebrated for Postgraduate Medical Education as we are for undergraduate medical education and for research activity.
3. The scope of this strategy covers all doctors employed by OUH but not other Healthcare professions or undergraduate medical students.
4. OUH has (approximately) 850 doctors in Health Education England (HEE) recognised training posts, rotating regionally; 1100 Consultants (including clinical academics) and 60 Staff Grade, Associate Specialist and Specialty Doctors (SAS) - (senior doctors on long-term contracts); 350 Locally Employed Doctors (LEDs), many of whom are more junior doctors on fixed-term contracts who are 'training' but not in a formal HEE training post.
5. This strategy highlights and builds on the existing strengths and organisation of Postgraduate Medical Education work programmes, which have been focussed on the doctors who are either trainees or trainers in HEE training programmes. The role and purpose of HEE is to develop the NHS workforce and deliver 'the right numbers, skills, values and behaviours, at the right time and in the right place.' For doctors in the UK the main route to the Specialty Register (the requirement to become a consultant) is through these HEE approved Training Programmes. Our future consultant workforce is dependent on the success of HEE training programmes.
6. This strategy also recognises areas where there is lack of transparency and potential inequity of access to education and development between different groups of medical staff and proposes how to address this. Doctors who are not in HEE training posts have not been part of the Postgraduate Medical Education structure under HEE and the DME Team. There is complexity with respect to the educational needs, funding, and provision for different groups of medical staff in OUH:
 - a. The Director of Medical Education is responsible for the oversight and Quality Assurance of the HEE Training Programmes; There are clear nationally approved curriculums, HEE contributes to trainee salaries and

provides an additional per capita tariff to support the learning environment and Educational Supervision. HEE also funds their study leave at a regional level. The Responsible Officer for trainees in HEE recognised programmes is the Regional Postgraduate Dean.

- b. The Director of Medical Workforce and the Divisional Directors are responsible for provision of training to the non-trainee groups: Consultants, SAS, and LEDs. A small development fund is available from HEE for SAS doctors, but the other groups of doctors do not receive HEE funding and OUH is responsible for their supervision, development and study leave provision. Their Responsible Officer is the OUH Chief Medical Officer (CMO).
7. The strategy also recognises the learning needs of our trainers as well as our trainees and champions career-long learning for all our medical staff and OUH as a learning organisation. Being an Educator is a role that since 2016 has been recognised and regulated by the GMC. In OUH the DME Team/Postgraduate Medical Centre have an excellent Educator Development Programme for our Educational Supervisors (ESs) of whom we now have over 500 on our accredited list. These ESs are funded and trained by HEE for their work with trainees but their skills and abilities enhance the general learning environment and can support the training and development of all staff.
8. The current environment for medical training is challenging for several reasons including COVID and COVID recovery, resource constraints, workload, and workforce pressures: the document contains a contextual analysis of some of these pressures in Section 2 and a more detailed SWOT analysis in Appendix A.
9. An important force for change is the New National NHS Education Contract (2021) which has replaced previous agreements with HEE and makes more explicit our responsibilities as a provider of Education and requires us to be transparent in how we use the funding received from HEE. This will require a strengthening of our assurance procedures with respect to education and embedding appropriate Quality Performance Indicators in our operational governance meetings.
10. A more robust and transparent system is required to account for the funds received from HEE, which for Postgraduate Medical Education are associated with specific requirements. Our current levels of financial reporting do not provide enough clarity or detail against these. The National Education Contract does not apply specifically to the non-training groups but any strengthening of assurance processes and financial clarity should cover all groups. For HEE trainees the governance is already in place overseen by the DME, and for other staff groups the Education and Training Committee (ETC) is already looking at these issues through its Education and Funding Review Group (EFRG), and scoping performance indicators for use in operational dashboards.

11. Section 3 presents a proactive strategy, rooted in our trust values, with a clear mission relating to our trust objectives, and 8 strategic themes: **Engagement, Faculty Development, Financial Governance, Excellence in Education, Communication, Transformation, Technology & Innovation, Safety & Wellbeing**. A literature review has been undertaken to validate and map themes to other relevant documents locally and nationally. It further includes a specific and ambitious vision of where we will be in 5 years.
12. In Section 4 'Next Steps' there are specific proposed actions to help achieve this, which will be supported by more detailed implementation / delivery plans. Key factors to help achieve this are collaboration between different Directors at Executive and operational levels, strengthening of Educational Leadership and raising awareness of the development and educational needs of our doctors.
13. Looking to the future - for the next iteration of the Education Strategy our aims include developing our Educational QI, Safety, Leadership and Research Programmes; and seeking to develop an Integrated Clinical Education Strategy.
14. The strategy has been discussed at TME and is recommended for approval by Trust Board.

Recommendations

15. The Trust Management Executive is asked to:
 - Note for information the progress in previous work programmes;
 - Accept the recommendation of TME to approve and support the Postgraduate Medical Education Strategy for 2021-2026.

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Postgraduate Medical Education Strategy 2021- 2026

This Postgraduate Medical Education Strategy is underpinned by *Our Values*

Learning – Postgraduate Medical Education is an investment in a culture of lifelong learning and continuous development of our people

Respect – This includes a commitment to promoting Equality, Diversity, and Inclusion, and to challenging and changing behaviours that do not reflect our trust values with zero tolerance to bullying and undermining.

Delivery – We have over 800 Postgraduate Medical trainees on clinical placements in HEE training programmes working on clinical placements with us who are essential staff in delivering our clinical services and contribute to research, safety, and QI work

Excellence - OUH has an international reputation for research excellence, and Oxford Medical School is regularly rated as the premier medical school in the world. We aspire to excellence in our Postgraduate Medical Education teaching, training, and leadership and to develop educational research

Compassion - Learning takes place within, and supports the development of, an interprofessional culture that enables our people to reach their best potential and provide safe and compassionate care to our patients, and to look after ourselves and each other.

Improvement - A range of measurable outcomes and KPIs for Postgraduate Medical Education will be monitored so we can understand and celebrate where we are doing well and recognise where we need to improve.

Our Strategic Mission & Themes



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

Our Ambitions - where we will be by 2026

Engagement – We will be actively listening to and working together with our learners to improve the learning environment. We will be an organisation of choice for staff who want to be supported in their postgraduate medical career and who are engaged in lifelong learning training. Medical Recruitment and retention will be enhanced; we will attract more doctors to work and train with us and more will choose to stay on with us as consultants. We will work with our stakeholders and partner organisations and have regional, national and international links. We will learn with and from patients.

Faculty Development – We will have established programmes in place to support and develop our Postgraduate Medical Educators, including professional development, peer support, coaching and mentoring. OUH will be recognised as an exemplar in postgraduate clinical education as well as for undergraduate and research activities.

Financial Governance – We will have transparency and accountability around the management of funding for Postgraduate Medical Education and be able to demonstrate good value and return on investment in the use of these funds. We will be able to meet the assurance requirements of the National NHS Education Contract.

Excellence in Education – When quality assuring our training programmes against all the required internal and external standards, we will go beyond the minimum requirement and increase the number of positive outliers in surveys. We will have systems to continuously monitor our learning environments, to celebrate and share good practice, and to continuously work towards excellence. We will have specific QI and research projects in postgraduate medical education.

Communication – We will have implemented, monitored and further developed our strategy through regular communication with our learners and faculty, with established Local Faculty Groups and other fora. We will evidence the continuous improvement of learning environments, and have a connected community of practice of medical educators. We will also communicate regularly with our internal and external stakeholders to understand current and future context and drivers and report on performance. We will develop how we learn with and from patients. We will foster and value interprofessional learning and have an integrated multiprofessional Clinical Education Strategy.

Transformation – Workforce and delivery will be transformed through new ways of working, innovative models of care, and more staff in new medical roles, including Physician Associates and Anaesthesia Associates. We will offer flexible working and training arrangements and support trainees new to the NHS, or returning to practice after time away. As well as offering HEE speciality training programmes we will support staff seeking alternative routes to the Specialist Register.

Technology and Innovation – we will be a national leader in delivering Simulation and Technology Enhanced Learning (STEL) to our medical learners. We will attract significant external funding to STEL projects and have a sustainable and well-supported expert local faculty.

Safety and Wellbeing – Staff wellbeing and safety is at the heart of what we do. We will have an open and learning culture, engaging with our learners to understand their experience, and respond proactively to address any issues. We will have increased engagement in local and national training surveys and shown improvement in key outcome measures. We will have improved measures of Equality, Diversity and Inclusion, and will have evidence that we challenge and change behaviours that do not reflect our trust values. Our educators will be trained to have psychologically aware conversations and work closely with both trust and HEE wellbeing programmes to offer and signpost to appropriate support.

1. Purpose and Scope

- 1.1. The purpose of this Postgraduate Medical Education Strategy is for OUH to become an organisation that educates, trains, and develops all its medical staff to reach their full potential, to be able to recruit and retain a workforce who understand and live out our trust values and deliver the best care for patients. This is encapsulated in Our Mission: *To offer outstanding education and learning environments; to engage, work with, develop and support **Our People** so they can achieve their potential; and to be a learning organisation that delivers Compassionate Excellence to **Our Patients and Our Populations**.* It highlights and builds on the existing strengths and organisation of Postgraduate Medical Education work programmes which have historically been largely focussed on the doctors who are either trainees or trainers in HEE training programmes. This work is under the leadership of the Director of Medical Education, accountable to the CMO.
- 1.2. It also recognises areas where there is lack of transparency and potential inequity of access to education and development and proposes how to address this. Doctors who are not in HEE training posts have not been part of the Postgraduate Medical Education structure under HEE and the DME Team. Their development is generally less well defined and structured and is supported at trust level by the Divisional Directors and the Director of Medical Workforce, again accountable to CMO.
- 1.3. Eight educational strategic themes are identified which are clearly mapped to overarching OUH strategy as well as to other local and national documents, showing how they are relevant across all clinical professions, and can form the basis for a multiprofessional Clinical Education Strategy and work programme in future.
- 1.4. It also identifies areas of risk and weakness and highlights where we need to put in place educational governance arrangements and strengthen educational understanding and leadership in the operational structure.
- 1.5. It describes our Mission, Themes and Ambition for Postgraduate Medical Education in OUH over the next 5 years, and maps this to other relevant local and national strategic documents.
- 1.6. Oxford Medical Clinical School, consistently one of the world's top performing medical schools, is co-located with us but is a separate entity and is not part of the scope of this Postgraduate Medical Education Strategy.
- 1.7. As well as being rooted in our Trust values and strategic themes, this Postgraduate Medical Education Strategy has been explicitly mapped to the OUH Strategy and other relevant local and national documents and

strategies (see Section 3 and Appendices) so that we can clearly demonstrate how we are addressing these themes.

- 1.8. This Postgraduate Medical Education Strategy addresses key risk areas across several domains of the OUH Trust Risk Register. Since Medical Education is particularly concerned with developing, recruiting and retaining a skilled workforce, Building Capacity is the most relevant domain.
- 1.9. There are specific governance and assurance requirements for medical training for which we are accountable to both HEE-TV and the GMC. These standards relate only to doctors and not to other healthcare professions. The strategy also addresses educational risks held in the HEE Regional Risk Register which relate to our performance as an Education Provider. Every year there is a GMC National Training Survey of HEE trainees and trainers, the results of which are published in the public domain.
- 1.10. There is a new (2021) *National NHS Education Contract*, which is described as ‘a key tool for improving the quality of education and training, driving change, and providing funding.’ This requires us as an Education Provider to demonstrate ‘that [HEE] education investment is spent for the future NHS workforce to deliver outstanding patient care.’
- 1.11. There are ongoing work programmes led by DME and Postgraduate Medical Education Team, in conjunction with HEE, that are specific to Medical Education and HEE Training Programmes, but these have not previously been specifically presented as a OUH Trust Strategy.
- 1.12. There is an historic *OUH Learning and Education Strategy 2016-20* with generic overarching themes which inform this current paper. The recent *OUH Strategy for Nurses, Midwives and AHPs 2021-26* covers the needs of other non-medical clinical professions.
- 1.13. This Postgraduate Medical Education Strategy specifically addresses education needs for doctors, but its strategic themes are more widely applicable across clinical professions and will allow us to work collaboratively across disciplines to develop an OUH Integrated Clinical Education Strategy.

2. Background and Contextual Analysis

Background

- 2.1. There has been significant change in the postgraduate medical education landscape since the OUH Learning and Education Strategy 2016-20 was published.

- 2.2. All medical specialties have updated their curriculums and assessment methods in line with the Shape of Training Reforms, and we need to ensure that we can continue to deliver training to these new standards.
- 2.3. The COVID pandemic has led to acute changes in the delivery of care and of training, and to very challenging pressures throughout the healthcare system. There is a need for attention to be paid to post-COVID Recovery of People, Services and Training. There has been a pivot to remote working, Virtual environments, and a rapid increase in Simulation and Technology - Enhanced Learning (STEL)
- 2.4. Clinical workforce recruitment and retention is a significant issue for OUH and more widely across the NHS. Our People – Making OUH A Great Place to Work is the first of our 3 key trust objectives, and nationally is addressed in the NHS People Plan. The numbers of medical school and training places have increased year on year, but as medical training takes many years, there is still a predicted shortfall in supply of trained consultants in many areas for some years.
- 2.5. There has been workforce transformation at pace and scale within the NHS – this includes 4 new recognised roles designated as Medical Associate Professions (MAPs). Two of these roles are Physician Associates and Anaesthetic Associates, who are not doctors, but are trained in the ‘medical model’ and, like doctors, will also be regulated by the GMC and have similar education. The other two MAPs are Surgical Care Practitioners and Advanced Critical Care Practitioners, who are usually from Nursing or AHP backgrounds.
- 2.6. Oxford University Hospitals is a recognised Education Provider and we have around 850 doctors in recognised national training programmes placed with us every year by Health Education England (HEE). HEE is the national leadership organisation for education, training and workforce development in the health sector, and our local office is HEE Thames Valley (HEE-TV).
- 2.7. HEE part-funds these posts with a combination of salary contribution and per capita tariff funding. The Director of Medical Education (DME) is jointly appointed by OUH and HEE- TV and is primarily responsible for the oversight and quality assurance of these Training Programmes in line with the GMC Standards Promoting excellence - GMC (gmc-uk.org).
- 2.8. All trainees are ‘junior doctors’, but not all junior doctors are trainees. OUH also employs approximately 400 doctors in a range of non-consultant, non-training posts including fellows, trust doctors, Specialty Doctor, Staff Grades and Associate Specialists (SAS Doctors). Some may have similar career or development aspirations as trainees but are not in HEE recognised posts. These SAS and Locally Employed Doctor (LED) posts are entirely trust-funded and the trust, via Divisions and the Director of Medical Workforce

(DMW) is responsible for their education and development. They are outwith the formal remit of the DME and there is not a clear curriculum or set of standards for these posts as there is for the training placements, and no formal system for quality assurance of the education and training provided in these posts.

- 2.9. There are also approximately 1100 consultants in OUH who also have their own educational and development needs. Most doctors reach the Specialist (consultant) Register via HEE Training Programmes, but there are other routes to develop our staff onto the register (e.g. CESR - Certificate of Eligibility for Specialist Registration), as well as new roles which allow senior doctors who are not on the specialist register to contribute at a senior level and with defined areas of autonomous practice.
- 2.10. Education providers are accountable to HEE for the quality of our placements and ultimately to the General Medical Council (GMC). The GMC sets the standards and expected outcomes for medical education and training in the UK, and regulates all stages of doctors' professional development, including training for qualified doctors who want to specialise. The GMC quality assures locations and approves trainers, to ensure standards are being met and maintained.
- 2.11. The GMC also accredits educator roles including Named Clinical (CS) and Educational Supervisors (ES). It is mandated that HEE trainees are supported in their placements by an accredited CS and ES, and it is good practice for LEDs to also have one. OUH has built up its educator capacity as part of the current Postgraduate Medical Education work programme and currently has over 550 GMC accredited CS and ESs.
- 2.12. In addition to this large cohort of Educational Supervisors, many departments have speciality tutors and education leads appointed at department level. There is a postgraduate Medical Education Faculty reporting to DME with centrally appointed roles funded by HEE, or from HEE tariff – these include Champions and Tutors for Flexible Training, Supported Return to Training, SIM and TEL training, SAS doctors, LEDs. Most of these roles are for 0.5-1 PAs, so the model is of many doctors (almost half our consultants) taking on an educational role as a small part of their overall job plan – this is in line with education and leadership being recognised skills in the GMC General Professional Capabilities Framework but contrasts with other professions where there are more full-time practice development and educational leadership roles.

Contextual Analysis – key points - Appendix A provides a detailed SWOT analysis

- 2.13. Our key strengths are Our People, their skills, energy, and diversity, working within the clear vision which has been set out our OUH Strategy,

firmly rooted in our Trust Values, as well as our 'brand' and reputation for being a centre of excellence for learning and academic research. We have a close association with Oxford Medical School, consistently ranked as one of the world's best undergraduate medical schools, and OUH should aspire to similar excellence in Postgraduate Medical Education.

- 2.14. Work already ongoing in Postgraduate Medical Education for HEE trainees has put us in a position where there is a large cadre of GMC recognised educators and there is already achievement and momentum for continued future progress against the strategic themes.
- 2.15. The size of our organisation, breadth, and range of specialties within OUH allows us to offer training possibilities at any level in almost all specialties
- 2.16. However, the size of our organisation can also be a weakness as engagement and communication is not always effective across rotating staff groups such as junior doctors and they have reported sometimes feeling disconnected from the organisation.
- 2.17. In contrast to the structured training programmes for HEE junior doctors there is less transparency and equity of access to educational provision for non-trainee posts.
- 2.18. Other areas of weakness to address are lack of clarity in Divisions around educational governance requirements, educational funding, and funding flows, which puts us at risk of not being able to easily meet our contractual requirements to be accountable to HEE under the new NHS Education Contract.
- 2.19. The New NHS Education Contract is an opportunity because it gives a clear structure and a requirement to monitor quality and account for funding. It is a National Contract applicable to all Health and Social Care settings, for all clinical professionals, so the aim of developing an Integrated Clinical Education Strategy is fully aligned with this.
- 2.20. Another opportunity for us as a large organisation is the ability to support the new roles introduced in 2021 for experienced doctors who are not consultants to work at senior level with some areas of autonomous practice (Specialist Doctors) and to support and develop increasing numbers of doctors onto the specialist register through routes other than HEE training Programmes.
- 2.21. Workforce Transformation including new professional roles (Medical Associate Professions) are an exciting opportunity for us to innovate in our models of care and to work in a multiprofessional way to support and develop them within OUH.

- 2.22. We face threats common to many NHS organisations – financial constraints, extreme workload and workforce pressures, long term ongoing effects on People, service and training all exacerbated by the pandemic. Even before the pandemic, several reports had highlighted mental health and wellbeing of NHS learners as being of concern, and this remains a major threat to the wellbeing and long-term health of our staff.
- 2.23. Bullying and harassment at work is another threat to staff wellbeing identified across the NHS and in some areas of our trust.

3. Strategy, Development and Mapping

Strategy Development

- 3.1. Existing thematic areas and work programmes within Postgraduate Medical Education were developed in 2018-19 with input from a range of stakeholders, engagement events with learners and faculty, and developed in more detail in faculty workshops. These themes were Engagement, Faculty, Finance, Excellence, Communication and Transformation.
- 3.2. Achievements and development against these themes in the past 2-3 years were reviewed - these include engagement events and improved communication with junior doctors, an increase of 25% in numbers of senior doctors becoming GMC accredited educators, an outstanding Educator Development programme, a year on year improvement in many outcomes in GMC National Training Survey, becoming a training placement site for Physician Associate students, attracting investment of over £500,000 for Sim and TEL projects for trainees, developing a Wellbeing focus for trainees during COVID .
- 3.3. As part of the further development of this strategy, a literature review of relevant internal documents and strategies, and of national and policy statements, was undertaken. Strategic themes were identified and mapped explicitly to our own themes to ensure all important areas could be addressed. These documents included OUH Trust Strategy 2020-25, NHS People Plan, OUH Learning & Education Strategy 2016-20, OUH: Our Strategy for Nurses, Midwives and AHPs 2021-26 and HEE Future Doctor

Mapping

- 3.4. This review and mapping exercise found that all the themes were relevant, suggested some refinements, and identified two additional strategic themes that needed to be separated out: Technology & Innovation; and Safety & Wellbeing.
- 3.5. Please see Appendices for a full summary of documents reviewed, key themes and mapping.

4. Next Steps

- 4.1. With the Board's approval this strategy will be formally launched with communications and engagement events with learners, educators, and key stakeholders.
- 4.2. This is a Postgraduate Medical Education strategy in the CMO portfolio but there are themes in this strategy that intersect the portfolios of several other Executives.
- 4.3. All major operational decisions should include formal consideration of educational impact on our clinical staff -this may be particularly complex where doctors in training on HEE Programmes are involved.
- 4.4. A Postgraduate Medical Education Governance Group (PMEGG), chaired by DME, (with new Terms of Reference in 2021) monitors and quality assures all matters relating to HEE funded Postgraduate Medical Education, and reports to CMO and PG Dean.
- 4.5. The OUH Clinical Education & Training Committee (ETC), with terms of Reference updated 2021, is co-chaired by the Associate Director of Nursing, Midwifery and AHP Education, and the DME, reports to CMO and CNO and is the group which oversees all education issues in the trust. PMEGG also feeds into it, and the Medical School are also represented at ETC.
- 4.6. All Department, Directorate and Divisional Governance Groups should review their indicators to ensure they include education outcomes and indicators, and we will develop and monitor new KPIs where needed. For doctors who are not trainees the monitoring of this should sit with Divisional Leadership, reporting to the Education and Training Committee.
- 4.7. We will continue to strengthen Medical Education leadership in the Divisions with the updated role descriptions (2021) for Associate DMEs that recognise many of the drivers and requirements in this strategy.
- 4.8. Many areas already have good practice with systems in place for learners and educators to meet and discuss training issues. We will support the development of these Local Faculty Groups in departments, reporting to Specialty and Divisional educational leadership
- 4.9. The Educational leadership, networks of educators and learners will be key to implementing and embedding this strategy. An important part of this is to actively engage our people to be involved in making changes in their area. We will actively support QI and Research initiatives in education.
- 4.10. Building on the success of our Educator Development Programme we will develop peer support networks and embed a coaching and mentoring approach.

- 4.11. We will strengthen the process of appraisal in respect to educational roles.
- 4.12. It is imperative to have a structure in place to ensure we meet both financial and governance responsibilities under the NHS Education Contract. There is currently an Education Finance review Group in place, reporting to ETC which has done some preliminary work in this area. A formal Governance plan should be produced for Divisional and Operational Leads for all groups of clinical staff so responsibilities and reporting arrangements are clear. This structure is in place for HEE doctors in HEE training programmes but is not well developed for other groups of doctors. This work can be led by ETC and would be an ideal opportunity to include governance arrangements for all clinical staff groups.

When provision is not transparent across different groups of medical staff, it may appear to be, or may in fact be, inaccessible and inequitable. It may also be simply inefficient and ill-matched to developmental needs. An Integrated Medical Education Plan that includes non-trainees is an important next step – all are Our People and all have education and development needs, which are not defined and monitored by HEE. These LEDs and consultants are outwith the current remit of the DME and the George Pickering Education Centre Team.

- 4.13. We deliver care to Our Patients in multiprofessional teams, and the strategic themes but identified in this paper are not just specific to doctors but map clearly onto themes from Trust strategy, Nursing & midwifery plan, NHS people plan and other documents. We already have a multiprofessional group, the Clinical Education & Training Committee, that oversees all Clinical Education in the Trust. The NHS Education Contract applies to all clinical staff groups. We should work on developing an Integrated Clinical Education Strategy to reflect this.

5. Conclusion

- 5.1. It should be recognised that education is a core part of the Oxford University Hospitals 'brand', and we should therefore aspire to be as celebrated for Postgraduate Medical Education as we are for undergraduate and research activity.
- 5.2. We are starting from a position of relative strength and have a robust structure of Educational Leadership under the DME for doctors in HEE training programmes.
- 5.3. This strategy is needed to ensure we pay attention to the education needs of all doctors within OUH ensure transparency and equity of access to

developmental opportunities. This includes access to ‘Generic Professional Capabilities’ such as Leadership and QI training, Coaching & Mentoring,

- 5.4. We must put in place governance processes that include indicators of educational quality that help us learn about and continuously improve our learning environments for all doctors.
- 5.5. We must review our educational finance arrangements and ensure that we are prepared and able to meet the governance and quality assurance requirements placed upon us as a provider under the new NHS Education contract.
- 5.6. This strategy is specifically for Postgraduate Medical Education but a priority for the future is to work collaboratively with other professions on an Integrated Clinical Education Strategy

6. Recommendations

6.1. Trust Board is asked to:

- Note for information the progress in previous work programmes;
- Accept the recommendation of TME to approve and support the Postgraduate Medical Education Strategy for

Appendices

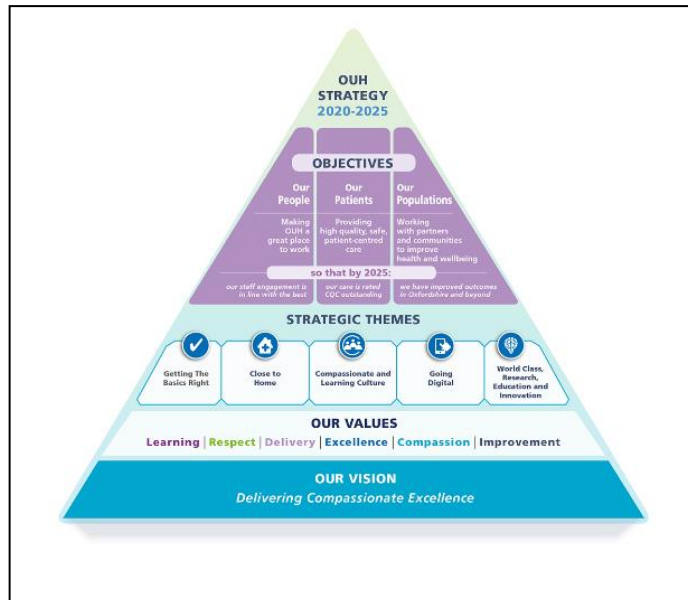
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| Appendix A | SWOT Analysis |
| Appendix B | Literature review of relevant strategies and their themes |
| Appendix C | Mapping of Postgraduate Medical Education Strategic themes to those identified by review |
| Appendix D | Mission & Themes Graphic |
| Appendix E | References & Resources |

Postgraduate Medical Education Strategy 2021-2026

APPENDIX A - SWOT Analysis

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|---|--|
| <p>STRENGTHS</p> <ul style="list-style-type: none"> • The diversity and skills of our people • Outstanding students, trainees and trainers, and a history of innovation in clinical and educational practice • Our world class partners (Oxford Medical School, Bodleian Healthcare Libraries, OxStar) • The size of our organisation - breadth of expertise / able to offer generalist and specialty training • We already offer multiple well-established training programmes across approximately 60 programmes at all levels of training. • We already have a well established Regional Trainee Advisory Committee , Local Faculty and specialty Groups and Junior Doctors Forum • OUH has already established a QI Hub, an FMLM Accredited Leadership Programme and is developing Coaching and Mentoring Networks. • We have expanded educational capacity by increasing the number of GMC accredited educators by 25% over the last 2 years and run an in-house CPD and Development Programme for them. • OUH has a Trust People Recovery Programme and a range of resources to support our employees. In addition there are excellent HEE support resources for trainees and educators via the Professional Support & Wellbeing Service • There is a clear OUH vision, strategy, objectives and values that underpin this work. | <p>WEAKNESSES</p> <ul style="list-style-type: none"> • Medical education in OUH is not integrated, having different systems and structures for undergraduate and postgraduate doctors, trainees, LEDs and consultants • Financial organisation and oversight of education funding streams is not efficient • Large size of trust can make communication and engagement more difficult and increase risk of disconnection and disengagement from learners and educators • Lack of transparency and poor understanding at operational / departmental level around educational funding • Recruitment/ placement processes are sometimes not aligned between HEE and OUH so we may have a 'mismatch' between numbers of training posts / trainees • Lack of transparency around educational development for non-trainees • Inequity of access to educational opportunities between different groups of doctors • Inequity of access to different types of learning (e.g. to leadership or QI training) |
| <p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • There is a new National NHS Education contract that redefines our responsibilities and relationship with HEE but also clarifies the purposes of HEE funding and requires us to be accountable - this is a driver for us to review our Educational Financial Governance and oversight structures. • There is an expansion of Medical School numbers and in future years there will be more training posts available. OUH draws Foundation doctors from medical schools around the UK as well as international graduates, so we are not reliant solely on local medical school numbers. Fewer than 30% of OMS graduates take up a Foundation pos in OUH, though many return for later stages of training. • We have enough clinical opportunities and have established enough GMC accredited educators to be able enhance our educational offer to non-trainees (LEDs) • There is a new SAS contract with a Specialist Doctor role that may allow us to attract more IMGs that are not on the Specialist register but have sufficient experience to work at a senior level. • We are committed to employing more and associated professional roles such as Physician and Anaesthesia Associates and in 2021 have started taking PA students on placements • We have well established interprofessional learning opportunities (e.g Emerging Leaders Programme, QI Hub) • The OUH Education & Training Committee already has oversight of all professional education and is working towards integration of governance, finance and strategy for Clinical Education (all clinical professions) | <p>THREATS / CHALLENGES</p> <ul style="list-style-type: none"> • The National Shape of Training Review / Medical Education Reform Programme has led to curriculum reform in every speciality – the majority of these are being introduced in 2021- 22 and some involve major changes to the required competences. All will require trainees to have more ' self directed / self development ' time (SDT) which is on average 2-4 hours / week. Our challenge is to direct trainees to projects that meet their SDT needs but are aligned with trust values and objectives. • Changes in GP training mean less time is needed in hospital placements so in future we will have significantly fewer GP trainees working in OUH than in previous years . • The relentless and increasing pace of change of medical knowledge, external drivers and requirements, the complexity of medical care and increasing workloads. • National and local workforce / workload issues are a constant pressure and not predicted to lessen in short /medium term. This leads to Staff shortages / Rota gaps and impacts training and then workforce recruitment / retention • COVID recovery, especially the Training recovery needed for doctors in training to make up skills , capabilities or confidence they have lost during COVID. The impact of this is significant in some specialties, notably 'craft' specialties , and surgery, but also others including Intensive Care Medicine, and Respiratory Medicine. • Wellbeing and staff burnout is a recognised national issue, intensified by COVID • The NHS is a resource-constrained environment |

APPENDIX B - LITERATURE REVIEW OF RELEVANT STRATEGIES AND THEIR THEMES



WE ARE THE NHS: People Plan 2020/ 21

1. Responding to new challenges and opportunities
2. Looking after our people
3. Belonging in the NHS
4. New ways of working and delivering Care
5. Growing for the Future
6. Supporting our NHS people for the long term

HEE Future Doctor

A co-created vision for the future clinical team

- Patient Doctor- partnership
- The Extensivist and Generalist
- Leadership, Followership and Teamworking
- The Transformed Multiprofessional Team
- Population health and sustainable healthcare
- Adoption of Technology
- Work-life balance and flexibility throughout a career

OUH Learning & Education Strategy 2016-2020

6 themes:

- Learning Together
- Inspiring Learning Environments
- Career- Enhancing Education
- Talent & Leadership Development
- Quality & Patient Safety
- Innovative Learning

Our Strategy For Nurses, Midwives and AHPs 2021-26

Oxford Model

- Authenticity, caring with compassion
- Visible Ambassador for Oxford model, sharing best practice
- Role modelling lifelong learning and succession planning
- Passion for unique knowledge of disciplines
- Role modelling, safe practice, appropriate delegation
- Self and colleague wellbeing, life-work balance and resilience
- Evidence –based leadership, research and innovation

7 Values and Aims

- Individualised, person-centred care
- Evidence-based care based on international benchmarking
- Self and colleague wellbeing
- Commitment to lifelong learning
- Professional decision-making and shared governance
- Interdisciplinary Teamwork
- Clinically–led Recruitment and retention

APPENDIX C - MAPPING OF POSTGRADUATE MEDICAL EDUCATION STRATEGIC THEMES

| | OUP Our Strategy 2020 - 2025 | NHS People Plan | OUP Learning & Education Strategy 2016-2020 | OUP - Our Strategy For Nurses, Midwives and AHPs 2021- 26 | NHS HEE Future Doctor Programme |
|--------------------------------------|--|--|--|--|---|
| Engagement with Learners and faculty | One Team One OUP | Responding to new challenges and opportunities Belonging in the NHS | Learning Together Inspiring Learning Environments Quality & Patient Safety | Authenticity, caring with compassion sharing best practice | Patient Doctor-partnership Leadership, Followership and Team working |
| Faculty Development | One Team One OUP | Belonging in the NHS | Learning Together Inspiring Learning Environments Career- Enhancing Education Talent & Leadership Development | lifelong learning | Leadership, Followership and Team working |
| Financial Governance | Getting the Basics Right | Responding to new challenges and opportunities | Quality & Patient Safety | Professional decision-making and shared governance | Leadership, Followership and Team working |
| Excellence in Education | Getting the Basics Right World-Class Impact | Belonging in the NHS | Inspiring Learning Environments Career- Enhancing Education | Evidence –based leadership, research and innovation Evidence-based care based on international benchmarking | Driving Research and Innovation |
| Communication | One Team One OUP | Responding to new challenges and opportunities Belonging in the NHS | Learning Together | sharing best practice | Leadership, Followership and Team working The transformed Team |

| | | | | | |
|--|--|---|---|---|--|
| Transformation of Workforce / Models of Care | Close to Home Digital by Default | New ways of working and delivering Care Growing for the Future | Inspiring Learning Environments Career- Enhancing Education Innovative Learning | Passion for unique knowledge of disciplines Role modelling, safe practice, appropriate delegation Evidence –based leadership, research and innovation | The extensivist and generalist The transformed Team Work-life balance and flexibility |
| Technology – Innovation, STEL | Close to Home Digital by Default World-Class Impact | New ways of working and delivering Care | Learning Together Inspiring Learning Environments Innovative Learning | Evidence –based leadership, research and innovation | Adoption of Technology Driving Research and Innovation |
| Safety & Wellbeing Staff Mental Health & Wellbeing High Quality Safe Care | One Team One OUH | Looking after our people | Inspiring Learning Environments Quality & Patient Safety | Authenticity, caring with compassion Self and colleague wellbeing | Work-life balance and flexibility throughout a career |

APPENDIX D - MISSION & THEMES GRAPHIC (for printing and posters)

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

APPENDIX E - REFERENCES & RESOURCES

GMC Documents

GMC Shape of training Review [Shape of training FINAL Report \(gmc-uk.org\)](#)

GMC We set the standards for providers of medical education and training, and we regularly check to make sure those standards are met. Here you'll find the standards, guidance and curricula we publish along with supporting materials. [Position statements - GMC \(gmc-uk.org\)](#)

GMC The State of Medical Education & Practice in the UK - Annual Reports

- 2020 [somep-2020_pdf-84684244.pdf \(gmc-uk.org\)](#)
- 2019 [somep-2019---full-report_pdf-81131156.pdf \(gmc-uk.org\)](#)

GMC Caring for Doctors, Caring for Patients [caring-for-doctors-caring-for-patients_pdf-80706341.pdf \(gmc-uk.org\)](#)

GMC Medical licensing Assessment. [Medical Licensing Assessment - GMC \(gmc-uk.org\)](#)

GMC Promoting Excellence: Standards for Management and Delivery of Postgraduate Medical Education & Training [Promoting excellence - GMC \(gmc-uk.org\)](#)

GMC Generic Professional Capabilities framework <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework>

HEE resources

HEE [Health Education England | Health Education England \(hee.nhs.uk\)](#)

HEE Five Year Forward [Five year forward view | Health Education England \(hee.nhs.uk\)](#)

HEE Learner Health & Wellbeing [Learner health and wellbeing | Health Education England \(hee.nhs.uk\)](#)

HEE Education Contract [New NHS Education Contract | Health Education England \(hee.nhs.uk\)](#)

HEE workstreams [Doctors in training | Health Education England \(hee.nhs.uk\)](#)

HEE COVID Recovery Plan [Training recovery support | Health Education England \(hee.nhs.uk\)](#)

HEE Future Doctor [Future Doctor | Health Education England \(hee.nhs.uk\)](#)

NHS documents

NHS People Plan Action for Us All 2021 [We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf \(england.nhs.uk\)](#)

NHS Staff & Learners' Mental Wellbeing Commission (Pearson Report 2019) [NHS \(HEE\) - Mental Wellbeing Commission Report.pdf](#)

OUP Documents

OUP Learning & Education Strategy 2016 -2020 [OUP Learning and Education Strategy 2016 - 2020](#)

OUP Nursing & Midwifery Strategy 2021 – 26 [Our Strategy for Nurses, Midwives and Allied Health Professionals 2021 to 2026 \(ouh.nhs.uk\)](#)

OUP Postgraduate Medical Education Annual Reports to Board

OUP Strategy 2020-2025 [OUP Strategy 2020-2025](#)