

# Future Professionals

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Chair Health Education England's Deans

Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)




# Role Models



# HEE's purpose

HEE exists for one purpose – to improve the health and wellbeing of the people of England by developing a workforce with the right knowledge, skills and values for them to always deliver outstanding healthcare.



## Promoting Professionalism



# Understanding the learner



*Health Education England*

## - Getting feedback

- Regular feedback through current Quality processes
- Regional Trainee forum discussions
- GMC survey results
- Feedback to the MDRS committees
- New focus on quality through Quality Frameworks
- Part of the BMA and NHS Employers' discussion about non-contractual training issues
- National Leadership Fellows feedback
- The Media
- Social Media

# How did we get to here?



# Training issues

Rota notification and fixed leave

Deployment issues - IDT and joint applications

Opportunities for LTFT training

Variability in Study Leave

Rising costs for trainees

Induction and Mandatory Training

## Other Trainee concerns

Being a valued part of a team

Time in one training location

ARCP

Educational Supervision

Out of Programme /Return to programme / Flexibility into and out of training

Transitioning in training

Time on routine tasks




















Lack of awareness of ongoing management of Quality

Rota gaps and management

# Generations



## Health Education England

Characteristics	Maturists (pre-1945)	Baby Boomers (1945-1960)	Generation X (1961-1980)	Generation Y (1981-1995)	Generation Z (Born after 1995)
Formative experiences	Second World War Rationing Fixed-gender roles Rock 'n' Roll Nuclear families Defined gender roles — particularly for women	Cold War Post-War boom "Swinging Sixties" Apollo Moon landings Youth culture Woodstock Family-orientated Rise of the teenager	End of Cold War Fall of Berlin Wall Reagan / Gorbachev Thatcherism Live Aid Introduction of first PC Early mobile technology Latch-key kids; rising levels of divorce	9/11 terrorist attacks PlayStation Social media Invasion of Iraq Reality TV Google Earth Glastonbury	Economic downturn Global warming Global focus Mobile devices Energy crisis Arab Spring Produce own media Cloud computing Wiki-leaks
Percentage in U.K. workforce*	3%	33%	35%	29%	Currently employed in either part-time jobs or new apprenticeships
Aspiration	Home ownership	Job security	Work-life balance	Freedom and flexibility	Security and stability
Attitude toward technology	Largely disengaged	Early information technology (IT) adaptors	Digital Immigrants	Digital Natives	"Technoholics" — entirely dependent on IT; limited grasp of alternatives
Attitude toward career	Jobs are for life	Organisational — careers are defined by employers	Early "portfolio" careers — loyal to profession, not necessarily to employer	Digital entrepreneurs — work "with" organisations not "for"	Career multitaskers — will move seamlessly between organisations and "pop-up" businesses
Signature product	 Automobile	 Television	 Personal Computer	 Tablet/Smart Phone	Google glass, graphene, nano-computing, 3-D printing, driverless cars
Communication media	 Formal letter	 Telephone	 E-mail and text message	 Text or social media	 Hand-held (or integrated into clothing) communication devices
Communication preference	 Face-to-face	 Face-to-face ideally, but telephone or e-mail if required	 Text messaging or e-mail	 Online and mobile (text messaging)	 Facetime
Preference when making financial decisions	 Face-to-face meetings	 Face-to-face ideally, but	 Online — would prefer	 Face-to-face	 Solutions will be digitally



# Different societal context

Called someone and they didn't pick up

BEFORE

Oh, must not be home.  
I'll try again later.



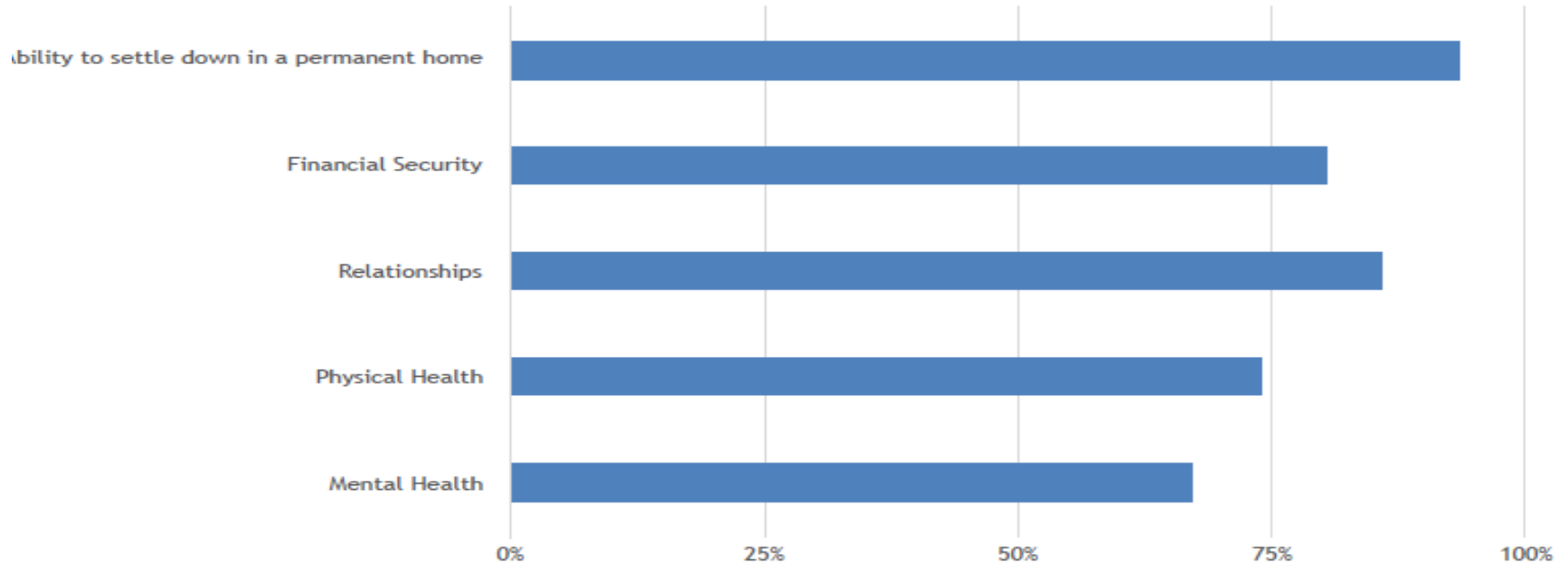
AFTER

WHY ARE THEY  
IGNORING ME?!?!?!?!?  
THEY HATE ME!!!!!!



# Non-monetary Costs

Has surgical training had a significant cost in terms of:



## What our Trainees have to manage

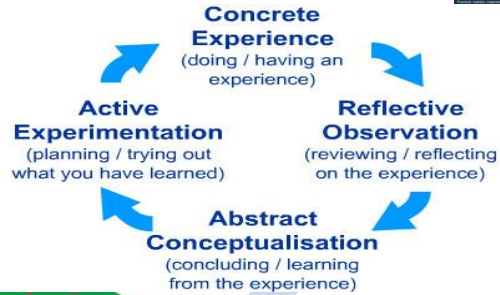
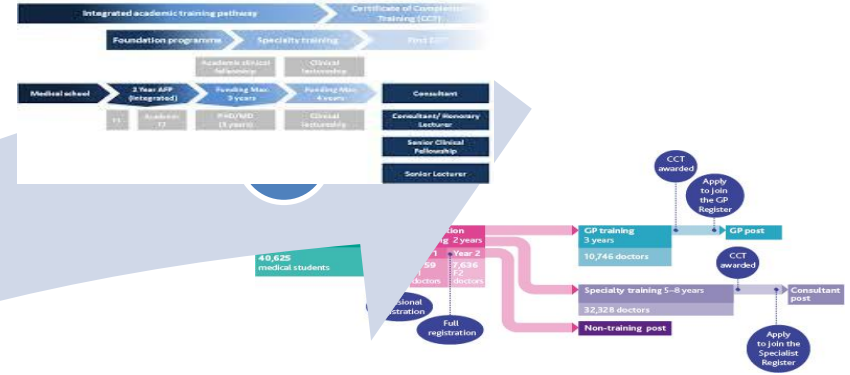
- Difficulties with 'simple tasks' - surprise at the complexity of the IT systems and the difficulties in ordering tests, including X-rays
- Extent of delegation - many senior doctors did not possess IT passwords or access to essential patient information systems
- The barriers for juniors in inter-specialty referral - consultants didn't meet the same barriers/ gatekeeping Registrars use to protect overstretched services. The option of ringing the relevant Consultant is not available to junior staff
- The amazing length of time it takes to do TTOs
- Time on routine tasks could be spent learning in clinics

# Learner Centred



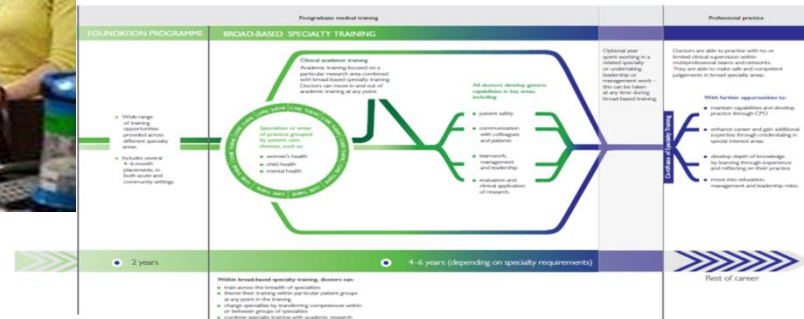
## Health Education England

### Academic Training Overview



Training to meet learner's wants and needs?

# Future Professionals what do they need / want from training?





# New approach to careers Foundation /// Core /// Specialty

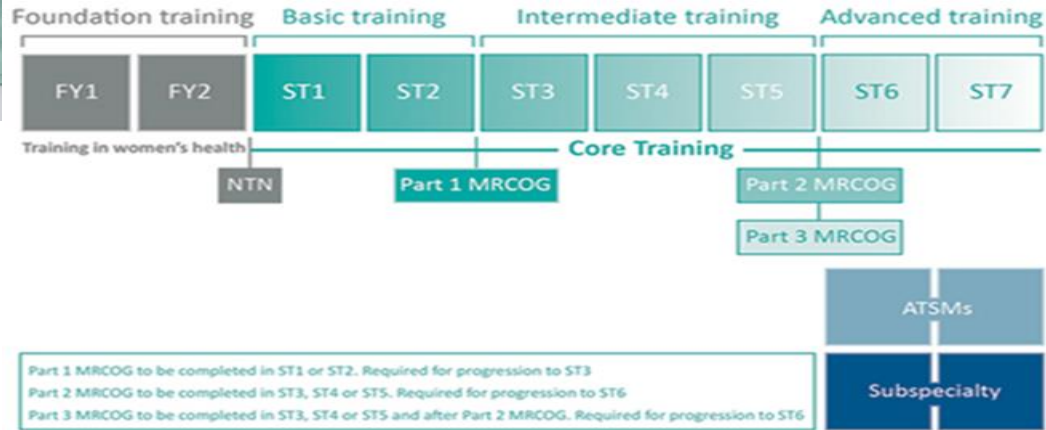


*Health Education England*

Changing and expanding number of junior doctors not in traditional training posts. 4 groups

- IMGs new to the NHS
- Progression problems in a chosen career
- **More time to choose**
- **Time out**
  - growing number - needs a new approach
  - There by choice
  - not ready for the train track
  - more exposure to different specialties for possible careers
  - Feedback on capabilities and personalised career advice  
(not support with learning personalised to their situation)

# Career progression





# Future careers

**NHS**

*Health Education England*



# Developing Future Professionalism

## What Millennials Want

...from their boss	...from their company	...to learn
<b>TOP FIVE CHARACTERISTICS MILLENNIALS WANT IN A BOSS</b>	<b>TOP FIVE CHARACTERISTICS MILLENNIALS WANT IN A COMPANY</b>	<b>TOP FIVE THINGS MILLENNIALS WANT TO LEARN</b>
Will help me navigate my career path	Will develop my skills for the future	Technical skills in my area of expertise
Will give me straight feedback	Has strong values	Self-management and personal productivity
Will mentor and coach me	Offers customizable options in my benefits/reward package	Leadership
Will sponsor me for formal development programs	Allows me to blend work with the rest of my life	Industry or functional knowledge
Is comfortable with flexible schedules	Offers a clear career path	Creativity and innovation strategies

## Starting to address issues

*Rota notification and fixed leave* – changes to the Code of Practice

*Deployment issues* - improving IDT, enabling joint applications

*Opportunities for LTFT training* – modelling early piloting for much greater flexibility

*Variability in Study Leave* – agreeing a standardised process

*Rising costs for trainees* – transparency on cost, agreeing principles

*Induction and Mandatory Training* – Study leave discussions

# Simple Solutions



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*Being a valued part of a team – support in belonging / leadership*

*Time in one training – programme review*

*ARCP – meaningful appraisal discussions*

*Educational Supervision – time for high quality feedback*

*Out of Programme , Return to programme, Flexibility into and out of training – review of processes to assess competency and progression*

*Transitioning in training – education training & support*

*Time on routine tasks – alternative workforce*

*Lack of awareness of ongoing management of Quality - you said we did*

*Rota gaps and management - The Guardian Role, Workforce solutions*

# Possible Pre-Specialty Support

- **Web based Resources**
- **Development opportunities and Career advice**
  - Options for trying different specialties
  - help junior doctors make a difference - audits, QIPs / the consultant 'problems list' / a QIP, audit certificate
  - Career advice – learning from **personal journeys**
  - Explain the thinking behind diagnosis and management plans
  - Offer feedback - Positive feedback - think possible Registrar
- **Personal Support**
  - **Share the Positives** in the NHS and your medical careers
  - Who is keeping an eye on this group?

# The role of the educator

- Apparently Simple Solutions?
- Difficulties in implementing
- Making Time to Teach
- Highlighting the value of E&T
- A change in approach



# Developing the future Professional

**NHS**  
*Health Education England*



## Defining Future Professionalism

# Developing the future Professional

## Treated with Respect

- The provision of effective support

Support promotes workplace satisfaction and can be simple; information on safety procedures, how to request tests & obtain results, how to get a pager, what is the chain of supervision, how to access advice and resolve problems.

Additional support such as mentoring schemes

*Lachish, Goldacre, and Lambert, 2016*



## Compassion in a Caring Profession

- Doctors with chronic illness or disability are most concerned about lack of support (insensitive working practices / colleagues, lack of Occupational Health guidance/ not implementing it / bullying and discrimination) *Smith, Goldacre, Lambert, 2015*
- We can all ensure our interactions in our work in health and social care are compassionate – that is the difference we can make. *Michael West, Spreading compassion via the NHS*


## Empowered Juniors / Releasing Talent

- Junior doctors want to be effective leaders and have a desire and ability to contribute to improvement in the NHS but do not perceive their working environment as receptive *Gilbert, Hockey, Vaithianathan, Curzen, Lees 2012*

## Feedback to support development

- Feedback to understand strengths and weaknesses

Feedback helps doctors reflect on how they work, and identify ways they can modify and improve their practice. *GMC Revalidation guidance*



## Training pathways and Trainee choice

- Doctors receiving lower levels of support were significantly less likely to express intentions to continue practising UK medicine  
*Lachish, Goldacre, and Lambert 2016*
- while going to medical school can lead to a lifelong commitment to medicine, it is often easy to forget that a specialty choice does not have to be for ever **BMJ**  
August 2016
- Enthusiasm for the job and self-appraisal of skills are important to juniors in choosing careers. *Smith Lambert et al 2015*

## Professional Teams

- The well managed use of the extended surgical team can support doctors and enhance training. *RCS A Question of balance: The extended surgical team, 2016*

## Role Models and Model departments

- RCS found that, in hospitals that have adopted new team models, resistance had “mostly dissipated.” *A Question of balance: The extended surgical team, 2016*
- As trainees progress particular teachers and departments become more important in influencing careers *Lambert Goldacre Smith 2015*

# Future Professionalism

- **New Role Models**
- **Different approach to trainees and the role of junior staff**
- **Increasing Professional satisfaction**



# Professionalism

**In the end - Its all about Improving Patient Care**

