

Case for Direct Award to the Royal College of Physicians [RCP]

Heath Education England [HEE] believe that RCP is the only organisation capable of providing support such as to meet specific requirements of the HEE Flexible Portfolio Training (FPT) pathway – individually and jointly. RCP is the only supplier with the requisite expertise and experience to assist HEE in fulfilling Mandate deliverables and actions of UK government policy including the Long-Term Plan and People Plan. Specifically:

- The Shape of Training review of medical training focused on meeting the needs of patients and service providers more effectively. It identified that medical training and careers need to change for several reasons, such as: longer lives affecting working patterns and demand for health services; an increase in the number of patients with multiple comorbidities; needs to rebalance the provision of general and specialist services, and blur the boundary between primary and secondary care; greater partnership working with patients; the changing composition of the healthcare workforce; and the needs and aspirations of doctors, particularly doctors in training.
- Since its publication in 2013, considerable work has been undertaken to develop and operationalise the framework of ideas provided by the Shape of Training review, including extensive work by the UK Shape of Training Steering Group. The General Medical Council (GMC) has developed a generic professional capabilities framework and standards and guidance for postgraduate curricula. Medical Royal Colleges have reviewed postgraduate curricula for compliance with Shape of Training principles; curriculum revisions are in development and approval processes. Recently, The Future Doctor Programme published a co-created vision of the unique characteristics of future doctors and overarching themes for their future roles within multidisciplinary teams.⁵
- This period has also been marked by increasing concerns about the working lives, quality of training and wellbeing of doctors in training. Trainees report feeling a lack of belonging and community in their workplaces, which diminishes wellbeing and productivity.⁶ This is exacerbated by difficulties forming meaningful relationships with supervisors and mentors, high workloads and rota gaps. This report also noted stigma around seeking assistance from pastoral care services, leaving trainee doctors feeling isolated and without help. Many trainees wish to influence change and seek greater empowerment. They also seek a better work-life balance, more flexible training and more support for portfolio careers.
- The GMC has developed a plan for improving the flexibility of postgraduate medical training, including outcomes-based curricula which allow outcomes to be met through a variety of routes. Health Education England (HEE) is encouraging a variety of approaches to enhancing junior doctors' working lives, including increasing the flexibility of training. It is supporting pilots in high pressure physicianly specialties to explore their success in reducing 'burn out' and attrition, and improving morale which boosts recruitment, to which this project responds.
- The FPT initiative was also directed to prioritise filling 'hard to fill' training posts, which
 are often found in geographical locations or organisations with recruitment and
 retention challenges.

- In 2019, HEE and the Royal College of Physicians (RCP) launched a pilot offering new ST3 (higher) trainees protected time to pursue professional development in one of 4 pathways (medical education, quality improvement, research or clinical informatics) alongside traditional training in their clinical specialty.
- Flexible portfolio trainees (FPT) have one day a week or the 20% time equivalent protected for project work in one of these pathways to support achievement of generic professional capabilities. The initiative aims to make posts in the acute unselected medical take attractive to greater numbers of trainees in higher physicianly specialties, by protecting time for project work related to development of services and departments. There are workforce challenges in these specialties, particularly in geographies that have historically struggled to recruit. Through the initiative, we aim to address the need for Trusts to rely on locums whilst improving the working lives of modern day medical registrars, by encouraging them to develop skills that they are likely to explore as a consultant.
- The initiative is currently being offered to those in high-pressured specialty
 training areas first, as there is a pressing need for physicians that manage the
 complex, co-morbid patients presenting on the acute medical take. It will also give
 these trainees the 'thinking time' to continue their development while gaining
 expertise in their chosen clinical discipline.

HEE believes that it is highly unlikely for any other supplier to be able to provide the following skills/tools provided by RCP as a current supplier for the following reasons:

- 1. RCP, founded in 1518, based in England, is a professional membership organisation and registered charity representing physicianly doctors. It is an independent patient centred and clinically led organisation, that drives improvement in the diagnosis of disease, the care of individual patients and the health of the whole population in the UK. The organisation was granted Royal status in the late 1600's and therefore carries a level of reputation and access to expertise that is not replicable across other suppliers.
- RCP has access to expertise in advancing improvement in the diagnosis of disease, the care of individual patients and the health of the whole population in the UK and is jointly responsible for setting standards of training and administering examinations in Physicianly specialties in UK.
- 3. RCP is experienced in setting and monitoring standards of care and in providing expert guidance and advice on policy to relevant bodies (including HEE, NHSI/E and GMC) on matters relating to the provision of medical services in England.

- 4. RCP has access to over 39,000 RCP Fellows and Members registered internationally, including all Physicianly trainees in England and a large number of Consultant Doctors. These groups make up the primary stakeholder networks for the HEE Flexible Portfolio Training programme.
- 5. RCP operate a number of expert reference groups, forums and sub-committees including: all the Specialist Advisory Committees (SAC) consisting of one for each specialty, (run through the JRCPTB); trainees committee; new consultants committee and JRCPTB (being part of the Federation and thus part of the College).

The duration of the direct award is 1 year so as to:

- Provide Flexible Portfolio Training with continuity and sustainability through and across NHS financial years.
- Achieve greater efficiency in HEE programme management by reducing delays in project implementation and delivery. This efficiency is achieved by having one procurement exercise and therefore reduces procurement timelines and associated costs.
- Improve NHS capability to rapidly respond to changing workforce need, due to changing workforce aspirations, workforce shortages and sudden environmental changes such as COVID-19 and future UK government mandate and policy.

In the event that RCP are unable to provide dedicated services, there will be a detrimental impact on HEE service delivery for a number of reasons:

- Significant delay to the delivery of projects where RCP is the only supplier, due to their positioning within the community and expertise. This will include the delivery of Year three of Flexible Portfolio Training and the ongoing support of cohorts one and two. This will result in the loss of important information and a valuable training pathway which could contribute to improving both education and training and quality of care now and in the future.
- Loss of data as RCP is the sole supplier of data gathered from their e-portfolio system regarding the education and training of Flexible Portfolio Doctors in training.
- Stakeholder engagement will be adversely impacted if HEE are unable to utilise the contacts and networks owned and facilitated by RCP uniquely.

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