

Report on behalf of Dr Jonathan Corne, Head of the Postgraduate School of Medicine and Chair of the East Midlands Heads of Schools, Health Education England - Working Across The East Midlands

Report to	Nottingham and Nottinghamshire Joint Health Scrutiny Committee
Date:	April 2017
Subject:	Health Education England Working for the East Midlands – Improving Recruitment of the Medical Workforce to the East Midlands

Summary:

Health Education England's remit and function across the East Midlands is to:

- Provide national leadership on planning and developing the healthcare workforce
- Promote high quality education and training that is responsive to the changing needs of patients and local communities, including responsibility for ensuring the effective delivery of important national functions such as trainee national recruitment
- Ensure security of supply to the health and public health workforce
- Allocate and account for NHS education and training resources and the outcomes achieved

Health Education England - Working Across the East Midlands (HEE-EM) has been concerned for some time with the difficulties in filling training (junior doctor) posts which is leading to subsequent difficulties in filling consultant and general practitioner posts within the region. HEE-EM has already taken a number of actions that have improved local recruitment rates. HEE-EM realises that a sustainable solution requires interventions at a number of levels and, through a stakeholder group, are working with a number of partners to develop both short and long-term sustainable solutions.

Action Required:

The Health Scrutiny Committee for Nottinghamshire is asked to;

1. Consider and comment on the contents of the report.
2. Encourage local agencies to work with the HEE-EM to facilitate the implementation of its strategy.

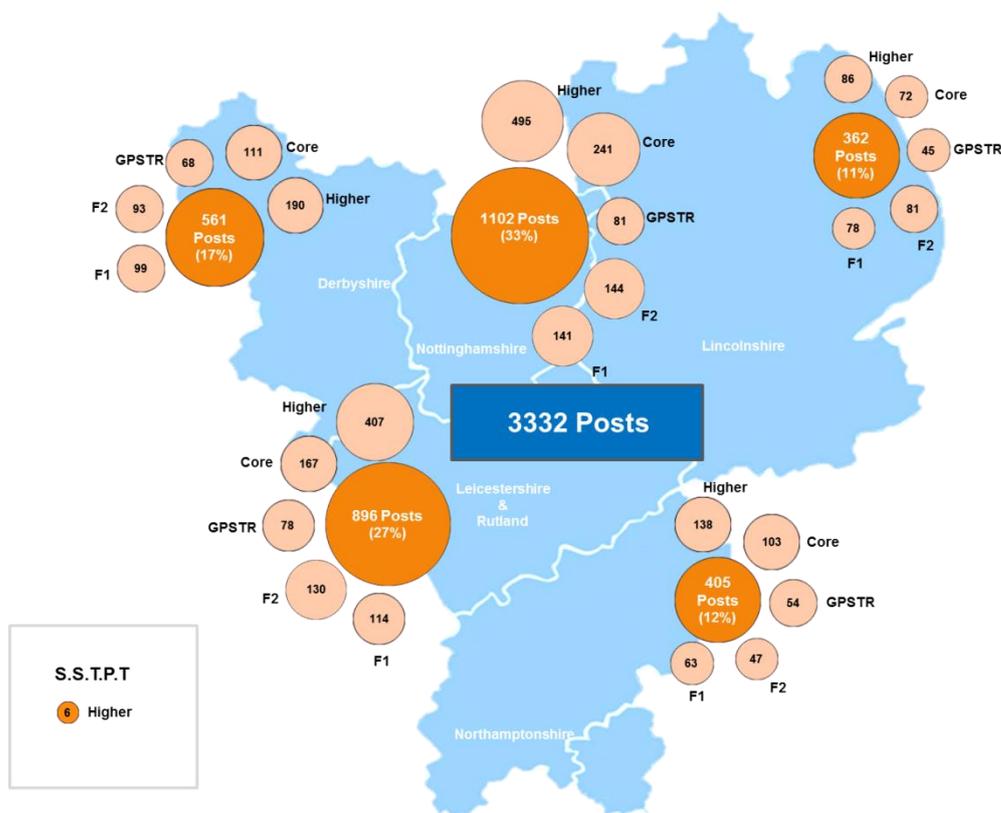
1. Background

Health Education Working for the East Midlands (HEE-EM) is part of Health Education England (HEE), a non-departmental public body constituted to train the future healthcare workforce. This includes non-qualified staff, nurses, associated health professionals (AHPs) and Doctors.

Health Education England receives £5 billion annually to train Healthcare staff across England. From this total, HEE receives approximately £360 million to train staff in the East Midlands.

From the East Midlands total, Nottinghamshire receives £64 million funding via the established learning development agreements negotiated with the County's trusts/providers.

The total number of medical trainees for the East Midlands as a whole, and the numbers designated for Nottinghamshire, are shown in figure 1.



Following graduation, medical graduates enter a two year foundation program, learning generic skills, and then progress to core training (generally two years) and higher specialty training (generally five years) before becoming consultants. In general practice, trainees undertake a three-year program following completion of the foundation program, before becoming partners or salaried GPs. Most of our training programs are East Midlands based, rather than being specific to a general practice or a hospital. In some cases, for example the foundation program, programs are divided into North (Nottinghamshire, Derbyshire and Lincolnshire) and South (Leicester, Northampton and Rutland) rotations. The East Midlands struggles to fill its training places at all levels in both primary and secondary care. For 2015, only 56.4% of primary care training places were filled with fill rates in secondary care varying from 58% for psychiatry and 79% for medicine to 81% for anaesthetics and 92% for obstetrics and gynaecology. This difficulty in filling training posts leads to problems with recruitment at consultant and general practitioner level.

Poor recruitment rates to postgraduate schools within HEE-EM are an ongoing problem and present a risk both to the quality of education and training experienced by our current trainees, and to service provision both now and in the future. The importance of filling all our training posts is obvious, but we should aspire to do more than this and ensure we are also able to attract some of the best trainees from around the country.

Medical trainees provide an important service element. Most on-call rotas in secondary care are staffed by trainees (with consultant supervision), and unfilled posts lead to gaps in the acute rota, impacting on the efficiency and potentially the safety of the service. In addition, a majority of trainees will stay within East Midlands and become consultants or general practitioners within the area. A lack of trainees has

resulted in unfilled consultant and GP posts with a significant impact on service provision and a knock on effect on the quality of training resulting in a vicious cycle – fewer consultants and GPs results in poorer supervision for trainees and reduces further our ability to recruit to the region.

The recruitment of trainees to the East Midlands brings a wider economic benefit. The minimum salary of a core trainee is £31,000 whereas the salary of a higher specialty trainee is between £35,000 and £47,000. Trainees who have established a base in the East Midlands make a significant contribution to the local economy. They are high earners, buying and investing in property, and potentially building local roots through involvement in local and religious groups, sports groups and other activities. Should they take up consultant or GP posts, they will contribute to a pool of economically successful practitioners (the GP and consultant salary ranges between £75,000 and £175,000). This group of fully established and settled practitioners makes additional contributions to the region, for example, as school governors and through voluntary organisations.

Nottingham is successfully developing a profile as a bio-science centre. This is an area where medical trainees and practitioners can make a significant contribution. Pharmaceutical, clinical trial and biotech companies are attracted to areas that have major teaching hospitals with a full complement of well trained, experienced consultants. Postgraduate medical trainees often spend up to three years undertaking medical research – something that has been encouraged by the recent development of the East Midlands Postgraduate School of Academic Medicine. During this period they make a vital contribution to the research portfolio of the medical schools within the region, and significantly enhance the ability of our medical schools to undertake the cutting edge research they are known for, which is a major driver to bio-science investment within the region.

2. The Stakeholder Group

Since most medical graduates will apply to an East Midlands program, rather than one based entirely in Nottingham/Nottinghamshire, an East Midlands approach is needed. Any intervention to improve recruitment will need to be targeted at a number of levels, starting at secondary school/college level, where there is a need to promote medicine as a career to those that may not naturally aspire to it. This focus needs to continue into medical schools, where there is a need to retain graduates within the region, and also concentrate on encouraging those graduates from outside the region to consider East Midlands as a place to live and work.

To facilitate such an approach HEE-EM has set up a stakeholder group with representatives from D2N2, Leicester City Council, Lincolnshire County Council, Leicester and Nottingham Medical Schools, primary and secondary care representatives, industry representative and student and trainee representatives. Full membership of the group is given in appendix one. The group has agreed on an overall strategy that involves intervention at secondary school, medical school and early postgraduate training, as well as a shared approach to promoting the region and our training programs to those currently outside the area. This strategy is partly based on research work commissioned by HEE-EM.

3. Intervention at Secondary School Level

A common theme in both the East Midlands commissioned and national studies is the desire of trainees to work in areas close to family and friends. Medical students who grow up the region of their medical school are more likely to go on to further training locally than their non-local peers, in one study, 34% of doctors were undertaking postgraduate specialty training in the region of their family home. In depth interviews with students from both Leicester and Nottingham showed that being close to family and friends was a predominant factor when choosing a foundation program, and those with family outside the region were far more likely to secure foundation posts elsewhere.

Increasing the number of medical students recruited from the East Midlands would increase the likelihood of graduates remaining in the region for foundation and higher level training, or returning to the region after foundation training elsewhere.

Currently, the majority of medical students in the East Midlands come from family homes outside the region. This is probably a combination of the national and international reputation of the medical schools, attracting applicants from across the country, but also because the demographics of the region make medicine a less obvious career choice for students in secondary school. Nationally, only 1% of medical students come from the most disadvantaged backgrounds and the region has a higher proportion of residents from these backgrounds than the national average.

The overall vision, agreed by the stakeholder group, is to intervene in state and academy schools to pro-actively encourage school students to think about medicine and to further encourage those students by offering work experience in both primary and secondary care. Work experience placements would act as an opportunity to identify those with the necessary promise and aptitude, who can then be mentored by existing medical students and prioritised for inclusion into the relevant additional educational programs provided by the medical schools.

The stakeholder group is working with Futures (the careers advice service), the medical schools and a media company procured by HEE-EM to produce material that can be shown in schools to encourage pupils to aspire to a career in medicine. This will also form part of a social media campaign and be accompanied by the necessary resources for teachers. A focus group for teachers has been arranged, through Futures, for 26th April 2017. HEE-EM has contributed to the production of the D2N2 Health and Social Care Online Handbook and is working closely with the Futures medical ambassador program.

Directors of medical education within secondary care trusts will work with their organisations to change the nature of work experience programs, and target them at state school students recruited through our aspiration campaign. They will also encourage trusts to use these schemes as a way of identifying those students with potential, and we will put in place pathways whereby these students can be flagged up to the medical schools. A similar process will happen in general practice. One barrier to increased provision of work experience in general practice is the need for GP practices to provide the necessary induction, for example basic training in confidentiality and information governance. The stakeholder group is exploring ways in which this can be funded and supported centrally.

Both Nottingham and Leicester medical schools offer a range of initiatives aimed to encourage secondary school students to apply for medicine as part of their widening access scheme. Similar schemes for non-medical professionals are also run in the region. The stakeholder group has agreed to share and build on best practice, promoting across the regions those schemes with the greatest impact. In addition, the medical schools have agreed to work closely together, for example, exploring the sharing of back office costs to increase efficiency and ensure sustainability of the increasing access courses that they run. The group has also secured the support of the medical student societies to widen the provision of mentoring for school students aspiring to medicine.

4. Intervention at Medical School.

A key aim will be to increase the number of Nottingham and Leicester medical students who remain in the region for foundation training. Currently, only 40% of graduates from Nottingham (and 19% from Leicester) stay on to do foundation training in the East Midlands. A study commissioned by HEE-EM identified the combination of quality of clinical rotations, social opportunities, reputation of training hospitals, postgraduate teaching, clinical experience and availability of postgraduate training posts as important factors in determining selection of foundation program.

The East Midlands has in fact a lot to offer with regard to opportunities for city life, the reputation of our training hospitals and the teaching and clinical experience available. Our region includes the vibrant cities of Nottingham and Leicester, many of our hospital departments have national and international reputations, the breadth of clinical experience compares favourably to other programs and teaching is generally well organised. The challenge is to make our medical students fully aware of the opportunities on offer and the benefits of continuing their training in the region.

Traditionally, careers advice within medical school has focussed on which branches of medicine are most suitable for individual students. The stakeholder group has agreed that careers advice should also be an opportunity to promote careers, and the opportunities available, within the East Midlands. Medical school careers fairs will be held at a time when students are contemplating where to undertake the foundation program and include sessions and stalls promoting the East Midlands.

The group has also agreed for HEE-EM to work with pre-clinical and clinical tutors to make them aware of the career opportunities within the region and for tutors to play an active role in promoting the region amongst medical students. In addition, medical schools will ensure that locally based national opinion leaders take an active part in medical student teaching, showcasing the region as playing a leading role in health care delivery, organisation and research.

Our locally commissioned study suggested that student experience was a major influence on students' final choice of destination. Experience during all parts of their rotations was important, since they would be applying to East Midlands-wide foundation programs. Student suggestions for improving this experience included free or discounted membership of health clubs, on-site or free parking, and a comprehensive travel expenses policy for students who have to work in placements outside Nottingham or Leicester.

5. Intervention at Foundation and Core Training

Less than a third of our trainees apply for further training within the East Midlands. Research nationally suggests that the major factors affecting choice of training location are good working conditions, good opportunities for trainees' partners and desirability of location.

A trainee's foundation post will be their first experience of working conditions, and indeed postgraduate training, within the East Midlands. The stakeholder group is working with the providers of training to ensure that the importance of a good working environment is appreciated and hospitals offer not only a good clinical experience and formal teaching but also a good quality of accommodation (available inside and outside the hospital), doctors' mess, and access to IT and other facilities. Previous local research has suggested that trainees are attracted by 'local offers' - for example discounted membership of health clubs.

A key theme at all levels of postgraduate training, in particular at foundation and core training, is embedding our trainee doctors into the community and breaking the bubble that often surrounds them. Trainees need to be aware of the opportunities their region can offer ('a great place to live') but also develop social links that take them outside the medical community and integrate them into the region. The stakeholder group has agreed to explore the free use of local arts venues to host postgraduate medical education events, making trainees aware of the cultural offer of the region. Teaching events can be used to highlight the benefits of the region, using them, for example, to distribute programs of local theatres, concert halls and arts cinemas. The stakeholder group will be exploring wider professional networks that medical trainees could be encouraged to join. There are a number of relatively inexpensive measures that could be taken to make trainees feel welcome to the area, for example discounted membership of health clubs.

We need to encourage trainees to form links with other local professional groups. We have previously explored linking trainee doctors within the region to other professional networks and will be looking to support and encourage the development of these links.

Foundation trainees also need to be aware of the opportunities the region can offer them as they progress through their career. This year, HEE-EM ran for the first time a Foundation Careers Fair which attracted around 300 trainees. This was aimed at encouraging them to stay within the region and involved postgraduate schools and primary, secondary and mental health trusts. In future we would like to work closer with local authorities to use these events to promote the region as a place to live.

Trainees should also be aware of the medically related activities occurring outside the hospital and university. Nottingham, for example, is a core science city with a lot of pioneering medical research – not just within the University. Links with biotech companies, for example Biocity, could be formed and used to enhance training opportunities and widen research opportunities for our trainees.

6. Attracting Graduates from Outside the Region

The East Midlands should aspire to be one of the top places for education and training and to do this, as well as retaining our own graduates, we need to attract medical graduates from outside. This presents a number of challenges; the geography of the East Midlands is poorly understood by those outside the region and the lifestyle advantages, for example good schools, low house prices, not fully appreciated. At the later stages of training (the point at which many would consider moving region) many trainees will have non-medical partners and the opportunities available to them will often not be appreciated.

Last year, HEE-EM took a number of measures to improve its profile with the redesign of our website and the launch of a number of promotional videos. Our introductory video 'let your career start here' has had over 36,000 hits with our more detailed living, working and learning in the East Midlands videos having between 2,100 and 3,800 hits. Early data suggests that this has been effective – applications, for example for Core Medical Training last year increased by 25% compared to a fall nationally of 7%, and there was a similar picture with applications for general practice.

HEE-EM will continue to enhance its profile through further developments of our website. This year we will be extending our range of promotional videos, launching videos on fellowship opportunities and research opportunities. We are also widening our educational remit and producing on-line educational material, with the East Midlands branding, aimed at trainees across the country. This has been adopted by the postgraduate school of surgery, which has produced a number of educational podcasts, some of which have had over 8500 you tube views and over 1000 iTunes downloads. We are also exploring other social media platforms, for example LinkedIn, which has recently been promoted by NHS Employers as a platform for recruitment.

National studies have shown that the destination of medical graduates depends, not just on their needs, but on the aspirations of their partners and family. Around half of medical graduates are married to non-medics and the region must serve the needs of both. Any package designed to promote the region to medical graduates must also promote it as an ideal base for other professional groups. HEE-EM has secured funding for the creation of a 'professional prospectus video', which will be hosted on our website, but also form the basis of a social media campaign. The stakeholder group has agreed to support this campaign by facilitating links with key companies and organisations in the various cities and counties within the region. Through the stakeholder group, we will be linking with local place marketing organisations to promote the region as a place to live as well as a place to work.

A number of trainees with an academic interest will be attracted to an area that is known for cutting edge research and technology. We should promote the achievements of our medical schools, but also some of the research being undertaken outside the university sector, for example at Medicity and Biocity in Nottingham as well as some of the clinical trial companies.

Many Nottingham and Leicester graduates who have left the region for foundation and core training could potentially be attracted back, after having gained the experience of life outside the East Midlands. The stakeholder group have secured the agreement of the medical school to explore whether the alumni networks could be used as a way of promoting medical careers opportunities in the region to medical alumni, for example by using well established phone campaigns.

7. Summary

HEE-EM has already taken a number of measures to increase recruitment to the region. These include;

1. Significant improvements to our website
2. The commissioning of a number of promotional videos and an associated social media campaign.
3. Holding a well-attended foundation careers fair.

HEE-EM appreciate that a sustainable solution involves a contribution from a number of stakeholders. We have therefore set up and are leading a stakeholder group that has so far agreed to take the following actions;

1. Implement our agreed overall vision for increasing the recruitment of local school students to medicine.
2. Produce a video and social media campaign aimed at raising the aspirations of local secondary school students.
3. Share resources to allow the most efficient and effective delivery of widening access initiatives, sharing best practice and where appropriate, sharing back office costs.
4. Work with medical student societies to further develop mentoring opportunities for sixth formers.
5. Work with primary care and secondary care trusts to focus work experience to benefit students from the state sector and identify those students with potential.
6. Explore possible funding and support for a centrally delivered induction session for students undertaking work experience in secondary care.
7. Ensure medical schools to use career events to promote career development in the East Midlands and that HEE-EM works with clinical and pre-clinical medical student tutors to enable them to promote opportunities within the region to their students.
8. Work with trusts to improve working and living environments for foundation trainees.
9. Explore the free use of local facilities, such as theatres and arts cinemas, for postgraduate teaching events.
10. Produce a professional video prospectus, involving key professional sectors across the sector.
11. Promote the growing health sciences sector in the East Midlands to potential trainees.
12. Work with place marketing organisations to help promote the region as a place to live, as well as work.
13. Use alumni networks to promote the medical careers opportunities in the region.

This report was written by Dr Jonathan Corne, Head of the East Midlands Postgraduate School of Medicine and Chair, East Midlands Heads of Schools, Health Education Working for the East Midlands, who can be contacted via jonathan.corne@hee.nhs.uk

Appendix One – Membership of the Stakeholder Group

Ashreen Seethal	Careers Inspiration Manager, National Careers Service.
David Browning	Director, MediCity.
Jonathan Corne	Head of School of Medicine, Health Education England (East Midlands).
Justin Brown	Director, Economic Regeneration, Lincolnshire County Council.
Kieran Sharrock	Medical Director, Lincolnshire Local Medical Committee (LMC).
Mandy Hampshire	Clinical Associate Professor, Faculty of Medicine & Health Sciences, University of Nottingham.
Mike Dalzell	Director of Tourism, Culture & Investment, Leicester City Council.
Olivia Macnamara	Student Representative, University of Nottingham.
Owen Harvey	Partnership Manager, N2 Skills and Employment.
Richard Holland	Dean of Leicester Medical School, University of Leicester.
Stuart Young	Executive Director, East Midlands Councils.
Sue Carr	Director of Medical Education, University Hospitals of Leicester.

Appendix Two – Website Links

Health Education England – Working for the East Midlands You Tube Site – This site contains our promotional videos.

https://www.youtube.com/watch?v=gaj_Z6qXi24&list=PLFgK0eLmts60bUgrWPqpvXiBSAipuPAiM

Health Education England – Working for the East Midlands Website

<https://www.eastmidlandsdeanery.nhs.uk/>