

Evaluation of the HEE Covid-19 Post Graduate Medical Education (PGME) Training Recovery Programme

A PROGRAMME OF WORK TO MITIGATE AGAINST THE IMPACT OF THE COVID-19 PANDEMIC ON POSTGRADUATE MEDICAL EDUCATION AND TRAINING

The Covid-19 PGME Training Recovery Programme

The Covid-19 PGME Training Recovery Programme was introduced in April 2021 to minimise and mitigate against disruption as a result of the Covid-19 pandemic.

Evaluation



54

interviews with senior partners, educators and DiT



2

focus groups with postgraduate Deans and DiT

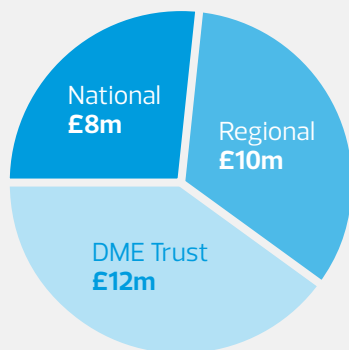
Key programme aims

- Lead and drive a system-wide effort to mitigate the impact of the pandemic on doctors in training (DiT)
- Minimise and mitigate the risks to DiT progression and wellbeing

Approach

£30 million new funding with support from the Department of Health and Social Care (DHSC)

TRAINING RECOVERY FUND



Interventions

Interventions funded through the programme included:



Simulation equipment



1:1 educator sessions



Wellbeing support



Courses and bootcamps



Educator backfill



Trainee salary support



Fellowships



Online teaching & resources

Trainee case study



ST5 – Obstetrics and Gynaecology

Impact on training:

- lack of training opportunities
- lack of clinical time
- surgical cancellations
- redeployments

Impact on procedural and consultation skills:

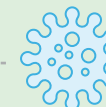
- need to focus on service provision and elective surgery cancellations meant that there was little to no opportunity to develop procedural and consultation skills

“I realised I wasn’t going to have any theatre experience”

Impact on wellbeing and morale:

- burnout, family bereavement, feelings of isolation and a limited support network contributed to poor wellbeing and demotivation at work

“my wellbeing and morale suffered quite a bit”



The Covid-19 PGME Training Recovery Programme

Financial planning and management



FUNDING

- The flexibility of the DME funding allocation process was welcomed given the context of Covid-19 and the rapid nature of the programme

MONITORING AND REPORTING

- Monitoring system was fit for purpose
- Qualitative feedback not always possible to interpret
- To improve the process, use more selected response monitoring tools

Impacts



DOCTORS IN TRAINING (DiT)

- Improved wellbeing, morale and confidence

“it is shown in feedback that confidence has increased” (DME)

- Ensured workforce supply through improved progression and reducing length of extensions
- Increased opportunities to practice procedural skills
- Addressed localised trainee requirements for skills and experience
- Improved trainee outcomes and reduced training extensions, ensuring progression

“[without the programme], procedural skills wouldn't have been signed off, which would have led to some adverse outcomes” (DME)

EDUCATORS

- Funding for backfill enabled educators to focus on training

VALUE FOR MONEY

- Evidence about which of the programme's activities represented the best value for money is still emerging

“Top-down recognition” of trainees' efforts during the Covid-19 pandemic

Key learnings



FINANCIAL MANAGEMENT

- Continue the localised nature of the programme
- Continue to allow **flexibility in the approval and allocation process**, to best meet local training needs
- Consider longer funding timeframes to approve and allocate funding

COMMUNICATIONS

- Consider producing **guidance which highlights the range of interventions that the programme can fund**
- Consider ongoing **promotion of the programme to DiT and educators** via additional communications

MONITORING AND EVALUATION

- Consider evaluation activities to **measure DiT and educator satisfaction** with activities, **self-reported changes in confidence** and **skills and longer-term training outcomes**
- Consider **developing a logic model** to explore impacts on trainee outcomes

INTERVENTIONS

- Future funding for proven **wellbeing initiatives for both DiT and educators**



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