

OOPP in response to COVID-19

Introduction

Health Education England (HEE) is committed to supporting trainees during and post COVID, by ensuring mechanisms are in place to support trainee's wellbeing and educational provision. As a result HEE is exploring how to utilise existing flexibility offers to provide this support. Out of Programme Pause is one such offering which is currently being piloted in selected sites and specialties across HEE and provides trainees with an opportunity to step out of training for an extended period of time whilst also providing service. Therefore, offering OOPP to trainees may provide a welcome opportunity to take a break from their current training post, after the pandemic. At the same time, trainees who undertake OOPP will also have the opportunity to gain competencies which they may not previously been able to due to the impact of the pandemic. This will also provide the opportunity to increase the scale of pilot, providing further data to provide a robust evaluation of the programme.

Background

The initial pilot for Out of Programme Pause (OOPP) was launched in Spring 2019, where OOPP was offered to Anaesthetics trainees in the East Midlands. Phase 2 commenced in summer 2019, with selected specialties in Wessex, North Central and East London, and the North East taking part, along with the remaining specialties in the East Midlands. Additionally, further work is being undertaken with the AoMRC regarding the gap analysis and return process, along with further discussions with the GMC for 4 nation approval of the initiative. The current scope of the pilot was agreed by the GMC and further discussions are required in order to enable OOPP to be offered more widely, and increase the scope of the pilot, which will aid undertaking a robust evaluation.

Rationale and Benefits to Approach

We are taking forward supporting initiatives to promote flexibility in training that benefit both the service and trainees.

The justification for taking forward this agenda is:

- trainee feedback is that opportunities to pursue flexible and more individualised training pathways are highly valued.
- the need to meet workforce pressures to ensure the supply of doctors to meet future patient and service needs
- these flexibility interventions will provide additional support to trainees in a post pandemic environment.

At a time of challenging service and workforce pressures, it may appear counterintuitive to facilitate trainees taking more time out of training. However, it is believed provision of such flexible opportunities will help support trainee wellbeing, boost morale and increase retention. These initiatives, such as OOPP will not only benefit individual doctors but will also result in a long-term gain for patients and service.

Several options have been considered and were discussed at MERPSOG and the OOPP Assurance Board. After consideration, we have been asked to explore whether the OOPP pilot could be expanded to all specialties, across all HEE regions in further detail and undertake conversations with key stakeholders to ascertain viability. This approach would be that of offering OOPP to HEE local offices as a supportive measure for their 'toolbox' to offer to trainees as appropriate. OOPP will provide an additional supportive option for trainees and will assist local offices to support trainees as well as aid training programme management. This proposal would be limited to a one year application window due to OOPP still running as a pilot.

We understand that nationally it will be challenging to take a view on which specialties have been most impacted by the pandemic owing to the local variances across the country. Therefore, offering to all specialties would mitigate this, with the requirement then for local offices to approve applications based on local knowledge but also based on a set of criteria and safeguards, which would be provided.

Whilst the primary aim of OOPP will be for trainees to take a break from training, OOPP would also provide an opportunity to gain competencies which they have been unable to acquire due to service disruption. An example of this would be particularly applicable to surgical trainees and undertaking OOPP would provide a mechanism for the trainees to acquire those competencies during their OOPP Placement. This would include the offer to training outside the NHS in line with the OOPP terms and conditions.

It should also be noted that for trainees who undertake a fellowship year for the tools being developed for OOPP such as the gap analysis tool and process of assessment upon return, could be utilised to support them.

By taking this approach, this would provide many additional benefits not previously in scope which have been outlined below:

- By providing this offering this would allow trainees in the most impacted areas the opportunity to step off their training programme for a length of time which may provide them with a welcomed break.
- This offering will also provide much needed vacant posts during a time where:
 - Consultant interviews may be delayed and an increasing number of trainees possibly taking a period of grace
 - Increasing numbers of trainees may be awarded extensions of training.

The potential vacancies generated by trainees taking OOPP would provide greater flexibility to training programmes to manage this increase in their programmes for the reasons outlined above.

- It is recognised that this option takes a radical approach but would remove any possible risk to trainees feeling unfairly disadvantaged if the OOPP offer is not available in their region/specialty.

Considerations

The current scope of the OOPP pilot has been agreed by the GMC, however OOPP is yet to formally receive 4 nation and GMC approval. It has been agreed that robust evaluation outlining the benefits of the programme is required before further progress can be made. COVID has impacted on the overall timeline for

the longitudinal evaluation, however it is expected that in interim report can be produced in the Autumn focused on qualitative data from the initial pilot in East Midlands. Whilst this will be based on a small sample size, it will provide early indications of the benefits of the programme during normal circumstances. By extending the pilot further this will provide a wealth of further data and provide an opportunity to rigorously test the programme processes including the gap analysis tool and return assessments in addition to the suitability of OOPP posts. The proposed expansion would be time limited to a one-year application window and trainees would only be able to undertake OOPP for 12 months maximum.

Proposed Implementation

The proposed implementation strategy would need to include several mechanisms in addition to those already in place to help facilitate this implementation, this would include:

- A set of principles for local offices to use when assessing a trainee's application, including a recommendation of maximum number of trainees permitted to undertake OOPP. These can be found in Appendix A.
- Consideration as to whether an additional mechanism would be required to ascertain the suitability of the OOPP post and a mechanism for ongoing quality assurance. This would ensure safeguards are in place for the trainee and the OOPP post is suitable for the trainees' requirements.
- An extensive suite of communication materials to help promote the intervention to key stakeholders whilst also effectively communicating the purpose of OOPP (with the additional scope).
- A robust data collection process would be put in place in line with the revised evaluation strategy.

Next Steps

HEE understands that this approach requires extensive exploration with multiple stakeholders to understand the full scope of potential barriers and consequences of implementation. As a result, HEE has consulted with BMA, NHS Employers and AoMRC. Several areas were highlighted as points for consideration. These are outlined below with mitigation strategies:

- **Change in scope of the programme**

This proposed model presents a change in scope of the original intervention. Clear messaging will be required to ensure the system understands the change in scope and additional safeguards will need to be established. These include establishing the suitability of the OOPP post and triaging trainee need.

- **Safeguarding of trainees and suitability of OOPP posts**

There is a concern that trainees learning new skills outside of a training post presents a risk. This concern extends to early years trainees where there is more risk to trainee development and patient safety. It has been accepted that in the current pilot this risk has been mitigated and the same strategies will be used in this extension of the pilot. Many trainees on OOPP will work in parallel to an existing training group which will provide support. Robust discussions with the trainees Educational Supervisor and Training

Programme Director will help determine the suitability of any post, and, as currently, approval would need to be given by the TPD.

Appendix A

Internal Process

In order to aid local offices with approving OOPP in a robust and equitable fashion, the following principles for approval have been developed:

Acceptable reasons to apply for OOPP:

- Trainee wishes to take a break from training and expects to receive either an outcome 1, 10.1 or 10.2 at their most recent ARCP.
- Where a trainee feels it would be beneficial for their wellbeing.
 - Following discussion between the trainee and Educational Supervisor, where appropriate the Educational Supervisor may liaise with the PSW to explore what further support is needed for the trainee, where they feel there is a requirement for this.
- Trainee wanting to step out of training and also use the opportunity to gain additional competencies as a consequence of the impact of COVID

Additional Principles

- Training programmes will make every effort to provide the opportunity for trainees to gain all required competencies within their programme. However, for trainees who undertake OOPP, any relevant competencies gained can be counted on return to training.
- Suitability of OOPP post in relation to trainee's rationale for applying for OOPP e.g. if applying due to wellbeing, is OOPP the most appropriate option
- Does the trainees TPD and HoS support? Approval would be based upon trainee need and training programme stability.
- Would the training programme be able to accommodate the gap? It is expected in the majority of cases, where there has been an increase in extensions to trainees training programmes, these gaps will accommodate additional trainees still in programme. However, we recognise that in some cases there will also be frailty in the system where local offices will need to make informed decisions to ensure service provision is not compromised.
- Is the trainees OOPP post appropriate by providing opportunities to undertake required competencies?
- There must be assurance that the viability of the training programme will not be compromised. For larger training programmes it is reasonable that the maximum number of trainees permitted to undertake OOPP does not exceed 5-10% per training programme per region.

In addition, the table below outlines the main principles of each type of OOP which would allow local offices to effectively manage the suitability of the trainee's application in relation to their requirements.

OOP-P	OOP-T	OOP-E	OOP-C	Other
Allows a flexibility in the gaining of competencies whilst on OOP-P, where trainees can demonstrate these upon return to training and have them approved at ARCP	Placement must be pre-approved with defined competencies	Any competencies gained cannot be considered upon return	Allows a break from medicine if desired, which trainee may find appropriate in terms of wellbeing	For some trainees contemplating a break, PSW and OH support may be more appropriate than going OOP.
Trainees do not need to remain subject to curricula requirements though any competencies that contribute to training would be done so in a way that was consistent with the requirements of the curriculum	Trainees do not need to remain subject to curricula requirements, however they must remain within the remit of the OOP-T approval		Trainees will be completely out of medicine	
The need for a return to training program will be determined by discussion with ES	No formal return to training needed		Formal program for return to training required	
Trainees would be able to undertake 1 year of OOPP under this specific iteration of the pilot	As per usual guidance	As per usual guidance	As per usual guidance	