
EPSOM AND ST HELIER IMG & LED EXPERIENCE

Epsom and St Helier have over the last couple of years have developed a programme for doctors outside of the formal training pathway, after facing increased rota gaps. The Hospital had spent in excess of 1.5 million pounds on locum cover with some training posts remaining unfilled. This led to alternative recruitment drive of clinicians who were locally educated doctors (LED) and International Medical Graduates (IMG) who were not in training posts into a locally initiated doctor development programme. The programme has led to reduced spending, improved satisfaction amongst the trainees and non-trainee doctors.



The trust operates an ongoing recruitment process for the IMGs, without defined intake periods. The doctors receive a detailed orientation programme and a period of optional unpaid shadowing for 2-3 weeks. This is followed by a clinical attachment for 8 to 12 weeks, during which they are allocated an informal mentor. They are assessed for competency, with a 12-month contract often offered to suitable candidates. The foundation level doctors work in Acute Medicine and another medical subspecialty (dependent on availability and staffing gaps). At registrar level, they may work in different specialties following 6 months in the Acute Medical Unit.

Other doctors out of training include the doctors recruited through the Academy of Royal College's National Medical Training Initiatives (MTI) Programme (doctors outside of the EU in NHS posts for up to 24 months) and LEDs who are often F3 level or post core training. The LEDs are offered 6-month posts, particularly in ITU and Renal Medicine. Karen (Foundation Trainee co-ordinator) knows her trainees by name and supports the F3 LEDs and F2 equivalent IMG doctors alongside the foundation trainees.

SUPPORT FOR DOCTORS OUT OF TRAINING

Portfolio

- Horus or Specialty specific Portfolio access
- 1:1 coaching for portfolio training
- Professional Development Plan

Education

- SIM training (Foundation mandatory SIM)
- e-learning (e-LfH)
- Local (FY2, AMU, ACCS/CMT, Grand round)

Assessment

- Mandatory Prescribing Exam
- SCRIPT Modules (sepsis etc)

Evaluation of Progress

- Interim ARCP (at 3 & 6 months)
- Panel (MEM, DME, LED/IMG Lead, ES)

Study Leave

- 10 days professional leave (exams, courses)
- Study Budget: £500 (ALS, IMPACT)



LEDs and IMGs in Trust Grade Roles are allocated an Educational and Clinical Supervisor. At SHO level they get access to Horus Portfolio and at more senior levels access to the portfolio of the speciality of their interest. Martina and Karen give the IMGs 1:1 coaching on how to navigate the e-portfolio and they are encouraged to develop a Professional Development Plan. They recognise that for doctors who have trained in a different country the concept of portfolio based, reflective practice can be quite a new thing! They are paired and shadow the FY1 doctors, although they may be on different timescales, as they require an embedding period. This created understanding and a nurturing working culture.

They face an interim ARCP at 3 months and 6 months to evaluate their progress on HORUS or equivalent specialty portfolio facing a panel which may include the MEM, DM, LED lead, IMG lead and ES.

They all sit the mandatory prescribing exam along with the FY1 doctors and are encouraged to attend SIM training. The SHO level LEDs and IMGs join the mandatory foundation training SIM days. They also complete mandatory SCRIPT modules on sepsis etc and are given access to e-LfH modules for their statutory and mandatory training. Along with this the IMGs and MTIs complete the dedicated section of e-learning for international graduates.

Traditionally the non-trainee doctors were left on the wards to cover whilst those in formal training programmes attend teaching, however, the education department has encouraged clinical supervisors to allow the IMGs and LEDs to attend the foundation teaching or core medical/acute medical teaching afternoons. They are also strongly encouraged to attend the Grand Round, AMU Wednesday lunchtime teaching and Thursday morning hospital lectures.

St Helier Doctor Development Programme

Report by Sarah Siddiqui (HEE Fellow)

They receive 10 days of professional leave a year which they can use for courses and exams. The Trust provides a study leave budget which covers ALS and any courses in their area of work (e.g. IMPACT), but this does not cover any aspirational courses.

How did they identify the needs of these doctors? They used surveys conducted by the Education Leads and an engagement forum. They have been modifying the programme based on needs, which included the study leave funding, CPD for revalidation, educational teaching and a seat on the junior doctor's forum! There is now both a LED and International Doctor's rep on the Junior Doctor's Committee.

There has been a ripple effect of providing this training locally to those outside of a recognised national training scheme. Trainee doctors are not being asked to provide last minute cover and can attend their training clinics and teaching sessions, there are fewer gaps in the rotas and improved morale amongst the junior doctors which leads to reduced staff attrition and improved differential attainment. There has been a huge reduction in the cost of locum cover which has encouraged the Chief Executive and senior trust management.

They have received some funding from HEE Workforce Development which has covered the gaps in recruitment. However, this programme requires continual investment to continue its work, which includes support for administrative staff who track the portfolio and set up interim reviews, funding of courses and study leave and HR support for setting up the alternative recruitment.

Although there has not been any formal evaluation of the success of the programme, it is an observational study and I agree with Dr Bogle that any feedback ought to be qualitative as we cannot measure the success of this on numbers alone. It is about the individual experience.



Need to include numbers of LED/IMG doctors and their outcomes. Martina can provide this.