



A Strategy to Attract, Welcome, Develop, Celebrate and Support Doctors in Training in Northern Ireland

Dr Lyndsey Thompson, ADEPT Clinical Leadership Fellow 2016/17

Dr Camille Harron, Associate Dean, Careers and Professional Support

Professor Keith Gardiner, Postgraduate Medical Dean

Executive Summary

The Northern Ireland Executive has endorsed the need to transform how health and social care services are designed and delivered in NI to meet the increasing demands and changing pressures on the service ([Health and Wellbeing 2026 Delivering Together](#)).

Key to the success of this health and social care transformation in NI will be the ability to plan for, attract, develop, value, support and retain a workforce which can deliver excellent care.

Medical staff are key health professionals who must be capable of regularly taking ultimate responsibility for difficult decisions of clinical complexity and uncertainty, drawing on their scientific knowledge and well developed clinical judgement ([The Role of the Doctor](#)).

Health and Social Care (HSC) in Northern Ireland faces the same challenges which are encountered by the NHS in England of being underdoctored (Royal College of Physicians -[Underfunded, underdoctored and overstretched](#)). There are reduced post-Foundation applications of doctors for positions on specialty training programmes in NI and vacancies in NI training posts are at their highest ever levels. Doctors in training report high workloads exacerbated by staff shortages with an emphasis on service at the expense of training, irregular and rigid working hours impacting on their work-life balance, weaknesses in their social and supervisory support, a disconnect from the managers and leaders of the service and lack of autonomy and value for their role.

These doctors in training, many of whom have years of experience, are at the front line of delivering medical care throughout the HSC 24/7, managing teams, performing surgery and making life-and-death decisions. They also have a role in improving care through quality improvement and research and by bringing good practice with them to a unit from other centres in NI or from out of programme training and experience in centres of excellence in the rest of the UK or across the world. Many of NIMDTA's doctors in training will become the future trained doctors delivering and leading clinical services across Northern Ireland – currently 80% Northern Ireland's GPs and 75% hospital consultant medical staff trained in NI.

It is therefore vital that if HSC NI is to be capable of delivering excellent care that there is a transformation of our approach to postgraduate medical training so that high calibre doctors are attracted, welcomed, developed, celebrated and supported in training programmes in NI. That is the aim of the VALUED strategy. This strategy will only be successful if there is full engagement and support from key stakeholders.

What is *valued* aiming to achieve?

The aim of this strategy is to enhance the care of patients in Northern Ireland by attracting, welcoming, developing, celebrating, supporting and encouraging high calibre doctors to **train and remain** in Northern Ireland.



Figure 1: Aims of VALUED

Why is *valued* important?

The Report of the Expert Panel on the configuration of Health and Social Care Services in Northern Ireland [Systems not Structures](#) stated “*patient experience, and their perception of the quality of care they receive, depends in a very significant way on having well- trained, experienced and motivated frontline staff*”. The Report went on to document the increasing difficulty that the Health and Social Care system in Northern Ireland was experiencing in recruiting and retaining staff - “*There is a growing doomsday scenario of not having enough GPs, hospital consultants and junior doctors, nurses, Allied Health Professionals and social care staff that will inevitably lead to people not receiving the care they need*”.

A similar situation is being faced throughout the UK with Simon Stevens, Chief Executive of NHS England stating in [September 2015](#):

“NHS staff have some of the most critical but demanding jobs in the country. When it comes to supporting the health of our own workforce, frankly the NHS needs to put its own house in order. At a time when arguably the biggest operational challenge facing hospitals is converting overspends on

temporary agency staff into attractive flexible permanent posts, creating healthy and supportive workplaces is no longer a nice to have, it's a must-do."

Strengths of training in NI

Postgraduate medical training in Northern Ireland is rated highly by trainees in the [General Medical Council \(GMC\) Annual Training Surveys](#) with trainees rating their satisfaction with clinical supervision, reporting systems, handover, induction, supportive environment, feedback, study leave and educational supervision higher than the trainees in any other UK country in 2016.

Trainees from Northern Ireland perform well in professional examinations with the GP training programme having the highest success rate in MRCGP and the Clinical Radiology programme the second highest in the UK ([GMC Progression Reports](#)).

Pass rates of GMC registered specialty exam candidates by Deanery / LETB (Excludes candidates sitting exams whilst in foundation programmes)

All Trainees = Includes candidates not in a training programme

Not in training excluded = Excludes candidates not in a training programme

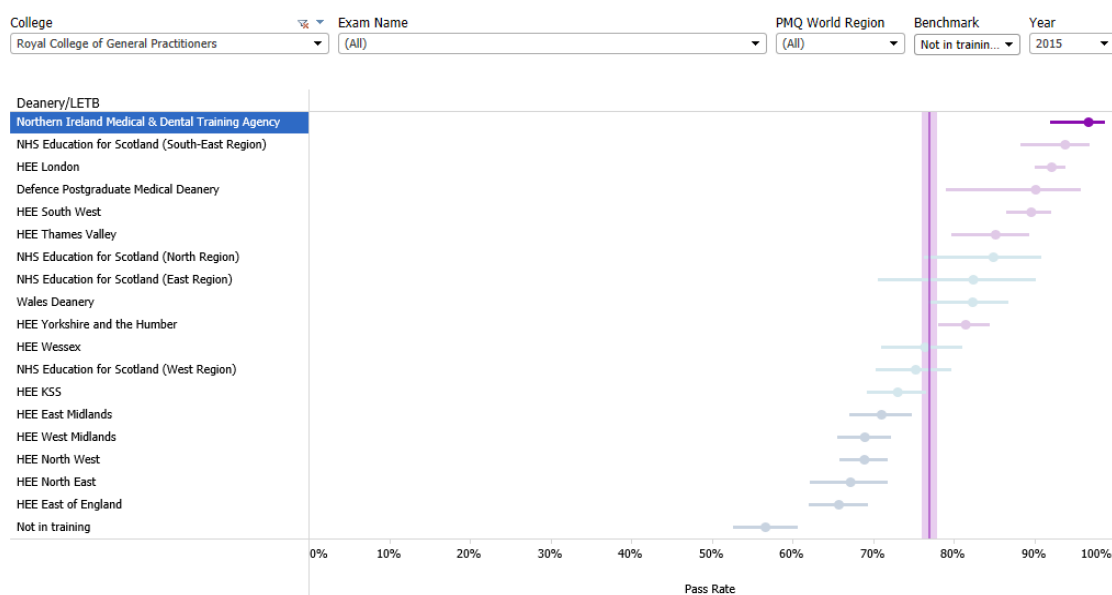


Figure 2: Pass rates at MRCGP by Deanery in the UK – GP Training Programme

Trainees from NI achieved first place in the European Board of Urology, European Board of Vascular Surgery, Intercollegiate Fellowship of Royal College of Surgeons in Orthopaedics, Royal College of Physicians of Ireland Obstetrics and Gynaecology Gold Medal, Royal College of Anaesthetists MacIntosh Medal and the Fellowship of the Royal College of Radiologists Gold Medal for Clinical Oncology in the last 18 months.

Weaknesses of training in NI

The Expert Panel noted in their report [Systems not Structures](#), “one of the major flaws of the current medical workforce mix is that it is focused on filling rotas and maintaining existing service” and “it is proving extremely difficult to recruit and retain junior medical staff to deliver services where they would be unlikely to get the experience they need in terms of volumes and case mix in order to maintain their skills and develop new skills”.

The GMC has recognised a ‘state of unease within the medical profession’ in their recent report [State of Medical Education and Practice in the UK 2016](#).



Figure 3: Systems Not Structures

Focus groups with medical trainees in Northern Ireland have highlighted that doctors in training in NI are concerned about:

- *Widespread staff shortages leading to severe pressure on the workforce*
- *High workloads and emotional demands*
- *Lack of autonomy and appreciation of their role*
- *Emphasis on service provision at the expense of training*
- *Frequent job rotations every 4-6 months*
- *Unsustainable and expensive locum positions*
- *Irregular working hours impacting on work-life balance*
- *Lack of social and supervisory support*
- *Disconnect between trainees and management in hospitals and Trusts*
- *Uncertainty over the Junior Doctor Contract*

Opportunities for training in NI

[Health and Wellbeing 2026](#), the response of Health Minister Michelle O’Neill to the Report of the Expert Panel set out the Minister’s vision to transform Health and Social Care in NI through “a process of rationalisation and reconfiguration to ensure services are delivered sustainably, safely and to the highest possible quality.” Minister O’Neill has recognised that “People who work in health and social care are its greatest strength, working ever harder to provide the care needed by patients and service users’ and the need to “invest in our staff and provide the environment to allow them to do

what they do best – provide excellent high quality care”. Minister O’Neill went on the state that she wanted the “HSC to be an employer of choice, leading by example and investing in the health and wellbeing of its staff” and that she was “determined that the unique store of knowledge, commitment and public service ethos that the HSC workforce represents will be listened to, engaged at nurtured at all levels”.

Figure 4: Health and Wellbeing 2026



Threats to training in NI

In Northern Ireland, as in other parts of the UK, there has been a reducing number of doctors who after completion of the foundation programme apply to directly enter into a specialty training programme. Focus groups with trainees have revealed that this decline is multifactorial in origin:

- uncertainty about career options;
- wanting a break from the scrutiny of a training environment and/or the pressures of acute services;
- a desire to travel;
- a wish for greater flexibility
- looking for additional earnings to pay off student debts

As a result of the combination of an increase in the number of training places and decreased applications for posts on training programmes, vacancies in postgraduate medical training posts in Northern Ireland are at their highest ever levels (Figure 5).

A higher number of vacancies in training posts puts additional service pressures on the remaining trainees and reduces their ability to take advantage of available training opportunities as well as creating extra work for those managing the rotas and considerable additional expense for the Trusts in paying for locums to fill the vacant slots.

Vacancies in NI Training Posts August 2013-2017

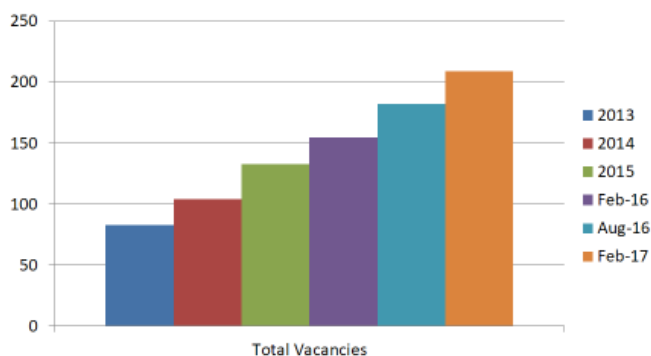


Figure 5:
Increasing vacancies in NI training posts 2013-17

UK Perspectives

Junior doctors are integral to the provision of patient care in the UK, but are also recognised as “a massive untapped opportunity for the NHS”.

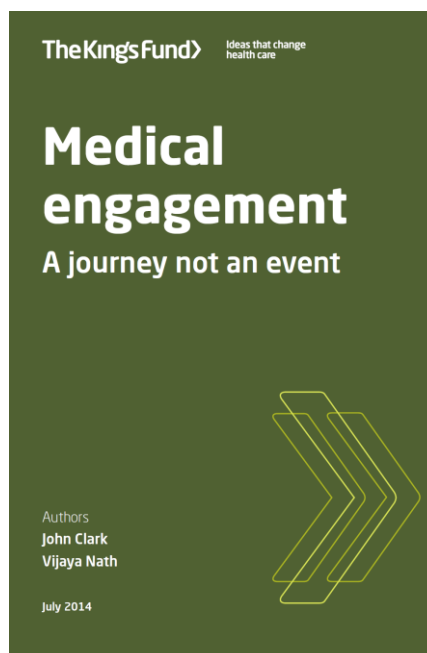
“Successful companies and successful organisations really spend a lot of time in harnessing the energy, the creativity, the enthusiasm, and the commitment of people in their 20s and 30s—the young professionals who have the energy and the vision. I genuinely think that we don’t make the best use of the junior doctors in our NHS.

On a day by day basis clinicians engage closely with their patients. They share the anxieties, fears, aspirations, and successes of their patients, so they are very close to what patients want, and they are in a position to act as advocates for patients. That could be used to great effect because clinicians tend to bridge the gap between the aspirations of patients and the aspirations of those people designing healthcare systems and services.” Professor Sir Bruce Keogh, Medical Director, NHS England

These doctors in training are the future clinical leaders and “potentially our most powerful agent for change” due to front-line experience and frequent rotations through hospitals and Trusts. To harness this potential, junior doctors need to be engaged with the healthcare system. The King’s Fund in their publication [Medical Engagement](#) have documented the benefits for both individuals and organisations of medical engagement including:

- increased job satisfaction
- reduced risk of burnout
- lower patient mortality rates
- fewer serious incidents
- achievement of service targets
- improved financial management
- reduced staff absenteeism and turnover

**Figure 6: The King's Fund
Medical Engagement**



Patients benefit from higher quality care and a better patient experience. As a result, *“medical engagement should not be an optional extra but rather an integral element of the culture of any health organisation and system”*.

The concerns expressed by doctors in training in NI align very closely to those identified by the Royal College of Physicians (RCP) in their 2016 report [‘Being a junior doctor – Experiences from the frontline of the NHS’](#).

The RCP document reported that:

- seven out of ten doctors worked on a rota that had a permanent gap
- nearly all doctors in training (95%) reported that rota gaps were having a negative impact on patient safety.
- four out of five doctors in training regularly experienced excessive stress because of their work.
- as a result of the shortage of doctors, the remaining doctors regularly reported working longer than their rostered hours.
- doctors in training were often unable to take rest periods
- there was a lack of facilities for junior doctors to rest, learn and engage with their teams
- over two thirds of doctors in training did not feel valued by the chief executive of their hospital or Trust.
- many doctors in training described how their many years of medical expertise was sometimes considered insufficient to allow them to make a valuable contribution

Implications

Failure to listen to, engage and nurture the next generation of fully trained doctors and clinical leaders may result in increasing difficulties in attracting and retaining experienced medical staff, a growing vacancy rate at consultant level in multiple specialties and escalating “costs to maintain safe service provision through the use of expensive agency and locum staff” ([Systems not Structures](#)).

Improving the morale of postgraduate medical trainees has the potential to increase efficiency, improve patient outcomes and ensure patient safety today as well as encouraging doctors to **train and remain** in Northern Ireland long term.

What will *valued* look like?

In response to this need for improved engagement with doctors in training in Northern Ireland, NIMDTA in conjunction with HSC partner organisations have developed a VALUED Strategy to ensure that postgraduate medical trainees are welcomed, listened to, developed, celebrated and supported.



Our strategic vision centres around six key aims:



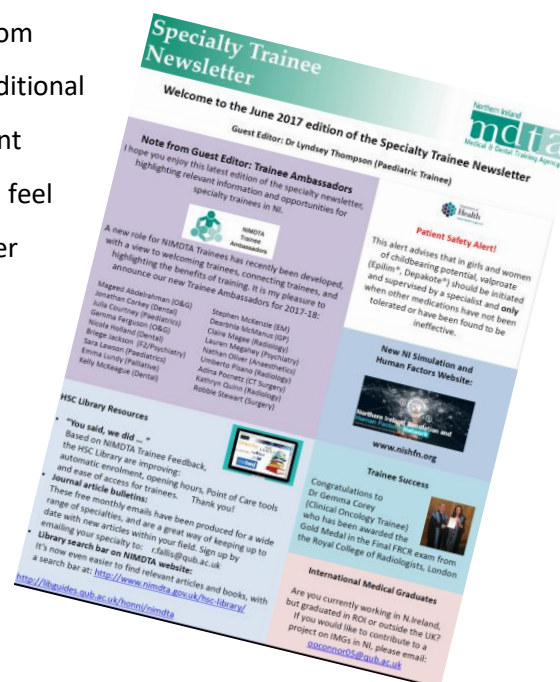
Figure 7: Aims of VALUED

Aim 1: To ensure the Voice of trainees is listened to (V)

Doctors in training are at risk of isolation and disengagement from senior clinicians and service managers due to breakdown of traditional clinical teams, their short rotations, shift patterns and movement between departments to cover rota gaps. This can lead them to feel like migrant workers being shunted from one location to another (Being a Junior Doctor).

Providing mechanisms for two-way communication with trainees is essential to improve trainee engagement and to monitor the progress and success of the range of initiatives.

Figure 8: Specialty Trainee Newsletter June 2017



To achieve this:

- We will involve trainees as representatives on Training Committees and School Boards
- We will work with HSC Trusts to seek involvement of trainee representatives on Trust Education Committees
- We will work with HSC Trusts to engage with trainees and listen to their concerns by holding trainee fora and focus groups
- We will work with HSC Trusts to communicate effectively with trainees through email, social media and trainee newsletters

Aim 2: To Acclaim and applaud the success of trainees (A)

Recognition of achievement is a strong intrinsic motivator and can significantly improve job satisfaction, which is an important component of engagement. Due to the increased service pressures, shift patterns and breakdown of the traditional team structure it can be difficult for senior doctors to recognise good work or indeed underperformance and there may be limited opportunities to appreciate the efforts of trainees.

However, doctors-in- training are more likely to be inspired and encouraged if their efforts and achievements are recognised and celebrated. As already described above, Northern Ireland trainees are high-achieving in many different areas including examination success, publications in the medical literature, service improvement, and contributions to society. It is incredibly important to highlight and celebrate these achievements, at both local and regional levels.

To achieve this:

- We will acknowledge and acclaim the success of trainees on NIMDTA’s website and in trainee newsletters
- We will work with HSC Trusts to acknowledge the contribution of trainees through letters of appreciation, achievement boards and/or award ceremonies
- We will recognise and celebrate the achievements of trainees at NIMDTA’s [Annual Educational Excellence Day](#)
- We will work with Queen’s University of Belfast and the Ulster Medical Society to recognise and acclaim academic and scholarly success at the [Annual Trainee Research Day](#).



Figure 9: Prize Winners at the NIMDTA Educational Excellence Day 2016

Aim 3: To promote Life-work balance and support for trainees (L)

Working as a doctor in training involves exposure to multiple stressors – emergency situations, high impact decisions and a lack of control over the work that they do. Doctors in training need support to deal with these stressful situations and advice on how to achieve a healthy life-work balance. As

doctors will always be required to deal with stressful situations, it is important that doctors in training receive preparation to cope with situations where their desired outcomes are not obtained and that support mechanisms are put in place for those affected by stress or struggling with mental health issues.

To achieve this:

- We will meet and greet trainees new to Northern Ireland through Welcome events to introduce them to the leisure, social, and cultural highlights of our country as well as to other trainees.
- We will strengthen the connections between trainees and NIMDTA through the development of a [Trainee Ambassador programme](#).
- We will promote the achievement of a work-life balance through support for less than full time training
- We will work with HSC Trusts to promote rota designs that support patient-centred safe care, quality training and education, and trainee health and wellbeing.
- We will work with HSC Trusts to promote rest breaks and to seek the allocation of areas for rest, study and reflection
- We will support trainees to cope with the pressures of their work through resilience training, [mentoring and coaching](#)
- We will work with HSC Trusts to provide trainees with [career advice and professional support](#) and provide an Annual Careers Events for trainees
- We will work with HSC Trusts to facilitate access to Occupational Health and [counselling](#) services
- We will work with HSC Trusts to support trainees returning to work after a period out of programme.



**NIMDTA
Trainee
Ambassadors**



Figures 10 & 11: NIMDTA Welcome Evening for Specialty Trainees August 2016

Aim 4: To provide Up-to-date, high quality training (U)

Junior doctors frequently emphasise the importance of support for their education and training. Good supervision and meaningful appraisals are essential for trainees, and doctors in training should receive encouragement to participate in or to lead relevant, significant and sustainable projects.

To achieve this:

- We will work with HSC Trusts to deliver quality improvement training to Foundation, GP (EQUIP) and Specialty trainees
- We will work with Queen's University, Belfast to provide training in Evidence-Based medicine
- We will work with HSC Trusts and the NI Simulation and Human Factors Network ([NISHFN](#)) to improve simulation based training in NI.
- We will work with doctors in training to improve the access to and quality of formal teaching
- We will work with HSC Trusts to establish Placement Quality Indicators and to continuously improve the quality of training
- We will work with Department of Health, Commissioners and HSC Trusts to align training posts to the best training opportunities



Aim 5: To offer Enhanced learning opportunities for trainees (E)

High performing health care systems are characterised by collective leadership. The Minister has committed to invest in Health and Social Care (HSC) staff to facilitate them to provide excellent, high quality, continually improving care and support. This means that the HSC needs to provide opportunities for staff to develop collective leadership skills, behaviours and capabilities as leadership is the responsibility of all in HSC NI.

To achieve this:

- We will provide generic professional and leadership training (career development, team-working, improvement skills) within the Foundation, GP and Specialty ([iQuest](#)) Programmes
- We will support trainees to prepare for professional examinations through the provision of examination preparation courses and study leave
- We will offer funding to trainees to assist with the expenses of relevant university postgraduate qualifications.
- We will provide opportunities for trainees to obtain leadership experience
- We will provide, in partnership with HSC organisations, senior trainees with the opportunity to take a year out of programme to undertake a Clinical Leadership Fellows' Programme ([ADEPT](#))
- We will provide, in partnership with Queen's University Belfast, opportunities for trainees to undertake clinical academic training
- We will provide, in partnership with Queen's University Belfast and the Ulster Medical Society, opportunities for trainees to present their research and quality improvement work.

***Aim 6: To present a Distinctive training experience (D)***

Many trainees feel that the support provided to them by their senior colleagues has been eroded by fragmentation of the traditional medical teams, disjointed working patterns and a lack of continuity of supervision. In addition, trainers often struggle to find dedicated time for teaching and training due to increased service pressures and demands on their time.

With staff shortages throughout Health and Social Care, a common alternative to following a training pathway is to undertake locum work. Doctors in training need to be provided with enhanced educational opportunities in comparison with their locum colleagues. There need to be advantages to following a training pathway.

To achieve this:

- We will work with HSC Trusts to secure protected time for Recognised Trainers in their job plans to supervise and train (Time to Train Initiative)
- We will work with HSC Trusts to ensure that Recognised Trainers receive the training and support that they need to provide high quality supervision to trainees (NIMDTA’s [Status](#) Programme for Recognised Trainers).
- We will work with HSC Trusts to secure protected teaching time for trainees
- We will work with the HSC Leadership Centre to provide Leadership and Improvement training for senior trainees ([ENGAGE](#))



Figure 12: ENGAGE Clinical Leadership and Improvement Programme

ENGAGE
A Clinical Leadership and Improvement Programme

Introduction
The Northern Ireland Medical & Dental Training Agency in collaboration with the HSC Leadership Centre have developed a new Clinical Leadership and Improvement Programme for Final Year GP, Dental and Specialty Trainees across Health and Social Care in Northern Ireland.

PROGRAMME AIM
To support the achievement of the primary leadership and improvement goal, that is, 'Continual and never ending improvement of the well-being of patients and other service users'. (Don Berwick, 2013) This Clinical Leadership and Improvement Programme has as its foundation Value Based Leadership (Harry M Kraemer). It aims to challenge, develop and support doctors and dentists to ensure they are prepared to lead effectively so they can influence, shape and improve the delivery of high quality patient-centred care in their organisations and across the Health and Social Care

LEARNING OUTCOMES

- Greater collaboration internally and externally with a culture of shared experiences, expertise and support in the pursuit of providing the best care to patients
- Enhanced personal and professional effectiveness through a greater self-awareness and understanding of individual behaviours and their impact on others
- Strengthened resilience to enable positive and collective leadership and improvement in an increasingly dynamic and turbulent environment
- Extended strategic understanding of Health and Social Care and greater capability to deliver transformational change
- Understanding the language, tools and skills of improvement science
- Successful implementation of quality improvement initiatives within their organisations
- Learn how to prepare and publish an abstract e.g. BMJ Quality and Safety

KEY PRINCIPLES
Learners have different personalities and learning styles. Delivery methodologies will be experiential, engaging, providing challenge and leading to action and review. The programme is designed with the following underlying principles:

- We will develop clinical leaders and improvers who add value to their organisations
- We will engage with experienced and respected leaders and improvers in General Practice, Dentistry and Hospital Medicine as role models and contributors
- We will utilise a range of evidence based theories, models and development methods
- We will respond to the emergent learning needs of the participants
- We will focus on learning and practical application
- We will challenge participants both in terms of knowledge and behaviours
- We will evaluate participants' knowledge, skills, competence and confidence before, during and after the programme

MODULE STRUCTURE

- The first two modules are about individuals having the mindset and strength to lead improvement and change within their healthcare environment.
- Building on this the next two modules explore how to work collaboratively and system wide to improve services whilst understanding the strategic context
- The fifth module directly links to how we can achieve transformational and radical change through improvement
- The final three modules are clearly focused on relationships and how they can help to implement and sustain quality improvements.

How will **valued** happen?

Alignment to Health and Wellbeing 2026: Delivering Together

The aim of enhancing patient care through welcoming, developing, celebrating, supporting and encouraging high calibre doctors to **train and remain** in Northern Ireland aligns completely with the views of the Minister of Health as set out in [Health and Wellbeing 2026](#) in wanting the “HSC to be an employer of choice, leading by example and investing in the health and wellbeing of its staff” and in being determined that the HSC workforce “will be listened to, engaged at nurtured at all levels”.

Alignment with Quality 2020 Strategy

[Quality 2020](#) is the Department of Health’s strategy to protect and improve quality in health and social care in Northern Ireland. Key goals within the strategy are to transform the culture and strengthen the workforce. It states “No matter how good our systems and procedures are, they all rely on staff who are **motivated, skilled and trained** to implement them.”

“Without doubt the people who work in health and social care (including volunteers and carers) are its greatest asset. It is vital therefore that every effort is made to equip them with the skills and knowledge they will require, building on existing and emerging HR strategies, to deliver the highest quality.”



VALUED supports the specific aims of Quality 2020 by

- Providing the right education, training and support for trainees to deliver high quality service
- Educating and empowering our trainees to implement quality improvement
- Developing leadership skills amongst our trainees

Alignment to GMC Standards and Guidance

The General Medical Council (GMC) in [Promoting Excellence](#) sets the standards and requirements for delivery of all stages of medical education and training. There are ten standards and 76 requirements organised around 5 themes – Learning environment and culture; Educational governance and leadership; Supporting learners; Supporting educators; Developing and implementing curricula and assessment.

The aims of VALUED align closely to the themes, standards and requirements of Promoting Excellence:

Standard 1.2	The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum
Standard 2.1	The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability and responding when standards are not being met
Standard 3.1	Learners receive educational and pastoral support to be able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum
Standard 4.2	Educators receive the support, resources and time to meet their education and training responsibilities

Alignment to NIMDTA's Mission, Vision and Strategic Aims

NIMDTA's mission is 'Enhancing Patient Care through training' and its vision is 'To Equip, Develop and Inspire doctors and dentists in training to provide and continuously improve the quality of health care delivery to the population of Northern Ireland'. NIMDTA seeks to produce excellent outcomes in medical and dental education as shown in Figure 13

Figure 13: NIMDTA Strategic Theme 1: To Produce Excellent Outcome in Medical and Dental Education

ACTIVITIES
TO PROMOTE EXCELLENCE IN TRAINING BY UPHOLDING THE HIGHEST STANDARDS OF PROFESSIONALISM , SCHOLARLY ACTIVITY, CONTINUOUS IMPROVEMENT AND LEADERSHIP
TO ENGAGE CONSTRUCTIVELY WITH TRAINING PARTNERS TO PROMOTE HIGH QUALITY EDUCATIONAL DELIVERY
TO ATTRACT, DEVELOP, SUPPORT, VALUE, INSPIRE AND RETAIN HIGH CALIBRE EDUCATORS AND EDUCATION MANAGEMENT STAFF
TO DEVELOP, SUPPORT, VALUE AND RETAIN TALENTED DENTAL AND MEDICAL TRAINERS
TO ATTRACT, WELCOME, DEVELOP, VALUE AND RETAIN HIGH CALIBRE TRAINEES
TO EFFECTIVELY COMMUNICATE WITH, ENGAGE AND SUPPORT TRAINEES
TO ENHANCE TRAINING BY PROVIDING ACADEMIC, RESEARCH, SIMULATION, LEADERSHIP AND QUALITY IMPROVEMENT OPPORTUNITIES FOR TRAINEES

Alignment with Service Needs

The purpose of postgraduate training is to provide doctors with the right skills for the needs of patients both as individuals and as a population.



The Shape of Training review highlighted the changing demands of health care services driven by an ageing population, an increasing number of patients with multiple chronic conditions and increasing patient expectations.

The VALUED strategy supports the provision of a suitably trained medical workforce by promoting opportunities for development of generic capabilities, giving consideration to the sustainability of a medical career through support of work-life balance and periods of transition and providing opportunities for training in specialised areas including education, leadership or management work.

Engagement with essential stakeholders

As a training agency, NIMDTA is committed to the needs of junior doctors in Northern Ireland. However this strategy can only be successful through engagement with other key stakeholders:

- Department of Health,
- Health and Social Care Board,
- Public Health Agency,
- HSC Trusts,
- GP practices,
- Regulation and Quality Improvement Authority,
- Business Services Organisation,
- Queen's University of Belfast and
- British Medical Association.

This collaborative working is essential to ensure that this strategy is both comprehensive and sustainable. HSC Trusts can help to identify the wide range of trainee achievements and celebrate the successes of highly performing trainees at a local level. There are many stakeholders involved in improving the wellbeing of and support provided to trainees, including Department of Health, HSC

Trusts and the BMA. Through working with these key stakeholders, trainee support could be extended to include improved rota design and practical initiatives such as doctors' messes.

Measuring progress

Due to the wide range of initiatives to be developed under the VALUED Strategy, a variety of methods will be required to evaluate progress of the strategy. These will include, but are not limited to:

- trainee engagement with Trainee Fora, NIMDTA Training Committees, Trust Education Committees, Trainee Ambassador programme and mentoring programme
- trainee submissions for Trainee Research Day, Educational Excellence Day, EQUIP Quality Improvement Day and Simulation Conferences
- trainee attendance at Welcome events, Trainee Research Day, Educational Excellence Day, Careers Day, Simulation Conferences, Evidence-Based Medicine workshops and ENGAGE programme
- hits on NIMDTA website and circulation figures of trainee newsletters
- trainee access of NIMDTA professional support services
- trainee examination success
- trainee feedback on individual initiatives
- feedback on valued initiatives from trainees through Trainee Forum and focus groups
- attendance of Recognised Trainers at STATUS events, Clinical Education Day and Professional Support Day
- feedback on STATUS programme from Recognised Trainers
- feedback from host organisations on ADEPT programme
- Annual GMC Trainee Survey reports on trainee satisfaction with training
- Annual GMC Trainer Survey reports on trainer satisfaction with support provided to them
- monitoring application rates to Northern Ireland training programmes
- VALUED Survey



Conclusions

Northern Ireland's strategic plan [Health & Wellbeing 2026](#) recognises that "We must invest in our staff and provide the environment to allow them to do what they do best - provide excellent high quality care. This means providing opportunities to develop their skills and suitable career paths at all levels".

NIMDTA recognise the integral role of junior doctors in providing high quality patient care. Through the VALUED Strategy, NIMDTA is demonstrating its commitment to valuing trainees, striving to ensure that trainees in Northern Ireland are listened to, supported, celebrated, and provided with high-quality training and opportunities. This is essential to ensure patient safety, excellent patient care and the sustainability of health and social care within Northern Ireland. This strategy will only be successful if there is full engagement and support from key stakeholders.

References

<https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf>

<http://www.medschools.ac.uk/SiteCollectionDocuments/The-role-of-the-doctor-consensus-statement-2014.pdf>

<https://www.rcplondon.ac.uk/guidelines-policy/underfunded-underdoctored-overstretched-nhs-2016>.

<https://www.health-ni.gov.uk/sites/default/files/publications/health/expert-panel-full-report.pdf>

<https://www.england.nhs.uk/2015/09/nhs-workplace/>

<http://www.gmc-uk.org/education/29409.asp>

http://www.gmc-uk.org/SOMEF_2016_Full_Report_Lo_Res.pdf_68139324.pdf

https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/medical-engagement-a-journey-not-an-event-jul14_0.pdf

<https://www.rcplondon.ac.uk/guidelines-policy/being-junior-doctor>

<http://www.nimdta.gov.uk/annual-educational-excellence-day/>

<http://www.nimdta.gov.uk/trainee-research-day-19-october-2017/>

<http://www.nimdta.gov.uk/recruitment/nimdta-trainee-ambassadors/>

<http://www.nimdta.gov.uk/professional-support/mgt-of-trainees-req-support/coaching/>

<http://www.nimdta.gov.uk/professional-support/>

<http://www.nimdta.gov.uk/professional-support/mgt-of-trainees-req-support/confidential-counselling/>

<http://www.nishfn.org/>

<http://www.nimdta.gov.uk/iquest/>

<http://www.nimdta.gov.uk/adept/>

<http://www.nimdta.gov.uk/faculty-development/training-for-faculty/>

<http://www.nimdta.gov.uk/clinical-leadership-and-improvement-programme/>

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/q2020-strategy.pdf>

http://www.gmc-uk.org/Promoting_excellence_standards_for_medical_education_and_training_0715.pdf_61939165.pdf