

Making 'Time for Training' a reality How can medical leaders make this happen?

Better Training Better Care

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Bringing different bodies together in joined up thinking to deliver national positive change to the way medical education and training is delivered, directly effecting patient care and safety.

Cohesive small changes = large improvements



Aims to improve the quality of training and learning for the benefit of patient care

- Commissioned by DH Ministers with SoS approval
- Professor Sir John Temple: Time for Training
- Professor John Collins: Foundation for Excellence
- Similar findings from other reports: Wilson, PMETB survey, Lord Patel review, QAFP reports
- Medical Education England, now HEE, is taking forward the work with the establishment of the National Taskforce

Time for Training



Sir John Temple's *Time for Training* called for better use of the expanded consultant workforce, not only to ensure improved training for junior doctors but also in terms both of efficiency savings for the service, as well as enhanced safety and higher quality care for patients.

Sir John concluded that high quality training can be delivered in 48hrs.

Our workstreams



- 1. Local implementation and pilots
- 2. Role of the trainee
- 3. Role of trainers
- 4. Workforce planning
- 5. Improving careers guidance and availability
- 6. Integrated technology enhanced learning
- 7. Harmonising and improving training
- Regulatory approach to supporting Better Training Better Care
- 9. Funding and education quality metrics

1. Our pilots



- 16 Trusts piloting 16 projects ranging from telemedicine initiatives and rota changes, to simulation environments and digital devices for handovers.
- Improve training and education
- Improve patient care
- Sustainable and adoptable
- Meet key recommendations from Temple and Collins

Group session



Look at one of the following:

- Making every moment count
- Appropriate supervision and/or a consultant present service
- Service delivery explicitly supports training

Answer these questions:

- 1. What are the barriers to change?
- 2. What can you as medical leaders do to make this happen?
- 3. What are the opportunities for medical leaders?



Feedback

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