

Trust Board Paper DD

To:	Trust Board		
From:	Professor Sue Carr		
Date:	April 2014		
CQC regulation:	As applicable		
Title:	Update on Medical Education & Training issues in UHL		
Author/Responsible Director: Professor Sue Carr, Director of Medical Education & Associate Medical Director (Clinical Education)			
Purpose of the Report: Update the board on medical education issues in UHL			
The Report is provided to the Board for:			
	Decision	<input type="checkbox"/>	
	Discussion	<input checked="" type="checkbox"/>	
	Assurance	<input checked="" type="checkbox"/>	
	Endorsement	<input type="checkbox"/>	
<u>Key Priorities</u>			
<ol style="list-style-type: none"> 1. Improve facilities for education and training 2. Continue to improve links between service and training – CMG Education Leads 3. Develop Quality measures for medical education and training 4. Increase accountability for UG and PG education and training resources and outcomes 5. Facilitate process for GMC recognition of UHL trainers 6. Sustain improved trainee engagement 			
Recommendations:			
Members to note and receive report			
Previously considered at another corporate UHL Committee? N/A			
Board Assurance Framework:	Performance KPIs year to date:		
N/A	N/A		
Resource Implications (eg Financial, HR): N/A			
Assurance Implications: N/A			
Patient and Public Involvement (PPI) Implications: N/A			
Stakeholder Engagement Implications: N/A			
Equality Impact:	N/A		
Information exempt from Disclosure: N/A			
Requirement for further review?	N/A		

Medical education and training issues in UHL March 2014: Update

Postgraduate Medical Education

1. Health Education East Midlands (HEEM) Quality visit 2013 – update

This HEEM team visited numerous areas of the Trust in summer 2013 – and have since conducted additional special visits in Renal, Ophthalmology and Emergency medicine. There have been other areas of educational concern identified in colorectal surgery at LGH and anaesthetics. The Deanery have amended several areas of report from red/amber to green and only 1 outstanding red issues remains (F1 doctors on F2 rotas)

GMC Enhanced monitoring concerns (previously called GMC response to concerns). UHL has 2 concerns in this category (Emergency medicine and Renal medicine (Appendix 1). There may be an additional concern in Ophthalmology but not caught in timeframe. A further GMC visit to Renal is planned regarding F1/F2 posts (Appendix 1)

HEEM visits

HEEM summarised comments June 2013	4th Dec. 2013	Feb 2014
LETB is unable to support the arrangement of the FY1 trainee on the 'SHO' rota	In consultation with the GMC, the Foundation School Director and Postgraduate Dean require all FY1s to be removed from 'SHO' rotas from April 2014.	Implemented in 4/5 rotas but not possible by April in Renal. LETB have called an urgent GMC visit to Renal to review suitability of training placements? withdraw
Foundation Year 1 doctors reported that they would sometimes be put on nights at the beginning of a placement before having an induction into that department.		August FY1 starters will complete a period of shadowing but remains a potential problem in December and April. Ensure a senior colleague is assigned to new FY1 to provide a bespoke induction.
Foundation Year 1 trainee on the 'SHO' rota in O&G was raised last year The Foundation School requires the removal of all Foundation Year 1 doctors from all 'SHO' rotas within UHL with immediate effect.		Trust has now confirmed that five rotas are affected: O&G (two rotas), Renal Medicine, Paediatric Surgery and Urology. A plan has been proposed to HEEM to comply with the requirement
AMBER issues		
44	36	16
	8	28
GREEN issues		
26	26	26

HEEM Accreditation visits – next visit will have new style and planned for October 4th 2014. GMC visit to Leicester planned 2016.

2. MADEL tariff

From April 2014 postgraduate medical training and education in secondary and community care providers will be funded through a national tariff:

- A salary support tariff – based on 50% of annual basic salary scales determined by HEE plus 25% employers on-costs per training post WTE

This is to fund 50% of the pay cost of a postgraduate medical trainee placed into a training post representing the time spent on training activities

- A training placement tariff – set at £12,400 per training post WTE per year.

This will support the trainee through the training programme and will cover (not exhaustive list)

- Trainee study leave payments
- Administrative support for postgraduate medical education
- Salary support for clinical medical education staff e.g. Director of Medical Education, clinical tutors
- Funding for programmed activities (PAs) to support educational supervisors
- Local course delivery - which may be part of a regional programme
- Provision of library services and resources and supporting IT access
- Provision of simulation facilities
- Faculty development

The Impact on Provider Postgraduate Medical Training Funding (2011-12 levels)

Training Provider	2011-12 Training Post WTEs	2011-12 Funding Local Tariff £'000	2011-12 Funding National Tariff £'000	Increase or (Reduction) in Funding £'000
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	725	26,654	24,467	(2,187)

UHL will lose £2.19 million (1.7 million this year)

Foundation year 1 and higher specialty training posts (ST3+) become expensive.

UHL as a regional centre has more senior posts traditionally.

The training tariff will probably be top-sliced for study leave funding but this will be the component to fund educational resources and educational supervisor time.

This represents a challenge and an opportunity for UHL to direct training placement tariff to support medical education and training to ensure quality and retention and recruitment to posts.

Undergraduate education

Leicester Medical School SIFT visit: requirements/recommendations (Feb 2014)

REQUIREMENT

Education Facilities

- There must be a facilities strategy that sets out both short-term and long-term solutions.
- UHL should maintain an up-to-date facilities inventory.
- SIFT funding must be appropriately used to support the education facilities.

- erosion of many areas previously allocated for teaching
- virtually no suitable areas for teaching students on the wards
- no student common room and no lockers for students
- a shortage of seminar rooms on the LRI site
- no suitable facility for running simulation-based teaching.
- no suitable space for running the clinical examinations.
- no completed inventory of teaching space.

It is difficult to establish what component of the SIFT income is allocated to support education facilities in UHL.

The use of such funding must be incorporated in the facilities strategy.
<p>Plan</p> <p>Develop an Education facilities strategy for undergraduate and postgraduate medical education. This should be in collaboration with nursing and other colleagues. Work with CMG Education Leads to develop an inventory of available teaching space Work with Finance Director/Deputy Director to develop transparency and accountability for SIFT (and MADEL) funding to enable support for education facilities.</p>
<p>RECOMMENDATIONS</p>
<ul style="list-style-type: none"> • The Trust and the Medical School should work together to review and develop options for staff development and training. • Ensure adequate administrative support for management of the student placements- as recommended in the Education and Practice Partnership Agreement. • The Medical School was pleased to hear of progress made to identify the allocation of SIFT funding within the Trust. There is a proposal to allocate the funding linked to the core clinical blocks to the Clinical Business Units. The Medical School recommends that the component of SIFT funding linked to specific teaching elements (for example: Consultation Skills Foundation Course) where the teaching requirements are complex should be managed by the UHL Education team. This may require a stepwise process but should be a defined goal.
<p>Plan</p> <p>UHL has Faculty development strategy for medical trainers – meet UoL reps to develop into undergraduate education Continue to support vital Admin roles Work with CMG Leads/Education leads to ensure accountability for SIFT resources and D/w finance re Department of Education managing funds as outlined in recommendation.</p>
<p>AREAS OF GOOD PRACTICE</p>
<ul style="list-style-type: none"> • Many individual teachers are named by the students as providing excellent teaching. • The Clinical Education Leads provide a good example of the value of SIFT funding being allocated to protect the time of individuals to teach. • UHL has put in place a strong education management structure which continues to develop. The Trust is to be commended. • The commitment to clinical skills teaching by the staff in the skills unit has been a highlight over the past few years and greatly valued by the students.

The Medical student exams this year have been very challenging as a consequence of lack of space, clinical pressure due to use of OPD facilities, difficulty in recruiting examiners.

Generic issues

1. Accountability for SIFT resources in CMGs (not progressed since CBUs changed to CMGs)

2. CMG Medical Education Leads:

Meeting now held with most CMGs and have some CMG Medical Education Leads in post.

- CHUGS – Fiona Miall
- Renal, Respiratory & Cardiac – Chandra Ohri (waiting time to be released)
- Emergency & Specialist Medicine – Biju Simon
- ITPAS – tbc (candidates withdrawn)
- CSI - awaiting confirmation

- Musculoskeletal & Specialist Medicine – Bhaskar Bhowal and Monika Kaushik
- Women's & Children – tbc

The KPI's and education quality dashboard have been circulated to CMGs. Progress has been slow and little data returned so far – Appendix 2

3. GMC recognition of trainers – framework needs to be in place and data collection began in August 2013 but database needs to be populated by July 2014.

4. Health Education England – mandated a cost collection exercise to introduce a reference cost for education and training completed in January and larger exercise due in July. A project group has been established

This is a significant piece of work and requires the trust to deliver half and full year cost plan next year

Good news!

1. Odames project update – work has commenced on April 1st and projected completion date in September/October. A project manager is in post, a design team engaged and contractors will commence work soon. We applied to the Dinwoodie Foundation for some additional funding support but unfortunately this was unsuccessful. The project group will be approaching corporate donors outside UHL for additional funding but further detailed financial analysis is expected soon.

2. Successful UHL Education for Patient Safety day - over 60 participants attended

3. Education projects – successful “*epiffany*” project run by Dr Patel has demonstrated educational intervention improves junior doctors prescribing – looking to role out

4. Successful Education Improvement project – final report submitted

5. Acquired new equipment for Clinical Skills Unit (£222,000) from Health Education England

- SimBaby: £22,000
- SimMan 3G: £40,000
- X 2Simpad conversion units:£5,000
- X2 Central Line trainers:£2,000
- X2 Thoracic Trainers £12,500
- X2 Arterial Blood Gas Trainers: £1,200
- Surgical VR simulator and licences: £60,000
- Ultra-sound Trainer (Use for ED, Obstetrics, General Medicine) £80,000

Key priorities

1. There is a major problem with education and training facilities in UHL, particularly at LRI. We need a facilities strategy for education and training for the short, medium and longer term (in collaboration with local education partners). The UoL want support with the RKCSB development this financial year. Failure to progress facilities development risks the Trusts reputation as a teaching hospital and further decline in trainee recruitment, retention and a reduced ability to retain the posts and funding that we have for medical E&T. In the long run this could seriously impact quality of care and patient safety.
2. Improve engagement of CMGs with education and training issues – this continues to be a struggle and we await appointment of CMG Education Leads in several areas
3. Improve transparency of education and training funding across the Trust – to fail to do so risks losing significant education funding
4. Develop the potential of medical education and training to improve patient safety.

Appendices

Appendix 1

Workbook: Enhanced monitoring - Windows Internet Explorer provided by DHIS for HEEM

https://reports.gmc-uk.org/views/Enhancedmonitoring/MonitoringintheUK?:tabs=no&:toolbar=no&:embed=y

File Edit View Favorites Tools Help

Workbook: Enhanced monitoring

Issues in University Hospitals of Leicester NHS Trust

Local education provider	Specialty	Date raised to the GMC	Level of doctors in training	Summary	Status	Date last updated
Leicester General Hospital - RWEAK	Renal medicine	11 July, 2013	Core, Foundation, Higher	In June 2013, Health Education East Midlands (HEEM) found that there were concerns in specialty training in renal medicine within University Hospitals of Leicester NHS Trust. HEEM contacted the GMC in July 2013 to ask for our support to address these issues. We accompanied HEEM on a visit to the Trust in August 2013. HEEM re-visited the department in January 2014 and found tangible and significant improvements, which will need to be sustained. We will continue to provide HEEM with enhanced monitoring and support, until we have evidence that the issues have been fully resolved and that the changes made are, and will be, sustained.	We have received an action plan from the organisation and work has started to resolve the issue. We think the action plan is appropriate.	19 March, 2014
Leicester Royal Infirmary - RWEAA	Acute Internal Medicine, Emergency medicine	30 March, 2012	Core, Foundation, Higher	In March 2012, Health Education East Midlands (HEEM) found that doctors in core, foundation and higher specialty training in acute internal medicine and emergency medicine posts at Leicester Royal Infirmary were not receiving sufficient teaching or feedback because of the pressure to care for very large numbers of patients. HEEM contacted the GMC in March 2012 to ask for our support to address these issues. In October 2012 we accompanied the LETB on a visit and further visits by HEEM and College of emergency medicine took place in February and October 2013. The visit in October 2013 identified improvements. We will continue to provide HEEM with enhanced monitoring and support, until we have evidence that the issues have been fully resolved and that the changes made are, and will be, sustained.	The organisation is working to resolve the issue. We are monitoring progress.	19 March, 2014

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Appendix 2

Microsoft Excel - Feb 14 medical education KPI sheet.xls [Read-Only]

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Reply with Changes... End Review...

TextBox 1

EDUCATION KEY PERFORMANCE INDICATORS

RAG Rating: Green: Full Evidence / Amber: Partial Evidence or Work In Progress / Red: No Evidence

Departmental requirements	Department:	GMC standard	UHL Education Strategy	CHUGS	CSI	Emergency and Specialist Medicine	ITAPS	RRC	MSK and Specialist Surgery	W+C
% trainee attendance at Departmental induction	Documented departmental induction; Record of trainee completion of induction		4.1		Full Evidence					
Overall trainee satisfaction	GMC trainee survey overall satisfaction	1,3,4,5,6,8								
Overall medical student satisfaction	UG student survey									
Consultant education roles embedded within job plans (%) including those in wider organisation/LETB and Medical School	Data from UHL job planning software reports evidence of implementation of the UHL policy	6.18, 6.34, 8.4			Full Evidence					
Supervisors trained for role (%)	CMG list of Clinical Supervisors and CS training	6.1		40%	46%	72%	47%	36%	47%	36%
Education funding streams are identified	SIFT accountability report		4.4							
Evidence that Education and Training Issues are integrated into CMG Governance processes	CMG Board minutes, CMG Educational Governance lead		4.3, 4.5		Full Evidence					

Sheet1 / Sheet2 / Sheet3

Ready NUM

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