

TRUST BOARD – MAY 2015

Update on Medical Education

DIRECTOR:	Medical Education
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DATE:	7 May 2015
PURPOSE:	<p>(concise description of the purpose, including any recommendations)</p> <p>Update on medical education issues in UHL</p> <ol style="list-style-type: none"> 1. Health Education East Midlands quality management visit issues 2. Medical education funding update 3. Education facilities 4. Redistribution of training posts across East Midlands and Broadening Foundation report and implications for workforce 5. Simulation training for UHL
PREVIOUSLY CONSIDERED BY:	Trust Board
Objective(s) to which issue relates *	<input type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input type="checkbox"/> 2. An effective, joined up emergency care system <input type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <input checked="" type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input type="checkbox"/> 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	
Organisational Risk Register/Board Assurance Framework *	<input type="checkbox"/> Organisational Risk Register <input checked="" type="checkbox"/> Board Assurance Framework <input type="checkbox"/> Not Featured

ACTION REQUIRED *

For decision

For assurance

For information

- ♦ We treat people how we would like to be treated ♦ We do what we say we are going to do
- ♦ We focus on what matters most ♦ We are one team and we are best when we work together
- ♦ We are passionate and creative in our work

* tick applicable box

Medical education and training issues in UHL 2014: Update

Postgraduate Medical Education

1. Health Education East Midlands (HEEM) Quality management visits 2014

Following the HEEM Quality Management Visit (QMV) in October 2014 an interim visit took place in February and responses, provided by the services, were accepted by HEEM. A further interim visit is planned in May and a follow up visit to Obstetrics and Gynaecology scheduled for June 12th. The 2015 QMV is scheduled for Nov 5th and 6th.

The 2015 National Trainee Survey (NTS) is currently open and will close on May 6th. An analysis of the results will be provided in the next report. As of April 23rd, UHL has received 10 patient safety and 3 undermining concerns from the GMC trainee survey.

The UHL Education Quality Dashboard has been updated for the second quarter. Data has been collated from the CMG Education Leads, a local UHL Trainee Survey and the Department of Clinical Education (Appendix)

GMC Enhanced Monitoring concerns – update

Emergency Medicine and Renal Medicine remain under enhanced monitoring. Ophthalmology is also under enhanced monitoring but as a region-wide issue, which happens to include Leicester.

2. HEEM proposed redistribution of training posts across East Midlands

Health Education England “Broadening Foundation” plans a restructuring of Foundation programmes across the UK. Foundation doctors will no longer be allowed rotate into two posts within the same speciality. This affects 21 UHL Foundation rotations - 16 F1 rotations and 5 F2. Bids to retain 3 F2 posts were successful. Work has commenced to develop bids to try to retain the 16 F1 posts at risk. It is essential that CMGs work together to develop new posts and that this issue feeds into new roles group and workforce strategies.

HEEM has indicated it wishes to achieve a more equitable distribution of core and specialty trainees across East Midlands (using per Consultant episode/admission or per population numbers) and this may have significant implications for UHL at all training levels. HEEM data re specialty post redistribution presents a worst case scenario where Leicestershire would reduce by 7-10 CMT posts and up to? 43 SPR level posts (7 in Emergency medicine) although numbers are uncertain.

When considered together these changes could be extremely challenging and could create significant issues for clinical service in UHL and impact of quality of remaining training posts.

3. Medical education funding

The Department of Clinical Education and Finance have worked to identify £32 million pounds of SIFT and MADEL funding in CMG budgets. This is now transparent in CMG budget lines and meetings with CMGs are in progress to discuss education expenditure and accountability for this funding.

Developing transparency and accountability of funding will be essential in retaining our education funding - so far we are one of few Trusts to achieve this.

However, E&T funding is decreasing as training is moved out to community and DGH hospitals (in addition to some unavoidable changes e.g. reduced medical student funding £360,000 this year.

UHL funding	2011/12	12/13	13/14	14/15	15/16
	£'000s				
MADEL	26,750	26,495	25,684	25,075	25,112
SIFT	18,490	17,807	15,200	14,006	12,811
Head of School etc.	406	396	482	416	
Totals	47,473	46,692	44,496	42,883	40,819
Less Transitional support				-2,000	-1,106
TOTAL	47,473	46,692	44,496	40,883	39,713

Education Facilities

Provision of high quality education and training facilities is an essential part of promoting UHL as an excellent training organisation and to support recruitment and retention of medical and other staff.

- a) **Odames library** – Library is open and official opening will be by Fiona Godlee, Editor of the BMJ.
- b) **RKCSB patient unit** – plan for UHL to support progressing
- c) The DCE has prepared an outline strategy for further medical education facilities. The education centre at LRI (and lecture theatre) will need relocation/rebuilding as part of the maternity enabling works

Simulation

There is an increasing need to provide simulated training in an appropriate environment. The Executive Workforce Board has supported the development of a draft inter-professional strategy for Simulation training and associated facilities.

Gripes tool

The UHL Gripe Tool was developed by UHL Department of Clinical Education, in collaboration with Director of Safety and Risk and University of Leicester Sapphire group (LIPPS). This tool allows junior doctors to report their work based patient safety concerns quickly and easily using the Gripe Tool webpage on Insite. <http://insite.xuhl-tr.nhs.uk/homepage/clinical/clinical-education/doctors-in-training-committee/gripe-reporting-tool>

This project aimed to improve real-time reporting of low level safety concerns to enable UHL to be proactive in addressing issues early. The Gripe Tool has been piloted since February 9 2015 and has already received 96 Gripes. During the pilot period we have proactively dealt with Gripes and had successful resolutions of many problems.

Key priorities

1. Respond to requirements of HEEM quality management visit.
2. Medical workforce – loss of posts and vacancies pose a significant threat to UHL's ability to provide high quality training and to attract and retain medical staff. Proposed HEEM redistribution of postgraduate medical training posts - poses an additional risk for UHL.

The Trust needs to be able to demonstrate its role as a teaching centre of excellence to attract and retain trainees and to compete for reducing education funding. In this climate it is essential to demonstrate quality control of training delivered and accountability for funding we receive for education & training.

3. Progress is being made on a facilities strategy for education and training and a collaborative approach across healthcare professionals is progressing with the planned development of a simulation strategy.
4. Work with local universities to maximise our potential in educational innovation, scholarship and research as a “USP” for Leicester and as a means to enhance recruitment and retention of local trainees

UHL Quality Dashboard									
Date:									
RAG Rating: Green: Full Evidence or >85% /Amber: Partial Evidence or 50-74% /Red: No Evidence or <50%									
UHL wide requirements									
Requirement	CHUGS	CSI		Emergency and Specialist Medicine	ITAPS	Musculo-skeletal and Specialist Surgery	Renal, Respiratory and Cardiac	Women's and Children's	
		Imaging	Histopathology					Women's	Children's
Safe Learning Environment									
% CMG trainees with an identified Clinical Supervisor	Green	Green	Green	Green	Green	Green	Green	Green	Green
% trainee attendance at Departmental induction	Green	Green	Green	Amber	Amber	Amber	Green	Amber	Green
Formal, timetabled handover process in place BEFORE and AFTER Nights	Green	Green	Green	Amber	Green	Green	Green	Amber	Green
% trainees completed UHL mandatory training	Amber	Green	White	Green	Amber	Red	Green	Green	Amber
Governance and Quality									
There is a Medical Education Lead in the CMG	Green	Green	Green	Green	Green	Green	Green	Green	Green
Overall trainee satisfaction	Amber	Green	Green	Amber	Amber	Green	Green	Amber	Green
Evidence that Education and Training Issues are integrated into CMG Governance processes	Amber	Green	Green	Amber	Amber	Green	Green	Amber	Green
Workforce plans are in place to manage shortfalls or changes in the medical workforce	Red	Red	Amber	Green	Green	Red	Green	Green	Amber
Support and development of trainees									
Junior doctor forum in CMG and CMG rep on UHL Doctors in Training committee	Amber	Amber	Red	Green	Amber	Amber	Green	Amber	Amber
Foundation trainees able to attend at least 70% of education sessions	F1 69.5% F2 50%	N/A to imaging	N/A to Histopathology	F1 70% F2 50%	F1 68% F2 72%	F1 78% F2 77%	F1 69% F2 51%	F1 72% F2 64%	
Core and Higher level trainees able to attend at least 70% teaching sessions,	Green	Green	Green	Amber	Amber	Amber	Green	Amber	Green
Core and Higher level trainees have timetabled access to required theatre lists and out-patient clinics	Amber	N/A to imaging	N/A to Histopathology	Amber	Green	Amber	Green	Amber	Amber
Trainees are supported to access study leave	Green	Amber	Green	Amber	Green	Amber	Green	Green	Amber
Trainer/Mentor Support									
Supervisors trained for role (%)	Amber	Green	Red	Green	Amber	Amber	Green	Green	Green
Consultants with educational roles, have these roles embedded within job plans (%) including those in wider organisation/LETB and Medical School	Red	Red	Green	Amber	Red	Amber	Green	Amber	Green
Education Facilities									
Trainees and trainers have access local educational resources	Green	Green	Red	Green	White	Amber	Green	Green	Amber
Funding Streams									
Educational funding streams are identified within the CMG	Amber	Red	Red	Red	Red	Red	Green	Amber	White