

# Multi-professional Education Update: December 2016

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**Trust Board paper K**

## Executive Summary

### Context

Provision of high quality education and training is an essential part of promoting UHL as an excellent training organisation and to support recruitment and retention of students and all healthcare staff.

Feedback from Quality Management Visits and the University of Leicester student satisfaction survey indicates that we can improve UHL as a learning organisation. In particular the retention and recruitment of medical students and junior doctors. The establishment of a strong learning culture and a well-supported training environment with good facilities will support UHL's care delivery and patient safety by delivering a well-trained and motivated workforce.

### Questions

1. Will the education quality improvement plan address the range of concerns raised by trainees and medical students in the National Surveys
2. Will this plan lead to improvements in the medical education and training delivered in UHL
3. Will this plan address the educational aspects of the concerns raised by GMC at the visit on Oct 25th

### Input Sought

We would welcome the Board's support for:

1. Identifying any deficiencies in the plan
2. Progressing and adequately resourcing this education quality improvement plan
3. UHL support for the implementation of the agreed plan
4. Support for adequate presentation and communication of the plan across UHL

**For Reference**

Edit as appropriate:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes /No /Not applicable]
Effective, integrated emergency care	[Yes /No /Not applicable]
Consistently meeting national access standards	[Yes /No /Not applicable]
Integrated care in partnership with others	[Yes /No /Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes /No /Not applicable]
A caring, professional, engaged workforce	[Yes /No /Not applicable]
Clinically sustainable services with excellent facilities	[Yes /No /Not applicable]
Financially sustainable NHS organisation	[Yes /No /Not applicable]
Enabled by excellent IM&T	[Yes /No /Not applicable]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Yes /No /Not applicable]
Board Assurance Framework	[Yes /No /Not applicable]

3. Related Patient and Public Involvement actions taken, or to be taken: [Insert here]

4. Results of any Equality Impact Assessment, relating to this matter: [Insert here]

5. Scheduled date for the next paper on this topic: [Trust Board 02.03.17]

6. Executive Summaries should not exceed 1page. [My paper does comply]

7. Papers should not exceed 7 pages. [My paper does not comply]

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT TO:** TRUST BOARD

**DATE:** 1 December 2016

**REPORT BY:** Mr ANDREW FURLONG, MEDICAL DIRECTOR  
JULIE SMITH, CHIEF NURSE

**REPORT FROM:** PROFESSOR SUE CARR, DIRECTOR OF MEDICAL EDUCATION  
ELEANOR MELDRUM, ASSISTANT CHIEF NURSE

**SUBJECT:** UHL MULTI-PROFESSIONAL EDUCATION REPORT

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Being a high-quality training organisation is important in maintaining the quality and safety of patient care, maintaining the motivation and enthusiasm of staff and in attracting new and high-quality staff to the organisation. Engaging Consultants and CMGs in supporting and valuing training and education is fundamental to these aims

**Medical Education Issues**

**1. Trust Board Away Day September 2016** - focused on improving the quality of the learning experience for undergraduate and postgraduate medical trainees in UHL.

- Recent data from the UK Foundation Programme demonstrating that only 19% of Leicester medical students chose LNR as their first choice for Foundation training and that of the 70% LNR Foundation year 2 doctors who progressed directly to speciality training – only 29% of those chose to stay in LNR which has major implications for recruitment to specialty training and clinical service rotas.
- Poor performance of Leicester Medical School in National Student Survey 2016
- Despite general improvement in GMC National Trainee Survey there are some areas of concern in UHL

UHL has a Medical Education Strategy which has achieved many of its aims and actions since 2015 but now needs to be aligned to the Sustainability and Transformation Plans.

Several interventions have already been made to enhance the learning environment and culture in UHL and to strengthen partnership working with Leicester University including the LiA Medical student and LiA Medics into Action events, appointment of Honorary Titles and Academic Champions with the University of Leicester.

Following the Trust Board Away Day a Medical Education Improvement plan has been developed to further enhance quality of medical education and training provided in UHL (Appendix 1)

**2. General Medical Council visit** 25<sup>th</sup> October 2016 and the initial feedback provided is attached as an (Appendix 2). A full report is expected in early 2017

The visiting team highlighted 7 areas that were considered to be working well and commended the Trusts commitment to education.

In summary (see Appendix 2):

- Clinic experience week in GIM
- Coloured lanyards to identify doctors levels of training
- Work on trust grade posts and new role development to support training
- UHL commitment to education, strong education team, strong educational governance – including patient partner and Non-Exec Director for Education
- Trainer job plans
- Student mentors
- High quality Clinical Skills team

Six areas were identified where improvements could be made – in particular relating to:

- Departmental induction in some specialities
- IT systems
- Poor workspace for trainees
- Poor understanding of equality and diversity issues and examples of undermining and inappropriate behaviour
- Lack of structure in the delivery of undergraduate education
- Concerns around training experiences in anaesthetics, cardiology and gastroenterology

The educational quality improvement plan developed following the Trust Board away day had already identified some of these issues and the Department of Clinical Education will liaise with colleagues in IT, Estates, HR, CMGs and Leicester Medical School to develop and Action Plan to address these generic concerns

### **3. Undergraduate Medical Education Issues**

#### **Improving the National Student Survey results 2016**

Director of Medical Education is representing UHL on the University Improving the Student Experience Group

A UoL/UHL meeting was held with the Academic Champions in October

Improving the culture of UHL as a Teaching Hospital – working with Comms to develop posters and a video to promote UHL as a Teaching hospital

Students Mentors now in place in UHL

Teaching Fellow Post advertised to support delivery of the Introductory Clinical Course

New Leicester Medical School Curriculum –commenced in September 2016 and the new very Early Clinical Experience placements (VECE) were very successful thanks to commitment of UHL staff.

David Heney wrote to thank UHL for providing the first year students with a valuable experience and reported that feedback received from the students was overwhelmingly positive.

STUDENT COMMENTS: What did you find most valuable?

*“The overarching intention of getting an insight into the NHS through two different roles was helpful. It gives us a glimpse of what we are to enter and the kind of skills a doctor truly needs, especially from a patient perspective.”*

*“Getting a picture of the variety of patients and patients' reactions, and the variety of doctors' styles in communicating with them. I also enjoyed seeing staff make patients as comfortable as possible, and involving patients in their care”*

*“I found all the clinical meetings including MDT meetings were particularly useful as they showed me how the team works together to improve and deliver care”*

*“All the staff on the ward were helpful, friendly, and patient - it was brilliant to have the opportunity to be with them for 4 days”*

It is important to note that in early 2018 2 cohorts of students on the old and new curricula will both be present on placements in UHL **at same time** – this will require careful forward planning and resources to ensure capacity and that both groups of students have successful placements . It is particularly important to recognise that the same trainers will also be contributing to the education of up to 25 Physicians Associate students, ANP students and the increasing number of Trust grade doctors in UHL. This will need a careful plan and some investment to ensure sufficient capacity in 2017/8 and to ensure all trainees and students are provided with high quality training – to fail to do so could significantly impact upon quality of training, student satisfaction, recruitment and retention

#### **4. Postgraduate Medical Education Issues**

GMC Enhanced Monitoring concerns – Region-wide Ophthalmology concerns are still identified on the GMC database, The GMC is monitoring the HEE-EM action plan and is satisfied that progress is being made.

Maxillofacial surgery following a visit to UHL by HEE-EM on July 1<sup>st</sup> 2016 - HEE-EM have informed us that this will not require a visit from the GMC and they have requested it to be a non-publishable item.

#### **5. Education Facilities:**

A multi-professional educational facilities strategy has been agreed and is now included in the reconfiguration project. Louise Tibbert is SRO.

GMC has highlighted the lack of adequate workspace for trainees in UHL

## **6. Educational governance and funding**

### **Health Education England - East Midlands (HEE-EM) quality management visits**

#### Cardiology

Concerns were raised at the Quality Management Visit in November 2015 and a series of monitoring visits have taken place. The follow-up visit on 14<sup>th</sup> July 2016 identified that the requirements for HST training are being met and trainees are happy;

There continues to be variable senior ward support for junior trainees; this is being monitored through audit and a junior doctor forum on an ongoing basis. Recruitment to CDU consultant posts is in progress

#### Maxillo-Facial School of Surgery (OFMS)/ Dentistry

The Trust has requested an external review of the OFMS service which is scheduled for November 23<sup>rd</sup> and 24<sup>th</sup>. Meetings have taken place with input from the OFMS service, CMG management and the Director of Medical Education and an action plan to address concerns has been developed..

#### Trauma and Orthopaedics School of Surgery (T&O)

An action plan has been developed by the Head of Service and CMG Education Lead and this has been presented to the CMG Board. HEE-EM have accepted the action plan which is being implemented and monitored.. An Educational Faculty group has recently been convened and will meet on a regular basis

#### Paediatric Grid training

A meeting is planned Nov/Dec with the Head of School of Paediatrics and all stakeholders to resolve outstanding issues

## **7. Medical Education Funding:**

A reduction in medical student numbers (as a consequence of reduced national training places and introduction of the new curriculum) and a 2% reduction in tariff will have a financial impact on UHL.

Whilst UHL has transparency of SIFT and MADEL income into CMGs with clearly identified budget lines for these funding streams - the accountability for expenditure remains problematic. The MADEL placement fee and SIFT funding is embedded in CMGs and difficult to access to allow UHL to deliver educational developments and innovations – A meeting has been held with Chris Benham to identify how this can be rectified and this is a specific focus of the EQIP Plan

Training is increasingly delivered in a competitive environment. It is important that UHL provides high quality training, or student and trainee satisfaction will be low and UHL will suffer Loss of reputation as a teaching hospital and further impact on recruitment and retention In addition, where placement or training posts are not well supported they may be removed and allocated to other centres where trainees report a better experience.

## HEEM Study leave underspend bids 2016/7

UHL Consultants and teams successfully bid for £130,000 of the available funding to support educational initiatives across UHL (Appendix 3).

### **Medical Education: Key priorities and next steps**

1. Recognise the need to improve UHL learning culture and environment and commit to address issues raised by the GMC visit and students and trainees in National surveys.
2. Pro-actively develop an education plan to manage UHL training capacity to enable adequate support for the successful transition to the clinical phase of new Leicester Medical School Curriculum alongside placements for Physician Associate students, Trust doctors, AHPs, Nursing Associates etc.
3. Manage education and training issues more actively across UHL and commit to demonstrate improved education quality outcomes
4. Improve internal, quality control of training delivered and accountability for funding we receive for education and training at CMG level
5. 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

**Appendix 1 – UHL Education Quality Improvement Plan**

**Appendix 2 – GMC interim feedback**

**Appendix 3 – Successful UHL CSL bids 2016**

## Nursing Education Issues

### **PILOTING THE NURSING ASSOCIATE FOR LEICESTERSHIRE AS PART OF THE EAST MIDLANDS COLLABORATIVE TEST BED SITE**

The University Hospitals of Leicester (UHL), Leicestershire Partnership Trust (LPT), LOROS and the Leicestershire CCGS are working alongside other health and social care providers across Derbyshire, Northamptonshire, Nottinghamshire and Lincolnshire forming the 'East Midlands Collaborative Test Bed Site for the Nursing Associate'. The East Midlands is one of eleven test bed sites across England who will be recruiting 225 of the 1000 student Nursing Associates who will commence their training in January 30<sup>th</sup> 2017. A further 1000 students will commence in April 2017 with the sites yet to be confirmed.

To support national consistency in the delivery of education and training for the new role, a 'Nursing Associate Curriculum' has been developed by Health Education England (HEE) in partnership with Skills for Health and Skills for Care. The curriculum was published on the 18<sup>th</sup> November 2017 and will support the universities aligned to each of the Test Bed Sites, to develop their programmes.

The Board are advised that UHL will lead the work on developing the Nursing Associate Curriculum for Leicestershire. This will be done in partnership with De Montfort University (DMU) who, as an NMC accredited university, will 'quality assure' the work as part of the mandatory requirements stipulated by HEE and the NMC. The UHL Nurse Education team is already an accredited educational partner of DMU and are allowed to deliver degree level education for specialist clinical modules following a formal validation process in 2015, so developing a nursing curriculum seemed to be a natural progression for the team.

The Leicestershire model of healthcare providers developing and delivering the Nursing Associate programme with the support of a university is a unique and innovative approach compared to other Test Bed Sites. The nurse education team will ensure the pilot programme is delivered to a high standard and will support our student Nursing Associates to develop into a new and different workforce across the health and social care system.

The Nursing Associate Training Programme is outcome-based and focuses on eight domains of practice that are listed below in figure one. Each domain will become a 'module' that will inform the content of all teaching sessions and clinical assessments. There will be opportunities for nurses across LLR to deliver individual theory or practical sessions or even become a module leader for the programme.

#### *Fig one: Domains of Practice / Curriculum Modules*

- 1) Professional Values and Parameters of Practice
- 2) Person Centred Approaches to Care
- 3) Delivering care
- 4) Communication and Inter-Personal Skills
- 5) Duty of Care, Candour, Equality and Diversity
- 6) Supporting Learning and Assessment in Practice
- 7) Team-working and Leadership in Practice
- 8) Research, Development and Innovation



## Role, accountability and scope of practice for Nursing Associates

Formal guidance has been issued by HEE and the Chief Nursing Officer for England in relation to the role, accountability and scope of practice for the Nursing Associate:

- The Nursing Associate will support Registered Nurses to deliver fundamental care to patients. The role will not replace nurses.
- Nursing Associates will be trained to work independently under both the direct and indirect supervision of the registered nurse.
- Any independent work will be within defined parameters of practice, competence and training of the Nursing Associate. The responsibility and authority given by a Registered Nurse to the Nursing Associate will be in line with local policies and guidelines.
- Upon qualification, Nursing Associates will be educated and trained to undertake any/all delegated routine medicine calculations and administer medicines safely if suitably trained and competent, in settings where it is deemed appropriate and where this is guided by organisational medicines management policies.
- Guidance in relation to the administration of controlled medicines will be reviewed by HEE via a task and finish group in the New Year (2017) consisting of membership from across the health and care system to provide evidence-based guidance on this specific function.
- Upon qualification, Nursing Associates will be educated and trained to understand the appropriate and safe use of invasive and non-invasive procedures such as inserting a cannula or a urinary catheter, under the direction of a registered nurse or registered healthcare professional.

## Professional Regulation for Nursing Associates

Professional regulation (with the NMC) has been seen as a solution to enhancing the professional status of the Nursing Associate role, defining national education and training standards and protecting associates from working beyond their scope of practice.

The Professional Standards Authority (PSA) has said it cannot yet make a decision on regulation due to the role still being in development. The PSA has suggested that a regulator such as the NMC could set up a voluntary register under its existing legislation, which would provide an easy route to regulation at a later stage if required. We await a decision from HEE regarding this suggestion.

## Number of Student Nursing Associates for Leicestershire

Because of the interest in becoming a Test Bed Site, the number of trainees for the East Midlands was reduced from 300 to 225. This resulted in a reduction from 40 to 30 trainees for Leicestershire. UHL and LPT will have ten students per organisation. GP Practices and LOROS will have five students each. There is no confirmation as to whether more students can be recruited later in 2017 or if the pilot will need to run its course of two years before further cohorts can commence.

UHL have already recruited to their allocated training posts (taken from the Assistant Practitioner cohort that was due to commence in October 2016). Other providers will commence their recruitment during December. At this time, Nursing Associates are only being recruited to adult specialities with the exception of the Test Bed Site of Great Ormond Street Hospital for Sick Children.

## **TOTAL COST AND FUNDING FOR THE RECRUITMENT, TRAINING AND INTRODUCTION OF THE NURSING ASSOCIATE**

HEE has provided a per capita amount of £13,500 per student for the first 1000 trainee Nursing Associates to cover the cost of education and training and placements over the two year

programme. Test bed sites also have £50,000 to support initial set up costs of running the pilot. The funding, in the form of a grant for Leicestershire will be managed by UHL. Some of this funding will be needed to support student support posts in LPT and GP Practices in addition to funding new teaching posts for the programme. The second cohort of 1000 students commencing in April 2017 will not be funded. Future funding for the Nursing Associate will come from the apprentice Levy although it is not clear how this will work.

## **THE UHL NURSING, MIDWIFERY AND ALLIED HEALTH CARE PROFESSIONS EDUCATION AND TRAINING FACILITY**

The Alfred Hill Academy on the Glenfield Hospital site, previously used by LPT as a training facility, was returned to UHL at the end of a land swap arrangement. In October 2016, a decision was taken by the Executive team to allow the building to be used for non-medical education and training. Following some minor works to ensure compliance with building regulations, the first trainees (the largest cohort of Health Care Assistants ever recruited to UHL) are now being taught in the facility. Thanks must go to the Executive Team for supporting the use of the building for non-medical training and to the Facilities and Estates team for ensuring the work was undertaken in an extremely short time-scale and to a high standard by external contractors.

## **RECRUITMENT OF HEALTHCARE ASSISTANTS**

A new strategy to recruit larger numbers of HCAs to UHL has been extremely successful. It would seem that the success is due in part to open days that are held 10 days before posts are advertised. The open days, advertised on social media and BBC Radio Leicester have focused on the role of a HCA, the training available to individuals with no previous experience, advice on numeracy and literacy and the possible career pathways in nursing and in UHL. The response to the open days has been exceptional. This has confirmed the need to continue with this approach for the foreseeable future. The majority of applicants have said that they have previously considered applying for HCA posts at UHL but lacked the confidence to apply thinking that they would not have the right skills for an acute hospital having only worked in nursing homes, domiciliary care or the service industry. It was noted at both shortlisting and interview stages that the calibre of applicants was outstanding and noticeably different to previous candidates.

## Non-Clinical :Vocational Learning

### 1.1 Apprenticeships

As previously reported to the Trust Board, there are significant changes on the horizon within the health sector in relation to 'Apprenticeships', including the introduction of new roles centered around areas where it is difficult to recruit and changes to how training will be funded. We need to look at apprenticeships as a way of meeting the challenges that lie ahead by considering how we;

- Use apprenticeships to employ more young people within UHL;
- Use apprenticeships as an opportunity to address our future ageing workforce challenges;
- Use apprenticeships to develop our existing workforce; and
- Use apprenticeships to help reshape our workforce.

There are two key elements; one is the public sector target and the other is the new Apprenticeship Levy:-

1. The current proposal is that the Trust will be expected to pay **0.5% of the pay bill**, paid through PAYE, which for us equates to £2.8 million.
2. Through the **Enterprise Act** a target for public sector bodies of 2.3% of workforce as Apprenticeship starts each year has been set from 1<sup>st</sup> April 2017. For us this means a minimum of 344 Apprenticeship Starts from the 1 May 2017 to 31 March 2018 based on 14585 head count (to meet the £2.8m levy). Based on past performance and projected activity for 2016/17 we average at around 118 apprenticeship starts per year indicating a need for significant growth in delivering government targets.

The apprenticeship reforms will support an increase in the quality and quantity of apprenticeships so that more individuals have the chance to pursue a successful career – whether this is their first step on the employment ladder or progression within a current employer or sector.

The reforms give employers more control over designing, choosing and paying for apprenticeship training. The funding policy will support the changes to the way apprenticeships in England are paid for, underpinned by the apprenticeship levy.

It is essential that growth in apprenticeship numbers is reflected in plans and therefore we have set out indicative apprenticeship numbers for each CMG/Directorate (as below) for inclusion in Operational Plans. We highlight that apprenticeship numbers can be newly recruited young apprentices and also includes existing staff that will undergo development across a range of professional services.

#### Indicative Apprentices starts for 2017/18

Clinical Corporate /	CMG / Directorate	Heads (October 16)	Apprenticeship Starts for inclusion within Operational (2017/18)	New Plans
Clinical CMGs	Alliance Elective Care	321	8	

	CHUGGS	1268	30
	Clinical Support & Imaging Services	2197	51
	Emergency & Specialist Medicine	1899	44
	ITAPS	1289	30
	MSK & Specialist Surgery	1133	26
	RRCV	1901	44
	Women's & Children's	1987	46
<b>Clinical CMGs Total</b>		<b>11995</b>	<b>279</b>
Corporate	Communications & Ext Relations	27	1
	Corporate & Legal	24	1
	Corporate Medical	127	3
	Corporate Nursing	177	4
	Facilities	41	1
	Facilities Services	1605	37
	Finance & Procurement	152	4
	Human Resources & Training	196	5
	IM & T	12	1
	Operations	121	3
	Research CRN EM	49	2
	Research UHL	47	2
	Strategy Directorate	12	1
<b>Corporate Total</b>		<b>2590</b>	<b>65</b>
<b>Grand Total</b>		<b>14585</b>	<b>344</b>

We are awaiting confirmation of NHS specific apprenticeship standards (currently being led by trail blazers) and therefore it is difficult to break down apprenticeship number by actual position titles (new or existing) at this point in time.

In addition, we are awaiting for clarification of the funding levels, achieving the target alone will not enable us to meet the £2.8 million levy, this will be dependent upon what funding can be utilised for each level of apprenticeships.

Further clarification is still required on the NHS specific standards, funding details and levels.

## **2. 2 National Diploma Assistant Practitioner Programme- Bowel Screening**

University Hospitals of Leicester introduced the Health and Social Care (Assistant Practitioner) Diploma March 2014. A number of participants in the first cohort were supporting the introduction of the Public Health Bowel Scope Screening Programme .

The aim of the bowel scope screening programme is to offer a one-off flexible sigmoidoscopy to all men and women at the age of 55 and for 56-59 year olds to opt in. It will test for bowel cancer, removing small polyps by flexible sigmoidoscopy and providing colonoscopy for 'high risk' polyps. This screening programme compliments the existing bowel cancer screening programme and aims to reduce mortality from the disease.

The Health and Social Care (Assistant Practitioner) aims to provide a flexible course which is competence based with an emphasis on “fitness for practice in bowel screening and bowel scope screening”, and which bridges the gap between theory and practice. The Health & Social Care (Assistant Practitioner) has been designed to meet the academic requirements for the development of the Assistant Practitioner role within health care (bowel scope screening).

As a result of the success of the first programme the Trust were approached to become the national providers of the L5 Diploma Assistant Practitioner (bowel scope screening) programme. This programme has been designed in conjunction with stakeholders (Public Health Service- *National Cancer Programme* to ensure the framework and core competencies are underpinned by National Occupational Standards for the Assistant Practitioner Apprenticeship Standards (bowel screening and bowel scope screening)

The first pilot course is planned for January 2017 with a further programme July 2017. The programme is the only one of its type in England for Assistant Practitioners in bowel screening and bowel scope screening.

### **2.3 Regional Diploma for Health Screeners**

When the NHS screening programmes moved into Public Health England the arrangements for training of screeners was reviewed to ensure provision was equitable, accessible and sustainable. In collaboration with Health Education England and Skills for Health a national screener qualification has been developed as the way forward, to ensure an accessible, work based training programme with a nationally recognised qualification and a pathway for screeners which supports career progression and opportunities in health care.

The Learning and Development service has become the regional (East Midlands) awarding centre for the following nationally recognised qualifications;

- Diploma for Health screeners (Abdominal Aortic Aneurysm);
- Diploma for Health screeners (Newborn Hearing) and
- Diploma for Health screeners (Diabetic Eye).

The qualifications will be offered from January 2017 aimed at non-professionally regulated screening staff in the NHS Diabetic Eye Screening Programme (NDESP), NHS Abdominal Aortic Aneurysm Screening Programme (NAAASP) and NHS Newborn Hearing Screening Programme (NHSP).

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT TO: TRUST BOARD**

**DATE: 1 DECEMBER 2016**

**REPORT BY: Mr ANDREW FURLONG, MEDICAL DIRECTOR**

**REPORT FROM: PROFESSOR SUE CARR, DIRECTOR OF MEDICAL EDUCATION**

**SUBJECT: IMPROVING MEDICAL EDUCATION QUALITY IN UHL**

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This paper was produced following a recent Trust Board Away day to focus on improving the quality of the learning experience for undergraduate and postgraduate medical trainees in UHL.

In addition, initial feedback from the GMC visit on 25<sup>th</sup> October have been incorporated

**Concerns**

1. Recent data from the UK Foundation Programme demonstrating that only 19% of Leicester medical students chose LNR as their first choice for Foundation training and that of the 70% LNR Foundation year 2 doctors who progressed directly to speciality training – only 29% of those chose to stay in LNR which has major implications for recruitment to specialty training and clinical service rotas.
2. Poor performance of Leicester Medical School in National Student Survey 2016
3. Despite general improvement in GMC National Trainee Survey there are some areas of concern in UHL

UHL has a Medical Education Strategy which has achieved many of its aims and actions since 2015 (Appendix 1) but needs to be aligned to the Sustainability and Transformation Plans.

Several interventions have already been made to enhance the learning environment and culture in UHL and to strengthen partnership working with Leicester University including the LiA Medical student and LiA Medics into Action events, appointment of Honorary Titles and Academic Champions with the University of Leicester.

A Medical Education Improvement plan has been developed to further enhance quality of medical education and training provided in UHL (Appendix 1)

**Key priorities**

1. Recognise the need to improve UHL learning culture and environment and commit to address issues raised by students and trainees in National surveys. Rediscover the “T” in teaching hospital.
2. Manage education and training issues more actively across UHL and commit to demonstrate improved education quality outcomes
3. Improve internal, quality control of training delivered and accountability for funding we receive for education and training at CMG level

4. Pro-actively develop an education plan to manage and support new roles working in the Trust e.g. increasing numbers of Trust Doctors, Physicians Associates, AHPs, Nursing Associates etc.
5. 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

Appendix 1

University Hospitals of Leicester Education Quality Improvement Plan 2017/18

EQUIP 2017/18

Action Note	Action	Lead	By When	Progress Update	RAG Status*
<p><b>1. Improving the Learning Culture: Valuing education and training across UHL</b>                      Ensure Trust and CMG Board Level engagement on education and training matters</p>					
1.1	Multi-professional education report quarterly to UHL Trust Board	SC/EM/BK		Quarterly	5
1.2	Medical Education report bi-monthly to Executive Workforce Board	SC		Bi-monthly	5
1.3	<p><b>Increase the prominence of Education &amp; Training in UHL strategy:</b></p> <ul style="list-style-type: none"> <li>Align UHL Medical Education strategy with UHL 5 year plan</li> <li>Include E&amp;T issues in UHL Annual report</li> <li>Include E&amp;T issues regularly in Chief Executive briefing</li> </ul>	SC/AF/IC	Feb 2017		1
1.4	Develop a multi-professional strategy	SC/AF/JS/LT	End April 2017	A draft document was produced in 2015 and will be updated	3
1.5	<p><b>Hold an Annual Education and Training summit</b></p> <ul style="list-style-type: none"> <li>Reward high quality education and training in UHL – Educating at its Best Awards</li> <li>Hold an annual celebration event for E&amp;T ? joint with UoL?</li> </ul>	August 2017	DCE	HEEM and UoL hold such events already so need to collaborate closely	1

\* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strikethrough~~ so that the original date is still visible.

<b>RAG Status Key:</b>	<b>5</b>	<b>Complete</b>	<b>4</b>	<b>On Track</b>	<b>3</b>	<b>Some Delay – expected to be completed as planned</b>	<b>2</b>	<b>Significant Delay – unlikely to be completed as planned</b>	<b>1</b>	<b>Not yet commenced</b>
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## 2. Improving Quality of Education outcomes

Aim to improve visibility and governance within UHL of outcomes in:

GMC National Trainee Survey

National Student Survey

Health Education East Midlands accreditation visit reports and trainee exit surveys

UHL Education Quality Dashboard

2.1	<b>Accountability for improvement in Education Quality outcomes (UG and PG)</b>				
	<ul style="list-style-type: none"> <li>Department of Clinical Education to circulate GMC/NSS and analyse survey results and disseminate reports to CMG</li> </ul>	Aug 2017	SC/JK	Process in place to disseminate reports	5
	<ul style="list-style-type: none"> <li>Produce UHL Quality dashboard for postgraduate education 4 monthly – circulate to CMGs and Executive Workforce Board</li> </ul>	Feb 2017	BM/CMG Leads	Process in place to liaise with CMG Education leads to update dashboard	4
	<ul style="list-style-type: none"> <li>Develop an education quality dashboard for undergraduate education in UHL</li> </ul>	July 2017	JK/SC/SW		1
2.2	<b>Responding and Acting Upon Quality Information</b>				
	<b>Postgraduate Education</b> <ul style="list-style-type: none"> <li>CMGs to provide Quality Improvement (EQI) Action plans in response to GMC visit/survey/NSS and UHL quality metrics quarterly to improve quality/address concerns in postgraduate education</li> </ul>	Jan 2017	CMGs/CMG Education Leads		4
	<b>Undergraduate Education</b> <ul style="list-style-type: none"> <li>Liaise with Leicester Medical School to increase response rate in Phase II end of block feedback surveys</li> </ul>	Jan 2017	SC/SW/LMS		1
	<ul style="list-style-type: none"> <li>CMG develops EQI Action plans to improve/address issues identified in feedback</li> </ul>		CMGs/CMG Ed Leads/UG Leads		3

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	<ul style="list-style-type: none"> <li>Performance against agreed EQI Action plans managed through the Executive Workforce Board bi-monthly</li> </ul>	April 2017	EWB		1
	<ul style="list-style-type: none"> <li>Agree and implement a process to manage inadequate improvement in education quality</li> </ul>	April 2017	SC/AF/Paul Traynor		1
2.3	<b>Improve Transparency and Accountability of SIFT and MADEL expenditure</b> <ul style="list-style-type: none"> <li>CMG budgets to demonstrate MADEL and SIFT income</li> </ul>	April 2017	SC/AF/Paul Traynor		5
	<ul style="list-style-type: none"> <li>CMG budgets to demonstrate MADEL placement fee and SIFT expenditure</li> </ul>				5
	<ul style="list-style-type: none"> <li>Work with UHL finance to develop a model to top-slice MADEL placement fee budgets to allow for DCE funding to support Trust-wide educational initiatives (e.g faculty development etc) with a view to implementing from April 2017</li> </ul>				1
	<ul style="list-style-type: none"> <li>Work with finance to develop a model to top-slice SIFT budgets to allow for DCE funding to support Trust-wide educational initiatives (ICC course, teaching fellows, student lockers, student common room, enhanced multi-professional simulation training) with a view to implementing from April 2017</li> </ul>				1
2.4	<b>Time in job plan for education and training roles</b> Educational Supervisors 0.25SPA (EPA) per trainees Clinical Teachers 0.5 SPA (EPA) per student <b>(As per LDA agreement)</b>				
	<ul style="list-style-type: none"> <li>Implement a Framework for job planning of education roles</li> </ul>	May 2016	CF/AF/JTF/SC	Process and Framework in place	5
	<ul style="list-style-type: none"> <li>Implement a Framework for payment of externally funded education roles</li> </ul>	April 2016	SC/HR		5

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	<ul style="list-style-type: none"> <li>Audit UHL CMG compliance with the LDA requirement for educational supervisors and clinical teachers time in job plans annually and report to Executive Workforce Board</li> </ul>	April 2017	DCE/CF		1
	<ul style="list-style-type: none"> <li>Write a process to describe pathway to move MADEL and SIFT funding to DCE where LDA requirements are not met and education quality is inadequate</li> </ul>	August 2017	SC/Finance		1
2.5	<b>Ensure education roles are appropriately appointed, appraised and valued</b> <ul style="list-style-type: none"> <li>Maintain database of GMC recognised trainers</li> </ul>	July 2016	JK/SC/SW	Process and Framework in place	5
	<ul style="list-style-type: none"> <li>Develop a framework for appraisal of GMC recognised trainer roles</li> </ul>	April 2016	SC/MM/JK/JB		4
	<ul style="list-style-type: none"> <li>Deliver training to UHL Appraisers re appraisal of Level 2 education roles</li> </ul>	Dates	DCE		4
	<ul style="list-style-type: none"> <li>Update Prep system to include appraisal of education roles</li> </ul>	August 2017	MM/JB/JK		3
<b>3. Improve Retention of Students and Doctors in Training</b>					
<b>Improving Learners Experience in UHL</b>					
3.1	<b>Induction</b> <ul style="list-style-type: none"> <li>Evaluate Dynamic e-induction package</li> </ul>		DL/HR		4
	<ul style="list-style-type: none"> <li>Review and update existing Trust induction presentations</li> </ul>		SC/HR/DL/JB		5
	<ul style="list-style-type: none"> <li>Ensure local induction for all trainees</li> </ul>		CMG Ed leads/DL		1
	<ul style="list-style-type: none"> <li>Quality control departmental inductions (GMC concern)</li> </ul>				3
	<ul style="list-style-type: none"> <li>Where EQI indicate poor CMG/Departmental level induction, develop improvement plan</li> </ul>		SC/SW/JA		1

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	<ul style="list-style-type: none"> <li>CEO/Medical Director to speak at student Phase 1 and 2 inductions</li> </ul>				4
3.2	<b>Improve welcome on wards by medical staff, nursing staff and others</b> <ul style="list-style-type: none"> <li>Promote UHL as a Teaching Hospital to staff and patients Communications – posters, video</li> </ul>			Comms	1
	<ul style="list-style-type: none"> <li>Develop a Junior Doctor Liaison Administrator post</li> </ul>				1
	<ul style="list-style-type: none"> <li>Work with CMGs to develop the Junior Doctors Administrators <ul style="list-style-type: none"> <li>Provide education sessions</li> </ul> </li> </ul>	Jan 2017		HR/DCE	3
	<ul style="list-style-type: none"> <li>Collaborate with the Patient Partners to improve welcome</li> </ul>	Dec 2016		JK/MC	3
	<ul style="list-style-type: none"> <li>Improve social and working space for trainees and students</li> </ul>	Sept 2017		Facilities/CMG	1
3.3	<b>Improve Feedback to Students and Trainees</b> <ul style="list-style-type: none"> <li>Ensure Teachers/trainers with time to teach in job plans (as above)</li> </ul>	Dec 2017		CF/CMGs	2
	<ul style="list-style-type: none"> <li>Develop a Faculty development strategy</li> </ul>			DCE	1
	<ul style="list-style-type: none"> <li>Develop a Faculty development lead role</li> </ul>	Aug 2017			1
	<ul style="list-style-type: none"> <li>Pilot 'Learners as Educators' programme for medical students in UHL 2017 (dependent upon funding) to improve feedback to students and trainees</li> </ul>	May 2017			1
3.4	<b>Improve and standardise the support available for non-training grade doctors</b> <ul style="list-style-type: none"> <li>Continue to support SAS Tutor role (1PA)</li> </ul>	April 2017		DCE	5
	<ul style="list-style-type: none"> <li>Develop a Trust Doctor Clinical tutor role (1PA)</li> </ul>				1

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	<ul style="list-style-type: none"> <li>Apply to HEEM for funding to support Simulation programme for Trust Doctors</li> </ul>	Oct 2017			4
	<ul style="list-style-type: none"> <li>Recruit to Trust grade administrator post (shared with HR)</li> </ul>				5
3.5	<b>Promote equality of opportunity and a culture that does not tolerate undermining and bullying of students or trainees</b> <ul style="list-style-type: none"> <li>Work with HR and CMGs to promote equality and diversity awareness and UHL intolerance of any bullying or undermining</li> </ul>	Feb 2017	HR/CMGs/DCE	A robust policy and framework exists and all staff undertake mandatory training in E&D	4
<b>4. Continue to Improve the Learning Environment : Education and Simulation facilities</b>					
4.1	<b>Develop a business case to progress UHL multi-professional education facilities strategy</b> <ul style="list-style-type: none"> <li>Appoint an SRO and project manager</li> </ul>		SC/EM/BK/LT Facilities	Strategy written and agreed by EWB. LT appointed as SRO	3
	<ul style="list-style-type: none"> <li>Include University of Leicester on project group</li> </ul>				4
	<ul style="list-style-type: none"> <li>Improve quality of workspace for trainees and students in UHL (GMC)</li> </ul>				1
4.2	<b>Develop a multi-professional simulated training strategy</b> <ul style="list-style-type: none"> <li>Appoint Simulation Lead for UHL</li> <li>Appoint Associate Simulation Leads</li> <li>Work to include medical students and the multi-professional team in UHL Simulations</li> </ul>	Dec 2017		Strategy agreed and Leads in post	5
					5
					1

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5. Develop closer joint working with University of Leicester					
5.1	<b>Engage with Academic Champions and Hon appointees to engage students and trainees in projects and teaching activities</b> <b>Support Clinical Academic training in UHL</b> <ul style="list-style-type: none"> <li>Present paper to Medical Workforce Committee Sept 2016 to seek support to manage the CAT posts through the Department of Clinical Education to improve trainee experience</li> <li>Explore development of CAT in Medical Education with HEE-EM and UoL</li> <li>Develop Clinical Teaching fellows to support undergraduate education and improve feedback to trainees</li> </ul>	Sept 2016	SC		1
			SC		3
			SC/AF		
			SC/SW		
5.2	<b>Develop an over-arching strategy to more closely integrate undergraduate and postgraduate training to improve outcomes and retention of trainees and students</b> <ul style="list-style-type: none"> <li>Circulate a discussion paper to define and seek agreement to progress this approach</li> <li>Review the structures for delivery of undergraduate curriculum in UHL to ensure reliable and consistent curriculum delivery</li> <li>Plan for transition of clinical placements into new curriculum in 2018 (old curriculum still running - double student numbers for 1 year)</li> <li>Develop Terms of Reference for a UHL/UoL Joint Board of Medical Education</li> <li>Explore with UoL opportunities to enhance education quality - develop opportunities for Hon title holders and Academic Champions, support education innovation &amp; education research projects etc</li> <li>Support UHL Consultants interested to support Fellow and</li> </ul>	Oct 2016	SC/AF/PB/KH		4
		Aug 2017	SC/NL/AS		1
		2018	SC/SW		1
					1
					1
					1
					1

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	<ul style="list-style-type: none"> <li>projects in Medical Education research via a Virtual Education Academy</li> </ul>				
<b>6. Develop role of UHL patient partners in education and training</b>					
6.1	<ul style="list-style-type: none"> <li>Identify UHL patient partner to represent education and training</li> </ul>	Aug 2016	DCE	M Caple agreed to act in this capacity	<b>5</b>
6.2	<ul style="list-style-type: none"> <li>Invite patient partner to key education committees</li> </ul>		JK		<b>3</b>
6.3	<ul style="list-style-type: none"> <li>Deliver education session for patient partners and explore ways they can add value</li> </ul>		JK		<b>4</b>

**Key:**

JA – John Adler

AF – Andrew Furlong

IC – Ian Crowe

SC – Sue Carr

JS – Julie Smith

LT – Louise Tibbert

JK - Joanne Kirtley

BM – Beckie Marriott

SW – Steve Williams

LMS – Leicester Medical School

DCE – Department of Clinical Education

JFT – Joanne Tyler-Fantom

MM – Mary Mushambi

CF – Catherine Free

JB – Jon Bennett

DL – Dilesh Lakhani

MC – Martin Caple

EM – Eleanor Meldrum

PB – Philip Baker

KH – Kevin Harris

NL – Nick London

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## Initial feedback proforma

### Regional review visit

<b>Regional review</b>	East Midlands Regional Review 2016
<b>Organisation visited</b>	University Hospitals of Leicester NHS Trust
<b>Date of visit</b>	25 October 2016
<b>GMC visit team</b>	Jacky Hayden (Team Leader) Paul O'Neill (Deputy Team Leader) Anna-Maria Rollin Anoop Chauhan Katherine Marks Vivek Srivastava
<b>GMC Staff</b>	Kevin Connor (Education Programme Manager) Abigail Nwaokolo (Education Quality Analyst)

### Introduction

The purpose of this proforma is to frame the initial feedback during a visit; it is not a definitive list of good practice, requirements or recommendations as they will appear in the final report.

If you choose to disseminate this feedback to your stakeholders please use this proforma so that the context for this feedback is understood by all.

### Serious concerns

<b>Serious concerns</b>	None
<b>Detail</b>	n/a
<b>Action taken</b>	n/a
<b>Action required</b>	n/a



	<b>Theme</b>	<b>Standard/ requirement</b>	<b>Areas that the team consider are working well</b>
1	Theme one	R1.19	We were impressed with the clinical experience week, where learners attend clinics all week. This shows the Trust's commitment to education and enables learners to meet the requirements of their curriculum.
2	Theme one	R1.10	The Trust has a good, reliable system in place using colour lanyards to identify the learners at different stages of education and training which helps staff take account of this.
3	Theme one	R1.12	We were pleased to see that the Trust have created space for learners through trust grade appointments and by developing the wider workforce to relieve the service burden experienced by doctors in training.
4	Theme two	R2.1, R2.2	We were pleased to see the commitment of the Trust to education and training with clear, transparent educational governance systems and structures in place as well as a strong educational team. The Trust displays clear accountability for educational governance at a Trust Board and Directorate level which includes the engagement of the lead Non-Executive Director for Education and patient partners to improve the quality of education.
5	Theme two  Theme four	R2.10  R4.2	We commend the Trust's commitment to education. The Trust have developed trainers' job plans to give them the help and support they need as educators to meet their educational responsibilities. The appointment of the Non-Executive Director leading on education was particularly welcomed by the educators we met.
6	Theme three	R3.2, R3.9	We heard about the new initiative at the Trust to establish student mentors for all medical students. We encourage the Trust to continue to working on this positive initiative to develop this support mechanism for students.
7	Theme five	R5.4, R5.9	The clinical skills unit with high quality simulation facilitators ensures that students and doctors in training get the opportunity to develop their clinical, medical and

			practical skills through technology enhanced facilities. The team leading the unit were particularly valued by the learners we met.
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	<b>Theme</b>	<b>Standard/ requirement</b>	<b>Areas the team consider could be improved</b>
1	Theme one	R1.13	We heard that there are difficulties in some specialities with doctors in training starting on-call duties without an appropriate induction.
2	Theme one	R1.19	We found that the number and range of information technology systems at the Trust is causing a risk to patient safety. For example, we heard that doctors in training share log in details when prescribing which makes it unclear who has issued a prescription.
3	Theme one	R1.19	We heard that in two of the three hospitals, learners consider that there is a lack of sufficient work and social space for their needs.
4	Theme three  Theme five	R3.3  R5.12	We found examples of poor understanding of equality and diversity issues particularly in regard to understanding the adjustments that need to be made for learners to ensure that learners can meet the necessary standards of competence. This may include adjustment to assessments to accommodate specific disabilities. Furthermore, we heard about inappropriate comments that have been made to students, such as suggestions of particular careers due to their gender and examples of undermining. The level of lack of respect extended from inappropriate remarks to inappropriate behaviour, which was discussed with the Trust Chief Executive and Medical Director.
5	Theme five	R5.4	The teaching and delivery of the undergraduate curriculum lacks coherence and structure. We urge the Trust to look at this closely as with a more structured programme of delivery, students may find they enjoy their experience more at University

			Hospitals of Leicester and see this as a place to stay to do their foundation training.
6	Theme five	R5.9	We heard that core doctors training in anaesthetics are not working on call so they are not getting some key clinical experiences in their training. We also heard that for some doctors training in cardiology and gastroenterology, they felt their responsibility to provide cover to other departments was of little educational value and was affecting their access to necessary training opportunities.

### **What happens next?**

We will draft a report of the visit outlining any good practice, requirements or recommendations which will be shared with HEE EM.

Medical schools, LEPs and HEE EM will be given the opportunity to comment on factual accuracy of reports in writing and will have the opportunity to discuss visit reports at a later date. Reports will be published alongside the medical school, HEE EM or LEP's action plan and the right of reply letter.

We will monitor the requirements and recommendations through scheduled reports from the HEE EM and medical schools, with the exception of any serious issues where more immediate timelines for action will be agreed.

If you have any questions please email [abigail.nwaokolo@gmc-uk.org](mailto:abigail.nwaokolo@gmc-uk.org).

## Successful CSL Underspend Applications 2016-2017

Please remember	This funding is for use in the current financial year – if you are unable to utilise it by 31 March 2017 please contact me urgently
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Application Reference Number	06
Submitted by	
Supported by	
Summary of Application	Purchase of a 'SMART' television with internet connection and seminar room furniture for trainees
Final Decision	Approved in full
Amount Approved	£10,200
Notes or conditions	Please make this available to more people and promote multi-professional where possible.

Application Reference Number	07
Submitted by	
Supported by	
Summary of Application	A pilot "Learners as Educators" programme as a way to improve feedback skills in healthcare students and doctors in training
Final Decision	Approved in full
Amount Approved	£18,000
Notes or conditions	

Application Reference Number	08
Submitted by	
Supported by	
Summary of Application	Higher Specialist Trainee (HST) Based Team Management of the Acutely Unwell Medical Patient
Final Decision	Approved in full
Amount Approved	£5,875
Notes or conditions	

Application Reference Number	15
Submitted by	
Supported by	
Summary of Application	Head mounted camera for surgeon point-of-view live transmission and recording of vascular and endovascular surgical procedures.
Final Decision	Approved in full
Amount Approved	£9,078
Notes or conditions	

## Appendix 3

Application Reference Number	23
Submitted by	
Supported by	
Summary of Application	Video camera with HDMI Cable
Final Decision	Approved in full
Amount Approved	£6,942
Notes or conditions	

Application Reference Number	27
Submitted by	
Supported by	
Summary of Application	Funding for six desktop computers and six network points in the Department of Microbiology to improve day to day clinical supervision to Microbiology trainees, Leicester Royal Infirmary. (National Trainee Survey 'Red' Flag)
Final Decision	Approved in full
Amount Approved	£5,295
Notes or conditions	

Application Reference Number	43
Submitted by	
Supported by	
Summary of Application	This application is for the purchase of a Medaphor ultrasound simulator for pelvic and trans-vaginal scanning. This is to support curriculum based ultrasound training for all radiology trainees, and also for obstetric and gynaecology trainees, within the
Final Decision	Approved in full
Amount Approved	£24,000
Notes or conditions	

Application Reference Number	47
Submitted by	
Supported by	
Summary of Application	3x Simulation manikins (wireless)
Final Decision	Approved - limited
Amount Approved	£39,132
Notes or conditions	Approval limited to purchasing the neonatal and paediatric simulators. The panel has not approved upgrading the adult model.