

Multi-professional Education Update: July 2017

Author: Director of Medical Education, Assistant Director of Nursing] Sponsor: Medical Director

Trust Board paper J

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 remains low.

The establishment of a strong learning culture and a supportive training environment with good education facilities will support UHL's care delivery and patient safety by delivering a well-trained and motivated workforce.

Input Sought

For information

We would welcome the Board's support for:

1. Developing a supportive learning environment in UHL
2. Improving the accountability for medical education funding at CMG level
3. Demanding action to address education and training quality issues and a commitment to improve education quality outcomes
4. Establish a Leicester Healthcare Education Academy with UoL to maximise UHL potential in educational innovation, and scholarship as a means to enhance recruitment and retention of trainees

For Reference

Edit as appropriate:

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

| | |
|---|-------|
| Safe, high quality, patient centred healthcare | [Yes] |
| Effective, integrated emergency care | [Yes] |
| Consistently meeting national access standards | [Yes] |
| Integrated care in partnership with others | [Yes] |
| Enhanced delivery in research, innovation & ed' | [Yes] |
| A caring, professional, engaged workforce | [Yes] |
| Clinically sustainable services with excellent facilities | [Yes] |
| Financially sustainable NHS organisation | [Yes] |
| Enabled by excellent IM&T | [Yes] |

2. This matter relates to the following governance initiatives:

| | |
|------------------------------|-------|
| Organisational Risk Register | [Yes] |
| Board Assurance Framework | [Yes] |

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 7.9.17

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: 6 July 2017

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

Development of a Leicester Healthcare Education Academy

University of Leicester (UoL) and University Hospitals of Leicester (UHL) are developing a proposal for a Leicester Healthcare Education Academy (LHEA). Both organisations recognise that providing excellent education and training is important in maintaining the quality and safety of patient care, maintaining the motivation and enthusiasm of staff and in attracting new students and retaining high-quality staff in both organisations. It is recognised that recently there have been challenges to the recruitment and retention of graduates in our region. Data from the UK Foundation Programme (2016) demonstrated that only 19% of Leicester medical students chose to remain in LNR for their Foundation training, which has major implications for local healthcare services. Poor recruitment and retention of graduate healthcare professionals leads to vacancies, which impact upon quality of patient care, quality of training and reputation, and need for costly locum staff.

Healthcare students and trained staff work together in the NHS environment and adopting a more integrated approach to medical and health education will improve the experience of medical/healthcare students and postgraduate trainees in Leicester and encourage a greater proportion of graduates to come to or remain in the East Midlands to pursue their careers

The aim of a LHEA would be to:

- Enhance attractiveness of medical training in Leicester and support graduate retention and recruitment of a more stable workforce thereby reducing vacancies and locum costs, which impact on quality of patient care and quality of educational experience
- Increase educational opportunities for medical and healthcare students, postgraduate trainees and trained healthcare staff to engage in education qualifications, education quality improvement and research projects
- Support a positive learning culture by working with education leaders in UoL, UHL, Honorary title holders, Academic champions, leading to improvement in student and trainee surveys

- Generate income from UK and overseas students/healthcare professionals. Develop an income sharing model between UoL and UHL.

Medical Education Update:

Undergraduate Medical Education Issues

UHL Block leads restructure

The current UHL undergraduate block lead structure has been in place for 6-7 years. A change is needed to support the introduction of the new Leicester curriculum and we have been working with the Medical School to redesign our structures to deliver this essential change. The new structure will soon be circulated and communicated

General Internal Medicine (GIM) Training

Recent student and trainee surveys, engagement events and feedback have highlighted a need to improve the undergraduate and postgraduate education in GIM.

Several actions have been taken to improve and address concerns:

- Appointment of 2 Teaching fellows in GIM
- Appointment of 2 Royal College of Physician Tutors for Higher Specialty training
- ESM have appointed a Chief Resident
- Exploration towards a Chair in GIM (50:50 Clinical/Teaching & Medical Education delivery)
 - To support an excellent clinical service and act as a role model for under and postgraduate GIM training across UHL
 - To promote teaching excellence & scholarship in UHL with other leaders in medical education

Improving the culture of UHL as a Teaching Hospital – a UHL Communication strategy has been developed to promote UHL as a University Teaching hospital

Physician Associate Students:

From September 2017 we will have: 6 Year 2 students from Worcester University, up to 15 1st year PA students from DMU from September 2017 (year 1 ½ day week, Year 2 placements 2018).

A PA placement tutor has been appointed to the role and will work with Department of Clinical Education to deliver the PA student placements in UHL.

Postgraduate Medical Education issues:

Key messages from UHL trainee survey March 2017

The findings of a UHL survey of almost 400 trainees was shared with the UHL Senate

Key findings

Would you recommend UHL as a place to work? 84% replied 'yes'

Many free text comments were received and generally reported that UHL provided a good variety of clinical experiences, good training opportunities and good team-working. Trainees who replied negatively reported experience impacted by due to high clinical service pressures which adversely impacted on supervision and training opportunities.

These issues are being addressed by measures outlined in the UHL Education Quality Improvement Plan and by a Communications strategy to promote "UHL as a University Teaching Hospital" in order to promote a positive and supportive learning environment in UHL.

Education Quality and Governance

General Medical Council visit 25th October 2016 awaiting full report (delayed by election purdah) but work on-going on based upon draft report. (Appendix 1)

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

Cardiology

Concerns were initially raised at the Quality Management Visit in November 2015 and a series of actions taken to improve this. There was positive feedback from the Specialist Registrars about changes to their rota to enable achievement of curriculum requirements. However, recent surveys and reviews have highlighted ongoing issues and difficulty with retention of the Trust Grade doctors (who supported the improvements) Feedback from the FY and Core trainees, re Senior support on the ward, continues to be variable. The UHL survey (Nov 16) suggests that there is perceived undermining within Cardiology.

Respiratory Medicine

Concerns raised by trainees and being explored by HEE-EM and CMG with Department of Clinical Education Input

There is an urgent need to resolve the issues impacting on training on the Glenfield site if training posts are to be retained – plan to explore solution with CMG (as previously achieved with ED in 2012)

Maxillo-Facial School of Surgery (OFMS)/ Dentistry

Following the HEE-EM visit and subsequent External Review Specialist trainees in OFMS surgery have been withdrawn.

Trauma and Orthopaedics School of Surgery (T&O)

Recently reported improvements have not been sustainable due to changes in the rota related to improving patient safety. Additional core level Trust Grade doctors are being recruited to address this. A meeting is scheduled with the new Training Programme Director for CST and key UHL stakeholders in June to discuss actions and ensure progress.

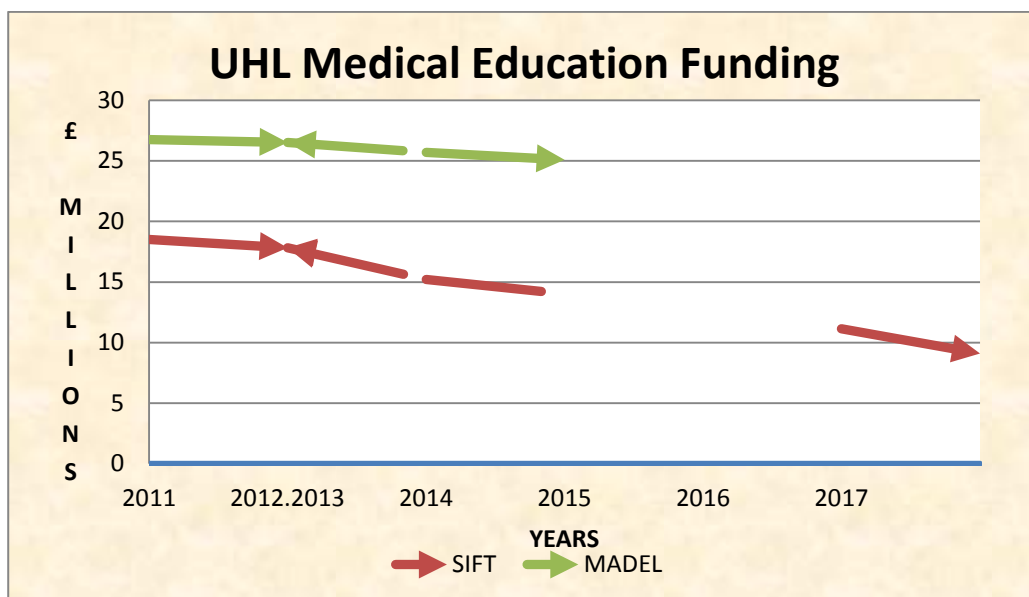
Education Facilities:

The multi-professional educational facilities strategy – EXEL@UHL is integrated into the UHL reconfiguration project.

Improving education facilities was identified as a Requirement for training by the GMC - Need to secure funding to proceed

Medical Education Funding:

Reduction in SIFT funding to UHL due to reduced student numbers and introduction of new curriculum which places more students in the community.



Within UHL there continues to be limited transparency and accountability for SIFT and MADEL income. 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 Medical Director and Director of Finance who has committed to reviewing this for next financial year.

Workforce issues

Foundation training:

6 Foundation posts will be removed (and funding) from the region (63 nationally) 3 posts in LNR to remove in August – posts will be in Nottingham

In addition, this summer there is an expected shortfall of 444 Foundation applicants nationally (vacancies due to medical school under-recruitment). East Midlands may be faced with significant under fill HEEM has a plan to recruit non UK graduates into these vacancies who it is anticipated will need a prolonged 3 week induction.

Medical Education: Key priorities and next steps (Appendix 2)

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 will probably be removed and allocated to other centres where trainees report a better experience.

1. Improve UHL learning culture to create a “Supportive learning environment”
2. Commit to address issues raised by the GMC visit and students and trainees in National surveys.
3. Improve internal, quality control and accountability for funding we receive for education and training at CMG level
4. Manage education and training quality issues actively across UHL and commit to demonstrate improved education quality outcomes
5. Work with local universities to maximise our potential in educational innovation, and scholarship as a “USP” for Leicester and as a means to enhance recruitment and retention of local trainees

Appendices:

Appendix 1 – GMC report Action Plan

Appendix 2 - UHL Education Quality Improvement Plan

The Nursing Associate Pilot

The current pilot across Leicestershire is progressing with only one trainee leaving the programme to date. There have been some challenges around GP placements for trainees because of a limited number of practices available who can take learners and / or some practices being unable to take more than one learner at any one time. This is not impacting on the programme at present, but more practices across Leicestershire are needed to accommodate non-medical learners with future placement capacity not being wholly dependent on additional financial resources.

The Leicestershire 'practice led' model for Nursing Associates is attracting very positive national interest and our community and education partners have confidence in the delivery of the academic component. A second cohort of trainee Nursing Associates for Leicestershire could easily be recruited and additional financial support to deliver a concurrent programme is being requested from the Local Action Workforce Board (LWAB) as the national apprenticeship framework (and ability to utilise the levy) for this role will not be available for implementation until February 2018 at the earliest.

Literacy and Numeracy for Healthcare Assistants across LLR

It is widely acknowledged that one of the barriers preventing many of our existing health care assistants applying for places on future nursing associate programmes is their numeracy and literacy ability at GCSE level. UHL have secured the support of Leicester College for numeracy and literacy screening, signposting and delivery of maths and English programmes over the next six months across Leicestershire for care assistants working in all NHS organisations, including GP Practices. Initial uptake for the sessions has been good.

Formal Opening of the UHL Centre for Clinical Practice

The '*UHL Centre for Clinical Practice and Leicestershire School of Nursing Associates*' was formally opened on the 10th March 2017 by Professor Lisa Bayliss Pratt, Director of Nursing at Health Education England. It was an extremely successful and positive event for all involved and demonstrated UHLs commitment to education and training. There were attendees from NHS Improvement and HEE who formally acknowledged the pioneering work that is being undertaken to develop our staff, in particular to support our care assistants and trainee Nursing Associates.

HEE Education Funding for Non-Medical Staff 2017/18

Due to the on-going financial planning taking place at Health Education England, the Workforce Development funds available for the Learning Beyond Registration contract have not yet been confirmed. This significant and very unusual delay is causing concern for all healthcare and education providers across England.

The delay does not indicate the cessation of education funding and so the HEE team for the East Midlands have now taken the decision to fund LBR modules due to start in Quarter One (1st April to 30th June 2017) as long as they meet the following criteria:

- The module has been identified as a service priority for the Trust
- The module will be delivered between 1st April and 30th June 2017
- The module will be viable and not deferred outside of this time period

LBR applications from UHL that meet the criteria have been authorised and we await news on the remaining allocation for the remainder of the year.

From a nursing and midwifery perspective, a full training Needs Analysis for 17/18 has confirmed the LBR modules and associated funding required for the continuing development and transformation of our workforce. We are confident that for this year at least, any gaps in funding for specialist education can be met through income generation initiatives.

From 2018, we will need to ensure that as a Teaching Trust we can maintain a high quality learning environment to attract and retain the right staff without the heavy reliance on LBR funding. We have a significant amount of clinical and teaching expertise in our workforce and must identify opportunities to work more closely with a wide range of education providers so that we continue to develop new and innovative ways to educate and train our non-medical teams.

Requirements

NB: THIS ACTION PLAN IS FORMULATED ON THE BASIS OF THE PROVISIONAL GMC REPORT AND MAY BE SUBJECT TO CHANGE WHEN THE FINAL REPORT IS PUBLISHED

We set requirements where we have found that our standards are not being met.

We will monitor each organisation's response and will expect evidence that progress is being made.

| Number /Theme | Requirements | Lead/ DCE Lead | Timescale | Progress | RAG |
|-------------------------|--|----------------|-----------|--|-----|
| 1 Theme one R1.13 | The trust must ensure that all doctors training in the different specialties receive an appropriate induction before starting their on-call duties. (Paragraph 22) | DL | | DL HAS ALREADY DISCUSSED WITH CATHERINE FREE & ED THURLOW AND HAS BEEN INFORMED THAT THE 'E-GREEN BOOK' FOR TEMPORARY STAFF WILL BE FUNDED AND IS 'WORK-IN-PROGRESS'. THIS SHOULD PROVIDE A SOLUTION TO THIS PROBLEM HR & DCE CONTINUE TO WORK TOGETHER TO MAXIMISE PRE-EMPLOYMENT TAKE-UP OF THE DYNAMIC INDUCTION PACKAGE | 3 |
| 2 Theme one R1.14 | The trust must ensure that they organise handover of care at night in cardiology to provide a continuity of care for patients and maximise the learning opportunities for doctors in training.(Paragraph 30) | JB | | JB to liaise with Cardiology (Suzanne Khalid, Elved Roberts and Will Nicolson) to explore this requirement. | |
| 3 | The trust must ensure that doctors in training do not share their login details or leave | DL | | DL HAS BEEN IN LIAISON WITH TIM BOURNE ABOUT | |

| | | | | | | | | | | |
|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|
| RAG Status Key: | 5 | Complete | 4 | On Track | 3 | Some Delay – expected to be completed as planned | 2 | Significant Delay – unlikely to be completed as planned | 1 | Not yet commenced |
|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|

* 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.

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|--------------------------|---|--------------|--|---|--|
| Theme one R1.19 | computers logged on for other users to reduce the risk to patient safety.(Paragraph 37) | | | ROLL OUT OF SINGLE SIGN ACROSS THE TRUST HR & DCE CONTINUE TO WORK TOGETHER TO MAXIMISE PRE-EMPLOYMENT TAKE-UP OF THE DYNAMIC INDUCTION PACKAGE | |
| 4 Theme three R3.3 | The trust must ensure that they have appropriate systems in place to collect feedback from learners on undermining and harassment. They must also ensure that any undermining and bullying issues are addressed in a timely manner.(Paragraph 65) | SC & JK | | SC has already met with Louise Tibbert and Bina Kotecha to discuss this. A Speak Up Guardian (Jo Dawson) has recently been appointed within UHL The Trust have an anti-bullying Adviser team. | |
| 5 Theme five R5.9 | The trust must ensure that all core doctors in training are given sufficient experience to achieve and maintain the clinical and medical competencies required by the curriculum.(Paragraph 93) | Anaesthetics | | JK to send comment to Anaesthetic CMG for response | |
| 6 Theme five R5.9 | The trust must ensure that all doctors in the second year of foundation training are able to fulfil the requirements of their curriculum and attend required teaching sessions. (Paragraph 94) | SC | | SC to contact the FTPD re clarification of the process re FY Teaching requirements. | |
| 7 | The trust must ensure that all staff understand the importance of making reasonable adjustments for medical students when | SC & SW | | To discuss with Leicester Medical School re notification of students who require adjustment. | |

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| RAG Status Key: | 5 | Complete | 4 | On Track | 3 | Some Delay – expected to be completed as planned | 2 | Significant Delay – unlikely to be completed as planned | 1 | Not yet commenced |
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| Theme five R5.12 | needed and when to take appropriate action to accommodate adjustments to assessments. (Paragraph 97) | | | | |
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Recommendations

We set recommendations where we have found areas for improvement related to our standards. They highlight areas an organisation should address to improve, in line with best practice.

| Number/The me | Recommendations | Lead/ DCE Lead | Timescale | Progress | RAG |
|-------------------------|---|----------------|-----------|--|-----|
| 1 Theme one R1.19 | In two of the three hospitals in the trust, there is a lack of sufficient work and social space to meet learners' needs. The trust should consider how to provide learners with suitable accommodation to enable learners to work more effectively whilst in the hospitals. See paragraph 36 | SC | | The Trust has developed a Multi-Professional Facilities Strategy as part of reconfiguration. The project team for 'Excel@UHL' has appointed an SRO (Louise Tibbert) and a Project Manager (John Lewin). | |
| 2 Theme five R5.4 | The trust should consider how they teach and deliver the undergraduate curriculum as currently their implementation lacks the coherence and structure it needs to ensure | SC & SW | | Leicester Medical School have developed a new curriculum. The Trust is in the process of redesigning the Faculty to deliver the new curriculum | |

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| RAG Status Key: | 5 | Complete | 4 | On Track | 3 | Some Delay – expected to be completed as planned | 2 | Significant Delay – unlikely to be completed as planned | 1 | Not yet commenced |
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| | students value their learning experiences in the Leicester hospitals. Paragraph 88 | | | | |
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SC- Sue Carr

DL- Dil Lakhani

SW- Steve Williams

JB- Jon Bennett

NM- Nicki Morgan

FTPD- Foundation Programme Training Directors

JK- Joanne Kirtley

LRO- Lee Rowley

LR- Luke Ruffle

SS- Susie Sananes

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| RAG Status Key: | 5 | Complete | 4 | On Track | 3 | Some Delay – expected to be completed as planned | 2 | Significant Delay – unlikely to be completed as planned | 1 | Not yet commenced |
|------------------------|----------|-----------------|----------|-----------------|----------|---|----------|--|----------|--------------------------|

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University Hospitals of Leicester Education Quality Improvement Plan 2017/18

EQUIP 2017/18

| Action Note | Action | Lead | By When | Progress Update | RAG Status* |
|---|---|-------------|---|--|-------------|
| (Meeting Date) | | | | | |
| <p>1. Improving the Learning Culture: Embed a “Supportive” learning culture that values education and training across UHL</p> <p>Ensure Trust and CMG Board Level engagement on education and training matters</p> | | | | | |
| 1.1 | <ul style="list-style-type: none"> Multi-professional education report quarterly to UHL Trust Board | SC/EM/BK | <i>Insert months</i> | Quarterly | 5 |
| 1.2 | <ul style="list-style-type: none"> Medical Education report bi-monthly to Executive Workforce Board | SC | <i>Insert months</i> | Bi-monthly | 5 |
| 1.3 | <p>Increase the prominence of Education & Training in UHL strategy:</p> <ul style="list-style-type: none"> Align UHL Medical Education strategy with UHL 5 year plan Include E&T issues in UHL Annual report Include E&T issues regularly in Chief Executive briefing | SC/AF/IC | <p>March 2017</p> <p>On-going</p> | <p>Build into Clinical Strategy refresh work</p> <p>End of year Annual report</p> <p>Liaise with T Jones to input 3/12m key education issues (plan programme LMS curriculum, PAs etc.)</p> <p>Highlight issues to CMGs</p> | 3 |
| 1.4 | <ul style="list-style-type: none"> Develop a multi-professional education strategy | SC/AF/JS/LT | <p>End April 2017</p> <p>End July 2017</p> | SC produced a draft document in 2015 has updated May 2017. Meeting planned SC/EM/BK to discuss 14/07 | 3 |

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|--|--|-----------------|--|---|---|
| 1.5 | Hold an Annual Education and Training summit <ul style="list-style-type: none"> Reward high quality education and training in UHL – Educating at its Best Awards Hold an annual celebration/showcase event for E&T? | DCE | September 2017 December 2017 | Medical Education Study Day scheduled for Nov 2017 and draft programme prepared. 'Save the date' to be communicated by end of June 2017 Process for nominating Educators for Above + Beyond awards to be determined HEEM and UoL hold such events already so need to collaborate closely | 4 |
| 1.6 | Engender a supportive learning culture and ensure no bullying of undermining of learners by UHL staff | All/HR/DC E | End April 2018 | GMC interim report raised this and awaiting full report? end June 2017 Draft action plan prepared and initial meetings with HR have already taken place | 3 |
| 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 | Accountability for improvement in Education Quality outcomes (UG and PG) | | | | |
| | <ul style="list-style-type: none"> Department of Clinical Education to circulate GMC/NSS and analyse survey results and disseminate reports to CMG | SC/JK | August 2017 | Process in place to disseminate reports | 5 |
| | <ul style="list-style-type: none"> Produce UHL Quality dashboard for postgraduate education 4 monthly – circulate to CMGs and Executive Workforce Board | JK/CMG Leads | Feb 2017 March 17 | Process in place to liaise with CMG Education leads to update dashboard | 5 |

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|-----|--|-----------------------|------------------------------------|---|---|
| | <ul style="list-style-type: none"> Develop an education quality dashboard for undergraduate education in UHL | JK/SC/SW/DA | Sept 2017 | Draft version produced. Mapping of UG Blocks to CMG for reporting purposes is underway. | 4 |
| 2.2 | Responding and Acting Upon Quality Information | | | | |
| | Postgraduate Education <ul style="list-style-type: none"> 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 | CMGs/CMG Ed Leads | April 2017 July 2017 | Action plans were presented by some CMGs on 12/05. Further work to develop a template and engagement for next meeting on 14/07 | 4 |
| | Undergraduate Education <ul style="list-style-type: none"> Liaise with Leicester Medical School to increase response rate in Phase II end of block feedback surveys | SW/UoL | Jan 2017 Sept 2017 | Discussed at Improving Student experience group Dec 2016 Raised at UHL/LMS meeting 19.6.17 and LMS will address and improve | 4 |
| | <ul style="list-style-type: none"> CMG develops EQI Action plans to improve/address issues identified in undergraduate feedback | CMG Ed Leads/UG Leads | April 2017 | Difficult to progress with very poor feedback date <20% | 2 |
| | <ul style="list-style-type: none"> Performance against agreed EQI Action plans managed through the Executive Workforce Board bi-monthly | EWB | tbc | | 1 |
| | <ul style="list-style-type: none"> Agree and implement a process to manage inadequate improvement in education quality | SC/AF/PT | April 2017 TBC | Draft paper written for discussion (SC) Meeting AF/PT/SC cancelled 30/03/17 and took place 17/5/17. Plan to review SIFT/MADEL income and expenditure and improve link to quality of outcomes for 2018 | 2 |
| 2.3 | Improve Transparency and Accountability of SIFT and MADEL expenditure | | | | |

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|-----|---|--------------|-------------------------------------|--|---|
| | <ul style="list-style-type: none"> CMG budgets to demonstrate MADEL and SIFT income | SC/PT/BM | | Complete | 5 |
| | <ul style="list-style-type: none"> CMG budgets to demonstrate MADEL placement fee and SIFT expenditure | Finance/BM | Dec 2017 | Awaiting Finance work | 2 |
| | <ul style="list-style-type: none"> 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 | PT/AF/SC | April 2017 April 2018 | Meeting cancelled 30/03/17 took place 17/5/17. Plan to review SIFT/MADEL income and expenditure and improve link to quality of outcomes for 2018 | 2 |
| | <ul style="list-style-type: none"> 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 | PT/AF/SC | April 2018 | Meeting scheduled for 30/03/17 was cancelled- to be rearranged Draft paper written for discussion Meeting held 17/05/17 | 2 |
| 2.4 | <p>Time in job plan for education and training roles Educational Supervisors 0.25SPA (EPA) per trainees Clinical Teachers 0.5 SPA (EPA) per student (As per LDA agreement)</p> | | | | |
| | <ul style="list-style-type: none"> Implement a Framework for job planning of education roles | CF/AF/JTF/SC | May 2016 | Process and Framework in place | 5 |
| | <ul style="list-style-type: none"> Implement a Framework for payment of externally funded education roles | SC/HR | April 2016 | Process and Framework in place | 5 |
| | <ul style="list-style-type: none"> 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 | DCE/CF | April 2017 Dec 2017 | Pilot audit is underway for Cardiology. Template for the collection of data to be disseminated to CMGs. | 3 |
| | <ul style="list-style-type: none"> Write a process to describe pathway to move MADEL and SIFT where LDA requirements are not met and education quality is inadequate | SC/Finance | August 2017 | Discussed at meeting 17/5/17 AF/PT/SC and plan for 2018 budgets | 3 |

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| 2.5 | Ensure education roles are appropriately appointed, appraised and valued | | | | |
| | • Maintain database of GMC recognised trainers | JK/SC/SW | July 2016 | Process and Framework in place (? Revisit eUHL) | 5 |
| | • Develop a framework for appraisal of GMC recognised trainer roles | SC/MM/JK/ JB | April 2016 | | 5 |
| | • Deliver training to UHL Appraisers re appraisal of Level 2 education roles | DCE | Ongoing | | 4 |
| | • Update Prep system to include appraisal of education roles | JB/MM/JK | August 2017 | Potential challenges with software recording revalidation period- to revisit in April 2017. Meeting scheduled in June 2017 to discuss | 3 |
| 3. Improve Retention of Students and Doctors in Training | | | | | |
| Improving Learners Experience in UHL | | | | | |
| 3.1 | Induction | | | | |
| | • Evaluate Dynamic e-induction package | DL/HR | August 2017 | Plan for induction August 2017 May not be a long term solution as HEEM funding withdrawn | 4 |
| | • Review and update existing Trust induction presentations | SC/HR/DL/ JB | | Complete | 5 |
| | • Ensure local induction for all trainees | CMG Ed leads/DL | | Complete | 5 |
| | • Quality control departmental inductions (GMC concern) | Deputy DME DL | Dec 2017 | Plan to develop SOP for departmental induction and peer observation | 3 |

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|-----|---|-----------------|---|---|---|
| | <ul style="list-style-type: none"> Where EQI indicate poor CMG/Departmental level induction, develop improvement plan | CMG Ed Leads/ | Dec 2017 | Dependant on above | 1 |
| | <ul style="list-style-type: none"> CEO/Medical Director to speak at student Phase 1 and 2 inductions | SW/JA | On-going twice a year | Planned and on-going | 4 |
| 3.2 | Improve welcome on wards by medical staff, nursing staff and others | | | | |
| | <ul style="list-style-type: none"> Promote UHL as a Teaching Hospital to staff and patients Communications – posters, letters etc. | Comms/SC /NB | Mar 2017 | Communication Strategy to promote UHL as a University Teaching Hospital has been produced with support of Tiffany Jones. Will go to ESB | 4 |
| | <ul style="list-style-type: none"> Work with CMGs to develop the Junior Doctors Administrators <ul style="list-style-type: none"> Provide education sessions | HR/DCE JK/DL | Jan 2017 July 2017 September 2017 | Education session to be arranged by end of June 2017- now rescheduled for Sept 2017 due to HEE visit in June | 3 |
| | <ul style="list-style-type: none"> Collaborate with the Patient Partners to improve welcome | JK | Dec 2016 May 2017 September 2017 | Was discussed at Patient Partner forum May 18 th 2017 and Patient Partner lead (Martin Caple) will update the METC in Sept 2017 | 4 |
| | <ul style="list-style-type: none"> Improve social and working space for trainees and students (GMC recommendation) | Facilities /CMG | Dec 2017 | EXEL@UHL strategy and Project group in place. LT is SRO and sited in UHL reconfiguration plan | 4 |
| 3.3 | Improve Feedback to Students and Trainees | | | | |
| | <ul style="list-style-type: none"> Ensure Teachers/trainers with time to teach in job plans (as above, 2.4) | CF/CMGs | Dec 2017 | Plan audit of 2017 job plan info | 3 |
| | <ul style="list-style-type: none"> Develop a Faculty development strategy <ul style="list-style-type: none"> Develop a Faculty development lead role | SC | Sept 2017 | Not progressed at present | 1 |

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| | <ul style="list-style-type: none"> Pilot 'Learners as Educators' programme for medical students in UHL 2017 (dependent upon funding) to improve feedback to students and Trainees | SC/JW | May 2017 | Funding received from HEEM to progress. Modules acquired from University of Sydney and uploaded. Pilot programme ran May 5 th 2017 | 5 |
| | <ul style="list-style-type: none"> Appoint Teaching Fellows to support ICC course | SC/SW | Jan 2017 | 2 Teaching Fellows appointed | 5 |
| 3.4 | Improve and standardise the support available for non-training grade doctors | | | | |
| | <ul style="list-style-type: none"> Continue to support SAS Tutor role (1PA) | DCE | April 2017 | SAS Tutor in post | 5 |
| | <ul style="list-style-type: none"> Develop a Trust Doctor Clinical tutor role (1PA) | DCE | | Funding initially agreed in UHL by EWB – unable to access and work continues as possible unfunded | 2 |
| | <ul style="list-style-type: none"> Apply to HEEM for funding to support Simulation programme for Trust Doctors | | | Awarded 11K (August 2016). Associate Simulation Lead appointed (Mr Rayt) | 5 |
| | <ul style="list-style-type: none"> Recruit to Trust grade administrator post (shared with HR) | | | Recruitment completed Nov 2016 | 5 |
| 3.5 | Promote equality of opportunity and a culture that does not tolerate undermining and bullying of students or trainees | | | | |
| | <ul style="list-style-type: none"> Work with HR and CMGs to promote equality and diversity awareness and UHL intolerance of any bullying or undermining (GMC REQUIREMENT)- see 1.6 | HR/CMGs/ DCE | End April 2018 | A robust policy and framework exists and all staff undertake mandatory training in E&D Meeting SC/LT Mar 2017 Discussed with patient partners Awaiting GMC full report June 2017 | 3 |
| 4. Continue to Improve the Learning Environment : Education and Simulation facilities | | | | | |

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| 4.1 | Develop a business case to progress UHL multi-professional education facilities strategy | | | | | |
| | • Appoint an SRO and project manager | SC/EM/BK/ LT Facilities | Jan 2017 | Strategy written and agreed by EWB. LT appointed as SRO Project Manager appointed | 5 | |
| | • Include University of Leicester on project group | | | Project group established and meetings scheduled Alison Goodall represents UoL on project group. | 5 | |
| | • Improve quality of workspace for trainees and students in UHL (GMC) | | | | 1 | |
| 4.2 | Develop a multi-professional simulated training strategy | | | | | |
| | <ul style="list-style-type: none"> Appoint Joint Simulation Lead for UHL/UoL Appoint UHL Associate Simulation Leads | SC | Dec 2016 | Strategy agreed and Leads in post | 5 | |
| 5. Develop closer joint working with University of Leicester | | | | | | |
| 5.1 | Engage with Academic Champions and Hon appointees to engage students and trainees in projects and teaching activities | | | | | |
| | Support Clinical Academic training in UHL | | | | | |
| | • 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 | SC | Sept 2016 | Paper presented and interim solution identified | 3 | |
| | • Explore development of CAT in Medical Education with HEE-EM and UoL | SC/AF | | Plan to review Foundation posts to reinstate education academic post but needs funding. Meeting held HEEM and LMS | 1 | |
| • Develop Clinical Teaching fellows to support undergraduate education and improve feedback to trainees | SC/SW | UG Teaching Fellows appointed | | 5 | | |

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| 5.2 | Develop an over-arching strategy to more closely integrate undergraduate and postgraduate training to improve outcomes and retention of trainees and students | | | | |
| | <ul style="list-style-type: none"> Circulate a discussion paper to define and seek agreement to progress this approach | SC/AF/PB/KH | October 2016 | Paper written with KH and awaiting ESB discussion | 5 |
| | <ul style="list-style-type: none"> Review the structures for delivery of undergraduate curriculum in UHL to ensure reliable and consistent curriculum delivery | SC/SW/RH | August 2017 | SC drafted a paper re restructure of UG block leads in UHL. Accepted by LMS. Joint job description written for new "Principal" block lead roles | 4 |
| | <ul style="list-style-type: none"> Plan for transition of clinical placements into new curriculum in 2018 (old curriculum still running - double student numbers for 1 year) | SC/SW | 2018 | Additional UG Co-ordinator post approved to support transition. Now appointed | 5 |
| | <ul style="list-style-type: none"> Develop Terms of Reference for a UHL/UoL Joint Board of Medical Education | | | Contacted Kevin Harris to explore | 1 |
| | <ul style="list-style-type: none"> Explore with UoL opportunities to enhance education quality - develop opportunities for Hon title holders and Academic Champions, support education innovation & education research projects etc. | | | Contacted Kevin Harris to explore—meeting 31.7.17 | 1 |
| 6. Develop role of UHL patient partners in education and training | | | | | |
| 6.1 | Identify UHL patient partner to represent education and training | DCE | Aug 2016 | Mr Caple agreed to act in this capacity | 5 |
| 6.2 | Invite patient partner to key education committees | JK | Mar 17 | Mr Caple now attends UHL Medical Education and Training Committee | 5 |
| 6.3 | Deliver education session for patient partners and explore ways they can add value | JK | May 17 | Process discussed and agreed re PP input and feedback | 5 |