Trust Board Paper BB

To:	Trust Board
From:	**Professor Sue Carr**
Date:	**27 June 2013**
CQC regulation:	**All applicable**

Title:	**Education & Training issues in UHL**

Author/Responsible Director: Professor Sue Carr, Associate Medical Director (Clinical Education)

Purpose of the Report: Update the board on educational issues in UHL

The Report is provided to the Board for:

Decision		Discussion	√
Assurance	√	Endorsement	

Key Priorities

1. Improve infrastructure for education and training at LRI
2. Urgent need to Improve links between service development/innovation and training
3. Increase accountability for UG and PG education and training resources and map resources to quality throughout UHL
4. Launch UHL E&T quality dashboard
5. Contribute to innovation and patient safety improvement by E&T
6. Continue to develop trainee engagement
7. Facilitate process for GMC recognition of UHL trainers

Recommendations:
Members to note and receive report

Previously considered at another corporate UHL Committee? N/A

Board Assurance Framework:
    N/A
	Performance KPIs year to date:
	    N/A

Resource Implications (eg Financial, HR): N/A

Assurance Implications: N/A

Patient and Public Involvement (PPI) Implications: N/A

Stakeholder Engagement Implications: N/A

Equality Impact: N/A

Information exempt from Disclosure: N/A

Requirement for further review?   N/A

Education and training issues in UHL June 2013: Update

Key Achievements since last meeting:

1. UHL Medical Education strategy –approved
2. Established a UHL Doctors in training committee
3. Space for new Library identified in Odames ward
4. Improved understanding of SIFT in UHL via PLIX
5. Development of a quality dashboard for education and training issues

Key Changes and Challenges

LETB - is now operational. Tariffs for undergraduate medical placements introduced April 2013 and UHL will receive £890 for a medical student week (previously £1000). UHL currently has 12,500 student weeks. Implementation of tariffs for postgraduate medical education will commence in April 2014 (50% salary costs and placement fee £12,400) and it is estimated UHL will lose a further £2.2 million.
The Department of Health plan to introduce reference cost for education and training

Medical School Placement agreement – there is now a framework similar to the LDA for medical student teaching. The funding is increasingly associated with delivery of defined activities e.g. exams, preparing for professional practice etc which will eventually facilitate improved transparency and delivery of undergraduate education in UHL

Changes in Medical workforce – UHL will lose 5 Foundation, 3 Core surgical and 7 Speciality Registrar posts August 2013. In 2014, further 2 Foundation and? Johnson posts next year. Recruitment and vacancies in some areas remain a challenge. LETB plan a review of all medical training posts across East Midlands (emphasis on quality of training and training support provided)

Changes in study leave funding – doctors with a National Training Number receive approximately £600/yr study leave funding to deliver mandatory curriculum requirements – the surplus will no longer be available to fund non-training junior doctor study leave.

Accreditation visits - **last** year the Deanery visit to UHL recognised that the very high clinical service load in some areas of UHL, particularly the emergency department and acute medical areas has resulted in an increased tension between service provision and training with a consequent detrimental effect on training. There is a project in progress to address these issues and considerable improvements have been made in the Emergency department. This year the LETB team will visit Paediatrics and Anaesthetics.

GMC recognition of trainers – framework needs to be in place to start data collection in August 2013 (Appendix)

Trainee revalidation – UHL required to supply annual data report regarding trainee involvement in conduct/capability investigations, SUI, complaints which requires improvements in DATIX

Key Priorities

8. Improve infrastructure for education and training at LRI
9. Urgent need to Improve links between service development/innovation and training
10. Increase accountability for UG and PG education and training resources and map resources to quality throughout UHL
11. Launch UHL E&T quality dashboard
12. Contribute to innovation and patient safety improvement by E&T
13. Continue to develop trainee engagement
14. Facilitate process for GMC recognition of UHL trainers

Achievements against the UHL Education Strategy

DOMAIN 1 – Patient safety

- established UHL Education and Patient Safety group - working with LEG to develop educational approaches to improving specific patient safety issues

- Collaborative projects with Prof Mary Dixon Woods re SUIs and trainee perceptions of patient safety issues
- With University of Leicester developed a patient safety undergraduate lead to oversee a longitudinal patient safety curriculum
- Appointed a preparing for professional practice lead
- Introduced Up-to-date point of clinical care resource
- Education response to Francis report

Improving links between clinical service and training

Educational Governance - there has been very little uptake of a Divisional or CBU Medical Educational Governance Lead responsible for ensuring Educational Governance within the Speciality / CBU.

DOMAIN 2- Quality management (control)

Board Level engagement - Mr Martin Hindle, UHL Chairman has agreed to represent education and training issues to the UHL Board.

Developed a UHL education quality dashboard – shortly to be sent to CBUs

Supporting UHL trainers - GMC has introduced a process for recognition of trainers and UHL will need to demonstrate progress this year. To fulfil this requirement the DCE have developed:

- Defined education roles and commenced a review of information in job planning software re education roles
- a local database of trainers for recognition (in the absence of a coordinated East Midlands wide approach via Intrepid software)
- a Faculty development strategy for UHL
- a document and advice for UHL appraisers to use in appraisal of education roles

DOMAIN 4 – Recruitment, Selection and appointment

Established a robust and transparent appointment process for undergraduate and post graduate education roles

DOMAIN 6 – Support and Development of trainees

Developed a UHL Doctors in Training Committee

Appointed new SAS Tutor (but SAS budget withdrawn and role at risk)

Medical Workforce group: Difficulty recruiting to trainee vacancies in some areas and further anticipated reduced trainee numbers are leading to tension between service provision and training. In order to preserve quality training it is necessary to review plans for the medical workforce.
A working group has been establishing with wider representation to discuss these issues and explore innovative solutions to support UHL trainees.
The provision of high quality education and training, leadership and mentoring will ensure that UHL continues to attract and retain high quality trainees to provide high quality patient care.

Published a document explaining potential roles to support the UHL Medical Workforce group

Developed a framework for Trust doctor rotations in UHL

Scholarship and Innovation in Education

Supporting several Fellows in Medical Education (undergraduate and postgraduate work)
Numerous trainees are studying for postgraduate education qualifications and UHL
UHL successful in 2 East Midlands HIEC projects 2013 and National Clinical Leadership fellows
BMJ award 2013 for "Excellence in Health Care Education" team of the year
Successful symposium for educators, January 2013

Innovative education developments with ED – CBD clinics, teaching on the shopfloor courses and UHL VLE in collaboration with East Midlands LETB

DOMAIN 7 – Management of Education and training

<u>UHL Education Committee</u> established a Committee of stakeholders to oversee medical educational governance matters within UHL and improve links between clinical service and training.

 DCE newsletter 5th edition in preparation

DOMAIN 8 – Education resources and capacity

Following the GMC trainee survey in 2012 and the Deanery visit funding has been secured and plans outlined for a new library/learning centre in the Odames ward area. Plans have stalled due to bed pressures at present.

SIFT – developed an understanding of SIFT within UHL and plan to meet with CBUs re SIFT accountability and performance indicators to address UoL SIFT placement agreement introduced in 2013

Introduced Up-to-date as a point of care clinical information resource

DOMAIN 9 – Outcomes

Developed a process to facilitate Trust requirements for trainee revalidation but requires increased recording of information across UHL

University Hospitals of Leicester **NHS**

NHS Trust

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Ref: 374SC/HB

30th April 2013

Dear Colleague,

GMC Recognition and Approval of trainers

In August 2012, the General Medical Council produced a document "Recognising and approving trainers: the implementation plan" which has been agreed and now requires Trusts to develop a process for implementing the new arrangements for recognising trainers.

The arrangements relate to:

1. Named educational supervisors in postgraduate training
2. Named clinical supervisors in postgraduate training
3. Lead coordinators of undergraduate training at UHL
4. Doctors responsible for overseeing students' educational progress for each medical school

Generally, named educational and named clinical supervisors will be Consultants but at certain stages of training (e.g. Foundation) staff grade doctors, associate specialists and other non-consultant career grades may act in a supervisory capacity (GMC has guidance on this)

UHL need to implement and demonstrate our processes to select, train and appraise trainers. In addition, there is a need to develop processes to identify and take appropriate action when trainer performance is below the required GMC standard.

The timeline for these changes is:
a. To confirm that criteria and systems are in place and ready for data entry – by 31 July 2013.
b. To confirm that full information has been entered for all trainers in the four roles and that the trainers have all been categorised as provisionally or fully recognised – by 31 July 2014.
c. To confirm that all trainers in, or entering, the four roles, are fully recognised i.e. have met the above criteria: – by **31 July 2016**.

It will be necessary for the performance of Consultants as named educational and named clinical supervisors and equivalent undergraduate roles to be considered during the UHL annual appraisal and evidence of your professional performance as an educator will required at least once in a 5 year revalidation cycle.

I am developing a document is to provide guidance for UHL Trainers and Appraisers

Kind regards

Yours sincerely

Professor S Carr
Associate Medical Director (Clinical Education)

cc

University Hospitals of Leicester NHS Trust includes Glenfield Hospital, Leicester General Hospital and Leicester Royal Infirmary.
Website: www.uhl-tr.nhs.uk
Chairman: Mr Martin Hindle   Chief Executive: John Adler

GMC Training Survey Results

GMC Training Survey Results

UHL Upper and Lower Quartile Outliers

2012

9%

4%

87%

- □ Within IQR
- ■ Upper quartile
- ■ Lower quartile

2013

11%

2%

87%

- □ Within IQR
- ■ Upper quartile
- ■ Lower quartile

2013 UHL Summary

University Hospitals of Leicester NHS Trust

GMC National Training Survey 2013
Report By Programme Group

General Medical Council · NATIONAL TRAINING SURVEY · COPMeD

Legend

Red	Below outlier	
Green	Above outlier	
White	Within IQR	
Yellow	n=0	
Pink	Within Q1, but not an outlier	
Light green	Within Q3, but not an outlier	
Grey	n<3	

Indicators: Overall Satisfaction, Clinical Supervision, Handover, Induction, Adequate Experience, Work Load, Educational Supervision, Access to Educational Resources, Feedback, Local Teaching, Regional Teaching, Study Leave

Programme Group	n	Red	Green
ACCS	20	2	0
Acute Internal Medicine	6	0	0
Anaesthetics	44	4	0
Anaesthetics F1	5	1	1
CMT	37	0	0
CST	23	0	0
Cardiology	10	1	0
Clinical oncology	4	6	0
Clinical radiology	23	0	1
Core Anaesthetics	11	3	0
Dermatology	5	4	1
Emergency Medicine F2	5	4	0
Emergency medicine	11	1	0
Endocrinology and diabetes mellitus	4	1	0
GP Prog - Emergency Medicine	7	2	0
GP Prog - Medicine	24	0	1
GP Prog - Obstetrics and Gynaecology	7	0	0
GP Prog - Paediatrics and Child Health	7	0	0
GP Prog - Surgery	7	5	0
Gastroenterology	8	5	0
General Practice F2	17	0	0
General surgery	24	1	0
Genito-urinary medicine	4	1	0
Geriatric medicine	10	1	0
Haematology	8	1	0
Histopathology	13	2	0
Infectious diseases	8	0	0
Medical microbiology and virology	6	0	0
Medical oncology	3	0	0
Medicine F1	53	0	0
Medicine F2	32	0	0
Obstetrics and Gynaecology F1	4	0	0
Obstetrics and gynaecology	24	1	0
Ophthalmology	8	3	0
Otolaryngology	5	1	0
Paediatric cardiology	4	0	0
Paediatrics	49	0	0
Paediatrics and Child Health F1	5	0	2
Paediatrics and Child Health F2	5	1	0
Palliative medicine	3	0	0
Plastic surgery	4	3	1
Psychiatry F2	3	1	1
Renal medicine	5	3	0
Respiratory medicine	7	0	0
Rheumatology	3	2	0
Surgery F1	38	0	0
Surgery F2	17	2	0
Trauma and orthopaedic surgery	15	0	3
Urology	4	1	0
	649	63	11

2013 UHL Summary

University Hospitals of Leicester NHS Trust

GMC National Training Survey 2013
Report By Programme Group

General Medical Council · NATIONAL TRAINING SURVEY · COPMeD

Legend

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Yellow	n=0				

Indicators

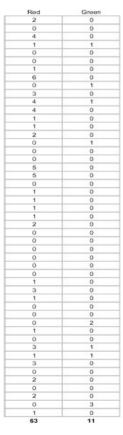| Programme Group	n	Overall Satisfaction	Clinical Supervision	Handover	Induction	Adequate Experience	Work Load	Educational Supervision	Access to Educational Resources	Feedback	Local Teaching	Regional Teaching	Study Leave		Red	Green
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Cardiology	10														1	0
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Core Anaesthetics	11														3	0
Dermatology	5														4	1
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General Practice F2	17														0	0
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Genito-urinary medicine	4														1	0
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Infectious diseases	8														0	0
Medical microbiology and virology	6														0	0
Medical oncology	3														0	0
Medicine F1	53														0	0
Medicine F2	32														0	0
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Urology	4														1	0
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University Hospitals of Leicester NHS Trust - Glenfield Hospital

GMC National Training Survey 2012/2013

Report By Programme Group

General Medical Council — NATIONAL TRAINING SURVEY — COPMeD

Legend

Colour	Meaning	Colour	Meaning
Red	Below outlier	Pink	Within bottom Quartile, but not an outlier
Green	Above outlier	Light green	Within top Quartile, but not an outlier
White	Within IQR	Yellow	Null Result
Grey	n<3		

Indicators

Programme Group	Overall Satisfaction 2012	Overall Satisfaction 2013	Clinical Supervision 2012	Clinical Supervision 2013	Handover 2012	Handover 2013	Induction 2012	Induction 2013	Adequate Experience 2012	Adequate Experience 2013	Work Load 2012	Work Load 2013	Educational Supervision 2012	Educational Supervision 2013	Access to Educational Resources 2012	Access to Educational Resources 2013	Feedback 2012	Feedback 2013	Local Teaching 2012	Local Teaching 2013	Regional Teaching 2012	Regional Teaching 2013	Study Leave 2012	Study Leave 2013
Anaesthetics					Green	Green	Pink	Pink	Pink				Red		Pink								Pink	
CMT																								Red
CST						Pink				Green	Green						Grey		Light green		Grey	Grey	Grey	
Cardiology			Pink				Pink								Pink		Pink	Pink			Red	Red		
Clinical radiology	Pink		Pink						Pink						Pink							Green		
Emergency Medicine	Yellow	Pink	Yellow		Yellow		Yellow		Yellow	Pink	Red	Yellow	Red	Yellow	Pink	Yellow	Red		Yellow		Yellow		Yellow	Red
GP Prog - Medicine									Pink	Pink				Red	Pink		Pink	Pink	Red	Pink	Grey	Grey		Red
GP Prog - Surgery		Red		Pink				Red		Red				Red			Green	Yellow		Yellow	Grey	Yellow		Grey
Medicine F1						Yellow														Yellow	Light green	Yellow	Yellow	Yellow
Medicine F2																	Red							
Paediatrics	Pink		Pink		Pink	Red									Red			Pink			Grey			
Respiratory medicine																	Pink	Pink			Red		Red	
Surgery F1	Red	Pink		Green	Grey	Yellow			Red	Pink	Green	Green						Pink	Green	Yellow	Yellow	Yellow	Yellow	Pink
Surgery F2												Green				Red		Pink		Yellow	Yellow			Pink

Note:

The report utilizes the GMC National Training Survey 2012 2013 Result - Report by Programme Group in outlier analysis.

The report includes the ratings from all trainees within the given provider, irrespective of their home Deanery.

n is number of respondents for the corresponding programme group. The number of responses received for some of the individual questions may be fewer than indicated.

The result should not be regarded as a definitive review of the survey results but should be used in association with GMC online reporting tool to obtain the full picture.

University Hospital Leicester NHS Trust - Leicester Royal Infirmary

GMC National Training Survey 2012 2013

Report By Programme Group

General Medical Council · NATIONAL TRAINING SURVEY · COPMeD

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	Within top Quartile, but not an outlier
	Null Result

Indicators

Columns: Overall Satisfaction 2012, Overall Satisfaction 2013, Clinical Supervision 2012, Clinical Supervision 2013, Handover 2012, Handover 2013, Induction 2012, Induction 2013, Adequate Experience 2012, Adequate Experience 2013, Work Load 2012, Work Load 2013, Educational Supervision 2012, Educational Supervision 2013, Access to Educational Resources 2012, Access to Educational Resources 2013, Feedback 2012, Feedback 2013, Local Teaching 2012, Local Teaching 2013, Regional Teaching 2012, Regional Teaching 2013, Study Leave 2012, Study Leave 2013

Programme Group

- ACCS
- Acute Internal Medicine
- Anaesthetics
- Anaesthetics F1
- CMT
- CST
- Clinical oncology
- Clinical radiology
- Dermatology
- Emergency medicine
- GP Prog - Emergency Medicine
- GP Prog - Medicine
- GP Prog - Obstetrics and Gynaecology
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- GP - Surgery
- Gastroenterology
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- Geriatric medicine
- Haematology
- Histopathology
- Infectious Diseases
- Medical microbiology and virology
- Medicine F1
- Medicine F2
- Obstetrics and gynaecology
- Ophthalmology
- Otolaryngology
- Paediatrics
- Paediatrics and Child Health F1
- Paediatrics and Child Health F2
- Plastic surgery
- Rheumatology
- Surgery F1
- Surgery F2
- Trauma and orthopaedic surgery

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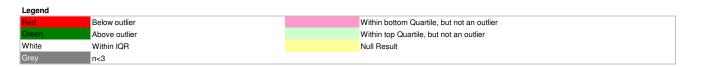
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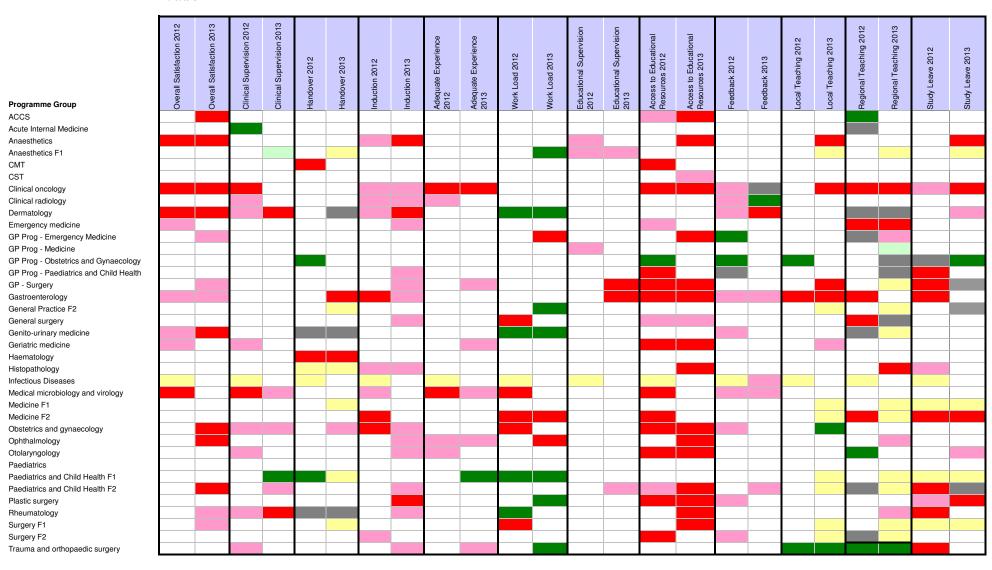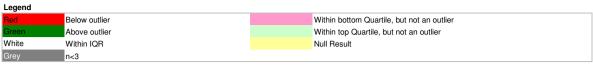# University Hospital of Leicester NHS Trust - Leicester General Hospital

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Indicators

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Anaesthetics	Red	Red		Pink			Pink	Pink	Red	Red			Pink	Pink						Red			Red
CST				Green												Light green			Light green		Green	Green	
Clinical radiology						Grey	Pink	Red									Green	Grey			Grey	Green	
Core Anaesthetics	Red	Red							Red						Pink	Red					Green		
GP Prog - Obstetrics and Gynaecology	Red	Pink		Pink			Red			Pink							Grey	Pink			Grey	Grey	
Gastroenterology	Red		Pink	Pink				Pink	Red	Pink						Pink	Pink	Red					
General Practice F2					Pink	Yellow					Green							Green		Yellow		Yellow	
General surgery								Pink										Pink			Red	Grey	
Medicine F1	Green		Light green		Pink	Yellow					Green					Pink			Green	Yellow			Yellow
Medicine F2															Pink	Green				Yellow		Yellow	
Obstetrics and gynaecology																							
Renal medicine	Pink	Red	Pink	Pink	Pink	Red	Pink	Pink		Red	Pink	Pink			Pink	Pink	Pink	Pink					Pink
Surgery F1							Red													Yellow	Light green	Yellow	Yellow
Surgery F2	Red	Red		Red	Pink				Pink						Red	Red			Red	Yellow	Grey		
Trauma and orthopaedic surgery								Pink											Green	Green	Green	Green	
Urology					Pink	Pink					Red	Red					Grey					Grey	

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