Multi-professional Education Update: December 2015

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Trust Board paper P

Executive Summary

Context

The University Hospitals of Leicester NHS Trust is a leading UK teaching hospital and the Trust strategy "Delivering caring at its Best: Our 5 Year Plan outlines the aim to enhance our reputation in research, innovation and clinical education. The trust aspires to develop a more multi-disciplinary approach to education and training where appropriate and to work closely with our academic partners.

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

Feedback from external surveys has indicated that there are areas we can improve with respect to improving UHL as a learning organisation. We know that 22.9% of Leicester medial Students choose to stay locally as their first choice of Foundation posts and a high proportion of Foundation doctors also then move out of the East Midlands. A strong learning culture and a well supported training environment is a factor in attracting and retaining healthcare professional in Leicester.

Questions

1. How do we engage with services to enhance the learning culture in UHL to promote teaching and training, improve outcomes in GMC Trainee and other surveys and improve engagement with medical students and Foundation doctors?
2. Do the Board support transparency of expenditure of education and training funding ?
3. Do we have workforce plans in place to address potential impact of Broadening Foundation and other workforce changes that impact on patient care and quality of training ?

Conclusion

Commitment to promoting a learning culture across UHL that prioritises quality education as a fundamental part of providing high quality patient care is essential. It is essential to consider the impact of service reconfigurations on training and consider and mitigate impacts on training into development plans. If we are to achieve this we need to ensure education finances are transparently managed and accountable with the Trust and CMGs and to demand and performance manage education and training outcomes as we do with clinical service.

Input Sought

We would welcome the Board's support regarding strategies to address the issues raised above Support for ensuring transparency and accountability of education funding and discussion of solutions if this cannot be achieved using current CMG managed processes

Discussion of workforce solution to loss of posts in 2016 as a result of Broadening Foundation requirements

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	[Not applicable]
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: [N/A]

4. Results of any Equality Impact Assessment, relating to this matter: [none]

5. Scheduled date for the next paper on this topic: March 2016

6. Executive Summaries should not exceed 1 page. [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: **3 December 2015**

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**

This multi-professional education report has been produced by the Director of Medical Education and Assistant Chief Nurse

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. There is an explicit understanding that structured, properly supervised training is essential to enable all healthcare professionals to contribute to excellent patient care throughout their careers and develop into clinical leaders.

1. Learning culture and environment

- ***Embed a positive learning culture for all healthcare professionals at the heart of the organisation to ensure the development of a competent, caring and capable workforce***

Data from Leicester Medical School indicates that only 22.9% of medical students choose LNR as their first choice to work as a Foundation doctor - which has significant local workforce implications. In addition, locally in LNR 70% of Foundation doctors progressed directly from Foundation Year 2 to speciality training –29% of those chose to stay in LNR. This has major implications for recruitment to specialty training and clinical service rotas.

Information from GMC Trainee survey and National Student survey has highlighted the need to focus on improving the quality of the learning experience and feedback we give to students and trainees.

Actions to address:

1.The Trust and University held a joint LiA style event engagement event in led by Mr Adler, Professor Baker, Dean of the Medical School and Professor Boyle, Vice Chancellor of Leicester University.

2. Fundamental to improving the learning culture in UHL is:

- Engaging Consultants and CMGs in supporting and valuing training and education as a means to drive high quality care and support recruitment and retention of staff in training posts.

- Transparently managing and accounting for education and training funding the Trust to enable delivery of excellent education outcomes
- Ensuring education roles are within job plans and time is dedicated to training

3. The Leicester Medical School are introducing a new curriculum in 2016 (*Appendix 1*) which is aimed to improve student engagement and will require the support of UHL to facilitate delivery of the clinical placements.

- ***Ensure the development of high quality clinical learning environments***

a) Education Facilities: The RKCSB patient unit is scheduled for completion at the end of December 2015 which will make this available for 2016 medical student examinations thereby, removing need to use UHL out-patient space.

A multi-professional educational facilities strategy was presented to the Executive Strategy Board on 17th November 2015

b) Importance of considering impact of service reconfiguration on training and trainees

Many major service reconfigurations will take place over next year and it is essential that the impact on training and trainees is considered to ensure patient safety, avoid negative impact on trainee workforce and detriment in training quality. A statement to ensure this is now included in the business plan proforma.

c) Developing an alternative approach to mentoring our student nurses in practice

In partnership with De Montfort University (DMU) and Leicester Partnership Trust (LPT) UHL will be leading the development of a new model called CLiP (Collaborative Learning in Practice) for mentoring student nurses that has been successfully piloted in Acute Trusts in the East of England. The project is part of the wave six of the Classic LiA.

The traditional mentoring model allows students to work under the direct supervision of a registered nurse acting as their mentor. This method of mentoring usually mean that mentors take the lead in providing care with students acting for much of the time as an observer. The CLiP model will support students in practice through a coaching model of mentorship. Small groups of students (usually 5 or 6) at different stages of their training work as a team under the direction of a registered nurse who is acting in a coaching capacity. The 'coach' assesses the abilities of each individual student which may depend on their previous experience / stage of their training and the nature of the tasks to be performed. A decision is made about the degree of supervision that each student needs to undertake specific tasks. Students are then allocated up to nine patients per shift with the support of one mentor as opposed to one mentor per student.

d) Supporting clinical placements for 2 Medical Regiment

UHL have recently signed up to the Armed Forces Corporate Covenant. This is one of a number of steps we are taking to strengthen our links with the Armed Forces specifically with 2 Medical Regiment who are now based in Rutland. The Nursing Directorate have organised clinical placements over the next six months for a number of Combat Medical Technicians and Queen Alexandra army nurses in ED and ICU to support the development and maintenance of new and existing clinical skills. The feedback to date from both army

personnel and UHL staff in relation to the quality of training and mentorship has been very positive with both parties learning from each other. A more formal evaluation will take place in the New Year.

2. Educational governance and funding

Governance: Quality monitoring:

In October/November 2016 the General Medical Council visit will conduct a review of all aspects medical training in the East Midlands. This is a very important visit for the region which will have a major impact on UHLs reputation as a teaching hospital and ongoing placement of students and doctors in training.

The GMC teams will likely visit UHL and University and the Trust and University are working together to prepare for this visit – a meeting is planned December to plan strategy. It will be vital that information is cascaded out so that all are prepared to answer questions from the GMC.

In 2016 the GMC will also conduct a National Trainer survey in 2016 – this survey will be sent to all UHL trainers registered on the GMC recognition of trainer's database to ask Consultants about their experience of training in UHL, time in job plan for training etc as a parallel to the GMC National Trainee survey. This will also inform the GMC visitors.

GMC recognition of Trainers Database has now been submitted to the GMC –

Job role/position	Provisionally recognised	Fully recognised
Named Educational Supervisors	6	37
Named Clinical Supervisors	54	97
Number who perform **both** roles (i.e. are not included in the counts above).	48	211
Total number of individuals	108	345

Medical Education and Training Issues in UHL: November 2015 Update

a) Health Education East Midlands (HEEM):

The 2015 HEEM annual quality management visit (Level 2 (medium risk) took place on November 11th & 12th and the headline report (*Appendix 2*) identified that :

Positives:
The quality of postgraduate medical education and training within the Emergency Medicine department remains high. The sustained quality is impressive given the considerable service pressures.

There have been considerable improvements to the quality of education and training achieved within Anaesthetics since the last visit 12 months ago. The progress has exceeded HEEM's expectations.

Education and training governance and quality control structures are strong and there is evidence of a positive impact.

The Trust is able to demonstrate the effective utilisation of non-medical tariff funding

Concerns:

The delivery of Postgraduate Medical education and training within the Cardiology department is failing to meet local and national standards. HEEM will revisit in early 2016 with Royal College representation

The Trust is able to demonstrate the effective utilisation of non-medical tariff funding

GMC Enhanced Monitoring concerns – update
Emergency Medicine remains under enhanced monitoring.

Leicester Medical School visit to review undergraduate medical education October 2015. A formal report following the visit is awaited and Key Performance Indicator chart is included as *Appendix 3*.

Governance: Ensure education resources are accountable and deliver required education outcomes across the Trust

Medical Funding: The Department of Clinical Education (DCE) and Finance have identified £32 million pounds of SIFT and MADEL funding in CMG budgets. This is now transparent in CMG budget lines. Meetings with CMGs have taken place to discuss education expenditure and accountability for this funding. Education outcomes are monitored using an education quality dashboard (*Appendix 4*)

The DCE held further meetings with CMG's in September-November to assess progress with the expenditure accountability work. This work relies on availability of information in Consultant job plans and engagement of CMG's. A report upon progress will be given to the Executive Workforce Board in early 2016.

Non-Medical Funding

No areas of concern. The HEEM Quality Review visit confirmed that they were satisfied with the use and transparency of the non-medical tariff

3. Workforce issues

- ***Create an environment where excellence in education supports enhanced recruitment and retention of the healthcare workforce in UHL***

c) HEEM proposed redistribution of medical training posts across East Midlands
Health Education England "Broadening Foundation" plans a restructuring of Foundation programmes across the UK from August 2016. Foundation doctors will no longer be

allowed to rotate into two posts within the same speciality. This affects 21 UHL Foundation rotations - 16 F1 rotations and 5 F2. Sixteen alternative F1 posts have been proposed and accepted by the Foundation School, which allows UHL to retain the posts and the entire 12 month F1 rotations within UHL. However, this change will present significant challenges to UHL (rota gaps) and requires development of alternative workforce solutions ***before*** August 2016.

HEEM has confirmed the intention to achieve a more equitable distribution of core and specialty trainees across East Midlands (using per Consultant episode/admission or per population numbers) starting in 2017. HEEM agreed to transition the changes, evaluate impact on recruitment and support the development of alternative workforce solutions e.g. Physicians Associates, Advanced Nurse Practitioners etc. Recent HEEM documents presents a scenario where Leicester would reduce by 3 Core Medical posts, 5-6 Core surgical posts and 5 posts in Emergency medicine- although numbers remain uncertain.

When considered together - changes in Foundation, Core and GP training numbers will be extremely challenging and create significant issues for clinical service in UHL and impact of quality of remaining training posts.

UHL was successful in obtaining a further £95,000 from LETC to support further development of the UHL Trust grade doctor project. A very successful induction event was held for almost 50 doctors on 15th October.

b) HEEM Re-investment funding 2015/16 UHL was successful in obtaining a further £95,000 from LETC to support further development of the UHL Trust grade doctor project. A very successful induction event was held for almost 50 doctors on 15th October.

The first UHL / LPT graduate nurse programme, partially funded with HEEM investment monies commenced in November with nine graduates who will be working across Leicestershire with a further 10 graduates hopefully commencing the programme in March 2016

c) Reducing Student Attrition

UHL will be working closely with DMU and LPT to develop strategies that will support a reduction in attrition rates for undergraduate student nurses. Initial analysis of attrition rates suggest that students who follow the widening participation route into nurse training (i.e. Access to Nursing Courses) may be more at risk of failing the academic component of their training programme and so need a higher level of support during their first year of training that can be provide by both the University and practice placements

Key priorities and next steps

1. Recognising the need to improve UHL learning culture and environment and address issues raised by students and trainees in National surveys (and forthcoming National Trainer survey)
2. Progress UHL multiprofessional education facilities strategy
3. Consider and address the impact of reconfiguration of clinical services on training of all healthcare professionals
4. Plan for the impact of the loss of medical posts and vacancies that will pose a significant threat to UHL's ability to provide high quality training and to attract and retain medical

staff. This includes the proposed HEEM redistribution of postgraduate medical training posts posing an additional risk for UHL in terms of the Trust demonstrating its role as a teaching centre of excellence to attract and retain trainees and to compete for reducing education funding.

5. The need to demonstrate improved education outcomes, quality control of training delivered and accountability for funding we receive for education and training at CMG level.
6. The need to develop an education plan to support new roles in the Trust e.g. increasing numbers of Trust Doctors, Physicians Associates etc.
7. 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

The Leicester Medical School New Curriculum – An Overview

What are the key changes in the new undergraduate medical curriculum?

The new curriculum will start in 2016, but there will be a transitional phase over the next few years. In a nutshell:

1. A more clinically-orientated pre-clinical (Phase 1)
2. A 3-year clinical programme (an increase of 6 months)
3. Greater emphasis on apprenticeship including a 18-week Foundation-style apprenticeship

What does the new curriculum mean for UHL clinical teachers and staff?

2016/2017

The medical school has put a greater emphasis on early clinical contact as well as placing students in general practice for longer periods. During the first two years UHL clinical teachers are likely to come into contact with 1st and 2nd year students who are placed for short periods within the hospital.

The current Introductory Clinical Course (ICC) will need to be strengthened to provide students with essential knowledge and clinical skills. UHL consultants will be required to apply to act as tutors for the ICC. In the past we have been poor at providing tutors and this will need to change or students will be placed in general practice or local DGHs instead.

In 2018 the students will start phase II where the changes to the curriculum are most obvious.

The junior rotation blocks will be replaced by three blocks of twelve weeks plus two student selected clinical options. The blocks will be:

a) A medical block with all medical specialties represented
b) A surgical block with all surgical specialties represented
c) A general practice block

- Students will be mainly placed with one specialty firm for the duration of the block.
- The emphasis will be to learn about medicine and surgery in general.
- Teaching opportunities in other specialities will be available during the block.
- The workbooks will need to be re-written according to new block aims and specific objectives.
- Current block inductions will need to combine to fit within the initial week.
- Formative assessment criteria will need to be agreed and new assessments organised.
- Blocks will be required to provide robust feedback to students. All UHL students are required to have an initial meeting, mid block review and final feedback and grading meeting with their nominated clinical teacher.
- Written exam feedback will also be necessary.
- There will still be an IPE type exam at the end of the year.

The blocks in the **senior rotation** will remain largely unchanged. There will be improved links to care in the community. The importance of providing good quality feedback must not be underestimated.

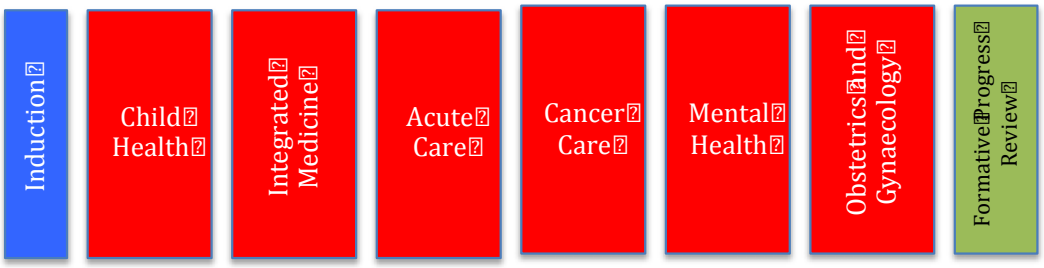
Importantly Finals will move forward to November of the final year following which there will be **three apprenticeship blocks (and the elective),** which students will be required to complete satisfactorily before graduating. UHL will need clinical teachers to act as supervisors for students during the apprenticeship period much in the way we have clinical and educational supervisors for Foundation Doctors.

Appendix 1

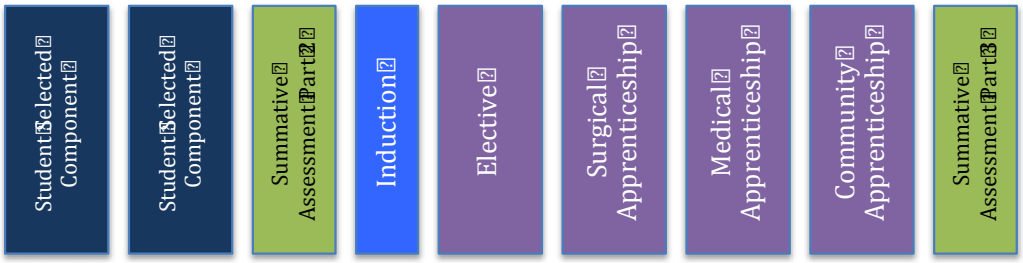
Below is a diagram reflecting the clinical programme:

Year 3:

Year 4:



Year 5:



Health Education East Midlands

Appendix 2

QUALITY MANAGEMENT VISIT UPDATE

Trust: University Hospitals of Leicester NHS Trust
Date of Visit: 12th-13th November 2015
Lead Visitor: Dr Ann Boyle
Quality Manager: Dr Richard Higgins

General outcome of the visit	This was a level two visit, denoting medium risk. There were no serious patient safety concerns. In general, learners felt well supported by their trainers / mentors and reported good education and training being in place. There were, however, significant concerns about the delivery of education and training within the Cardiology department the Glenfield Hospital.
Any major issues identified and actions planned	The delivery of postgraduate medical education and training within the Cardiology department is failing to meet local and national standards. There is evidence that this has been the case for at least 18 months. On-going efforts to improve quality have been unsuccessful. Reputational damage poses a risk to recruitment and retention of the future workforce and therefore to the Trust and to HEE East Midlands Significant improvement will be required within a relatively short period of time for HEEM to continue to support Cardiology training within UHL. However, consultants have insight into the challenges and there is a clear commitment at Trust and departmental level to initiate change. HEEM will re-visit the department in early 2016 and will seek Royal College input. An immediate priority needs to be the provision of regular, senior led ward rounds for all wards within the department.

Highlights	The quality of postgraduate medical education and training within the Emergency Medicine department remains high. The sustained quality is impressive given the considerable service pressures. There have been considerable improvements to the quality of education and training achieved within Anaesthetics since the last visit 12 months ago. The progress has exceeded HEEM's expectations. Education and training governance and quality control structures are strong and there is evidence of a positive impact. The Trust is able to demonstrate the effective utilisation of non-medical tariff funding.

LOCAL EDUCATION PROVIDER KEY PERFORMANCE INDICATORS

TD Domain	Key Performance Indicator	UHL 2014	UHL 2015
Patient Safety	1. Processes in place to provide information to medical students concerning patient safety.		
	2. Procedures in place for concerns to be raised relating to patient safety (by or concerning students).		
Quality	3. Quality control mechanisms in place for undergraduate medical education.		
Curriculum	4. Processes in place to communicate block learning outcomes.		
Teaching Staff Support	5. Local educational training made available to staff members who teach medical students.		
	6. Provision of formal or informal peer review programme for clinical teachers.		
Student Support	7. Local systems in place to provide pastoral support to students.		

 Provider has met gold star standard

 Provider has partly met gold star standard

X Provider has failed to meet gold star standard

Table 1

Local Education Provider Key Performance Indicators - Gold Star Standard Descriptors/Targets

TD Domain	Key Performance Indicator	Gold Star Standard
Patient Safety	1. Processes in place to provide information to medical students concerning patient safety.	Explicit information in block hand book/student information pack on how to seek help and raise concerns Clear guidance provided during induction talk Patient safety covered in block teaching Contact meetings with students throughout placement to discuss any patient safety concerns Information in Medical Student Policy Students encouraged to read Trust policies on intranet containing patient safety information
	2. Procedures in place for concerns to be raised relating to patient safety (by or concerning students).	Open door policy for students to raise concerns Confidential contact page in student area of Trust website Confidential student blog for sharing information Students actively encouraged to discuss any concerns during simulation & clinical skills sessions Staff encouraged to use LMS Professionalism Reporting Form to report concerns Staff encouraged to contact undergraduate co-ordinator/Education Lead to report concerns Staff encouraged to use local incident reporting system to report concerns
Quality	3. Quality control mechanisms in place for undergraduate medical education.	Medical School feedback reviewed and problems list drawn up with action points Regular block review meetings between Undergraduate Education Lead and Block Leads to cascade information and discuss block management, feedback and syllabus changes Completion of LMS Block Lead Annual Report Teaching group meetings to co-ordinate undergraduate educational activity within Trust Individual teaching session feedback process Maintaining records of student attendance Use of focus groups/end of block feedback sessions to obtain views from students
Curriculum	4. Processes in place to communicate block learning outcomes.	Block hand book made available to all staff Block leads and teaching staff actively encouraged to familiarise themselves with learning outcomes Lesson plans made available to teaching staff
Teaching Staff Support	5. Local educational training made available to staff members who teach medical students.	Induction to undergraduate teaching role for new clinical teachers Provision of Learning to Teach Course for FY1s Provision of Teach the Teacher courses for all doctors who have educational roles Staff encouraged to complete on-line teaching, learning and assessment training for medical educators Meeting between Education Leads and Junior Doctors to discuss their role in undergraduate education
	6. Provision of formal or informal peer review programme for clinical teachers.	Formal Peer Review Programme in place for clinical teachers Peer Review of Teaching undertaken annually
Student Support	7. Local systems in place to provide pastoral support to students.	Provision of contact sheet on commencement of block highlighting who to contact if help or support is required Students assigned to educational supervisor who meet with students on a regular basis Students assigned a mentor Teaching Fellows available to provide pastoral support Block lead/undergraduate co-ordinator available to provide pastoral care Fortnightly open forum meeting for students to discuss progress, or any difficulties/support needs with Education Lead or other teaching staff.

UHL Quality Dashboard

(Appendix 4)

Date:

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

UHL wide requirements

Requirement	CHUGS	CSI		Emergency and Specialist Medicine	ITAPS	Musculo-skeletal and Specialist Surgery	Renal, Respiratory and Cardiac	Women's and Children's	
		Imaging	Histopathology					Women's	Children's
Safe Learning Environment									
% CMG trainees with an identified Clinical Supervisor									
% trainee attendance at Departmental induction									
Formal, timetabled handover process in place BEFORE and AFTER Nights									
% trainees completed UHL mandatory training									
Governance and Quality									
There is a Medical Education Lead in the CMG									
Overall trainee satisfaction									
Evidence that Education and Training Issues are integrated into CMG Governance processes									
Workforce plans are in place to manage shortfalls or changes in the medical workforce									
Support and development of trainees									
Junior doctor forum in CMG and CMG rep on UHL Doctors in Training committee									
Foundation trainees able to attend at least 70% of education sessions			N/A to Histopathology				F1 69% F2 51%		
Core and Higher level trainees able to attend at least 70% teaching sessions,									
Core and Higher level trainees have timetabled access to required theatre lists and out-patient clnics		N/A to imaging	N/A to Histopathology						
Trainees are supported to access study leave									
Trainer/Mentor Support									
Supervisors trained for role (%)									
Consultants with educational roles, have these roles embedded within job plans (%) including those in wider organisation/LETB and Medical School									
Education Facilities									
Trainees and trainers have access local educational resources									
Funding Streams									
Educational funding streams are identified within the CMG									