Multi-professional Education Update: September 2016

Author: Director of Medical Education & Assistant Director of Nursing Sponsor: Medical Director Trust Board paper J

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.
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 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. How do we further engage with clinical services to enhance the learning culture in UHL to promote teaching and training and to improve engagement with medical students and Foundation doctors?
2. How can the Trust best manage education performance to improve outcomes in GMC Trainee and National Student surveys

Conclusion

The General Medical Council will visit UHL as part of the East Midlands review on 25th October 2016. This is a very important visit for the Trust and UHL's reputation as a teaching hospital.
It is important to prepare robustly for this visit in collaboration with HEE-M and Leicester Medical School. A great deal of communication is required to prepare for the visit and to ensure the CMGs to be specifically reviewed are engaged and well prepared to enable us to demonstrate that we are promoting a learning culture across UHL that prioritises quality education as a fundamental part of providing high quality patient care.

Input Sought

We would welcome the Board's support for:

1. Engaging CMGs in robustly addressing the issues raised in National Student survey and GMC national trainee survey
2. Ensuring CMGs which are being visited by the GMC are adequately preparing for the visit
3. Embedding a positive learning culture where we manage education and training performance as we do clinical performance metrics

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: December 2016

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 SEPTEMBER 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**

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. Engaging Consultants and CMGs in supporting and valuing training and education is fundamental to these aims

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

Mr Ian Crowe has agreed to act as Non-Executive Director for medical education and training issues. Following an initial meeting, we will align the Medical Education strategy cycle to the Trusts 5 year strategy and work to include key education and training priorities in the overall annual priorities.
In addition, he has supported the need to increase the visibility of education and training metrics in the Trusts governance structures

1. Undergraduate Education Issues

2016 data from UK Foundation Programme shows that only 19% of Leicester medical students chose LNR as their first choice location for Foundation training (3rd lowest in UK, best Glasgow retains 84%, Nottingham 42%)

In addition in 2015, locally in LNR of the 70% Foundation year 2 doctors progressed directly to speciality training – only 29% of those chose to stay in LNR. This has major implications for recruitment to specialty training and clinical service rotas.

National Student Survey results 2016

Highlighted the need to focus on improving the quality of the learning experience in UHL and particularly the feedback we give to medical students and trainees.

The LiA Medical student event aimed to address some of the identified issues and recent actions include: recruitment of mentors, development of a video to enable Mr Adler to welcome new medical students to UHL, materials written to develop posters and a video to promote UHL as a Teaching hospital

New Leicester Medical School Curriculum (Appendix 2) – will commence in September 2016. This will require UHL Consultants to become familiar with the new format and in early 2018 the 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 to ensure capacity and that both groups of students have successful placements

2. Postgraduate Education Issues

GMC National Trainee Survey (NTS) results 2016 (see Appendix)

The Department of Clinical Education has analysed the results from the 2016 trainee survey and a summary of the report is attached (Appendix).
2016 The Trust continues to be a negative outlier for induction and feedback and training in some Departments/CMGs has been highlighted as "red" for three consecutive years (Triple reds).
The Department of Clinical Education has produced a summary report for each CMG Medical Education Leads to share with CMG Boards and prepare an action plan to address any are where training is unsatisfactory.

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.

GMC National Trainee Survey (NTS) results 2016: Trust wide issues

Induction – in response to 2015 survey, improvements have been made to the 2016 induction for new doctors including introduction of a UHL customised Dynamic " e-induction" package which is used at the United Hospitals of Bath (UBH) and updating of the presentation delivered at the Trust induction session. The CMG Education leads have been improving quality of Departmental inductions but this still remains patchy and the NTS indicator is a composite of all "induction" experiences.
It is of interest that the organisations that score well on induction tend to have less than 45 trainees, CCGs and public health organisations.

	Mean score for induction (national mean-85.61)	Received information about workplace % 'yes'	Roles/responsibilities explained %'yes'	Quality of induction % excellent or good	Meeting with Ed Sup to discuss objectives % 'yes'

UHL	80%	77%	80%	56%	91%
NUH	85%	83%	87%	65%	93%
UBH	89%	90%	94%	68%	97%

Table: Breakdown of question scores behind the GMC NTS rating. UBH United Hospitals of Bath, NUH Nottingham University Hospitals.

Feedback to trainees

UHL is scoring poorly consistently with medical students and postgraduate trainees for feedback. A more detailed analysis of the response show that high scores are achieved by small providers and we have compared to Nottingham University Hospitals and Derby. In UHL, a lower number of trainees reporting useful formal meetings with supervisors – this maybe because fewer UHL supervisors have dedicated time for this activity in job plans ?

	Mean Score Feedback national 77%)	Frequency of feedback	Formal meeting with ES (% useful meetings)	Formal assessment of performance (%'yes and useful)
UHL	74.5%	Daily- 11% Weekly- 32% Monthly-25.5% Rarely- 28.5% Never- 3%	64%	63%
NUH	73%	Daily- 9% Weekly- 29% Monthly-31% Rarely- 27% Never- 4%	61%	62%
Derby	77%	Daily- 11% Weekly- 35% Monthly-28% Rarely- 23% Never- 4%	68%	63%

Education resources

Following the introduction of Up-to-date on all UHL desktop computers and availability of this package remotely and the opening of Odames library this indicator has improved significantly in GMC Trainee survey (see Appendix)

GMC National Trainee Survey (NTS) results 2016: 3 year Programme trends in UHL

This is an important indicator that shows trend within departments. In UHL the highlights this year are:

Improved: Anaesthetics, Cardiothoracic Surgery, Dermatology, Neurology, Paediatric cardiology, Rheumatology

Deteriorated: Acute care common stem, Medical Microbiology and virology, Respiratory medicine, Urology

GMC National Trainee Survey (NTS) results 2016: Triple reds: areas scoring under national average for 3 years

Gastroenterology: Overall satisfaction + adequate experience

Medical microbiology and virology: Clinical supervision

Anaesthetics - study leave

Cardiology: adequate experience + workload

3. Ensure the development of high quality clinical learning environments

Education Facilities:

A multi-professional educational facilities strategy has been agreed and a Steering group is being convened to progress a proposal and business case

Educational governance and funding

1. **Governance: Quality monitoring :**

General Medical Council will visit UHL on **Tuesday October 25th, Victoria Clinical Skills Unit,**

The visiting team of 9 will be let by Professor Jacky Hayden CBE, Dean of Postgraduate Medical Studies at Health Education North West. Professor Hayden will be accompanied by Senior Clinicians, a Junior Doctor, a Medical Student and Quality Analysts from the GMC.

This is a very important visit for the Trust and UHL's reputation as a teaching hospital. The report of the visit is published and may impact upon recruitment and UHL's ability to host trainee and medical student placements.

A GMC Visit project team has been identified within the Department of Clinical Education, utilising the expertise of existing staff with alternative, interim arrangements to meet current roles/responsibilities.

The team, led by Professor Carr comprises

Joanne Kirtley General Manager for Dept of Clinical Education

Luke Ruffle Medical Education Manager

Harjinder Badyal PA and Administrator to Dept of Clinical Education

Other team members, including the Clinical Tutors, Snr Undergraduate Lead and CMG Education Leads will be closely involved.

Evidence was submitted to the GMC, at the end of June, to demonstrate compliance against their 'Promoting Excellence' standards. The evidence has been reviewed by the GMC and no additional information has been requested. Members of the Trust Senior Management Team are invited to attend the introductory meeting and feedback session on October 25th.

2. **GMC recognition of trainer database** was submitted on 31st July 2016 – **96.6% trainers** recommended for recognition by GMC

	No. of Trainers	Active Trainers	Full	Partial	None	% Fully
358 CHUGGS	72	72	66	2	4	91.67
358 Clinical Support & Imaging Servic	60	58	57	0	1	98.28
358 Emergency & Specialist Medicine	95	93	85	2	6	91.40
358 Human Resources & Training	3	3	3	0	0	100.00
358 ITAPS	67	67	66	1	0	98.51
358 MSK & Specialist Surgery	78	76	76	0	0	100.00
358 Renal, Respiratory & Cardiac	59	57	57	0	0	100.00
358 Women's & Children's	74	74	69	1	4	93.24
	508	**500**	**479**			**96.64**

Recognition of UHL Nurse Education Leads and Advanced Practitioners as Honorary Lecturers

In line with the University of Leicester initiative acknowledging the contribution of UHL and LPT medical staff with teaching or other projects within the University of Leicester Medical School, five nurses have now been given the title of Honorary Lecturer within the School of Nursing and Midwifery at De Montfort University in recognition of the work undertaken to deliver post

registration nurse education and Advanced Practice. Albeit not on the same scale, it is an important milestone for UHL staff to be recognised for their teaching expertise and clinical credibility used to improve the clinical skills and knowledge of our nurses and midwives.

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

Emergency Medicine

Health Education England- East Midlands (HEE-EM) visit to Emergency Medicine Higher Specialty Trainees June 2016. The feedback for UHL is positive and includes the following feedback:

Trainees based in LRI reported that there was a good training culture within the department and a high degree of flexibility in terms of taking annual leave and study leave

LRI has a monthly local teaching programme, which is Consultant-led. The programme is planned in advance and mapped to the curriculum. There are also weekly simulation sessions, covering both adults and paediatrics. LRI currently have two teaching fellows in post, and there are also opportunities for learning with nursing colleagues.

In both LRI and QMC we heard that once a week a consultant is allocated a block of time where they are focussed on completing assessments for trainees. The feedback from trainees suggests that this is perhaps working more effectively in Leicester.

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 14th July 2016 identified that the requirements for HST training are being met and trainees are happy;

Senior support for the more junior doctors has improved but there is still variability in consultant practices and ward presence. There is a need to complete plans to sustain clinic cover and the staffing of CDU. As a result, there is variability in the education and training experienced by this group of doctors. The sustainability of the solution in place is questionable and longer term, permanent solutions are required

Maxillo-Facial School of Surgery (OFMS)/ Dentistry

The OFMS Department was visited on 1st July 2016, by HEE-EM following concerns raised about the quality of supervision

An adverse outcome of the visit has resulted in the removal of 5 dental trainees from UHL from Sept 2016. Concerns have also been raised about higher surgical training.

HEE-EM have written to the CQC to raise patient safety concerns in OFMS.

The Trust has requested an external review of the OFMS service and several 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 developed..

Trauma and Orthopaedics School of Surgery (T&O)

The T&O Department was visited on 4th July 2016, by HEE-EM following concerns raised about the quality of training for Core Surgical Trainees.The visit found evidence of

unacceptably poor quality core surgical training within the T&O department of Leicester Royal infirmary;

At the heart of the problem is a culture which binds the core trainees (CTs) to the management and safety of the department's inpatient population;The priority mandatory requirement for change should be the implementation of at least 3 scheduled theatre sessions per trainee per week;

With the current level of non-medical staffing in the department and existing mechanisms for daily senior medical review, it seems likely a solution can be found without the expenditure of additional resource;

The department has been made aware that without rapid, significant improvement to the training provided in these posts, their future is in jeopardy. An action plan has been developed by the Head of Service, the CMG Education Lead and Medical Education Manager and is being implemented and monitored.

Paediatrics

The East Midlands Paediatric Specialty School visited on 21st June 2016 following concerns about the implementation of the 'paediatric training grid' which has a potential impact on trainees' progression through their training programme.

A number of recommendations have been made:

Rotation to Nottingham to meet full curricular requirements, a Consultant of the week approach to increase support, and rotation to GH to increase exposure to cardiac patients.

The report also strongly recommends additional support for Dr Hussain who is described as 'effectively single handed for many of the issues that affect the department'

4. Ensure education resources are accountable and deliver required education outcomes across the Trust

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 (First indications reported approximately £2 million – 16% reduction in 2016/17).

The UHL Learning Development Agreement with HEE-EM has not yet been agreed for 2016/17

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 and insufficient funding is allocated to education and training activity. Funding for medical training should be demonstrably spent on medical training or UHL risks losing more training placements/posts and funding.

Training is increasingly delivered in a competitive environment. It is important that UHL provides high quality training, or student placement or training posts may be removed and

allocated to other centres where trainees report a better experience and UHL will suffer Loss of reputation as a teaching hospital and further impact on recruitment and retention

Nursing Education Governance and Funding

At a previous Trust Board, the reductions in the funding for the Learning Beyond Registration (LBR) contract were described together with the potential challenges this would give UHL in meeting the educational demands of the registered, non-medical workforce. The Trust Board are advised that all LBR modules linked to clinical and workforce priorities have been funded with no overspend. A small number of staff have not been granted LBR funding but this was mainly because of academic or performance issues. A Training Needs Analysis for 2017/18 determining the modules and funding required next year will be completed by December 2016 but it is highly likely that the LBR nominal allocation will be for the STP and not for individual organisations but as yet it is not clear how this process will work..

Introduction of a New Nursing Role –the Nursing Associate

The findings and recommendations from the public consultation on Nursing Associates were published in July 2016. The consultation confirmed that there is extensive support for the initiative and the next phase of developing the training programme and the role has now commenced.

Health Education England (HEE) working across the East Midlands (HEEM) has submitted a bid to become a regional test bed site within which, there will be smaller pilots aligned to Sustainability Transformation Plan (STP) footprints. A regional bid will ensure consistency and funding equity with STPs having the flexibility and independence in developing the new role as long as core, national requirements are met and practice placements are provided in a variety of healthcare settings including mental health.

HEE will confirm test sites by early October 2016. The number of test sites is not fixed but the initial goal is to ensure that a minimum of 1,000 Trainee Nursing Associates are recruited before the end of 2016 to start their studies in January 2017. HEE grant funding to will support the pilot for the two year training period with the total sum available to each test site being a maximum of £5,000 per student per year (i.e. a per capita total of £10,000 for the two year period ending December 2018). In addition, an allocation of a maximum of £1,750 per year will be made per student to cover placement costs (i.e. a per capita total of £3,500 over the two year period).

Test site partnerships will be expected to implement an employer led, work based training programme in line with HEE quality framework for education. It is specified that curriculum must be delivered in partnership with any University delivering pre-registration student nurse programmes validated by the Nursing and Midwifery Council (NMC) anticipating that the role will eventually be regulated by the NMC.

In anticipation of being a test site, the Assistant Chief Nurse is currently leading the project across Leicestershire with support from the Leicestershire Partnership Trust (LPT), LOROS, Leicestershire CCGs and social care. Initially, 40 trainee Nursing Associates will be recruited in October / November 2016 in readiness for a January start date. There will be an opportunity to recruit additional trainees outside of the test bed phase throughout 2017/18.

Advanced Clinical Practice

The 25 UHL trainee Advanced Clinical Practitioners (ACPs) are progressing with their academic programmes and clinical competencies. Work with the CCGs and LPT to ensure a consistent approach across Leicestershire continues. UHL and LPT are supporting a rotational post for an Advanced Practitioner from LPT rotating onto the base wards in Speciality Medicine every four months. The aim of this initiative is to develop additional knowledge and skills in the ACPs with the added benefit of supporting the FY2 rota. The rotation will be monitored and findings reported to the next Executive Workforce Board in December 2016.

Development of a Leicestershire Clinical Placement Strategy for Student Nurses and Non-registered Learners

At a previous UHL Trust Board Thinking day in June 2016, a proposal was put forward for the development of a Leicestershire wide Clinical Placement Strategy to support the placements and mentor support for pre-registration student nurses, healthcare apprentices, and trainee Assistant Practitioners (the future Nursing Associates).

This work has now commenced with the first milestone being a draft capacity plan for 2017 for all learners to be developed by December 2016.

Collaborative Educational Partnership between UHL / Leicestershire Partnership Trust and the Leicestershire Academy for the Study of Aging (LASA)

A new and accredited 45 credit degree module titled 'Frailty in Older People' that has been developed by the UHL Nurse Education Team in partnership with LPT and LASA will commence in October 2016 with an initial cohort of 20 students. This is a unique course that will bring together registered practitioners from all organisations across Leicestershire including NHS providers, EMAS and social care to learn together to improve knowledge and skills in managing the care of the older, frail patient. The course will also support peer learning across a range of organisations and will be the start of the work needed to integrate our education and training delivery to support Better Care Together. Many of the taught sessions will be open to all staff with the aim of promoting peer learning with the effectiveness and impact of the course being formally evaluated by LASA.

Nursing Revalidation

Revalidation for registered Nurses and Midwives commenced in April 2016. For UHL 174 registrants that were due to revalidate in quarter one have done so successfully. There have been no lapses in registration because of error or personal choice (other than retirements). To date, no registrants in UHL have been required by the Nursing and Midwifery Council (NMC) to submit additional information as part of the verification process.

A small number of registrants (less than 10) have retired and have chosen not to renew their registration. The UHL data is comparable to the national picture with the NMC who have confirmed that that renewal rates for quarter one were "in line with expectations" based on normal trends, with 91% of the 38,700 people due to revalidate in April, May and June having done so.

The NMC have recently advised all registrants due to revalidate in September 2016 to complete their online revalidation application as soon as possible due to a significant increase in the number of registrants re-registering in this particular month compared to the rest of the

year. In UHL the number of registrants revalidating in September 2016 increases from an average of 55 per month to 119. Trust wide communication has gone out to all registrants advising them not to leave their application to the last minute (alongside individual notifications by the NMC) but the increase in numbers for September is not expected to cause any problems for the Trust.

UHL Registrants have said that revalidation has provided them with an invaluable opportunity to reflect on their current practice and the NMC Code. The training and support that has been provided for staff also appears to have made revalidation more straightforward and meaningful for both individual practitioners and line managers.

Key priorities and next steps

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. Progress the UHL multi-professional education facilities strategy
6. 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

GMC Survey results 2016

	Indicators														
Trust / Board	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Reporting systems	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Access to Educational Resources	Feedback	Local Teaching	Regional Teaching	Study Leave
Chesterfield Royal Hospital NHS Foundation Trust															
Derby Teaching Hospitals NHS Foundation Trust															
Kettering General Hospital NHS Foundation Trust															
Northampton General Hospital NHS Trust															
Nottingham University Hospitals NHS Trust															
Sherwood Forest Hospitals NHS Foundation Trust															
United Lincolnshire Hospitals NHS Trust															
University Hospitals of Leicester NHS Trust															

Key: Green= positive outlier (above top quartile), Light green= top quartile but not positive outlier, White= Within normal range

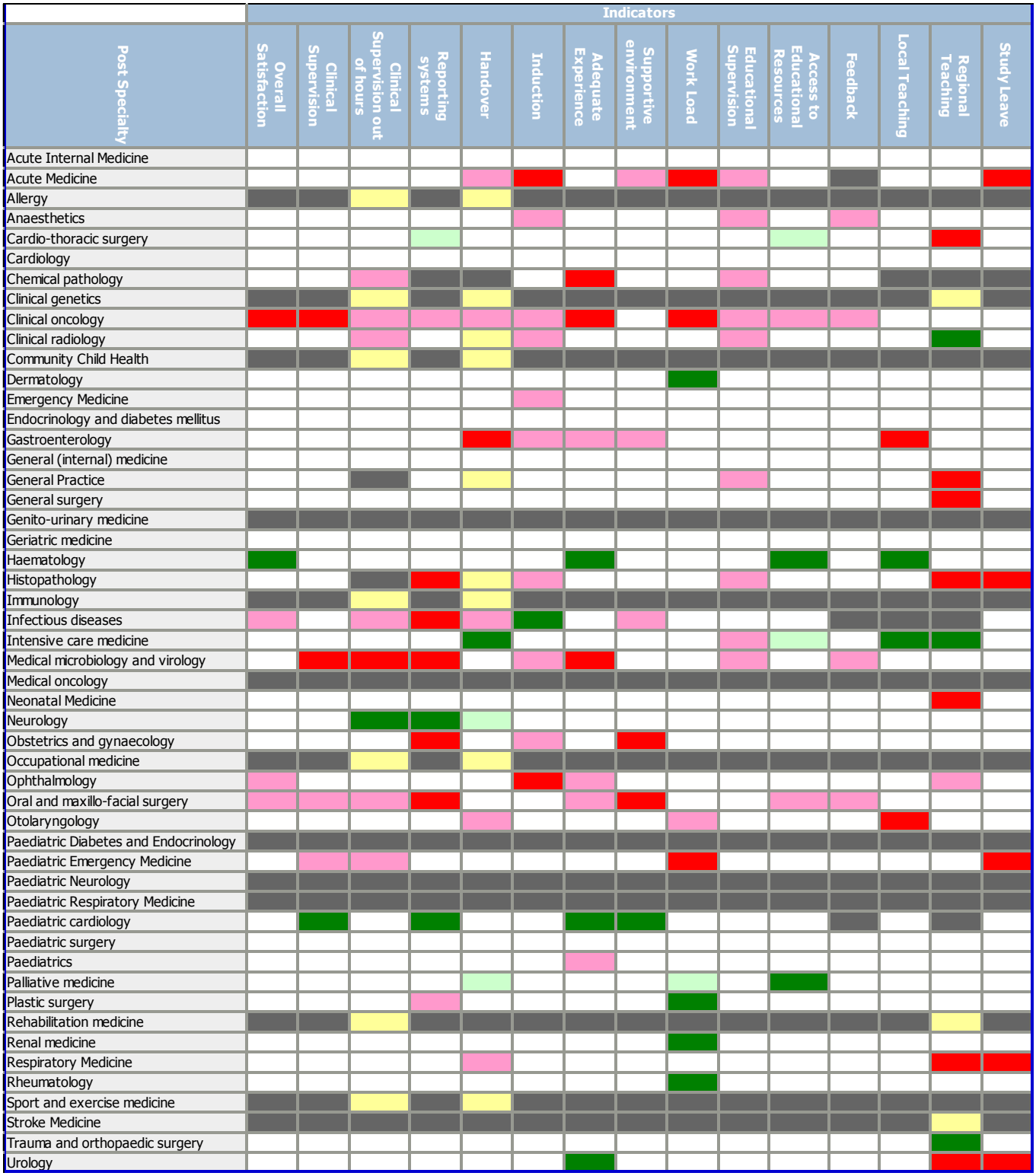
Pink= bottom quartile but not negative outlier, Red= negative outlier (below lowest quartile)

Yellow= new question, Grey= <3 respondents

UHL 3 Year Trend

		Outcome			Mean		
Trust / Board	Indicator	2014	2015	2016	2014	2015	2016
University Hospitals of Leicester NHS Trust	Overall Satisfaction				77.29	78.75	79.32
	Clinical Supervision				87.42	88.10	89.03
	Clinical Supervision out of hours					87.73	88.54
	Reporting systems						72.84
	Handover				65.49	63.23	69.21
	Induction				76.88	79.45	80.25
	Adequate Experience				78.00	79.72	79.71
	Supportive environment					70.52	73.15
	Work Load				43.10	45.42	43.15
	Educational Supervision				87.44	87.15	89.82
	Access to Educational Resources				60.89	62.59	66.62
	Feedback				73.47	73.36	74.58
	Local Teaching				62.68	62.29	63.95
	Regional Teaching				68.05	65.91	67.64
	Study Leave				55.98	58.27	60.11

2016 **Specialty Outcomes**(includes **all** trainees working within the specialty incl FY, GP and STs)



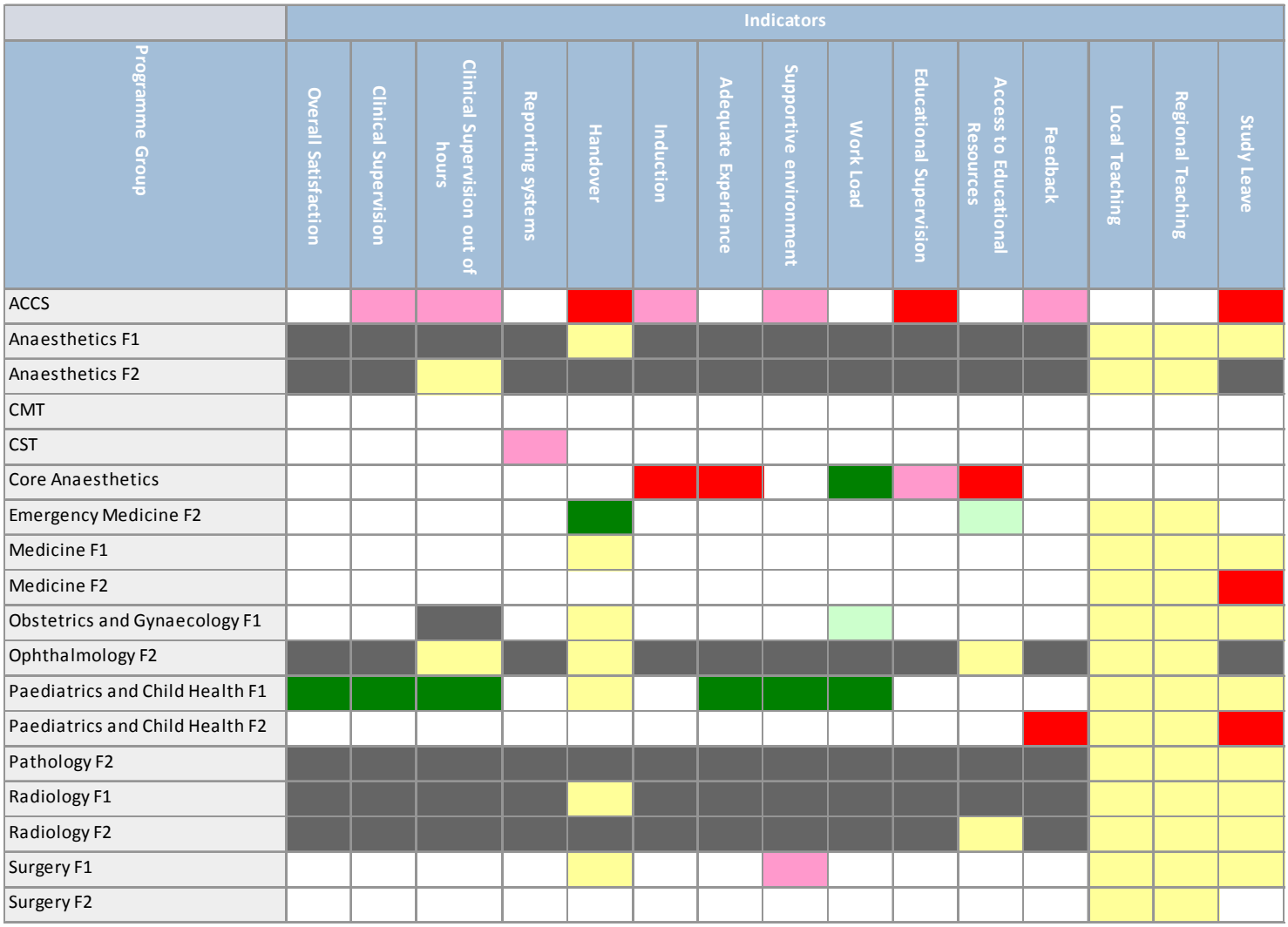
Specialty trends across <u>all indicators</u>

- Over past 3 years (increase of red/pink or green indicators)

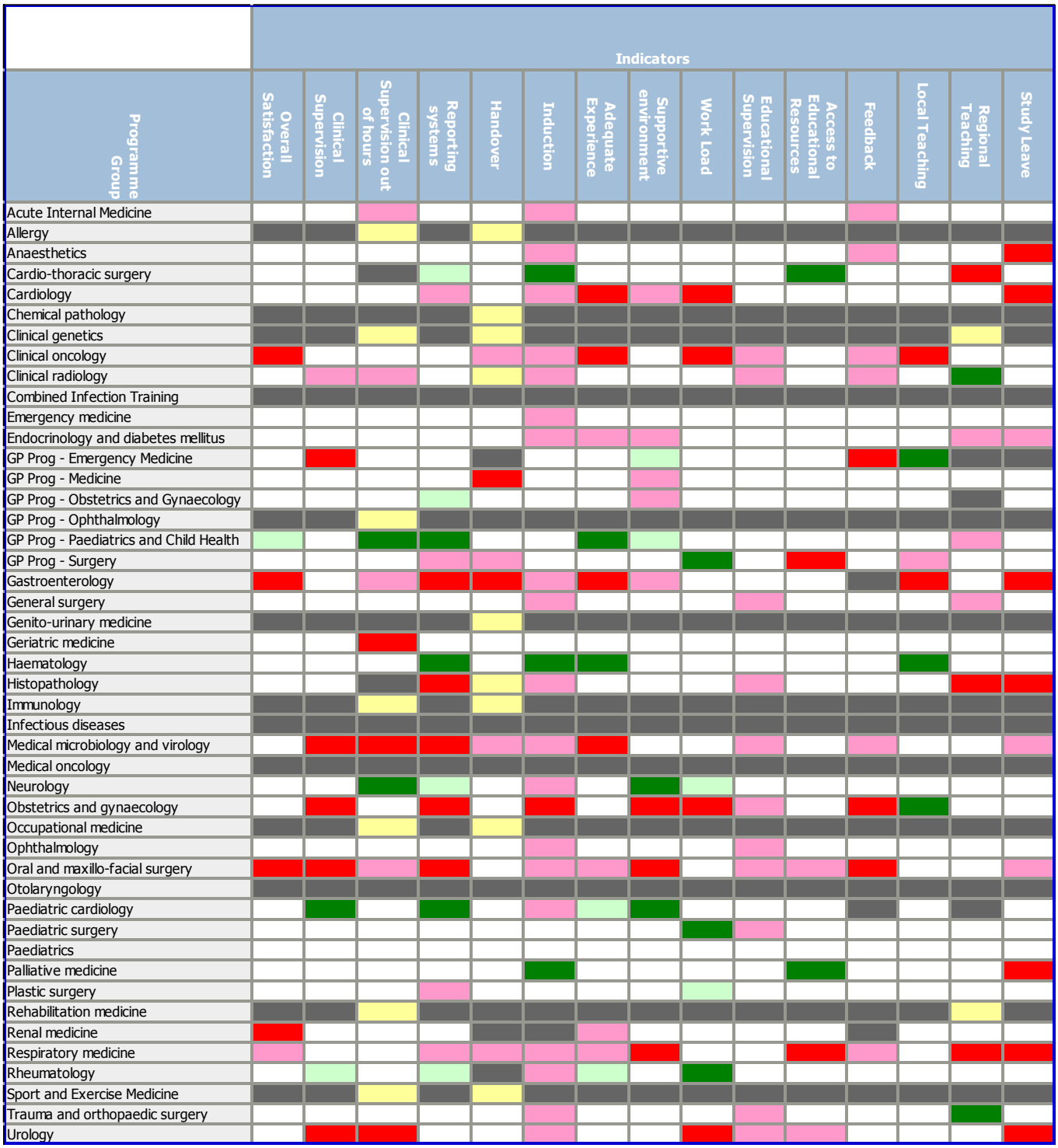
Improved- Anaesthetics, Cardiology, Haematology, Intensive Care Medicine, Neurology, Paediatric cardiology,

Deteriorated- Acute Medicine, Medical Microbiology and virology *(although overall satisfaction has improved)*, Neonates, Ophthalmology, OFMS, ENT, Paediatric Emergency Medicine,

2016 Core and Foundation Programmes



2016 Higher Specialty Programmes



Appendix 2

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.

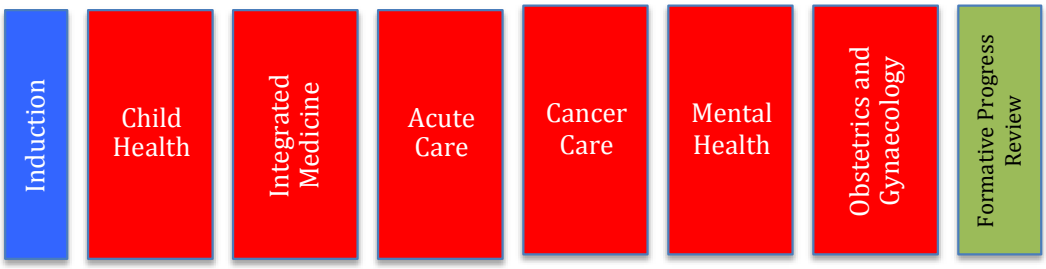
The blocks in the **senior rotation** will remain largely unchanged. There will be improved links to care in the community. The importance of providing good quality feedback must not be underestimated.

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.

Below is a diagram reflecting the clinical programme:

Year 3:

Year 4:



Year 5: