

Multi-professional Education Update: March 2017

Author: [S Carr, Director of Medical Education, E Meldrum, Assistant Director of Nursing]

Sponsor: [Andrew Furlong, Medical Director]

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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 well-supported training environment with good 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. Actions to address problems identified in GMC visit, Trainee and NSS surveys
2. Progressing and adequately resourcing this education quality improvement plan

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: [1.6.17 Trust Board]

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: 2 March 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

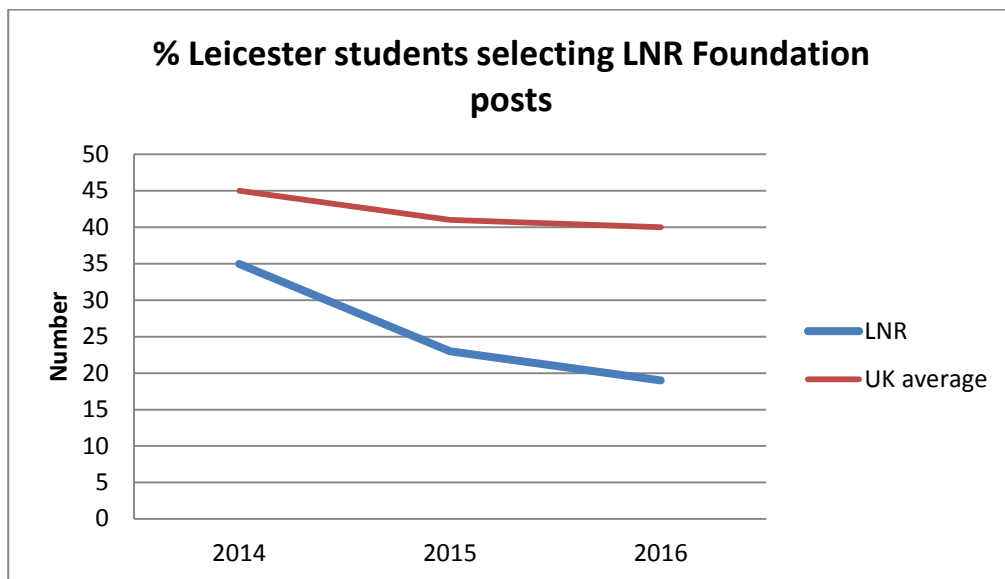
Medical Education Issues

Overall UHL Trainee Satisfaction

	CHUGGS	CSI		ESM	ITAPS	MSS	RRCV				W&C	
		Imaging	Clinical Support				Renal	Respiratory	Cardiology	Vascular	Women's	Children's
Nov 16	Yellow	Green	Yellow	Yellow	Yellow	Red	Green	Yellow	Red	Green	Yellow	Green
June 16	Yellow	Yellow	Red	Yellow	Yellow	Red	Yellow	Yellow	Red	Grey	Yellow	Green

June 2016 - RAG rated based on 2016 GMC National Training Survey

Nov 2016 RAG rated based on Nov 2016 UHL Survey/ on-going service challenges under HEEM monitoring OFMS, T&O (core) and Cardiology



Undergraduate Medical Education Issues

General Internal Medicine (GIM) Training

UHL is the largest provider of clinical placements for Leicester Medical students and provides training at Foundation, Core and Higher Specialty level in GIM. 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
- Appointment of Renal Undergraduate Teaching Lead
- 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 – working with UHL Comms team to develop materials to promote UHL as a Teaching hospital

Students Mentors now in place in UHL

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

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

Physician Associate Students:

Within UHL it is acknowledged that investment in the recruitment and training of an alternative workforce is necessary to support delivery of safe high quality patient care and to support the education and training of trainee doctors and medical students. This alternative workforce includes non-training Trust Grade doctors, Physician Assistants (PAs) and Advanced Nurse Practitioners (APs).

From September 2017 we will have: 6 Year 2 students from Worcester University, up to 25 PA students from DMU (pending confirmation) from September 2017 (year 1 ½ day week, Year 2 placements 2018).

Education Quality and Governance

General Medical Council (GMC) visit 25th October 2016 awaiting full report but work ongoing to address concerns relating to:

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

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. There has been positive feedback from the Specialist Registrars about changes to their rota to enable achievement of curriculum requirements. However, further input will be required to sustain the improvements and ensure retention of the Trust Grade doctors. 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.

Maxillo-Facial School of Surgery (OFMS)/ Dentistry

Following the HEE-EM visit and subsequent External Review, there are only 2 Higher Specialty trainees in OFMS. The remainder of the doctors are employed as Trust Grade doctors (11). A final decision on future placement of HSTs will be made once the written report from the External Review has been received. A UHL survey is underway to establish the quality of the working/learning environment for the Trust Grade doctors who are currently in post.

Trauma and Orthopaedics School of Surgery (T&O)

16 core level doctors have now been recruited as planned to address concerns raised and ensure that the trainees can achieve their appropriate theatre cases as required by their curriculum. An audit of log book entries will be done to verify expected improvement. An Education Faculty group has been established and appropriate trainee/trust grade doctor input is being explored. The UHL survey (Nov16) confirmed the Core level trainee issues, but it is expected that the next survey (Mar 17) will show improvement.

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.

Education Facilities:

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

Need to secure funding to proceed

Medical Education Funding:

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 over next month (March).

Workforce issues

Foundation training:

6 Foundation posts will be removed (and funding) from the region (63 nationally) Foundation School are using quality data to highlight 3 posts in LNR to remove in August

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 (last year 150 in Midlands and East of which 60 were in Trent and none in LNR). HEE-EM 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

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

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

Appendix 1 – UHL Education Quality Improvement Plan

NURSING ASSOCIATE PILOT

Recruitment to the Programme

46 trainees from across Leicestershire commenced the Nursing Associate Pilot Programme on January 30th 2017. A list of organisations participating in the pilot is provided in table one.

The number of trainee Nursing Associates across the East Midlands Collaborative (including Leicestershire) has increased following the release of additional funded places by Health Education England (HEE) in February. HEE are now supporting the selection of trainees from children's services allowing four trainees from UHL to join the existing Leicestershire programme. As children's is a more specialist field of practice, we will be working alongside Nottingham University Hospitals (who have five trainees from children's wards) to develop a new nursing role that will support a range of children's specialities.

Table One - Trainee Nursing Associate Organisations

Organisation	Number of Trainees
UHL (including the Alliance and children's services)	26
LPT (community and mental health services)	11
LOROS	4
Nuffield Hospital Leicester	1
Beaumont Leys Health Centre	1
The Melbourne Health Centre	1
Victoria Park Health Centre	1
Jubilee Medical Practice	1
TOTAL	46

Programme Development

The development of the Nursing Associate programme has been practice led with academic support from De Montfort University (DMU). An outline of the two year programme is provided in figure one.

A significant amount of academic work has been completed within very short timescales to allow the programme to start in January. The trainees are a diverse group of learners who have extensive clinical experience across all healthcare sectors. The challenge of delivering a new education programme that will be regulated by the Nursing and Midwifery Council (NMC) whilst at the same time developing a new role for the nursing profession cannot be underestimated.

An apprenticeship standard for the Nursing Associate is currently under development at a national level and should be completed by January 2018. A second Leicestershire cohort of trainee Nursing Associates will be recruited as apprentices (subject to any NMC requirements)

but funding via the apprentice levy must be available to support the on-going delivery of a local, practice led programme.

Figure Two – Academic Programme for Trainee Nursing Associates

Year 1 (Level 4)	Professional values and parameters of practice 30-credits Module Leader: Claire Agnew UHL Senior Nurse Clinical Practice	Person-centred approaches to care 30-credits Module Leader: David Leeson LPT Clinical Education Lead	Communication and inter-personal skills 30-credits Module Leader: Kerry Blankley LOROS Education Facilitator
	Delivering care 30-credits Module Leader: Ruth Ibbotson, UHL Education Nurse		
	Practice Outcomes 0-credits (MUST pass) Module Leader: Annabel Coulson, UHL Practice Learning Lead & Programme Lead		
Year 2 (Level 5)	Duty of care, candour, equality and diversity 30-credits Module Leader: Marie Knight UHL Education Nurse	Supporting learning and assessment in practice 30-credits Module Leader: Jane Lawrie, UHL Practice Learning Lead	Research, development and leadership 30-credits Module Leader: Rose Webster, UHL Education Nurse
	Team working and leadership 30-credits Module Leader: Anna Birks, UHL Education Nurse		
	Practice Outcomes 0-credits (MUST pass) Module Leader: Annabel Coulson UHL Practice Learning Lead and Programme Lead		

THE UHL CENTRE FOR CLINICAL PRACTICE (PREVIOUSLY THE ALFRED HILL BUILDING ON THE GLENFIELD HOSPITAL SITE)

The Chief Nursing Officer for England, Professor Jane Cummings, will formally open and re-name the Alfred Hill building as the 'UHL Centre for Clinical Practice and Leicestershire School of Nursing Associates' on Friday March 10th 2017. The Director of Nursing at Health Education England will also be in attendance together with members of the UHL Trust Board. Guests will have the opportunity to meet some of the trainee Nursing Associates in addition to the latest group of registered nurses recruited from Italy and newly recruited Health Care Assistants who will be completing their initial training.

REMOVAL OF THE NHS BURSARY (PRE-REG NURSING, MIDWIFERY, AHPs)

Following the removal of the NHS Bursary for all pre-registration programmes there has been a reduction in the number of applications nationally for adult nursing places (approximately 23%). De Montfort University (DMU) have confirmed that although the number of applications for nursing places are slightly reduced (18-20%) the number of offers made has remained the same as the previous year. The university will confirm the number of accepted offers at the end of May 2017 which will give a better indication of whether the loss of the bursary has affected overall admission numbers. Applications for midwifery and children's nursing at DMU are buoyant and we may be in a position where we can take more students than previous years.

A nursing degree apprenticeship standard has been developed nationally and some universities will be recruiting their first nursing apprentices in September 2017. At the time of writing this report, DMU have not confirmed their intentions in relation to the apprenticeship standard but the Assistant Chief Nurse will provide a verbal update to the UHL Trust Board on this subject on the 2nd March 2017.

The Board are advised that the University of Leicester have successfully appointed Foundation Professors in Nursing and Midwifery who will be responsible for the development of two new pre-registration programmes with leadership. The selection process was supported by UHL nursing representatives and we look forward to working with both Professors in the very near future.

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)					
1. Improving the Learning Culture: Valuing education and training across UHL Ensure Trust and CMG Board Level engagement on education and training matters					
1.1	Multi-professional education report quarterly to UHL Trust Board	SC/EM/BK	<i>Insert months</i>	Quarterly	5
1.2	Medical Education report bi-monthly to Executive Workforce Board	SC	<i>Insert months</i>	Bi-monthly	5
1.3	Increase the prominence of Education & Training in UHL strategy: <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	March 2017	Build into Clinical Strategy refresh work End of year Annual report Liaise with T Jones to input 3/12m key education issues (plan programme LMS curriculum, PAs etc.) Highlight issues to CMGs	1
1.4	Develop a multi-professional education strategy	SC/AF/JS/LT	End April 2017	A draft document was produced in 2015 and will be updated	4

* 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.

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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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 event for E&T? Joint with UoL? 	DCE	September 2017	HEEM and UoL hold such events already so need to collaborate closely Plan awards at DCE Annual Showcase Day or Educating @ its best awards? Nominate Educators for Above + Beyond awards	1
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2. Improving Quality of Education outcomes
Aim to improve visibility and governance within UHL of outcomes in:
GMC National Trainee Survey, National Student Survey, Health Education East Midlands accreditation visit reports and trainee exit surveys
UHL Education Quality Dashboard

2.1	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 Produce UHL Quality dashboard for postgraduate education 4 monthly – circulate to CMGs and Executive Workforce Board Develop an education quality dashboard for undergraduate education in UHL 	SC/JK	August 2017	Process in place to disseminate reports	5
		BM/CMG Leads	Feb 2017	Process in place to liaise with CMG Education leads to update dashboard	4
		JK/SC/SW	Sept 2017	Await appointment of teaching fellow-commences July 2017	1

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2.2	<p>Responding and Acting Upon Quality Information</p> <p>Postgraduate Education</p> <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 <p>Undergraduate Education</p> <ul style="list-style-type: none"> • Liaise with Leicester Medical School to increase response rate in Phase II end of block feedback surveys • CMG develops EQI Action plans to improve/address issues identified in undergraduate feedback • Performance against agreed EQI Action plans managed through the Executive Workforce Board bi-monthly • Agree and implement a process to manage inadequate improvement in education quality 	<p>CMGs/CMG Ed Leads</p> <p>SW/UoL</p> <p>CMG Ed Leads/UG Leads</p> <p>EWB</p> <p>SC/AF/PT</p>	<p>April 2017</p> <p>Jan 2017</p> <p>April 2017</p> <p>April 2017</p>	<p>Discussed at Improving Student experience group Dec 2016</p> <p>Meeting booked</p>	<p>4</p> <p>4</p> <p>1</p> <p>4</p>
2.3	<p>Improve Transparency and Accountability of SIFT and MADEL expenditure</p> <ul style="list-style-type: none"> • CMG budgets to demonstrate MADEL and SIFT income • CMG budgets to demonstrate MADEL placement fee and SIFT expenditure • 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 • 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 	<p>SC/AF/PT</p>	<p>April 2017</p>	<p>Meeting booked</p> <p>Draft paper written for discussion</p>	<p>5</p> <p>5</p> <p>1</p> <p>1</p> <p>1</p>
2.4	<p>Time in job plan for education and training roles</p> <p>Educational Supervisors 0.25SPA (EPA) per trainees</p> <p>Clinical Teachers 0.5 SPA (EPA) per student</p>				

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	(As per LDA agreement)				
	<ul style="list-style-type: none"> Implement a Framework for job planning of education roles Implement a Framework for payment of externally funded education roles 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 Write a process to describe pathway to move MADEL and SIFT funding to DCE where LDA requirements are not met and education quality is inadequate 	<p>May 2016</p> <p>April 2016</p> <p>April 2017</p> <p>August 2017</p>	<p>CF/AF/JTF/SC</p> <p>SC/HR</p> <p>DCE/CF</p> <p>SC/Finance</p>	<p>Process and Framework in place</p> <p>Process and Framework in place</p>	<p>5</p> <p>5</p> <p>1</p> <p>1</p>
2.5	Ensure education roles are appropriately appointed, appraised and valued				
	<ul style="list-style-type: none"> Maintain database of GMC recognised trainers Develop a framework for appraisal of GMC recognised trainer roles Deliver training to UHL Appraisers re appraisal of Level 2 education roles Update Prep system to include appraisal of education roles 	<p>JK/SC/SW</p> <p>SC/MM/JK/J B DCE</p> <p>JB/MM/JK</p>	<p>July 2016</p> <p>April 2016</p> <p><i>Insert dates</i></p> <p>August 2017</p>	<p>Process and Framework in place (? Revisit eUHL)</p> <p>Preliminary discussion JB to meet MM</p>	<p>5</p> <p>4</p> <p>4</p> <p>3</p>

3. Improve Retention of Students and Doctors in Training

Improving Learners Experience in UHL

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3.1	Induction <ul style="list-style-type: none"> Evaluate Dynamic e-induction package Review and update existing Trust induction presentations Ensure local induction for all trainees Quality control departmental inductions (GMC concern) Where EQI indicate poor CMG/Departmental level induction, develop improvement plan CEO/Medical Director to speak at student Phase 1 and 2 inductions 	DL/HR SC/HR/DL/ JB CMG Ed leads/DL Deputy DME SC/SW/JA			4 5 3 1 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. Work with CMGs to develop the Junior Doctors Administrators <ul style="list-style-type: none"> Provide education sessions Collaborate with the Patient Partners to improve welcome Improve social and working space for trainees and students 	Comms HR/DCE Facilities /CMG	Mar 2017 Jan 2017 Dec 2016 Dec 2017		1 1 3 3 1

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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) Develop a Faculty development strategy <ul style="list-style-type: none"> Develop a Faculty development lead role Pilot 'Learners as Educators' programme for medical students in UHL 2017 (dependent upon funding) to improve feedback to students and Trainees <p>Appoint Teaching Fellows to support ICC course</p>	CF/CMGs	Dec 2017	Plan audit of 2017 job plan info	2
		SC	Sept 2017		1
		SC/JW	May 2017	Funding received from HEEM to progress. SC/JW completed ethics application. Planned upload of University of Sydney modules	4
		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) Develop a Trust Doctor Clinical tutor role (1PA) Apply to HEEM for funding to support Simulation programme for Trust Doctors Recruit to Trust grade administrator post (shared with HR) 	DCE	April 2017	SAS Tutor in post	5
				Funding agreed in UHL by EWB – unable to access Plan further seminars etc.	4
				Awarded 11K (August 2016)	2
				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 	HR/CMGs/ DCE	Feb 2017	A robust policy and framework exists and all staff undertake mandatory training in E&D	1

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 <ul style="list-style-type: none"> • Appoint an SRO and project manager • Include University of Leicester on project group • Improve quality of workspace for trainees and students in UHL (GMC) 	SC/EM/BK/ LT Facilities	Jan 2017	Strategy written and agreed by EWB. LT appointed as SRO Project Manager appointed Project group established and meetings scheduled	5 4 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
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 <ul style="list-style-type: none"> • 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 • Explore development of CAT in Medical Education with HEE-EM and UoL • Develop Clinical Teaching fellows to support undergraduate education and improve feedback to trainees 	Sept 2016	SC SC/AF SC/SW		1 3 3 3

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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 • Review the structures for delivery of undergraduate curriculum in UHL to ensure reliable and consistent curriculum delivery • Plan for transition of clinical placements into new curriculum in 2018 (old curriculum still running - double student numbers for 1 year) • Develop Terms of Reference for a UHL/UoL Joint Board of Medical Education • Explore with UoL opportunities to enhance education quality - develop opportunities for Hon title holders and Academic Champions, support education innovation & education research projects etc. • Support UHL Consultants interested to support Fellow and projects in Medical Education research via a Virtual Education Academy • 	Oct 2016	SC/AF/PB/KH		4
		Aug 2017	SC/NL/AS		1
		2018	SC/SW		1
					1

6. Develop role of UHL patient partners in education and training

6.1	Identify UHL patient partner to represent education and training	Aug 2016	DCE	Mr Caple agreed to act in this capacity	5
6.2	Invite patient partner to key education committees		JK		3
6.3	Deliver education session for patient partners and explore ways they can add value		JK		4

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