Multi-professional Education Update: October 2017

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

Input Sought

For information

We would welcome the Board's support for:

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

For Reference

Edit as appropriate:

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

Safe, high quality, patient centred healthcare	[Yes /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:	[January 2018 TB]

6. Executive Summaries should not exceed 2 pages. [My paper does comply]

7. Papers should not exceed 7 pages. [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUSTREPORT TO:TRUST BOARD REPORTDATE:5 OCTOBER 2017REPORT BY:Mr ANDREW FURLONG, MEDICAL DIRECTORREPORT FROM:PROFESSOR SUE CARR, DIRECTOR OF MEDICAL EDUCATION
ELEANOR MELDRUM, ACTING DEPUTY CHIEF NURSESUBJECT:UHL MULTI-PROFESSIONAL EDUCATION REPORT

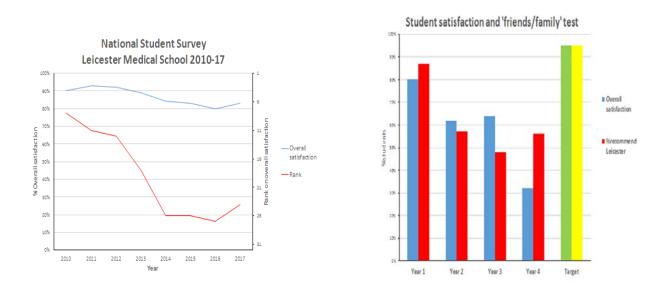
Medical Education Update:

Undergraduate Medical Education Issues

1. Medical students

National Student Survey (NSS) 2017

Whilst the NSS is not specific to UHL, the majority of clinical placements are within UHL. The survey reveals that there are some improvements following actions last year but there is still work to do to improve undergraduate medical education. Students continue to raise concerns about variable quality of clinical placements and feedback they receive. Overall satisfaction is low but Leicester ranking amongst UK medical schools has improved.



As part of the UHL Education Quality Improvement Plan (EQUIP), a restructure of undergraduate education is underway to support the delivery of the new Leicester Medical School Curriculum. Two Principal Block leads for Medicine and Surgery will be appointed on 22nd September.

However, improvements depend upon securing a supportive learning culture and environment in the Trust/CMGs and improving the quality of clinical placements by ensuring time in Consultant job plans for education & training, adequate education facilities, accountability for SIFT sources and a robust approach to quality control of education.

Postgraduate Medical Education issues:

Key messages from GMC trainee survey March 2017 (Appendix 1)

Trainee Summary

- UHL remains a negative outlier in the 2017 survey for 'feedback' (see page 4 for detail)
- Induction is now within the normal range for UHL.
- UHL maintained a ranking of 3rd for 'Overall Satisfaction' in the East Midlands region. (see page 5 for detail)

Trainer Summary

• The Trainer survey is not mandatory and UHL's response rate was 42% (53.6% national response rate)

• UHL was within the normal range for all indicators in 2016 and this remains unchanged in 2017.

- The Trust ranks 4th for 'Overall Satisfaction' in the East Midlands region
- The Trust ranks 4th for 'Overall Satisfaction' in the East Midlands region (behind Lincoln, Sherwood Forest and Northampton)

Improvements depend upon securing a supportive learning culture and environment in the Trust/CMGs and improving the quality of clinical placements by ensuring time in Consultant job plans for education & training, adequate education facilities, accountability for MADEL resources and a robust approach to quality control of education.

1. <u>General Medical Council visit</u> 25th October 2016

Action plan in progress to address issues reviewed at Executive Workforce Board

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

Cardiology/Respiratory

Main issues

- Recruitment and retention of Trust Grade doctors
- Frequency of senior patient reviews and ward rounds
- Undermining behaviours

An Action plan has been developed to address issues with RRCV and an Educational Improvement Plan developed funded by £150,000 committed at HEE-EM visit to improve education and training at Glenfield Hospital.

Education Facilities:

Improving education facilities was identified as a **Requirement** for training by the GMC

The multi-professional educational facilities strategy – EXEL@UHL is integrated into the UHL reconfiguration project. Recent meetings have been cancelled and progress delayed

Shape of Training review

This report has now been accepted by government and implementation plans are awaited – this present both challenges and opportunities to UHL.

The report made 19 recommendations to address the current and anticipated future health needs of the UK population as people now live longer, but often with complex, chronic conditions and disability related to physical and mental health problems.

Recommendations include: moving GMC registration to point of graduation from medical school, increase the flexibility in training, longer placements, broad-based and more generalist training, training limited to places that provide highest quality training, credentialing for speciality/sub-specialty training

Multi-professional Education

Work is in progress on the development of a more multi-professional approach to education in UHL. A paper will be submitted to the Executive Workforce Board

Physician Associate Students:

We now have 6 Year 2 students from Worcester University in UHL and from January 2018, 15 1^{st} year PA students from DMU (½ day week).

Summary

The GMC survey, NSS survey and GMC visit clearly demonstrate the issues that need to be addressed in order to maintain and improve the quality of education and training in UHL. The actions required are clearly articulated in our Education Quality Improvement Plan but some actions are curtailed by resources

Medical Education: Key priorities and next steps

Training is increasingly delivered in a competitive environment.

As a University teaching hospital, it is important that UHL provides high quality training. Student and trainee satisfaction is low and UHL risks loss of reputation as a teaching hospital and further impacts on recruitment and retention. Where placement or training posts are not well supported they will risk being removed and allocated to other centres where trainees report a better experience.

- 1. Improve UHL learning culture and education facilities
- 2. Commit to address issues raised by the GMC visit and NSS surveys

- 3. Improve internal, quality control and accountability for funding we receive for education and training at CMG level
- 4. Manage education and training quality issues actively across UHL and commit to demonstrate improved education quality outcomes
- 5. Work with local universities to maximise our potential in educational innovation, and scholarship as a "USP" for Leicester and as a means to enhance recruitment and retention of local trainees develop a "Leicester Healthcare Education Academy"

Non-Medical Education Update:

1. <u>Nursing Associates</u>

The Leicestershire Nursing Associate programme, developed and delivered by UHL in partnership with De Montfort University, has been approved as a Foundation Degree in Science at a formal validation event at the Leicestershire School of Nursing Associates on the 27th September 2017. This is excellent news for UHL and our health partners across Leicestershire. The nurse educators, in particular the UHL programme leader, must be congratulated on this significant achievement. The team were commended on the development of a truly practice-led programme which is unique and the only one of its kind in England.

	Anaesthetics (Core, HSTs)	Indicators (trainee)		Cardiology (all levels of trainees)	Indicators (train	
	Paediatric Surgery	Trust level: Induction		Respiratory Medicine (all levels of trainees +trainers)	Specialty (department) leve	
	Gastroenterology(trainees and trainers)	Specialty (department)	(department)	ENT (all levels of trainees + trainers)	Clinical Supervisio Feedback	
	Medical Microbiology HSTs	level: Reporting Systems		Endocrinology and Diabetes HSTs	Indicators (train	
	O&G HSTs	Study Leave		Neurology HSTs	Specialty	
	T&O HSTs	Indicators (trainer)		GP Programmes- O&G, Surgery, Medicine, Paeds	(department) lever Time for Training	
	Urology HSTs and trainers	Specialty (department)		FY 1&2 in O&G		
	Infectious diseases	level: Handover		Surgery FY2 at LGH		
	Rheumatology (trainers)			Medicine FY2 at GH		
	Radiology (trainers)				Acute Internal Medicine (trainers)	
	Paediatrics (trainers)			•	Geriatric Medicine (trainers)	
	Cardiology (trainers)			Histopathology (trainers)		
				Vascular Surgery (trainers)		
	-			•	•	
	Haematology (trainees and			Clinical Oncology (trainees and trainers)	Trust Level:	
⇒	trainers)				Feedback	

Appendix 1- GMC Trainee survey 2017