

Multi-professional Education Update: May 2018

Author: Director of Medical Education, Acting Chief Nurse Sponsor: Medical Director **Trust Board paper L**

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: [quarterly]

6. Executive Summaries should not exceed 2 pages. [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 REPORT

DATE: 3 MAY 2018

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 Update

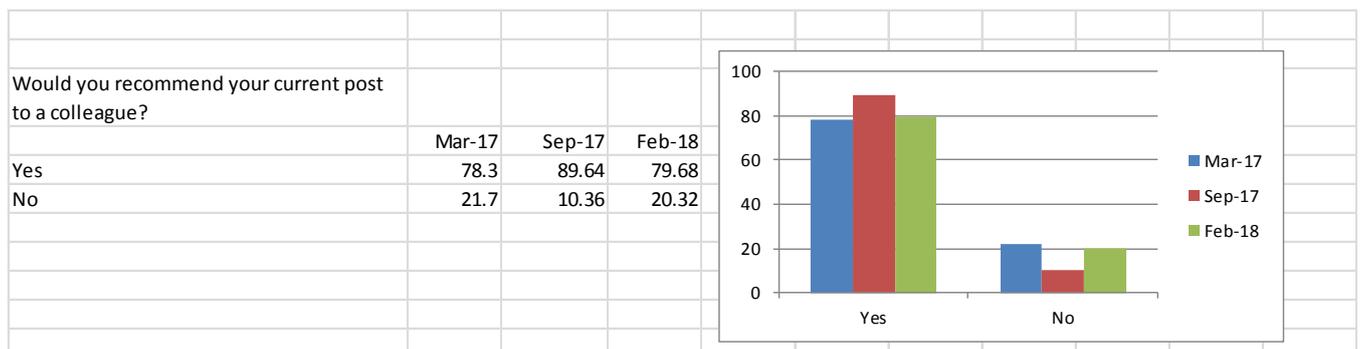
Postgraduate Medical Education:

UHL Survey- March 2018

- 502 respondents (response rate of 50%)- *previous survey in September 2017 had 415 respondents (41%).*
- Ratio of Trainees to 'non training post holders' respondents= 398/104
- Representation of all grades/levels, specialties and sites.
 - Highest response rates from LRI site, Higher Specialty Trainees and FY2s, Anaesthetics, Emergency Medicine, and O&G,

Would you recommend your post to a colleague?

KPI for the Annual Priority 3.2 (18/19) is 80% 'would recommend their post to a colleague'



Retention of trainees

The 2017 Foundation career destination report shows that 61% of LNR Foundation School trainees progressed into Specialty training in the UK – this is the highest in the UK (54% Leicester Medical School graduates progressed to ST in UK)

Services with training challenges

	Update- March 2018
Cardiology	<p>HEE will re-visit Cardiology on May 4th as part of their on-going monitoring. The recent UHL survey outcomes are comparable to March 2017.</p> <p>On-going challenges</p> <ul style="list-style-type: none"> • Recruitment and retention of Trust Grade doctors • Frequency of senior patient reviews and ward rounds • Rota management and cross-covering due to rota gaps • Undermining behaviours- in the recent UHL survey 22% of respondents suggest that there are bullying or undermining issues
Respiratory	<p>HEE will re-visit Respiratory on May 4th. Concerns emerged in 2017 regarding training; an Education Project Lead and Chief Registrar were appointed to support both Cardiology and Respiratory (Trust funded). The recent UHL survey indicates an improvement, over 12 months, from 70% to 91% of trainees who would recommend their current post to a colleague.</p> <p>On-going challenges</p> <ul style="list-style-type: none"> • Recruitment and retention of Trust Grade doctors • Rota management
GP trainees	<p>The GP trainees have indicated dissatisfaction with UHL experience in both the 2017 GMC and UHL surveys. Meetings have taken place with the GP TPD and APD, and a further meeting is scheduled with the GP trainees to explore issues.</p>
T&O- Core/wider	<p>Concerns were raised about insufficient theatre experience for Core level trainees. This was improved by appointing Trust Grade doctors to fill rota gaps however the recent UHL Survey suggests that this is a re-emerging issue, along with other T&O concerns, particularly at LGH. The Education Lead is arranging to meet with trainees urgently.</p>

Medical Training :Current concerns:

1. Winter pressures have impacted on training in a number of ways: cancellation of lists impacting on training, movement of trainees between services to cover high pressure areas. HEEM have been informed

2. Fairly low rate of exception reporting around educational issues
3. Problems with recruitment of Trust grade doctors (visas etc)
4. Recognition of new to promote “UHL as a Teaching Hospital” through the communications strategy will be progressed

Shape of Training review

This report has now been accepted by government and implementation plans are in progress - this presents both challenges and opportunities to UHL.

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

New Internal Medicine Curriculum 2019

Stage 1 was approved by the General Medical Council (GMC) in December 2017 and will replace Core Medical Training (CMT) from August 2019 (**Recruiting end 2018**).

The curriculum has been updated to include mandatory training in geriatric medicine, critical care, ambulatory care and medical out-patient management.

The IM stage 1 programme will comprise of the first three years post foundation training, during which trainees will have increased responsibility for the acute take and complete the MRCP (UK)

This requires some significant re-organisation of UHL training posts – we have established a stakeholder Steering Group to implement the changes required by 2019

Undergraduate Medical Education Issues

1. Medical students

Leicester Medical School was successful in a bid for 30 new medical student places

Introduction of the new Leicester Medical School Curriculum started in UHL on the 19th March and is progressing well. Students have ward or team based activities centered on patients in the morning with structured teaching in various forms in the afternoons.

Student Foundation Assistantships

- 1) This year each student will have 2 six-week assistantships starting on April with the allocated Foundation Doctor.

Challenges:

Need more UHL Consultants to engage in structured afternoon teaching, especially bedside teaching sessions

Need to continue to recruit Clinical Teacher which has reduced recently due to pressure on SPA time in their job plans

2. Physician Associate Students:

We now have 6 Year 2 students from Worcester University in UHL and 12 1st year PA students from DMU (½ day week). From August 18 there will be up to 24 year 1 & 12 year 2 DMU students in UHL needing clinical placements

As medical students numbers increase alongside PA student places and need to train more ANPS then training and trainer capacity needs to be carefully considered

UHL Grand Round & UHL Medical Educator Awards

The new UHL Grand Round will commence 4th May 2018 - Phase 2 medical students will be invited to attend (1-2 pm venue: RKCSB Lecture Theatre. Food being served from 12.30 pm)

The UHL Educator Awards. will be formally launched at the new Grand Round inaugural meeting on 4th May 2018 and awarded in May/June 2018 at the Grand Round meeting.

Medical Education: On-going key priorities

Training is increasingly delivered in a competitive environment.

Reviewing placement capacity is important in light of increasing medical & PA student numbers as described in the draft NHS workforce strategy 2018

As a University teaching hospital, it is important that UHL provides high quality training to optimise 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. Facilitate "Time for training"
3. Improve internal, quality control & 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
3. 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 – through the Leicester Healthcare Education Academy

LOCAL RECRUITMENT OF PRE-REGISTRATION STUDENT NURSES

- The traditional three year nursing degrees remain the main route into nursing for Leicester, Leicestershire and Rutland (LLR) via De Montfort University (DMU) who currently run two cohorts per year (September and March). Target numbers are agreed with practice before offers are made to ensure we can place students.

- DMU recruited slightly over target for their September 2017 adult and child nursing programmes. However, in March 2018 the university under recruited by 40 students for adult nursing (children's recruited to target).
- Recruitment data from the 2018 recruitment cycles will give a more accurate position in terms of whether or not the loss of the NHS Bursary has impacted on student numbers locally and nationally. National data suggests that in the short-term, there may be a recovery in numbers of younger applicants.

University of Leicester Pre-registration Nursing and Midwifery Programme

- The University became an approved NMC education provider in October 2017 supporting the development of two new undergraduate programmes for Nursing and Midwifery (MSci Nursing with Leadership and MSci Midwifery with Leadership). The Nursing and Midwifery Council (NMC) approval events for both programmes will take place week commencing the 14th of May and if successful, the University hopes to recruit to both programmes in September 2018.

WHERE WILL WE PLACE EXTRA NURSING STUDENTS?

Leicestershire Practice Placement Strategy 2017-2023

- To support the growth of our future nursing workforce, the LLR system must allow our universities to take more students by increasing clinical placement capacity. We can do this by using private, voluntary and independent (PVI) settings across health and social care as an alternative to traditional acute hospital placements where there is limited or no capacity.
- To find more placements, UHL are leading 'LLR Practice Placement Strategy' with support from LPT to ensure we increase placements in a safe and sustainable way and that placements are allocated equitably on behalf of both universities. We have received funding from Health Education England to lead this unique work.

NURSING ASSOCIATES AND THE LEICESTERSHIRE SCHOOL OF NURSING

- The Leicestershire School of Nursing Associates is now delivering the new apprenticeship Foundation Degree Nursing Associate Programme supported by DMU. We are currently training 102 trainees (69 trainees for UHL and the Alliance).
- A three month public consultation by the NMC on the role and education standards for the Nursing Associate commenced in April 2018. Although the role will eventually be regulated, it will be the responsibilities of employers to determine how nursing associates are deployed in specific health and care contexts.

- Nationally, there is an expectation that 5000 Nursing Associates will commence their training in 2018 with annual intakes of 7500 per annum thereafter. We will run one new intake per year for 50 trainees but could deliver two cohorts per year as the demand is there but would need further investment to do this.

VALUING OUR CLINICAL REGISTERED NURSING WORKFORCE

Re-introducing the Title Senior Staff Nurse and Clinical Development Pathways

- The title 'Senior Staff Nurse' has been re-introduced alongside clinical development pathways and rotation programmes for Bands 5-8a following a LiA process. The title Senior Staff Nurse was lost as part of Agenda for Change but the title identified the nurse as someone with experience and expertise with the role being part of a pathway to becoming a Ward Sister or Charge Nurse. The post is not financially remunerated but this has not been a barrier to its re-introduction and uptake by the nursing workforce.

Retire, Return and Retain

- We are proactively encouraging prospective retirees to return to work post retirement into a role of a 'clinical coach' to work as part-time nurse educator with the primary focus of supporting students, newly qualified nurses, midwives and HCAs across all CMGs. The opportunity has created a significant amount of interest and we have nurses undertaking this role now. We may have the opportunity of regional funding to expand this project over the next 12-months.

University Hospitals of Leicester Education Quality Improvement Plan 2018/19

EQUIP 2018/19

Action Note	Action	Lead	By When	Progress Update	RAG Status*
(Meeting Date)					
1. Improving the Learning Culture: Embed a “Supportive” learning culture that values education and training across UHL (Annual Priorities 3.1 and 3.2) <i>Ensure Trust and CMG Board Level engagement on education and training matters</i>					
1.1	<ul style="list-style-type: none"> Multi-professional education report quarterly to UHL Trust Board 	SC/EM/BK	<i>On-going</i>	Quarterly	
1.2	<ul style="list-style-type: none"> Medical Education report bi-monthly to Executive Workforce Board 	SC	<i>On-going</i>	Bi-monthly	
1.3	<ul style="list-style-type: none"> Include UG and PG Medical Education issues as part of the APRM process 	SC/JK	<i>On-going</i>	Bi-monthly	
1.4	Increase the prominence of Education & Training in UHL strategy:				
	<ul style="list-style-type: none"> Update BAF monthly for Annual Priorities 3.1 and 3.2 Include E&T issues regularly in Chief Executive briefing 	SC/JK SC/AF/AJ	<i>On-going</i>	Monthly Liaise with T Jones to input 3/12m key education issues	
	<ul style="list-style-type: none"> Align UHL Medical Education strategy with UHL 5 year plan 	SC	Oct 2018	Build into Education Strategy refresh work	1
	<ul style="list-style-type: none"> Include E&T issues in UHL Annual report 	SC/JK	April 2018	Information to be provided to T Jones	4
1.5	Develop a multi-professional Education Strategy	SC/AF/JS/ LT	End April 2017 End July 2017 End Oct 2017	SC produced a draft document in 2015 has updated May 2017. Document written and discussed at EWB on 17/10- now 'on hold'	2
1.6	Hold an Annual Education and Training summit 2018				

	<ul style="list-style-type: none"> Hold an annual celebration/showcase event for E&T 	DCE	Autumn 2018 tbc	2018 date tbc	1
	<ul style="list-style-type: none"> Reward high quality education and training in UHL – Educating at its Best Awards 	DCE	July 2018	Plan made for UHL Medical Education Awards-launched in March 2018 with award ceremony in June/July	4
1.7	Engender a supportive learning culture and ensure no bullying of undermining of learners by UHL staff	All/HR/DCE	End April 2018	GMC Visit Report identified this as a requirement. An action plan is in place and meetings with HR have taken place A working group 'Attitudes and behaviours to improve patient' has been established. HEEM new session "Art of an Honest Conversation" February 2018	3
1.8	Fully engage with, and implement actions identified by the Junior Doctor LiA process				
	<ul style="list-style-type: none"> Provide project support to the LiA process 	JK	Dec 2018	Meetings scheduled, action plan maintained, meeting notes circulated	4
	<ul style="list-style-type: none"> Provide the Sponsor Group with relevant information from the UHL Junior Doctor Morale survey and take a lead role in identifying actions 	SC/RS/JK	Dec 2018	Themes for each LiA meeting have been identified and potential actions shared with the Sponsor Group	4
2. Improving Quality of Education outcomes (Annual Priorities 3.1 and 3.2) <i>Aim to improve visibility and governance within UHL of outcomes in:</i> <i>GMC National Trainee Survey, National Student Survey, Health Education East Midlands accreditation visit reports and trainee exit surveys UHL Education Quality Dashboard</i>					
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 	SC/JK	August 2017 August 2018	Outcomes will be released in June/July 2018.Process in place to disseminate reports	1
	<ul style="list-style-type: none"> Produce UHL Quality dashboard for postgraduate education 6 monthly – circulate to CMGs and Executive Workforce Board 	JK/CMG Leads	ongoing	Bi-annually	
2.2	Responding and Acting Upon Quality Information				

	<p>Postgraduate Education</p> <ul style="list-style-type: none"> CMGs to provide Quality Improvement (EQI) Action plans in response to GMC survey and UHL survey quarterly to improve quality/address concerns in postgraduate education 	CMGs/CMG Ed Leads/DCE	<p>April 2017 July 2017 Oct 17 July 18</p>	<p>Action plans to be produced in response to 2018 GMC survey and March 2018 UHL survey. Template to be developed by DCE.</p> <p>Survey outcomes to be included as part of APRM process (UHL-May & GMC-July)</p>	1
	<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 	SW/UoL	<p>Jan 2017 ongoing</p>	<p>Discussed at Improving Student experience group Dec 2016</p> <p>Raised at UHL/LMS meeting 19.6.17 and LMS will address and improve</p>	4
	<ul style="list-style-type: none"> CMG develops EQI Action plans to improve/address issues identified in undergraduate feedback 	CMG Ed Leads/UG Leads	April 2017	<p>Difficult to progress with very poor feedback date <20%</p> <p>Included in March 2018 APRM report; CMGs to respond</p>	2
	<ul style="list-style-type: none"> Agree and implement a process to manage inadequate improvement in education quality 	SC/AF/PT	<p>April 2017 May 2018</p>	<p>Draft paper written for discussion (SC) Meeting AF/PT/SC cancelled 30/03/17 and took place 17/5/17. Plan to review SIFT/MADEL income and expenditure and improve link to quality of outcomes for 2018- meeting to be arranged in May 2018</p>	2
2.3	Improve Transparency and Accountability of SIFT and MADEL expenditure				
	<ul style="list-style-type: none"> CMG budgets to demonstrate MADEL placement fee and SIFT expenditure 	Finance/BM	Dec 2017	Awaiting Finance work by Tarun Basra	2
	<ul style="list-style-type: none"> 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 	PT/AF/SC	<p>April 2017 May 2018</p>	<p>Meeting cancelled 30/03/17 took place 17/5/17. Plan to review SIFT/MADEL income and expenditure and improve link to quality of outcomes for 2018 (see 2.2)</p>	2

	<ul style="list-style-type: none"> 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 	PT/AF/SC	May 2018	Meeting scheduled for 30/03/17 was cancelled- to be rearranged Draft paper written for discussion Meeting held 17/05/17 (see 2.2)	2
2.4	Time in job plan for education and training roles <i>Educational Supervisors 0.25SPA (EPA) per trainees Clinical Teachers 0.5 SPA (EPA) per student (As per LDA agreement)</i>				
	<ul style="list-style-type: none"> Improve consistency in job planning process (identifying EPAs) 	JK/SShannon	Dec 18	Review software and ensure educational time is entered in the appropriate column	1
	<ul style="list-style-type: none"> Write a process to describe pathway to move MADEL and SIFT where LDA requirements are not met and education quality is inadequate 	SC/Finance	August 2017 May 2018	Discussed at meeting 17/5/17 AF/PT/SC and plan for 2018 budgets- (see 2.2)	2
	<ul style="list-style-type: none"> Audit of job plan time/roles to be carried out annually 	JK	Nov 2018		1
2.5	Ensure education roles are appropriately appointed, appraised and valued				
	<ul style="list-style-type: none"> Deliver training to UHL Appraisers re appraisal of Level 2 education roles 	DCE	Ongoing		
	<ul style="list-style-type: none"> Use HELM to improve access to training and appraisal of educational roles 	SC/JK	Sept 18	Develop 2 additional modules for Educational Supervisors as part of the UHL Supervisor Training module	3
3. Improve Retention of Students and Doctors in Training (Annual Priorities 3.1 and 3.2)					
Improving Learners Experience in UHL					
3.1	Induction				
	<ul style="list-style-type: none"> Mitigate concerns raised by the GMC and CQC relating to the induction of temporary staff and new starters commencing employment with on-call duties 	Deputy DME DL/HR	Dec 2017	An 'e-green book' induction package was due to go live March 2018 but this has not been possible due to technical issues encountered during the implementation of HELM. Awaiting update re HELM from HR	2

	<ul style="list-style-type: none"> Quality control departmental inductions 	Deputy DME DL	August 2018	Plan to develop SOP for departmental induction and peer observation Delay in receiving all required information from CMGs.	3
	<ul style="list-style-type: none"> Where EQI indicate poor CMG/Departmental level induction, develop improvement plan 	CMG Ed Leads/	Dec-2017 Dec 2018	Dependant on above	1
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. 	Comms/SC	Mar-2017 June 18	Communication Strategy to promote UHL as a University Teaching Hospital has been produced with support of Tiffany Jones. Additional staff resource was identified as required to fully deliver the Strategy. This is no longer feasible in current financial climate. Existing staff will implement some of the actions Paused due to lack of resources (CIP) CEO has approved funding for additional staff resource for 18/19. Recruitment process for a Marketing Administrator to commence April 2018	3
	<ul style="list-style-type: none"> Work with CMGs to develop the Junior Doctors Administrators <ul style="list-style-type: none"> Provide education sessions 	Deputy DME DL/LR	Jan-2017 July-2017 September-2017 Feb-2018 August 2018	Education session to be arranged by end of June 2017- now rescheduled for Sept 2017 due to HEE visit in June- cancelled due to Sept Surge. The Medical Education Manager now attends the JDA meetings to update on education. Regular 'walk rounds' by the Deputy DME to talk to the JDAs to be piloted	4

	<ul style="list-style-type: none"> Collaborate with the Patient Partners to improve welcome 	JK	Dec 2016 May 2017 September 2017 April 2018	Was discussed at Patient Partner forum May 18 th 2017 and Patient Partner lead (Martin Caple) updated the METC in Sept 17. A new, larger group of Patient Partners have been asked to consider their recommendations for this action, from a patient perspective. To receive feedback at METC in April 2018	4
3.3	Improve Feedback to Students and Trainees				
	<ul style="list-style-type: none"> Develop a Faculty development lead role 	SC	Sept 2017 Sept 2018	Not progressed due to lack of resources - possible 1PA available Jan 2018	1
	<ul style="list-style-type: none"> Identify further dates for 'Learners as Educator' programme and organise further sessions for students 	SC/JW	Aug 2018	Awaiting dates from Leicester Medical School	3
3.4	Improve and standardise the support available for non-training grade doctors				
	<ul style="list-style-type: none"> Ensure continuation of admin support for non-training grade doctors 	DCE	June 2018	Postholder to go on maternity leave (June 2018). Workload to be managed within HR and DCE	3
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 (GMC REQUIREMENT)- see 1.7 	HR/CMGs/ DCE	End April 2018	A robust policy and framework exists and all staff undertake mandatory training in E&D Meeting SC/LT Mar 2017 Discussed with patient partners	4
4. Continue to Improve the Learning Environment : Education and Simulation facilities (Annual Priorities 3.1 and 3.2)					
4.1	Develop a business case to progress UHL multi-professional education facilities strategy				
	<ul style="list-style-type: none"> Improve quality of workspace for trainees and students in UHL (GMC) 	SC/EM/BK/ LT Facilities	Jan 2017	Identified as recommendation by GMC visit	2

	<ul style="list-style-type: none"> Ensure that the provision of on-call rooms and 'post nights' rest space is sufficiently available and of a high standard on all 3 sites 	SC/ Facilities/ Reconfigur ation team	TBC	On going work included in reconfiguration projects	3
4.2	Develop a multi-professional simulated training strategy				
	Strategy for simulation training to be updated	All Sim Leads/ JB	Nov 2018		1
5. Develop closer joint working with University of Leicester (Annual priority 3.1)					
5.1	Develop a Leicester Healthcare Education Academy (LHEA)				
	<ul style="list-style-type: none"> Collaborate with University of Leicester who are leading this development 	SC	ongoing		
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"> Input into discussions to progress the joint UHL/UoL strategy and the AHSN model 	SC/AF/PB/ KH	Aug 2018 tbc	Meetings scheduled	4
	<ul style="list-style-type: none"> Explore with UoL opportunities to enhance education quality - develop opportunities for Hon title holders and Academic Champions, support education innovation & education research projects etc. 	SC/KH		Contacted Kevin Harris to explore- meeting 31.7.17	1
5.3	Launch a Grand Round in collaboration with the University of Leicester				
	<ul style="list-style-type: none"> Develop and promote a cross-specialty UHL Grand Round meeting to enhance medical engagement at all levels 	NM/KH	May 2018	First meeting scheduled for May 4 th 2018 in RKCSB. Future dates to be confirmed.	4
	<ul style="list-style-type: none"> Develop a technical solution to ensure cross-site availability of Grand Round 	NM/LR/ JC	Sept 2018	Capital bid submitted for video-conferencing solution- unsuccessful bid but v-c is to be incorporated into IM&T plans. Meeting with John Clark to be scheduled	3
6. Future education challenges and developments (Annual priority 3.2)					
6.1	Prepare for and respond to challenges arising from the Shape of Training				

	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	DCE/CF	Jan 2018	DME or Deputy DME attend MJPC meetings Job planning data included in January APRM information	5
2.5	Ensure education roles are appropriately appointed, appraised and valued				
	Maintain database of GMC recognised trainers	JK/SC/SW	July 2016	Process and framework in place	5
	Develop a framework for appraisal of GMC recognised trainer roles	SC/MM/JB	April 2016	Process and framework in place	5
	Update Prep system to include appraisal of education roles	JK/SC/MM		No longer considered a viable action due to software limitations re dates	5
3. Improve Retention of Students and Doctors in Training (Annual Priorities 3.1 and 3.2) & Improving Learners Experience in UHL					
3.1	Induction				
	Evaluate Dynamic e induction package	DL/HR	August 2017	May not be a long term solution as HEEM funding withdrawn. Due to HELM's inability to interface with e-Dynamic, it is almost certain that this will not be UHL's long-term solution for induction	5
	Review and update existing Trust induction presentations	SC/HR/DL/ JB		Complete	
	Ensure local induction for all trainees	DL/ CMG Leads		Complete	5
	CEO/Medical Director to speak at student Phase 1 and 2 inductions	JA/AF		Dates now scheduled in diaries	5
3.3	Improve Feedback to Students and Trainees				
	Ensure Teachers/trainers with time to teach in job plans (as above, 2.4)	CF/CMGs	Jan 2018	Plan audit of 2017 job plan info Audit completed and presented as part of APRM in January 2018. CMGs to respond to findings as part of APRM process	5
	Develop a Faculty development strategy	JK/SC		Completed	5
	Pilot 'Learners as Educators' programme for medical students in UHL 2017 (dependent upon funding) to improve feedback to students and Trainees	SC/JW	May 2017	Funding received from HEEM to progress. Modules acquired from University of Sydney and uploaded. Pilot programme ran May 5 th 2017	5

	Appoint Teaching Fellows to support ICC course	SC/SW	Jan 2017	2 Fellows appointed	5
3.4	Improve and standardise the support available for non-training grade doctors				
	Continue to support SAS Tutor role (0.5PA)	DCE	April 2017	SAS Tutor in post	5
	Develop a Trust Doctor Clinical tutor role (1PA)			Extended role of existing DCE team member April 2018	5
	Apply to HEEM for funding to support Simulation programme for Trust Doctors			Awarded 11K (August 2016). Associate Simulation Lead appointed (Mr Rayt)	5
	Recruit to Trust grade administrator post (shared with HR)	DCE/HR	Nov 2016	Recruitment completed Nov 2016	5
4. Continue to Improve the Learning Environment : Education and Simulation facilities (Annual Priorities 3.1 and 3.2)					
4.1	Develop a business case to progress UHL multi-professional education facilities strategy				
	Appoint an SRO and project manager	SC/EM/BK/ LT Facilities	Jan 2017	Strategy written and agreed by EWB. LT appointed as SRO Project Manager appointed	5
	Include University of Leicester on project group			Project group established and meetings scheduled Alison Goodall represents UoL on project group	5
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. Develop closer joint working with University of Leicester (Annual Priorities 3.1)					
5.1	Engage with Academic Champions and Hon appointees to engage students and trainees in projects and teaching activities <i>Support Clinical Academic training in UHL</i>				

	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	SC	Sept 2016	Paper presented and interim solution identified	5
5.2	Develop an over-arching strategy to more closely integrate undergraduate and postgraduate training to improve outcomes and retention of trainees and students				
	Circulate a discussion paper to define and seek agreement to progress this approach	SC/AF/PB/KH	October 2017	Paper written with KH outline joint UHL/UoL strategy agreed at ESB. Strategic committee are exploring an AHSN type model	5
	Review the structures for delivery of undergraduate curriculum in UHL to ensure reliable and consistent curriculum delivery	SC/SW/RH	August 2017	SC drafted a paper re restructure of UG block leads in UHL. Accepted by LMS. Principal" block lead roles. – appointed GI, interim Surgery	5
	Plan for transition of clinical placements into new curriculum in 2018 (old curriculum still running - double student numbers for 1 year)	SC/SW	Sept 2018	Additional UG Co-ordinator post approved to support transition. Now appointed	5
6. Develop role of UHL patient partners in education and training					
6.1	Identify UHL patient partner to represent education and training	DCE	Aug 2016	Mr Caple agreed to act in this capacity	5
6.2	Invite patient partner to key education committees	JK	Mar 17	Mr Caple now attends UHL Medical Education and Training Committee	5
6.3	Deliver education session for patient partners and explore ways they can add value	JK	May 17	Process discussed and agreed re PP input and feedback	5

Key:

SC – Sue Carr

AF – Andrew Furlong

RS – Ronnie Singh

BM – Beckie Marriott

LR – Luke Ruffle

NM – Nicki Morgan

MM – Mary Mushambi

EM – Eleanor Meldrum

AJ – Andrew Johnson

SW – Steve Williams

SaS – Sara Shannon

JB – Jon Bennett

JC – John Clarke

JA – John Adler

BK – Bina Kotecha

JS – Julie Smith

PT – Paul Traynor

DL – Dilesh Lakhani

PB – Philip Baker

SS – Susie Sananes

RH – Richard Holland

JK – Joanne Kirtley

LT – Louise Tibbert

DCE – Dept of Clinical Education

UoL – University of Leicester

KH – Kevin Harris

CF – Catherine Free