

Multi-professional Education Update: September 2015

Author: Director of Medical Education and Asst Director of Nursing Sponsor: Medical Director
Date: Trust Board 3 September 2015

Trust Board paper I

Executive Summary

Context

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

Provision of high quality education and training facilities is an essential part of promoting UHL as an excellent training organisation and to support recruitment and retention of students and all healthcare staff. An outline multi-professional strategy for development of education facilities has been prepared for and a multiprofessional simulation strategy approved by the Executive Workforce Board

This report outlines key pillars of a multi-professional approach and outlines the current issues in medical and nursing education to update the Board.

Questions

1. Do the Board support the development of a UHL multi-professional education strategy including an education facilities strategy?
2. Do the Board support transparency of expenditure of education and training funding?
3. How do we change the culture in UHL to promote teaching and training and improve outcomes in GMC Trainee Survey?

Conclusion

We request:

1. That guidance be given regarding prioritisation of capital funding for the development education facilities.
2. Support to progress multi-professional education strategies
3. Commitment to 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 input regarding strategies to address the issues raised in the GMC National Trainee Survey

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

Discussion of education facilities strategy

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	[Not applicable]
Board Assurance Framework	[Not applicable]

3. Related Patient and Public Involvement actions taken, or to be taken: [N/A]

4. Results of any Equality Impact Assessment, relating to this matter: [N/A]

5. Scheduled date for the next paper on this topic: [quarterly update – December 2015]

6. Executive Summaries should not exceed 1 page. [My paper does comply]

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD
DATE: SEPTEMBER 2015
REPORT BY: Mr ANDREW FURLONG, MEDICAL DIRECTOR
JULIE SMITH, CHIEF NURSE
REPORT FROM: PROFESSOR SUE CARR, DIRECTOR OF MEDICAL EDUCATION
ELEANOR MELDRUM, ASSISTANT CHIEF NURSE
SUBJECT: UHL MULTI-PROFESSIONAL EDUCATION REPORT

INTRODUCTION

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

Being a high-quality training organisation is important in maintaining the quality and safety of patient care, maintaining the motivation and enthusiasm of staff and in attracting new and high-quality staff to the organisation. There is an explicit understanding that structured, properly supervised training is essential to enable all healthcare professionals to contribute to excellent patient care throughout their careers and develop into clinical leaders.

In order to do this we will:

- 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
- Ensure the development of a high quality clinical learning environments
- Ensure robust educational governance and funding
- Provide excellent support for all healthcare trainers, trainees and students
- Develop new training pathways that support transformational working (including Physicians Associates, Advanced Practitioners etc.) and transition of care with Better Care Together
- Create an environment where excellence in education supports enhanced recruitment and retention of the healthcare workforce in UHL
- Further develop inter professional learning

1. 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

- a) Education Strategy: A multi-professional education and training strategy is being prepared. The Director of Medical Education and Assistant Chief Nurse (Education) are working closely on key areas where we aim to train the “team around the patient” e.g. simulated training. There are some areas where the professions necessarily differ in training requirements, governance and regulation and these need to remain professionally based. The strategy will be reviewed by the Medical Director, Chief Nurse and Director of Workforce and Organisational Development.
- b) Clinical education and practice development for Health Care Workers (Bands 1-4): The National Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed for the non-regulated workforce the Care Certificate should ensure the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care.

The Certificate was launched nationally in March 2015 with the first UHL cohort of 60 Health Care Assistants and housekeepers commencing the programme in April. To date, 54 staff have completed the programme over a maximum 12-week period (some complete sooner). The existing HCA workforce now have the opportunity to complete the programme via a self-assessment process and it is anticipated this will be achieved by March 2016. Opportunities to complete all or parts of the Certificate are being extended to new and existing physiotherapy technical instructors, radiography care assistants and healthcare apprentices. There will also be a joint approach to the delivery of the Certificate across health and social care for Leicestershire.

2. To ensure the development of high quality clinical learning environments

- a) **Education Facilities:** 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 medical and other staff. Ideally facilities would be provided in a bespoke facility to create high impact and a high quality education environment. The RKCSB patient unit is scheduled for completion at the end of December 2015 which will make this available for 2016 medical student examinations thereby, removing need to use UHL out-patient space. A multi-professional educational facilities strategy has been prepared and will be presented to the Executive Workforce Board in September 2015. This has been discussed with Medical Director, Deputy Medical Director and UHL Project Director for Site Reconfiguration.

The Executive Workforce Board (EWB) have supported the UHL Strategy for Simulation Training which requires the provision of enhanced simulation facilities and appointment of a Simulation Lead 2PA post that will be advertised shortly. The EWB have also been asked to consider supporting the early development of simulation facilities as first part of the facilities strategy - either as a capital project or by facilitating use of the Postgraduate tariff monies

3. Ensure robust educational governance and funding

- a) **Develop transparent accounting to education funding expenditure across the Trust**

Table one below confirms the total amount of funding supporting multi-professional education, training and workforce development for 2015/16.

	Salary Support	Clinical Placement	Transition	Workforce Development	Trust Funded Posts	Total
Non Medical	1,115,298	1,861,440	77,500	659,300		13,538
Postgraduate Medical	15,157,653	8,865,935	431,000		17,251	25,051,202
Undergraduate Medical		12,986,700	597,500		0	13,584,200
Grand Total	16,272,951	23,714,075	1,106,000	659,300	17,251	42,348,940

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

Developing transparency and accountability will be essential in retaining our education funding. To date UHL is one of few Trusts to achieve a degree of transparency with this funding stream.

The DCE will plan further meetings with CMGs in September-November to assess progress with the expenditure accountability work. This work relies on availability of information in Consultant job plans. A report upon progress will be given to the Executive Workforce Board in November 2015.

HEEM have funded 3 Integrated training Fellowships for medical specialty trainees in Paediatrics, Elderly Care and Respiratory Medicine.

Non-Medical Funding

Clinical Placement: The Healthcare Clinical Placement (HPCP) tariff is a relatively new funding stream to support the clinical placements of commissioned, pre-registration student nurses, midwives, therapists and Allied Healthcare Professionals (AHPs). The tariff was introduced in 2013 and is used by the Trust to support a proportion of the direct costs involved in delivering clinical education and training (at any one time there are approximately 150-500 nursing and midwifery students in practice). Within UHL, approximately 40% of the tariff is used to cover the Trust overheads linked to training with the remainder of the funding used to develop 'clinical tutor' support roles for learners across UHL, reducing the number of failing students in practice. Tariff has also been used to refurbish dedicated space for multi-professional teaching across the Trust. A report confirming the use of tariff is provided for HEEM on an annual basis. Expenditure for 14/15 and plans for 15/16 will be reviewed in detail as part of the Quality Review Visit in November 2015.

Transition and Workforce Development: These are annual HEEM funding streams to support the education and training needs of the multi-professional workforce, registered and non-registered. On an annual basis, healthcare providers submit bids to HEEM for additional funding that will support transformation and workforce plans through formal education, new role development or ways of working. The Trust has to formally report to HEEM the outputs of the investment to ensure that the original objectives of the bid have been achieved.

4. Ensure robust education Governance and Quality:

a) Health Education East Midlands (HEEM):

Health Education East Midlands (HEEM) is responsible for managing the quality of multi-professional education and training across the East Midlands. In 2014, HEEM developed a new approach to Quality Review Visits, looking at the quality of education and training of all healthcare professionals within the region. Providers were assessed against the standards set out in the East Midlands Multi-professional Quality Standards for local training and education providers.

The quality review process supported compliance with the requirements to improve patient care through the effective management of the quality of healthcare education and training, for both Health Education England and the General Medical Council (GMC). This is a collaborative approach which utilises data from a variety of sources, including the Trust's self-assessment document for medical and non-medical education, the GMC National Training Survey results (Appendix) and workforce intelligence, to inform discussions between HEEM and the Trust about areas of good practice and concern. The 2014 visit to UHL was a Level two visit meaning there were risks for the Trust in meeting the new standards. However, the visit was largely positive in outcome, especially in relation to the use of HPCP tariff and the excellent support experienced by non-medical learners, mentors and new starters. There were also pockets of good practice in some specialties, for example, Respiratory Medicine. All issues identified have been satisfactorily addressed except in two areas (Anaesthetics and Cardiology). We are working with the services to address these.

A series of HEEM night visits at LRI/LGH/GGH have taken place recently and a report will follow.

2015 HEEM quality management visit is scheduled for Nov 11th and 12th. A pre-visit teleconference took place on August 20th between UHL and HEEM and a level 2 (medium risk) visit was agreed. The HEEM Quality Team will visit identified services.

As part of the visit, the Trust have been asked to present updates on the following:

- Accountability for educational tariff funding
- Meeting the GMC Recognition and Approval of Trainers milestone in July 2016
- The impact of service reconfiguration on training and how changes are communicated to all involved
- Progress with new roles including Physician Associates

b) Medical Education and Training Issues in UHL: September 2015 Update

The 2015 GMC National Trainee Survey (NTS)

The Department of Clinical Education has analysed the results from the survey and a report is attached (Appendix). The Trust has negative outliers for induction and feedback in the 2015 survey and some areas have been highlighted as “red” for three consecutive years.

A report has been prepared for each CMG and the CMG Medical Education Leads will share with CMG Boards and prepare an action plan to address any issues.

UHL received 10 patient safety and 3 undermining concerns from the GMC trainee survey which have been addressed and a report sent to HEEM.

GMC Enhanced Monitoring concerns – update

Emergency Medicine remains under enhanced monitoring. Renal medicine is no longer under enhanced monitoring. (Ophthalmology is also under enhanced monitoring but as a region-wide issue, which happens to include Leicester).

Leicester Medical School visit to review undergraduate medical education is planned in October 2015. A GMC visit to Leicester is planned in November 2016.

c) Non-Medical Education and Training Issues in UHL: September 2015 Update

Education HEEM Quality Assurance dashboard Q2 2015/16

Overall the dashboard confirms a green RAG rating for quarter two. However within Domain two (Quality Management) there are two amber and one red RAG scores in relation to Higher Education Institutions (HEIs) and the absence of robust mechanisms for the evaluation of clinical placement experiences and the taught elements of pre and post registration courses for nursing and midwifery. These concerns have been escalated to HEEM but UHL have utilised alternative IT systems that support real-time evaluations from our student workforce in relation to the quality of the learning environment at UHL.

Student Nurse Placement Capacity Issues

For 2014-15 UHL supported approximately 60 more students on eight week placements than originally planned due to a reduction in capacity across LPT/ Community. For Child placements an additional 21 placements of eight weeks in length were provided to support the reduction in available capacity. No issues highlighted for therapy or AHP students.

During the 2015-16 based on current placement planning, UHL will support an additional 105 placements of 8 weeks in length due to increase in student numbers as a result of the new programme and a reduction in available capacity within Community; this has required creative planning and the use of Pathways to ensure students are accessing all specialist areas

UHL will support 45 additional child placements of 8 weeks in length (on average) this is due to lack of available community based experiences for students; allocations with Health Visitors/ School Nurses are limited and students are reporting a lack of clinical skill development whilst in these areas as they are principally observational. Final year students cannot be placed with

Community Teams due to a lack of management opportunity and therefore these are supported within UHL.

4. Develop new training pathways that support transformational working and transition of care with the Better Care Together Programme

- a) HEEM funding awarded Q1 2015/16 to support multi-professional education and training and workforce transformation.

Title of Scheme

- Training programme for community teams in LPT to support care of patients with respiratory and cardiac conditions to support 'out of hospital shift' (50K awarded)
- Trust Grade Doctor Development (95K)
- Advanced Practice Development (40K)
- Supporting education and clinical skill requirements for development of pre-hospital emergency medical team. (20K awarded)
- Newly Qualified Nurse Better Care Together (BCT) Graduate Rotation Programme across UHL and LPT (40K awarded) *more detail below*
- 12 months funding for the first UHL Nurse Leadership Fellow to support improve HEEM;s approach to leadership and management development for learners in the East Midlands.

b) Rotation programmes for graduate nurses

In support of the BCT programme and partnership working a Graduate Nurse Rotation Programme across UHL and LPT specialising in the care of the frail older person has been developed and will commence in November 2015 alongside a re-designed therapist rotation programme. The rotation will provide four placements, two in each organisation over 27 months with 'insight visits' into community nursing teams, primary care, social services and specialist mental health teams to gain awareness of the whole health community support for this group of patients. Nurses will also undertake an in-house accredited module dedicated to the care of the frail older person. The HEEM funding of £40,000 will fund a dedicated project management role for the rotation programme dealing with the logistics of setting up and maintaining the programme and supporting newly qualified registrants. This programme will run alongside the existing, but revamped, therapist rotation programme.

c) HEEM proposed redistribution of training posts across East Midlands

Health Education England "Broadening Foundation" plans a restructuring of Foundation programmes across the UK from August 2016. Foundation doctors will no longer be allowed to rotate into two posts within the same speciality. This affects 21 UHL Foundation rotations - 16 F1 rotations and 5 F2. Bids to retain 3 F2 posts were successful. Sixteen alternative F1 posts have been proposed and accepted by the Foundation School, which allows UHL to retain the posts and the entire 12 month F1 rotations in UHL. This proposed change will present challenges to UHL and requires development of alternative workforce solutions before August 2016.

HEEM has indicated an intention to achieve a more equitable distribution of core and specialty trainees across East Midlands (using per Consultant episode/admission or per population numbers) which would have implications for UHL at all training levels. Recent HEEM documents presents a worst case scenario where Leicester would reduce by 3 Core Medical posts, 5-6 Core surgical posts and 5 posts in Emergency medicine- although numbers remain uncertain.

When considered together - changes in Foundation, Core and GP training numbers could be extremely challenging and create significant issues for clinical service in UHL and impact of quality of remaining training posts. UHL has made strong representations to HEEM and, at a recent meeting, HEEM agreed to transition the changes, evaluate impact on recruitment and trainees views and develop a plan to develop alternative workforce solutions e.g Physicians Assistants, Advanced Nurse Practitioners etc.

UHL was successful in obtaining a further £95,000 from LETC to support further development of the UHL Trust grade doctor project.

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

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 medical and other staff. It is for this reason that we are developing the educational facilities strategy that the next Executive Workforce Board.

There is clear evidence to suggest that the investment of time and financial resource in non-medical education over the last 10 months has supported the successful recruitment and retention of EU and graduate nurses, reduced the number of failing students in clinical practice of pre-registration students and supported transformation of our workforce. The introduction of the Care Certificate and development of Assistant Practitioners is beginning to develop the confidence, knowledge and clinical practice of our non-registered healthcare workforce.

In December 2014, a formal validation process confirmed the Collaborative Partnership between the Nurse Education teams and De Montfort University. This has allowed the teams to deliver degree level education to registered practitioners for specialist, multi professional modules that are not commissioned with local HEIs. The 'Knighton Street Education and Practice Development Academy' was formally opened on May 12th 2014. This dedicated space for non-medical education and advanced practice has demonstrated a commitment to our staff that we want to invest in their clinical education and practice development and this will have a positive impact on recruitment and retention of our healthcare workforce.

6. To further develop inter-professional learning

- a) Local faculty groups: Are being developed to improve the learning culture, develop multi-professional local faculty groups and encourage CMG Medical and Nursing education leads to liaise and present education and training issues to CMG Boards.

7. Key priorities and next steps

The Trust Board are asked to note the report and the next steps for the further development of the multi professional workforce through education, training and practice development including:

1. Need to respond to outstanding requirements of HEEM Quality Review Visit for medical education and training.
2. Progression of an education facilities strategy and development of a simulation facility.
3. Developing the UHL multi-professional education strategy.
4. Recognising the impact of the loss of medical posts and vacancies that will pose a significant threat to UHL's ability to provide high quality training and to attract and retain medical staff. This includes the proposed HEEM redistribution of postgraduate medical training posts posing an additional risk for UHL in terms of the Trust demonstrating its role as a teaching centre of excellence to attract and retain trainees and to compete for reducing education funding.

5. The need to demonstrate quality control of training delivered and accountability for funding we receive for education and training.
6. The need to develop an education plan to support new roles in the Trust e.g. increasing numbers of Trust Doctors, Physicians Associates etc.
7. Work with local universities to maximise our potential in educational innovation, scholarship and research as a “USP” for Leicester and as a means to enhance recruitment and retention of local trainees
8. Respond to issues raised in GMC trainee survey: induction, feedback, triple red areas.

Appendix

UHL summary: Analysis of the GMC National trainee survey 2015

The Trust has negative outliers for induction and feedback in the 2015 survey.

(benchmark is all UK trainees). Interrogation of the data indicates the following:

Induction- 21% trainees didn't receive information prior to starting employment. The majority of trainees rated the quality of organisational induction to be good or fair (very few rated it as 'excellent')

Appendix 1

Feedback- it appears that the frequency of feedback perceived by the trainees has adversely affected this indicator. Appendix 2

Trust / Board	Indicator	Outcome		
		2013	2014	2015
University Hospitals of Leicester NHS Trust Key: Green= positive outlier (above top quartile) White= Within normal range Pink= bottom quartile but not negative outlier Red= negative outlier (below lowest quartile) Yellow= new question Grey= <3 respondents	Overall Satisfaction	WHITE	WHITE	WHITE
	Clinical Supervision	WHITE	WHITE	WHITE
	Clinical Supervision out of hours			WHITE
	Handover	WHITE	WHITE	WHITE
	Induction	WHITE	WHITE	RED
	Adequate Experience	WHITE	WHITE	WHITE
	Supportive environment			WHITE
	Work Load	WHITE	WHITE	WHITE
	Educational Supervision	WHITE	WHITE	WHITE
	Access to Educational Resources	WHITE	WHITE	WHITE
	Feedback	WHITE	RED	RED
	Local Teaching	WHITE	WHITE	WHITE
	Regional Teaching	WHITE	WHITE	WHITE
Study Leave	WHITE	WHITE	WHITE	

Regional and National Comparison for 2015

In line with other Trusts in the region and nationally for negative outliers. Further analysis to be done to explore why some Trusts have performed better for induction and feedback.

Trust / Board	Indicators													
	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	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		Red			Red						Red			
Northampton General Hospital NHS Trust					Pink						Pink			
Nottingham University Hospitals NHS Trust					Pink									
Sherwood Forest Hospitals NHS Foundation Trust		Red			Pink						Red			
United Lincolnshire Hospitals NHS Trust					Pink						Red			
University Hospitals of Leicester NHS Trust					Red						Red			

Indicator analysis by Specialty (includes all trainees working within the specialty incl FY, GP and STs).

Overall Satisfaction across all specialties has improved since last year's survey. Dissatisfaction has decreased (from 16% to 8% of programmes). Three specialties have red (negative) outlier results for overall satisfaction in 2015: Cardiology, Medical Microbiology, O&G. Neonates is a green (positive) outlier for overall satisfaction.

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

Improved- Neonates, Paediatric Surgery, Palliative Medicine, Rheumatology.

Deteriorated- Cardiology, Clinical Oncology, Gastroenterology.

Indicator Analysis by Programme (breakdown of individual training grades)

Programme Group	Trust / Board	Indicators											
		Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Access to Educational Resources	Feedback		
Anaesthetics F1	University Hospitals of Leicester NHS Trust												
Medicine F1	University Hospitals of Leicester NHS Trust												
Obstetrics and Gynaecology F1	University Hospitals of Leicester NHS Trust												
Paediatrics and Child Health F1	University Hospitals of Leicester NHS Trust												
Radiology F1	University Hospitals of Leicester NHS Trust												
Surgery F1	University Hospitals of Leicester NHS Trust												

Programme Group	Trust / Board	Indicators												
		Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Access to Educational Resources	Feedback	Study Leave	
Anaesthetics F2	University Hospitals of Leicester NHS Trust													
Emergency Medicine F2	University Hospitals of Leicester NHS Trust													
General Practice F2	University Hospitals of Leicester NHS Trust													
Medicine F2	University Hospitals of Leicester NHS Trust													
Obstetrics and Gynaecology F2	University Hospitals of Leicester NHS Trust													
Ophthalmology F2	University Hospitals of Leicester NHS Trust													
Paediatrics and Child Health F2	University Hospitals of Leicester NHS Trust													
Pathology F2	University Hospitals of Leicester NHS Trust													
Radiology F2	University Hospitals of Leicester NHS Trust													
Surgery F2	University Hospitals of Leicester NHS Trust													

Programme Group	Trust / Board	Indicators													
		Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Access to Educational Resources	Feedback	Local Teaching	Regional Teaching	Study Leave
CMT	University Hospitals of Leicester NHS Trust														
CST	University Hospitals of Leicester NHS Trust														

Triple Red Indicators

Red (negative) outliers for 3 consecutive years:

By Specialty (includes all trainees incl FY, GP and STs)

Post Specialty	Trust / Board	Indicator	Outcome		
			2013	2014	2015
Anaesthetics		Induction	RED	RED	RED
		Access to Educational Resources	RED	RED	RED
		Study Leave	RED	RED	RED
Clinical Oncology		Study Leave	RED	RED	RED
Emergency Medicine (HEEM have challenged the accuracy of this outlier with the GMC)		Local Teaching	RED	RED	RED
Gastroenterology		Induction	RED	RED	RED
Histopathology		Access to Educational Resources	RED	RED	RED

By Programme (breakdown of training grades)

Programme Group	Indicator	2013	2014	2015
Anaesthetics STs	Induction	RED	RED	RED
	Access to Educational Resources	RED	RED	RED
	Study Leave	RED	RED	RED
Clinical Oncology STs	Study Leave	RED	RED	RED
Emergency medicine F2s	Study Leave	RED	RED	RED
GP Programme-surgery	Local Teaching	RED	RED	RED
Gastroenterology STs	Overall Satisfaction	RED	RED	RED
	Induction	RED	RED	RED
Histopathology STs	Access to Educational Resources	RED	RED	RED
Obstetrics and Gynaecology STs	Access to Educational Resources	RED	RED	RED
Ophthalmology STs	Access to Educational Resources	RED	RED	RED