

NHS Board
28 November 2018

Lanarkshire NHS Board
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SUBJECT: MEDICAL EDUCATION

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input checked="" type="checkbox"/>	To note	<input type="checkbox"/>
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2. ROUTE TO THE BOARD

This paper

Is a standing item	<input checked="" type="checkbox"/>
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On the Board workplan.

3. SUMMARY OF KEY ISSUES

3.1 Postgraduate Training

We have received notification from the GMC that Surgery and Trauma & Orthopaedics (T & O) at Hairmyres, and Surgery at Monklands have both been de-escalated from enhanced monitoring. This is testament to the hard work of all staff involved and the continued and sustained improvement in postgraduate Medical educations across NHS Lanarkshire.

The single remaining GMC enhanced monitoring site; T & O at University Hospital Wishaw was re-visited by National Education Scotland (NES) / GMC team in July. The report and a subsequent detailed action plan has recently been completed. The department showed continued improvement. The GMC is considering de-escalation for some trainee groups.

Since the last report to the Board in May 2018 there have been 2 departmental visits to NHS Lanarkshire and 2 undergraduate (University) visits.

3.1.1 Obstetrics & Gynaecology, University Hospital Wishaw (June 18)

This visit was a routine scheduled visit. Formal report has just being received this week, and is in process. Informal (verbal) feedback on the day was very positive.

3.1.2 Undergraduate visits to Child Health and Surgery, University Hospital Wishaw (June 2018)

These were routine scheduled visits. Feedback was very good on the day. Child Health report has been received and a plan put in place for the small number of actions. Surgery report awaited.

3.1.3 Publication Visit Reports

NES have indicated that they are now intending to publish all Postgraduate visit reports once text has been agreed by the relevant health board team.

They will be published on NES website. Discussions are currently on-going to decide an agreed process for Health Boards to similarly publish the relevant action plan.

3.2 Recognition of Trainers

The GMC process for Recognition of Trainers (RoT) is now fully operational at Board level. NES having had 2 rounds of quality review of evidence submitted by trainers, are now consulting across Scotland on new processes both for initial Recognition of Trainer status and for the quality management and approval for on-going recognition at the time of revalidation. Board representatives have met with NES to review and offer comment of the proposal, as have the Scottish Director of Medical Education group, as well as discussion with NES medical directors group (MDET).

The outcome and new processes are awaited. NHS Lanarkshire has 351 career grade medical staff who are now recognised trainers with the GMC through NES or the appropriate medical school as the educational organisation. It is very important that we ensure that we support this group staff, to develop as trainers, maintain their recognition at the time of revalidation.

All recognised trainers require to present evidence on a 5 year cycle, matched to their revalidation cycle, to demonstrate on-going professional development in their role as an educator. NHS Lanarkshire in conjunction with its education partners, needs to ensure that systems and opportunities are in place to support medical staff maintaining their RoT status. The Faculty Development Alliance at NES, medical schools and medical education departments locally are in the early stages of developing support systems

Recognised trainers require to have one hour per trainee per week (0.25 PA) of supervision time documented in their job plan. The Board needs to continue to ensure this allocated time is documented in job plans.

3.3 NES Education (DME) Director Medical Education Report

The annual DME report was completed in August 2018. This report consists of GMC National Training Survey (2018) data for both undergraduate and postgraduate trainees, along with the Scottish trainee survey data from NES. The report provides the data per department for all departments with trainees on a “RAG” report basis. Mirroring the visit reports the general trend of feedback data was in a positive direction, although workload intensity (high) remained the most common area of concern. The DME collated response from colleagues at departmental, hospital education and senior

management level and contained commentary and specific action planned as appropriate. The many areas of good practice received appropriate commentary and explanation.

3.4 GMC Enhanced Monitoring

A new proposal from NES and Scottish Government is in the process of being introduced; those departments / Health Boards who are under GMC Enhanced Monitoring will in future need to provide 3 monthly updates to NES, which will be subsequently shared with Scottish Government.

3.5 Excellence in Medical Education

The department of Medical education is hosting an event in December 2018 – “Recognising Excellence and promoting Quality in Medical Education”. Awards will be presented to departments from all 3 University Hospital sites who have achieved excellence in postgraduate and undergraduate Medical Education. This will be preceded by continuing professional development sessions from invited speakers.

NHS Lanarkshire has received further notable recognition in postgraduate level. The department and multidisciplinary team from Obstetrics and Gynaecology at University Hospital Wishaw was recognised for the 2nd year in succession as in the top 10 departments in the UK for training quality, as voted by trainees through the RCOG. The training is jointly led by Dr Evelyn Ferguson and Dr Sikhar Sircar, supported by the department’s formal trainers, supervising clinicians and nursing and midwifery colleagues

3.6 General Practice Specialty training post (GPST) disestablishment

As previously noted, we received notification in January 2018 that 20 of our GPST posts were being disestablished with effect from August 2018. This was work led from Scottish Government and the General Practice directorate of NES. The posts affected are predominantly acute specialties, including Medicine, Surgery, Emergency Medicine and Trauma & Orthopaedics. The funding was not directly returned to the Board, and colleagues in senior management prepared the appropriate application to the Government for funding of replacement posts and potential alternative solutions in the longer-term. Work with clinical teams and senior management colleagues has resulted in many of these posts being filled by educationally robust clinical development fellow posts.

3.7 Introduction Shape of Training and New Curricula

The new medicine training will be introduced in August 2019. Meetings with NES colleagues are on-going to ensure smooth action plan of the new curriculum and programme in NHS Lanarkshire.

Subsequent years will see the introduction of similar new curricula and training programmes across all medical training specialties, this will have potential significant impact on both clinical and medical education departments. Further updates will be provided in subsequent reports.

3.8 DME summary

The overall trend continues to be encouraging with the on-going work at hospital level by Chiefs of Medicine, Training Quality Leads (DDMEs) and their teams across the organisation continuing to deliver improvement in the quality of medical education in NHS Lanarkshire. This is reflected in the de-escalation of enhanced monitoring in all but one of our services by the GMC with positive progress towards this in the remaining area. However, this work requires to be sustained to ensure that all sites and specialties are able to make similar progress. The on-going engagement of senior medical leadership remains essential to enable this despite the additional workload that is associated with on-going gaps in the medical workforce. The Medical Education Governance Group will have a key role in the future in ensuring that progress is sustained and that further improvements can be made.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	LDP	<input type="checkbox"/>	Government policy	<input type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>

Work is linked to the following corporate objectives:

- 1.3 Improve safety
- 1.4 Deliver effective care

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input type="checkbox"/>
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Improvements in the educational environment will improve the standards of care within clinical environments, helping reduce avoidable harm and unnecessary delays in care and treatment.

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

The data the Board receives from the GMC survey and other sources is a rich source of information that is highly relevant across the service. The Medical Education Governance Group will co-ordinate the data received and ensure it is reported to the Professional Governance, Strategic Planning, Sharing and Learning Group.

7. FINANCIAL IMPLICATIONS

There are no direct financial consequences arising from this report.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

There remain reputational risks associated with the enhanced monitoring from the GMC.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input type="checkbox"/>				

Progress towards improving the training environment will contribute to greater efficiency and improvement in the recognition of NHS Lanarkshire as a good place to work.

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An E&D Impact Assessment has been completed

Yes
No

An assessment has not been undertaken as actions are required to meet regulatory requirements.

11. CONSULTATION AND ENGAGEMENT

Improved consultation and engagement with doctors in training is a key strand in delivering the improvements required by these reports and visits. The development of the Chief Resident role across all 3 sites has been central to improved engagement.

12. ACTIONS FOR THE BOARD

The Board is asked to:

1. Note the progress and recognise the continued work required to maintain and improve the quality of medical education.

Approval	<input type="checkbox"/>	Endorsement	<input checked="" type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact

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