

NHS Board Meeting  
28 August 2019

Lanarkshire NHS Board  
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## SUBJECT: MEDICAL EDUCATION AND TRAINING

### 1. PURPOSE

The Director of Medical Education (DME) – Medical Education Report is re coming to the Board:

|              |                          |                 |                          |         |                                     |
|--------------|--------------------------|-----------------|--------------------------|---------|-------------------------------------|
| For approval | <input type="checkbox"/> | For endorsement | <input type="checkbox"/> | To note | <input checked="" type="checkbox"/> |
|--------------|--------------------------|-----------------|--------------------------|---------|-------------------------------------|

### 2. ROUTE TO THE BOARD

The Report has been:

|          |                                     |          |                          |          |                          |
|----------|-------------------------------------|----------|--------------------------|----------|--------------------------|
| Prepared | <input checked="" type="checkbox"/> | Reviewed | <input type="checkbox"/> | Endorsed | <input type="checkbox"/> |
|----------|-------------------------------------|----------|--------------------------|----------|--------------------------|

by the DME specifically to update the Board on matters relating to both Undergraduate and Postgraduate Medical Education and Training.

### 3. SUMMARY OF KEY ISSUES

#### 3.1 Postgraduate Training

This last training year we have continued to see demonstrable and sustained improvements across NHS Lanarkshire postgraduate medical education and the clinical departments as the result of the continued hard work of senior management teams, medical education leads, Trainers and site/specialty medical, nursing and administration staff, along with partners in NHS Education for Scotland (NES). We have had continued engagement with the postgraduate doctors in training which we aim to further develop over the coming years.

The single remaining GMC enhanced monitoring site; Trauma & Orthopaedics (T & O), at University Hospital Wishaw was due for revisit by National Education Scotland (NES / GMC team) in July, however this was delayed till September 2019. Arrangements for this visit are at an advanced stage. The detailed action plan from the previous visit has been implemented. There have been a range of further improvements to the educational and learning environment in T & O. The DME and Medical Director have met with the Dean of West of Scotland and lead for Quality Management at NES, to ensure clear and positive communication of the situation and improvements within the department

Since the last report to the Board in May 2018 there have been 5 Training programme visits to NHS Lanarkshire, but no departmental visits

### **3.1.1 Training Programme visits**

These visits are to a whole training programme. They are usually smaller specialties, with only a small number of trainees in a single Board area. The visit is led by NES and as usual constituted by members to review the quality of the training in that specialty. The visit is based centrally and the trainees and trainers are interviewed off site, rather than the team visiting each Health board area.

#### **Old Age Psychiatry (October 2018):**

No specific actions at Board level for NHS Lanarkshire in the Action plan. This was a good, positive visit.

#### **Dermatology (March 2019):**

A positive visit across regions with good education quality. The local workforce currently restricts allocation of Dermatology ST (registrar) trainee's. Local feedback from GP trainees was excellent.

#### **Endocrinology and Diabetes Mellitus (April 2019):**

This was a very positive visit, with few areas requiring improvements to fully meet the GMC's standards. Trainees felt well supported, were confident that they would meet their curriculum requirements and had no major concerns about the delivery of their training. No specific actions at Board level for NHS Lanarkshire

#### **Geriatric Medicine (Care of the Elderly) (late April 2019):**

No major concerns were cited and an action plan response is in preparation, and will be implemented.

#### **Respiratory Medicine (late May 2019):**

The visit panel found trainees in the West of Scotland Respiratory Medicine programme were receiving a mostly positive training experience, this is evidenced by the high overall satisfaction scores they gave their training programme. The only Board specific action is for a robust system to ensure feedback to trainees for DATIX, which is already well established in NHS Lanarkshire

#### **Acute Care Common Stem (late June 2019):**

Final report awaited.

### **3.2 NES Education (DME) Director Medical Education Report for NHS Lanarkshire 2019**

The annual DME report is in the process of final completion and submission to NES for August 2019. This report consists of GMC National Training Survey (2019) 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. The general trend of feedback data continues to be in a positive direction, although high workload intensity remained the most common area of concern. The DME collated response from colleagues at departmental, hospital education and senior management level and the report contains a

commentary and specific action planned as appropriate for each department. The many areas of good practice received appropriate commentary and explanation.

The undergraduate report was this year again very positive with no areas of concern and a large number of departments delivering training given very positive feedback by undergraduates.

The report is reviewed by NES at Quality review panels and if further information is requested this will be provided through the DME.

### **3.3 Recognition of Trainers**

The GMC requires that all doctors involved in the formal delivery for postgraduate doctors in training have the necessary training and that compliance with this is reviewed annually via Medical Appraisal. This process for Recognition of Trainers (RoT) is now fully operational at Board level. NES following consultation with stakeholders including the Scottish Directors of Medical Education have agreed to the processes for revalidation and re-recognition of Trainer status. Following this we are developing processes at Board level to ensure that we present Trainers in a timely manner for revalidation of their Trainer status as appropriate.

NHS Lanarkshire has 350 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 continue support this group staff, to develop as trainers, maintain their recognition at the time of revalidation.

In order to promote the development of our Trainers we have joined the successful and well respected Clinical Educator program based in NHS Lothian and the University of Edinburgh. This is a blend of e-learning and face to face training, which we hope to deliver in Lanarkshire going forward.

The Faculty Development Alliance at NES, medical schools and medical education departments locally are shaping this development training

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

### **3.4 General Practice Specialty training post (GPST) disestablishment and new Clinical Development fellow posts**

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. This funding will reduce over following years, as Scottish Government reduce the monies returned.

Partly in response to the GPST post disestablishment and partly to ensure we did not rely overly on short term locum posts, a new initiative of recruitment of Clinical Development Fellow (CDF) posts has been instituted in early 2019, with posts commencing August 2019. This initiative also recognises the growing number of Doctors in Training who choose not to progress to formal training programmes immediately after completion of their Foundation Training years.

We have developed a board wide recruitment process and a support and educational governance initiative for Clinical Development Fellows, to convert previous locum positions and gaps in rotas into fully supported CDF posts which will have development time for doctors in post to allow them to develop their skills and learning such that this facilitates their entering their chosen National Training Number (NTN) training post. These posts are aimed to have the same level of support and educational governance as NTN posts, whilst minimising the summative components for the doctors to allow them to lead their own learning. The posts should ensure rotas are well supported to facilitate all Doctors in Training to maximise their learning.

### **3.5 Excellence in Medical Education**

NHS Lanarkshire anticipates that a range of departments across the board area will receive good practice notification from NES, as in previous years.

The Medical Education Department will recognise excellence within Lanarkshire, once the national data sets have been fully reviewed and linked to local data.

The Department of Medical Education has enjoyed academic success in presenting posters, conference sessions and workshops at National, European and International Medical Education and Simulation conferences. 20 separate members of the department, both medical and nursing colleagues, have presented a wide range of work in education and clinical / learning environment including the handover of patients, skills teaching, resilience, resuscitation team work, clinical skills teaching, DATIX, defining learning needs and faculty development. In the simulation field the work presented includes Intensive Care Medicine, obstetrics, paediatrics, paediatric dentistry and team skills simulation. A workshop has been delivered on professionalism, which was commended by the scientific group at International Conference, and we aim to offer a local conference developing this work, which will be hosted by the department.

### **3.7 Introduction of Shape of Training and New Curricula**

The new medicine training (IMT) will be introduced in August 2019. Training Quality Leads and Depute DME's on acute sites and a least one representative from each medical department have linked with NES and the lead Associate Postgraduate Dean to undertake training on the new curricula and portfolio which they will cascade to colleagues in their respective departments. The curricula does require time away for National "boot camps" for skills training, which are also a feature of the similar new surgical curricula (IST), and both departments across all 3 sites have actively managed rotas such that these Doctors in Training can be released whilst maintaining service.

The Department of Medical Education locally has both hosted some of these National "boot camps" and contributed staff to the National courses.

The Surgical IST which started in August 2018 as a national pilot for the UK, has been successful locally including the development of a pan Lanarkshire surgical skills club.

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 Wellbeing and Civility**

The well-being of all our staff, including the Doctors in training, and the undergraduate trainees, is critical to the success of the organisation, as well as the individuals themselves. The Department has and will continue to develop and support a number of initiatives to maintain and enhance the wellbeing of Doctors in Training. Colleagues on the UHM site have developed training in resilience which we are rolling out across the area. We intend to offer a conference and workshops to staff on the theme of ‘Civility Saves Lives’ in healthcare, developing the research that shows that civility improves healthcare outcomes, this will provide a platform for further initiatives based on civility.

### 3.9 DME summary

The overall trend continues to be encouraging with the on-going work at hospital level by Trainers, Chiefs of Medicine, Training Quality Leads (Depute DMEs) and their teams across the organisation continuing to deliver improvement in the quality of medical education in NHS Lanarkshire. This is reflected in improving postgraduate and undergraduate national feedback. 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 trainees, trainers and 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"/> | AOP                   | <input type="checkbox"/>            | Government policy | <input type="checkbox"/> |
| Government directive     | <input type="checkbox"/>            | Statutory requirement | <input checked="" type="checkbox"/> | AHF/local policy  | <input type="checkbox"/> |
| Urgent operational issue | <input type="checkbox"/>            | Other                 | <input type="checkbox"/>            |                   |                          |

## 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 checked="" type="checkbox"/> |
|------|-------------------------------------|-----------|-------------------------------------|----------------|-------------------------------------|

### *Six Quality Outcomes:*

|   |                                     |
|---|-------------------------------------|
| Everyone has the best start in life and is able to live longer healthier lives; (Effective) | <input checked="" 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 checked="" 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 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. Doctors in Training represent an additional source of valuable feedback on the quality of our services and often generate new Quality Improvement

Initiatives or sharing of best practice from other areas in which they have worked. 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.

Improvements in wellbeing and civility will support better healthcare outcomes across a range of indicators in a multi-professional setting.

## 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 checked="" type="checkbox"/> | Effective partnerships | <input type="checkbox"/> | Governance and accountability | <input checked="" type="checkbox"/> |
| Use of resources          | <input type="checkbox"/>            | Performance Management | <input type="checkbox"/> | Equality                      | <input checked="" type="checkbox"/> |
| Sustainability Management | <input type="checkbox"/>            |                        |                          |                               |                                     |

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

## 10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Supporting and delivering teaching and learning for undergraduate and postgraduate trainees in an equitable manner avoiding differential attainment is essential and links to work promoted by stakeholders including NES and GMC.

## 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:

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

|         |                                     |                            |                                     |                          |                          |
|---------|-------------------------------------|----------------------------|-------------------------------------|--------------------------|--------------------------|
| Approve | <input type="checkbox"/>            | Endorse                    | <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        | <input type="checkbox"/> |

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|  |  |  |  | report |  |
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### 13. FURTHER INFORMATION

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

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