

Board: 30 May 2018

Lanarkshire NHS Board
Kirklands
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.org.uk



SUBJECT: MEDICAL EDUCATION

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" 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 Annual Plan.

3. SUMMARY OF KEY ISSUES

3.1 General Medical Council (GMC) visit to Scotland in 2017.

The formal report from the GMC's visit to Scotland which took place in late 2017, has now been presented to all stakeholders on 26th April 2018, and published on 4th May and available on the GMC website <https://www.gmc-uk.org/education/reports-and-reviews/regional-and-national-reviews/#ScotlandNationalReview>. Visits were undertaken to some neighbouring Boards, all 5 Universities with undergraduate medical schools and NHS Education Scotland's (NES) Deaneries. The visit assessed medical education and training against the standards laid out in the GMC's document "[Promoting Excellence](#)".

As previously noted, we are not included as one of the Local Education Provider (LEP) sites to be visited, representatives from the Board were present at the presentation of the report and will work with partners in the Universities, NES and the other LEP's to ensure any appropriate actions from this report are taken forward.

3.2 Postgraduate Training (including progress against Deanery action plan)

We have received notification from the GMC that Medicine at Hairmyres and 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 remaining GMC enhanced monitoring sites are due to be re-visited and are scheduled for May-July. In the meantime, all appropriate action plans have been implemented in full.

Since the last report to the Board in October 2017 there have been 4 departmental visits to NHS Lanarkshire and we have also been involved in 2 regional programme visits. In addition, we have now received formal reports on visits which were highlighted to the Board in October 2017.

3.2.1 Medicine at University Hospital Hairmyres (January 2018)

This visit under enhanced monitoring took place in early January 2018, at a time of extremely high activity for the site and nationally. The formal report has now been received and this confirmed the informal feedback on the day which was to the most extent very positive and recommended that the unit be de-escalated from Enhanced Monitoring included, which has now been confirmed. A detailed action plan has been drawn up to address the few points raised and is being implemented. The local team across all disciplines have worked very hard with colleagues in Senior management and are to be commended on this progress, especially at a time of significant pressure on the service, as well as longer term increased workload (and learning opportunities) on the site, which has not seen a commensurate adjustment to training establishment.

3.2.2 Medicine at University Hospital Monklands (January 2018)

This visit under enhanced monitoring took place in early January 2018, at a time of similarly extremely high activity for the site and nationally. The formal report has now been received and this confirmed the informal feedback on the day which was extremely positive and recommended that the unit be de-escalated from Enhanced Monitoring inclusion which has now been confirmed. A detailed action plan has been drawn up to address the few points raised and is being implemented. The local team across all disciplines have worked very hard with colleagues in Senior Management and are to be commended on this progress, especially at a time of significant pressure on the service.

3.2.3 Anaesthetics at University Hospital Hairmyres (April 2018)

This was a re-visit, from a visit 2 years ago. The visit panel provided very positive feedback both on the day and in the formal report. The panel which had a number of members from the previous visit team commended the department on the marked improvement and progress on the previous action plan points. The department were complimented on providing both very good training and a supportive environment. The visit report highlighted the trainee's assertion that other departments should "learn from this one regarding educational good practice". The detailed report received recently has identified a single requirement for which actions are already in progress.

3.2.4 Anaesthetics at University Hospital Monklands (April 2018)

This was a routine scheduled visit as part of the 5 yearly Quality management cycle undertaken currently by NES. The visit panel provided very positive feedback both on the day and in the formal report. They particularly noted the non-hierarchical, supportive culture within the department, which one member of the wider team describes as one where 'everyone's voice is heard'. The formal report received recently had no

requirements and the 2 suggested areas for improvement are already being taken forward by the department from the verbal feedback on the day. No action plan is required however we will report the follow-up on the suggested areas for improvement subsequently to NES.

3.2.5 West of Scotland (WoS) Gastroenterology Programme (Nov 2017)

A program visit to West of Scotland Gastroenterology was undertaken, which involved sites within the Board. The report comments the programme to be working well. Trainees were generally happy with the specialist training they were receiving and this is reflected in the high overall satisfaction scores the trainees gave for gastroenterology as an overall experience. The Action plan resulting from the visit is led by the Training Programme Director (TPD), with appropriate comment and support from the relevant Directors of Medical Education (DMEs), and departmental Educational leads. Actions relevant to NHS Lanarkshire are in progress.

3.2.6 NES Oral & Maxillofacial surgery Programme Visit (Jan 2018)

A program visit to Oral and maxillofacial surgery programme was undertaken, which involved the service at University hospital Monklands. The report comments that the trainers were engaged approachable and supportive. The trainees have a high regard for the training programme which has excellent surgical exposure and curriculum coverage that can be responsive to individual needs. The Action plan resulting from the visit is led by the TPD, with appropriate comment and support from the relevant DMEs, and departmental Educational leads. Actions relevant to NHS Lanarkshire are in progress.

3.3 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 should be known later this year. 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.

3.4 GMC National Training Survey report

The GMC National Training Survey provides an annual snapshot of the views of doctors in training on their educational experience. The survey is compulsory for all doctors in training programmes and response rates are high. The latest iteration closed in the first week in May 2018 and the results will be published in July 2018, this information along with the similar Scottish Training Survey (STS) forms the basis of the annual DME report to NES.

The Board's response to the issues highlighted in the National Training Survey is being overseen by the Medical Education Governance Group (MEGG) which reports to the Quality Planning and Professional Governance Group which in turn reports to the Healthcare Quality Assurance and Improvement Committee.

3.5 DATIX

Good practice suggests the need to ensure a robust system is in place to allow postgraduate trainee medical staff to receive timely feedback on DATIX submissions. A system has been in place since April 2017. The system ensures that trainees receive appropriate feedback and that additional learning takes place (where appropriate separate from the normal handling of the DATIX). The system has been singled out for positive comment at a number of the recent enhanced monitoring visits, as good educational practice which should be shared across Scotland. The data from the first full year, has been presented as a poster and received a large amount of comment and interest at the recent national medical Education conference.

3.6 Say no to SHO

There has been widespread national concern regarding the continued use of the term SHO/Senior House Officer. The term has been obsolete since 2007 with the introduction of Modernising Medical Careers. However, it remains in common usage, most commonly by the trainee doctors themselves, as a short hand to describe themselves and their perceived competency level. The GMC in its review of Scotland have given NES the requirement to ensure that it is no longer used. This is to ensure there is no confusion and inability of clinical staff to accurately identify the competencies of medical staff not well known to them.

An initiative to address this has been previously developed by a working group led by NES, which included a number of DMEs including from NHS Lanarkshire. All 3 acute hospital sites in NHS Lanarkshire have successfully piloted this as early adopters. Feedback suggests a very positive responses from ward staff, especially welcomed is the resulting the clarity around competency of the individual.

The DME from NHS Lanarkshire along with colleagues from Fife and NES presented at a workshop following the formal presentation of the GMC national report on Scotland, including colleagues from NES, LEPs and the GMC.

The initiative is now embedded within the board area. There are proposals in discussion to rollout nationally, and to extend the medical staff groups included, we will remain an active part of the working groups led by NES.

3.7 Excellence in Medical Education

The department of Medical education hosted an event in February 2018 – “Recognising Excellence and promoting Quality in Medical Education”. Neena Mahal, Chair of NHS Lanarkshire Board, kindly presented awards to departments from all 3 University Hospital sites who had achieved excellence in postgraduate and undergraduate Medical Education. This was preceded by continuing professional development sessions from invited speakers Prof. Hazel Scott (Dean of Liverpool Undergraduate medical School) and Prof. Alastair McLellan (Dean WoS NES)

NHS Lanarkshire has received further notable recognition in postgraduate level. The department and multidisciplinary team from Obstetrics and Gynaecology at University Hospital Wishaw received the prize for team of the year at the 8th National Medical Education conference. 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

3.8 General Practice Specialty training post (GPST) disestablishment

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 has not been returned to the Board and colleagues in senior management have prepared the appropriate application to the Government for funding of replacement posts and potential alternative solutions in the longer-term.

Representations were made to NES about the short notice and potential impact on Educational quality in the departments affected.

Planning is on-going to ensure that we have appropriate staffing in place for August 2018, although we along with neighbouring Boards continue to be potentially challenged by the availability of suitably trained doctors available for employment on a substantive basis.

3.85 Introduction Shape of Training and New Curricula

“Shape of Training” The national (UK) review of postgraduate medical training, is moving toward implementation phase(s). In August 2018, Scotland as a nation will pilot the first new curricula – Core Surgical Training. NHS Lanarkshire is involved in this and preparations are being undertaken locally for the adoption of the new curricula and accompanying new requirements for trainee’s and trainers.

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.

3.9 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 two of our services by the GMC with positive progress towards this in other areas. 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 MEGG 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:

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

Approval	<input type="checkbox"/>	Endorsement	<input 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

Dr Ian Hunter
 Director of Medical Education
 NHS Lanarkshire
 Telephone: 01698 855610