

Meeting of Lanarkshire  
NHS Board: 26th August 2020

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## SUBJECT: MEDICAL EDUCATION

### 1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For assurance	<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 Annual Plan.

### 3. SUMMARY OF KEY ISSUES

#### 3.1 Undergraduate Training Only for this report

This report only pertains to undergraduate medical education. A report for postgraduate education and the wider medical education department and activities will be submitted to subsequent meetings for assurance.

#### 3.2 NES Education (DME) Director Medical Education Report

The annual undergraduate DME report was completed in August 2020. This report consists of undergraduate students' feedback through the partner universities and GMC. The report provides the data per department for all departments with students on a "RAG" report basis. The DME collated response from colleagues at departmental, hospital education and senior management level and contained commentary and specific action planned as appropriate.

NHS Lanarkshire hosts undergraduate medical students from 3 medical schools in Scotland and we have received 9 undergraduate recognition of excellence letters from the Undergraduate QRP at the beginning of the undergraduate year. This year the board area has had **no** red or amber flags at all in any of the data sets pertaining to undergraduate education. In many departments the predominant field feedback is a "green" flag, with a number of departments have this feedback in every single area / field. This reflects excellence in undergraduate education within NHS Lanarkshire, and is due to sustained hard work and commitment from the DDME lead Robin Munro, site Sub Deans and departmental leads and supervisors, NMAHP and administration staff colleagues.

Further details are given in the separate UG DME report, and in the Heads of school / sub Deans reports to our university(s). Further details are given in the attached UG DME report which is completed for National Education Scotland. Please note not all departments who take students are represented due to administrative issues related to Covid 19 in our some of our partner universities (Appendix 1).

We continue to develop and review our teaching and learning for our 3 Universities for which we host students in all years of the course(s). In addition we have been working with Edinburgh University colleagues to ensure we support colleagues undertaking the new Healthcare Care medical school course / places. Our 12 Clinical teaching fellows working with sub Deans and supervisors continue to develop new teaching, a sample is given below:

- New Psychiatry block for Glasgow University, started pre COVID with 4 student per block, with intention to increase
- Psychiatry simulation in place for all psychiatry undergraduates and for postgrad / multidisciplinary team (medical emergencies)
- New SSC in Sexual Health
- Paediatric simulation , which is being shared with NHS GGC team and delivered to all undergrads at GU using Louisa Jordan this year
- GP simulation (details in primary cares section)
- ENT expanded the online Moodle resources (self-assessment learning modules, theatre videos, simulated patient consultations)
- Medical and surgical blocks receive clinical skills training sessions on venepuncture / cannulation, ECG recording and interpretation, male urinary catheterisation and ABGs.

### **3.3 Introduction New Curricula, Teaching and Learning**

The COVID 19 pandemic has caused widespread impact both to teaching and learning and NHS service provision. We have and continue to ensure that we can provide training for our undergraduates from 10th and 24th August 2020. In Medicine and Surgery in particular we are developing new immersive teaching and learning, supported by a range of staff and supervisors. This will allow the students to identify their individual learning objectives, find the most appropriate route to meeting these, whilst maintaining patient and staff / student safety. Details of this new immersive program are given in the attached document. Central to this approach is training some of our postgraduate trainee doctors in foundation medical education competencies, to enable them to support our undergraduates and gain themselves knowledge and experience that will be valuable for their future careers in NHS Lanarkshire, Scotland and elsewhere.

As the service reconfigurations develop we will ensure that we maximise the teaching and learning for our undergraduates using appropriate technology and innovation (Appendix 2).

### **3.4 Developing Teaching in Primary Care**

We continued our early work to develop medical education in primary care. Our strategy is to develop educate and support our healthcare, and for the purposes of this report, medical workforce from secondary school through medical school, postgraduate training to a career in medicine within NHS Lanarkshire. The DME supported by senior

management colleagues from Primary care has been leading to develop and support more practices to become involved with both undergraduate and postgraduate training. The next training year should see new practices start this journey. We have had close to 20 GPs undertake local Train the trainer workshops with an aim to becoming FY2 supervisors, either as an initial end point or as a step to becoming a full GPST trainer. We have Clinical Teaching fellow developing primary care education linking strongly with Glasgow University in particular. We have successfully piloted:

- First year students having primary care experience with GPST trainees, with near peer learning focus
- GP simulation sessions (initially focusing on delivery of healthcare out with medical premises e.g. patients home)
- Training GPST in Medical Education

We have recently successfully appointed 2 GP principals to sessional Lead Clinical Trainer posts in the department to support the further expansion of primary care education in line with local and national strategies.

### 3.5 DME summary

Undergraduate Education has excellent feedback across NHS Lanarkshire. We are increasing our numbers and range of departments which offer teaching and learning, as well as developing innovative training modalities. We are grateful for the support at hospital level by Chiefs of Medicine, hospital sub Deans, Supervisors and their teams across the organisation continuing to deliver improvement in the quality of medical education in NHS Lanarkshire. This work requires to be sustained with on-going engagement of senior leadership to enable this despite the challenges posed by Covid 19 and the workload of 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"/>		

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 Universities and 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 are reputational risks associated with any specialty being under enhanced monitoring from the GMC. However there are no specialties under enhanced monitoring in NHS Lanarkshire.

**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 undergraduates in training is a key strand in delivering the improvements required by these reports and visits. The development and expansion of the Clinical Teaching fellow posts is 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 for assurance purposes.

## **13. FURTHER INFORMATION**

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

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