

Meeting of Lanarkshire
NHS Board: 27 January 2021

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



SUBJECT: MEDICAL EDUCATION UPDATE

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"/>
--------------	--------------------------	---------------	-------------------------------------	---------	--------------------------

2. ROUTE TO THE BOARD

This paper

Is a standing item	<input checked="" type="checkbox"/>
--------------------	-------------------------------------

On the Board Annual Plan.

3. SUMMARY OF KEY ISSUES

3.1 Postgraduate Training Overview and Quality

Both National Education Scotland (NES) and the GMC continued with their quality assurance during 2020, with some adjustments in view of the pandemic. No sites in NHS Lanarkshire are the subject of enhanced monitoring. We have no triggered or routine quality visits from NES scheduled in this academic year (Aug 20-Aug 21). The quality review panels have asked for further information for a number of departments and these will be returned later this month, departments and MEGG are aware and there are no new concerns.

National Training Survey (NTS - GMC 2020) – this was restricted to a question set referring to wave 1 of Covid pandemic period only. NHS Lanarkshire data was reassuring and welcomed, trainees appreciated (green flags) support of clinical colleagues, reported feeling valued, and good sense of team, with on the ground clinical leadership.

NES Scottish Trainee Survey (STS) informing the postgraduate DME report used a triage system reviewing all available quality data from their own and external stakeholder quality data. This highlighted 4 departments that showed good practice outlier (see section 3.1.2.) and only 2 departments across the whole board area that flagged as a low outlier, neither was a new concern and predominantly was informed by historical data. Quality improvement work has and is on-going including PCAT surveys, prior or between waves 1 and 2.

The trainee cohort from the iMatter survey shows high scores in excess of 70% for being treated with dignity, respect, fairly and consistently are rewarding, similar to the NTS for similar questions. This reflects the organisations commitment to all staff and in this report the postgraduate trainees. Over the last 5 years in particular we have been at the forefront of engagement with our trainees, with initiatives such as the Chief resident program which was initiated in our board. We continue to strive to improve exemplifies by our recent appointment of Wellbeing champions (see section 3.3)

Concern over Covid, reflected in the word clouds of the imatter survey is to be expected given the National Pandemic. We are well aware with our colleagues in National Education Scotland of the trainee concern over the impact of training. Throughout the recovery period and the management of second wave, maintaining high quality postgraduate and undergraduate training has been a primary objective, (see section 3.1.1) alongside maintaining services and patient safety. Word cloud anxieties of the second wave, and personal health issues highlight expected concerns of our junior colleagues, as they are for all staff, through ensuring appropriate PPE, education and staff support, alongside rapid rollout of vaccination we will continue to support the trainee workforce.

We redeployed well in excess of 100 NTN trainees and non-training grades in the first wave, and have built on experience for subsequent periods of redeployment in the second and third wave in order to maximise training opportunities and trainee wellbeing. Our local trainees, clinical fellows(of all types), and career grade colleagues are to be commended at the enthusiasm and commitment which was shown to change roles, job plans and deliver the Covid acute response(s). These were actively managed by DME, colleagues and HR to ensure they were tracked and received support in their new clinical areas. Whilst Covid 19 was disruptive to many trainees training and progression many gained a wide range of useful general and specific competencies which will be useful in their careers going forward. Many consultant colleagues switched job plans to deliver 24/7 resident clinical leadership and trainee supervision of the acute medical teams on all 3 sites. This ensured excellent support and supervision of medical trainees and FiY1 doctors.

I would personally like to take this opportunity to formally thank trainees and trainers alike for their commitment, professionalism and flexibility in supporting the Covid response.

3.1.1 Maintaining Postgraduate training during the Pandemic

Scottish Directors of Medical Education (SDME's), their deputies and Educational Supervisors have worked with colleagues at NES, and the postgraduate trainees to maximise training opportunities and completion of training competencies during their attachment with Local Education Providers. Wave 1 of the pandemic resulted in minimal effect on training locally and nationally. During the first recovery phase and the second wave of the pandemic the SDMEs and senior NES colleagues developed a consensus document to guide redeployment and training during the anticipated 2nd wave. Using this as a foundation locally we have been able to minimise the number of trainees fully redeployed to date, both in number and duration, and the impact on training. The exception, as nationally are the craft specialties within the surgical umbrella, however we have maximised opportunities by ensuring trainee were offered opportunities off site with any NHS Lanarkshire patients who were having procedures at the Golden Jubilee National Hospital or other facility. This was managed with NES and GMC colleagues to ensure appropriate governance was in place.

3.1.2 DME report

We were pleased to note the 4 departments that were in the top 2%, identified as showing good practice. These are discussed individually later in the report. Ophthalmology has excellent feedback for both undergraduate and postgraduate training, and has consistently done so. The department is very successful in training all postgraduates' grades. They have previously had a number of LAT posts, appointed at National interview, and 100% go onto achieve NTN numbers.

University Hospital Wishaw has both respiratory medicine and T & O identified in the top 2% good practice departments. The department of respiratory medicine is committed to training and quality improvements and rewarding to see some recognition for colleagues in that department. Respiratory medicine is one of our specialties that we continue to recruit Consultant colleagues at this time, and we are optimistic that excellence in training will support recruitment.

It is particularly rewarding in the year that the trauma and orthopaedics' at University Hospital Wishaw (UHW) has been removed from enhanced monitoring for foundation, and core training that the department is within the top 2% high performer for specialist training, the higher trainees have recognised the site as providing very good training for a number of years. All colleagues were very pleased that the sustained improvements in the department have been confirmed by colleagues at NES and the GMC in September (2019) of the training year with de-escalation of enhanced monitoring. We would aim to sustain and further the improvements as the board remobilises and reconfigures service post Covid 19. All trainees are now based at UHW where the service is now a single site for emergency and trauma, but will continue to access the large range of training opportunities in elective procedures at University Hospital Hairmyres, supported by senior colleagues. The current training and future provision has been a significant collaborative effort among the team from both previous sites to reconfigure rotas and sustain the transformation of culture within the unit.

3.1.3 Interim FiY1 doctors

Interim Foundation Year 1 doctors (April – July 2020)

The DME worked with national colleagues both in his role as Chair Scottish DME group and representing NHS Lanarkshire to ensure that we introduced final year medical students into the workplace rapidly but safely at a time when likely demand and workload were anticipated to be extreme due to Covid 19. Whilst grateful that at the point of employment of the 50+ FiY1 doctors into the board the clinical demand had just peaked.

The endeavour to develop and deliver a national program to employ, supervise and support these young doctors involved collaboration from NHS colleagues, University leads, NES colleagues, GMC and Scottish Government. The learning and teamwork should facilitate future collaboration and joint working.

Locally we deployed 40+ doctors across the 3 acute sites in medicine and surgery and 6 in Public Health as the Test Track and Trace services were being implemented.

These slides come from a previous presentation to the NHS Lanarkshire Board and exec colleagues on the FiY1 experience and trainee redeployment and summarise achievements.

**Celebrating Good Feedback**

Interim Foundation Year1 doctors (FIY1s)

- Scottish Government / NES / University /Four nation initiative to allow final year students approaching graduation to join the workforce as qualified doctors in response to the COVID 19 pandemic
- Very Successful collaborative work done in 3-4 weeks (early April – may) between Boards (DME's/ DDME's, HR and service colleagues), NES, GMC and universities
 - Essentially delivered a new training program!
 - Full HR contract and on boarding
 - Fully supported and supervised in role by clinicians
- Over 3 starts (and inductions) 41 doctors started in acute roles across all 3 sites, and a further 6 in Public Health to support Test and Protect
- Each doctor had full Induction at METC and Sites and a buddy, Mentors, supervisors, local program leads
- Excellent experience and feedback

- Very successful
 - Good clinical support to service and existing junior medical staff at a time of significant stress and intense workload
 - Excellent experience for those involved
 - Very good feedback from those involved
 - Good learning in experiential and apprenticeship based learning
- Worth repeating next year
 - The FIY1 experience (or equivalent)
 - NOT the pandemic!

**Celebrating Good Feedback**

NHS Lanarkshire Trainee's and Trainers

- Training was suspended and NES fully supported the trainee workforce (350+ doctors in NHS L) to support the service response to the COVID 19 pandemic from march, with suspension of planned April rotations
- Successful collaborative work between Boards (DME's / DDMEs, HR and service colleagues), NES, and GMC
 - At least 100 doctors (including 12 Med Ed CTF) doctors formally changed specialty (redeployed) to work in Medicine / ED / Intensive care / HDU from Early April to June.
 - Many more changed role (many "acting down" to replace colleagues formally redeployed) and those already in medical acute facing role increased hours and moved to combine rotas. Shielding and Vulnerable trainee undertook work remotely or in "safe" environments
 - Medical Education working with HR colleagues and service colleagues tracked and reported weekly to NES the redeployment status, ensuring ongoing governance
 - Fully supported (including resident Consultant support 24/7) and supervised in role by clinicians, many senior clinical colleagues taking on additional clinical supervisor roles for the redeployed staff whilst delivering additional acute roles
- Each doctor redeployed doctor had a supervisors and buddy / mentor for more junior
- Wellbeing support, hubs and service provided excellent resource, rest areas and restaurant / quiet zones, well received and consistent with recent GMC report
- Annual leave initially paused in some areas, now ensuring all take leave as much as possible
- Important learning, value of the clinical teams highlighted. Training now resuming where possible

3.2 Medical Education Department support of Board Covid response

At the beginning of the Covid 19 pandemic the DME contacted via the CMO office colleagues from wellbeing and pastoral support in the UK - Army. They provided guidance on supporting medical colleagues in situations of extreme pressure and stress. This information was shared nationally with DME colleagues and to the local pastoral care leads. The spiritual care and wellbeing service, in partnership with psychological services and occupational health, developed a strategy to support the wellbeing of all staff.

Three tier support is in place, with 24/7 telephone line support for all staff, trained colleagues to meet with staff at level 2, and Psychologists able to support the smaller group who needed professional support.

Collaborative working established staff rest and wellbeing areas in three designated areas in UHW. Impact of the wellbeing areas is being evaluated through surveys by a psychiatry trainee who sits on the group. The Chief Residents and Trainee Reps have also been pivotal in early identification of pressure areas and highlighting issues to the TQL and senior management to work towards local resolution.

DME and management colleagues are aiming to seek to embed appropriate learning and best practice from these initiatives.

The Simulation and Clinical skills training team within Medical education at the onset of the pandemic immediately became reactive to all staff needs in relation to training required urgently in light of the developing pandemic, and have continued to so as training needs have evolved. This work was led by Mrs Catie Paton Associate Director of Medical Education and supported by staff from across the organisation. In recent months a large part of the medical education remit has been delivering accredited or bespoke resuscitation training, to all those who required. This included CPAP / non-invasive ventilation training and training in proning. This is brief summary of part of the training delivered. We have also being heavily involved in delivering postgraduate and undergraduate training at the Louisa Jordan along with colleagues from NES and NHS GGC.

Resource	Shared locally / Nationally via NES/ CSMEN
90 MIN Interactive work shop framed with a presentation	Week 1
First responder drills	Locally across NHSL
Covid scenarios	Turas learn modules
Review of On line Turas covid materials	CSMEN
Assessment of sick patient / Respiratory for Consultants	Aimed at those not currently practicing in acute medicine. Made available via DME group
Covid - Resuscitation video	
Session	Attendance
Covid19 first responder drills	Approx. 140 staff on each acute site
90 MIN Interactive work shop framed with a presentation (including USE OF DEFIBRILATOR & Basic Life Support)	Delivered across NHSL primarily to medical staff Approx. 80 per site including primary care staff at UHW / UHH (GP community psychiatry)

3.3 Wellbeing Champions

In September 2020 we were able to appoint 3 Wellbeing Champions, Consultants with sessional time from across the Board area, to further support our development and delivery of Wellbeing projects and support for undergraduate and postgraduate medical trainees. I am delighted to say they have been working successfully with Sub Deans (undergraduate), DDMEs, colleagues and Trainers on the sites, and Chief Residents developing collaborative pieces of work.

3.4 Teams and remote 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 and postgraduate medical trainees including robust departmental and site inductions. In Medicine and Surgery in particular we have developed new immersive teaching and learning program for undergraduates 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.

For the August and December Inductions of postgraduate trainees we developed innovative programs to maximise use of remote technologies such as Teams and webinar to deliver the induction materials either live or recorded, to ensure social distancing and appropriate IPC. Similarly, we have been using Teams and similar technology to deliver postgraduate training sessions for all levels of trainees both across the Board area for Fy2 trainees, and within sites and departments for most trainees.

A number of departments have been proactive in using Attend Anywhere / Near me for remote patient consultations and both undergraduate / postgraduate trainees have been joining these consultations for their teaching and learning. Early feedback is positive. (Appendix A).

3.5 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 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.

3.6 Excellence in Medical Education

A range of departments across NHS Lanarkshire board area have been noted to 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, and the Pandemic allows.

3.7 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, which was to follow a 3 year stepwise reduction.

The DME with colleagues from HR and senior management from service has embedded our Clinical Development fellow program this year. This saw us recruit doctors to service posts but with 20% protected time for career development. These posts are attractive for the individuals to allow them time to develop their skills out with a formal training post, but they enable NHS Lanarkshire to ensure we have compliant rotas and can facilitate NTN trainee to access all the teaching and learning required and available. These posts have a Clinical Lead trainer who oversees the governance of the supervision and support of these posts to the same requirements as NTN posts.

3.8 Introduction Shape of Training and New Curricula

The new medicine training (IMT) will be introduced in August 2019, with staged introduction in August 20 and 2021 of yrs. 2 and 3 curricula elements. TQL / DDME 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 surgical new curricula, and both departments across all 3 sites have actively managed rota’s such that these Doctors n training (DiT’s) 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 second (IMT2) year of the curricula is now in process and we have worked extensively with medical colleagues to deliver the new elements of time in Critical Care (ICU) / HDU,

Palliative care and increased clinic exposure. In common with many Boards, due to the pandemic we have concerns about delivery of the requisite number of clinics per trainee, and it is anticipated a National derogation will be in place for this year. This year and subsequently the requirement for ICU and palliative care is increasing the time the IMT medical trainee are unavailable for service, placing further pressure on departments which are subject to significant workload. We continue to develop solutions with service colleagues, however this will remain a pressure going forward.

The introduction of IMT3 in August 21, represents significant national workforce challenges to develop solutions led by NES along SDME and Medical Director Colleagues to inform Scottish Government at transitions Board. Subsequent of this work there will be a number of new “buffer” and structural IMT3 posts nationally and NHS Lanarkshire is to receive a number of these posts on each acute site, which it is hoped will build resilience into our senior middle grade staffing rotas, as well as affording more postgraduate trainees the opportunity of accessing the excellent learning opportunities here in Lanarkshire.

The Surgical IST which started in Aug 2018 as a national pilot for the UK, has been successful delivered locally including the development of a pan Lanarkshire surgical skills club. This pilot is the subject of a National report.

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 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 Doctor in Training well-being.

The DME has been working closely with Dr Fiona Burton and the DME from NHS GGC to develop training and train a cohort of Trainers so that we can roll the training out on Civility in Medicine, we ran linked events in both health Boards which were exceptionally popular and oversubscribed. These were linked in NHS Lanarkshire with screen savers, posters and large notice boards across all acute sites to raise awareness of the importance of Civility and the harm Incivility can do to the recipient, team and patients.

Allied to this a group of CTFs working with the DME and colleagues across Medical education has developed and delivered training resources on Unconscious Bias, and had a workshop planned for the cancelled national Medical Education Conference. This work has been accepted by other learned societies. The group have also reviewed all our teaching questions, material and scenario to understand if we unwittingly are including unconscious bias in our teaching material. Early results suggest this maybe the case, and we are addressing this going forward.

3.10 DME summary

The quality of postgraduate education remains high within the Board despite significant workload pressures, we continue work at hospital level with 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 sustained improvement in postgraduate and undergraduate national feedback. However, this work requires to be continues to ensure that all sites and specialties continue to deliver high quality training and patient service, working to increase the number of trainees accessing opportunities in the area.

The on-going engagement of senior medical leadership and Board colleagues remains essential to enable this despite the additional workload that is associated with on-going gaps in the medical workforce and the increasing service activity likely going forward.

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"/>
------	-------------------------------------	-----------	-------------------------------------	----------------	--------------------------

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; and
2. Derive assurance from the update

Approval	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input 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 752838
ian.hunter-DME@lanarkshire.scot.nhs.uk