

# CLINICAL EDUCATION

*at its best*

2019 - 2021

## Medical Education Strategy









# UHL aims to be recognised for:

- High quality education and training
- Ability to support patient safety and clinical service delivery via education
- Educational innovation and research

Being a high-quality training organisation is important in ensuring quality and safety of patient care, maintaining the motivation, enthusiasm and competence of staff and in attracting and retaining highly skilled, caring and compassionate staff to the organisation.



## Foreword

This strategy outlines the vision for medical education and training and describes how the Trust will continue to provide excellent, innovative education and training in a challenging and changing NHS environment.

The University Hospitals of Leicester provides an integrated healthcare service for patients and recognises that being a high-quality training organisation is essential to maintaining the quality and safety of patient care, the motivation, enthusiasm and competence of staff and in attracting and retaining new and high-quality staff to the organisation.

There is an explicit understanding that structured, properly supervised, protected training of consistently high quality is essential to develop the knowledge, skills and practice that will allow our medical staff to deliver 'Caring at its best'.

The strategy is structured into key themes aligned to the General Medical Council "Promoting Excellence" standards and describes the current climate, challenges and drivers for change in medical education.

The five key themes are aligned to the UHL Quality Strategy and outline how we will deliver the vision and continue to improve the learning environment, support for learners and trainers and promote educational excellence and innovation in medical education.

**Sue Carr**

Director of Medical Education

# Core Elements

In accordance with the UHL Quality Strategy, the following core elements are drivers for this strategy:

- a. Understanding what is happening in our services
- b. Clear priorities and plans for improvement
- c. The right kind of leadership
- d. Embedding an empowered culture of high quality care
- e. Giving people the skills to enable improvement
- f. Working effectively with the wider system



## a Understanding our Services:

- Locally developed quality tools, including the Education Quality Dashboard and UHL survey, are used to monitor and drive improvement.
- National Quality processes, including the GMC Survey, HEE Quality Framework and National Education Training Survey (NETS) are evaluated and outcomes reported
- Performance reports are generated for CMG Boards.

## b Priorities and plans for improvement

- Embed a supportive culture and safe learning environment for learners and trainers
- Provide an excellent learning environment including fit for purpose facilities as well as technology and simulation based opportunities
- Ensure ongoing governance of education with stakeholder engagement and improved accountability of education funding streams
- Support workforce transformation initiatives to maintain high quality education.
- Promote educational excellence and innovation to improve reputation, recruitment and retention.

## c The right kind of leadership

- Improve/ sustain Board level engagement with education
- Ensure educational roles are valued and there is time for training in job plans
- Appointment and appraisal processes for educational roles are embedded and robust
- CMGs support the development of local faculty groups and include educational input into CMG Boards.

## d Embedding a culture of high quality care

- Improve junior doctor morale ensuring health and wellbeing needs are met.
- Ensure locally employed and SAS doctors are valued and have access to educational opportunities to improve recruitment and retention.
- Support trainees who are returning to work and undertaking less than full time training.
- Ensure learners are able to raise concerns and are not subject to bullying or undermining
- Promote learning from adverse events.

## e Giving people the skills to enable improvement

- Ensure educational opportunities are available to all learners, including the development of a Leicester Healthcare Academy
- Provide faculty development opportunities and ensure GMC requirement's for the Recognition and Approval of Trainers are met.
- Support the implementation of curricular changes as required by the Shape of Training review.

## f Working effectively with the wider system

- Collaborate with Health Education England, ensuring that the requirements of the Learning and Development Agreement (LDA) are met
- Promote the opportunities for honorary positions within the University of Leicester and continue to collaborate on developing new educational programmes and opportunities?



# Education and Training Vision

Develop a competent, caring and capable workforce working in an excellent learning environment to provide high quality, safe patient care.



## Vision:

To develop a competent, caring and capable workforce  
Working in an excellent learning environment to provide high quality, safe patient care

Excellent learning environment	High quality Education and Governance	Embed a supportive culture			Support workforce transformation	Promote educational excellence and Innovation
		Safe learning environment	Trainer	Learner		
<ul style="list-style-type: none"> <li>Education facilities strategy</li> <li>Simulation training strategy</li> <li>Education embedded in service re-configuration</li> <li>Information and Library services</li> <li>IT strategy to support learning</li> <li>Comm-unications</li> </ul>	<ul style="list-style-type: none"> <li>Board engagement</li> <li>Education quality monitoring</li> <li>Accountability of education funding streams</li> <li>Engaging with stakeholders and partners</li> </ul>	<ul style="list-style-type: none"> <li>High quality Induction</li> <li>Learning from adverse events</li> <li>Learners able to raise concerns</li> <li>Freedom from Bullying and undermining</li> <li>Supported return to training</li> <li>Winter pressures</li> </ul>	<ul style="list-style-type: none"> <li>Appointment and appraisal</li> <li>GMC R&amp;A</li> <li>Time for training</li> <li>Faculty development</li> </ul>	<ul style="list-style-type: none"> <li>Valued and supported</li> <li>Improving morale</li> <li>Engagement with learners</li> <li>LTFT trainees are supported</li> <li>Feedback is valued</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment and retention</li> <li>Shape of Training</li> <li>Locally employed and SAS doctors</li> <li>New training initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Recognising excellence</li> <li>Supporting future educators</li> <li>Education scholarship</li> <li>Collaboration with UoL - honorary positions</li> <li>Leicester Healthcare Education Academy</li> </ul>



# Key Themes



To address the key challenges outlined above the Trust will focus on the following areas:

## Theme 1:

Ensure the learning environment is safe for patients and supportive for learners and educators

'Aligns to UHL Quality Strategy' core elements b,c,d,e



In order to attract and retain our medical workforce it is essential to provide an environment where learning is supported by trained educators with time to train. There is a crisis in junior doctor morale across the UK and

providing good and well supported education opportunities has been identified by HEE as one of the 4 important factors to improve morale.

### A supportive learning environment will:

- Ensure Trainers, Supervisors & Clinical teachers are trained for their role
- Ensure education roles are valued and that trainers have time to train
- Ensure education roles are transparently appointed and are appraised
- Value junior doctors and ensure excellence is recognised
- Take action to improve morale and wellbeing of learners
- Support all trainees to reach their potential
- Staff and Learners feel able to report concerns and know how to do so

### We will support all Educators to have:

- Time to train in their job plans
- Access to Faculty development programmes

We will support trainees in training and non-training posts and similarly and provide appropriate support for new medically associated professionals roles as they develop

### To achieve this we will ensure all Learners are:

- Receiving high quality Trust and Departmental induction
- Working in a supportive environment where they can achieve their learning needs and reach full potential
- Provided with high quality supervision
- Are not subject to undermining or bullying behaviour
- Are able to access support if they have difficulties whilst working within UHL

The UHL Education department is engaging with the Trust to improve education around patient safety themes:

- Focus on clinical skills and simulation as an essential component of improving patient safety
- Develop and deliver simulation training that draws on the learning from SUIs and complaints, where possible on a multi-professional basis to increase the reality of the scenarios
- Embed learning from M&M meetings.





## Theme 2:



### High Quality & Innovative Learning Environments

'Aligns to UHL Quality Strategy' core elements b,e,f

The learning environment must meet learners' needs, be safe for patients and provide a good standard of care and experience for patients, carers and families. UHL has developed a multi-professional education facilities strategy and is working with the

reconfiguration group to develop the aspirations of the strategy. The Trust has developed a simulation strategy to deliver mandatory training requirements for medical training programmes.

We will support development of UHL educational and training environments by:

- Working with the University of Leicester and other partners to develop excellent education and training facilities
- Provision of excellent multi-professional simulation facilities
- Developing highly skilled faculty to deliver clinical skills and human factor simulation
- Developing an IT strategy to support education and training
- Always considering provision of education & training in context of planned service reconfigurations
- Ensuring access to simulation training where mandated in curricula.



## Theme 3:

### High Quality Education & Governance Medical Training

'Aligns to UHL Quality Strategy' core elements a,b,c,f

The GMC defines the standards for medical education in "Promoting Excellence" and describes the requirements for local education providers to ensure that the education they provide meets the GMC

professional standards. UHLs approach to education governance was commended by the GMC in 2016 as an "Area of Good Practice"

We will ensure:

- Education & training are prominent in and aligned to UHL 5 year plan
- There is ongoing Non-Executive Director support for education & training
- Ensure ongoing Trust, Executive Workforce and CMG Board Level engagement on education and training matters
- Accountability for education & training outcomes and performance at CMG Board level.
- Ensure education funding is appropriately used to fund education and training activity. It is essential that the Trust can demonstrate accountability of education funding.
- Engagement with patient partners on education & training matters
- Ensure UHL trainers meet the Regulatory requirements (GMC)
- We will work with Director of Finance to ensure financial accountability and transparency.







## Theme 4:

### Supporting Workforce Transformation

'Aligns to UHL Quality Strategy' core elements b,d.  
Also aligned to the UHL People Strategy



The current clinical workforce capacity cannot meet the increasing service pressures of the NHS. Doctors are spending more time delivering service and less time in training or delivering training, which has created challenges for the delivery of patient care and quality education (as reflected by local GMC National Trainee Survey and the National Student Survey results). These pressures have been compounded by medical recruitment and retention challenges, redistribution of training posts regionally and have been further exacerbated by the implementation of the New Junior Doctors Contract.

Within UHL it is acknowledged that investment in the recruitment and training of an alternative workforce is necessary to support delivery of safe high quality patient care and to support the education and training of trainee doctors and medical students. This alternative workforce includes non-training Trust grade doctors, Physician Assistants (PAs) and Advanced Nurse Practitioners (APs).

At present, there is little resource and no definite infrastructure or educational governance framework in place to train new

healthcare professionals and to develop models for modern team-working. Providing high quality training to medical students and junior doctors is critical to the recruitment and retention of staff, retention of education funding in an increasingly competitive environment and to UHL's reputation as a teaching Hospital. It is important that new training placements are realistically planned, resourced and able to deliver the learners curriculum objectives.

#### Support high quality Trust/locally employed doctors' (LED) posts to attract and retain these doctors to support patient care

- Continue to support an SAS and an LED Tutor
- Support Educational and Clinical Supervisors for LEDs
- Support doctors who want to pursue CESR accreditation
- Support the implementation of new 'Shape of Training' curricula ie new Internal Medicine curriculum in 2019
- Support student Physician Associate placements in

collaboration with De Montfort University

- Explore and support new opportunities around flexible training programmes that work across primary and secondary care
- UHL should work pro-actively with partner organisations to deliver training across traditional healthcare boundaries.

## Theme 5:

### Education Innovation & Scholarship

'Aligns to UHL Quality Strategy' core elements b,e,f



To facilitate more flexible career pathways required by the future NHS healthcare workforce and future credentialing there is a need to develop more accredited learning opportunities which can be transferable across training programmes and traditional healthcare boundaries.

There will be an emphasis on work-based and life-long learning, as medical and healthcare professionals build credits and attain awards during their careers with UHL.

#### We will work with Leicester University and other partner organisations to develop a Leicester Healthcare Education Academy to:

- Increase accredited learning opportunities for medical and healthcare students, postgraduate trainees and clinical educators to engage in education qualifications, education quality improvement and research projects
- Enhance attractiveness of medical training in Leicester and support graduate retention and recruitment of a more stable workforce thereby reducing vacancies and locum costs which impact on quality of patient care and quality of educational experience.



# The Current Climate



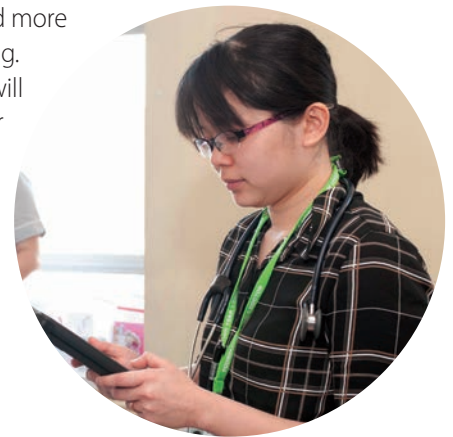
## 1 Providing medical education in a modern NHS

In the UK, people are living longer, but often with complex, chronic conditions and disability related to physical and mental health problems. The NHS Five year forward view (2014) outlined the models of care required to deliver healthcare to the changing UK population and the recently published NHS Long Term Plan (2019) builds upon this further.

It is clear that we need to work with partner organisations to develop new training programmes to deliver the care patients' need. Doctors training will be more flexible and in future doctors will be trained to work in different healthcare settings and to work across traditional organisational, professional and geographical boundaries.

A review of medical training "The Shape of Training review (SOT)" <http://www.shapeoftraining.co.uk/reviewssofar/1788.asp> was commissioned to outline how to train a medical workforce which can deliver care to the changing UK population with a higher number of elderly patients with complex, chronic conditions and disability related to

physical and mental health problems. The review identified the need to train more doctors with generalist as opposed to specialist skills. The review recommended that training is limited to places that provide highest quality training placements and therefore management and quality control of education outcomes will become increasingly important if training posts and funding are to be retained. The SOT review recommended increased flexibility in training, longer placements, broad-based and more generalist training. These changes will impact upon our training posts within UHL and out of hours rotas.



## 2 Changes in the healthcare workforce

The capacity and capability of the current healthcare workforce is becoming increasingly challenged because of high numbers of vacancies & recruitment difficulties.

Locally Employed Doctors (LEDs) now make up almost 20% of the junior doctor workforce in Leicester and it is important we provide and develop high quality postgraduate training for these doctors who deliver essential patient care. Many wish to work towards applying for a training post or to apply for CESR and move into Consultant posts. This is a workforce that delivers essential patient care and supports the training of other learners.

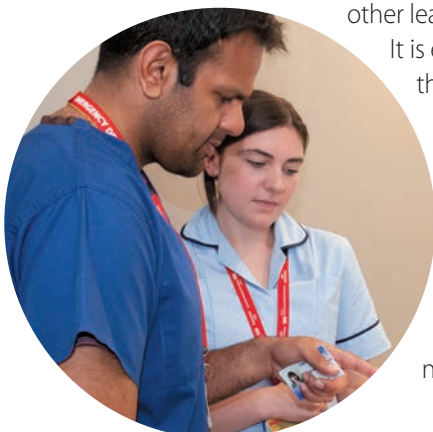
It is essential we support them in this aspiration if they are to be attracted to work and stay in UHL.

The draft NHS health and care workforce strategy for England to 2027 "Facing the facts: Shaping the Future" acknowledges the need to support LED doctors,

train more medical students and support training for new roles including Physician Associates, Advanced Clinical Practitioners and Assistant Practitioners who have demonstrated their ability to support delivery of safe high quality patient care and the education and training of learners.

The need to support an expanding and changing medical workforce and training of new healthcare roles means there will be an increased need for time and funding to allow Consultants to engage in increased training and supervision activities. There will also be an increased need for training placements.

At present, there is little resource and no definite infrastructure or educational governance framework in place to train these new healthcare professionals and to develop models for modern team-working.



# The Current Climate



## 3 New ways of delivering education and training

To deliver the more flexible education and training that the modern NHS workforce needs, there is an increasing requirement for technology enhanced learning and simulated training. Simulated training is now a mandatory aspect of many healthcare curricula and is an ideal way to enable multi-professional healthcare teams to train together in a safe environment.

It is essential that adequate information technology infrastructure is available to support online and e-learning packages including access to computers, internet access, on-line library services and e-journals and books. UHL has provided point of clinical care resources including "Up-to-date", opened the Odames Library at the Royal Infirmary site and supported the development of a Simulation Unit in University of Leicester, Robert Kilpatrick Building.

The current NHS workforce spans four generations and a recent report entitled "Mind the Gap" highlighted the differences in values, priorities and motivations of each of these generations. The Trust education and training strategy must also recognise the different requirements of these groups in order to attract and retain them within the NHS healthcare workforce.



## 4 Education Funding and Governance

UHL receives funding for the support of undergraduate medical education. This funding is not an actual payment for teaching but is designed to cover the additional costs incurred by NHS Trusts in delivering medical student education. Currently, the funding is identified within specific UHL services but there remain challenges in ensuring accountability and transparency of education funding expenditure.

The national tariff for postgraduate medical training and education consists

of 2 parts: a Salary support tariff – based on 50% of annual basic salary scales and a training placement tariff – set at £12,400 per training post WTE per year.

The placement fee is to support the delivery of the training curricula and needs to cover: Trainee study leave payments, administrative support for postgraduate medical education, salary support for clinical medical education staff e.g. Director of Medical Education, clinical tutors, funding for programmed activities (SPAs) to support educational supervisors, provision of library services and provision of clinical simulation facilities.



## 5 Supporting Learners

At present there is low morale amongst the junior doctor workforce which is recognised nationally. The junior doctors' strike, new junior doctor contract, recent legal cases and current NHS pressures have all impacted upon wellbeing of junior doctors. A UK-wide review commissioned by the General Medical Council to tackle the causes of poor wellbeing faced by medical students and doctors, has been launched in June 2018. Locally, there is a Listening into Action group focussing on actions to improve junior doctor morale and wellbeing.

In accordance with National guidance, we will act to support trainees returning to work, undertaking less-than full time training and ensure we provide an environment in which all trainees can reach their full potential.





# Current Challenges:



Provision of high quality education and training is an essential part of promoting UHL as an excellent training organisation and to support recruitment and retention of students and all healthcare staff.

## Medical Education

Data (2018) from GMC National Trainee & Trainer surveys, HEE Quality Management Visits, National Student Satisfaction Survey and local surveys indicate how we can improve as a learning organisation.

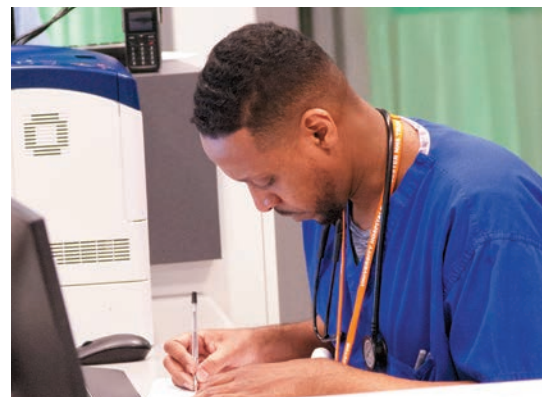
### 1 Providing a supportive learning environment

for medical trainees and students that ensures junior doctors health and wellbeing.



### 2 Time for training

several recent local and national surveys have highlighted the need to ensure trainers have protected time for training and are supported in their role.



### 3 Provision of adequate education and training facilities

and the capacity to provide mandatory simulation training particularly at the Leicester Royal Infirmary and Glenfield Hospital sites.









# Implementation



This strategy sets out the high level changes that are required to the delivery of education and training over the next five years.

The implementation of this strategy will be overseen by the Executive Workforce Board which is accountable to the Trust Board

High level metrics will be produced and reviewed quarterly by the Assurance Performance Review Meeting process (APRM)

A quarterly report will be presented to TB.

The Strategy is underpinned by an 'Education Quality Improvement Plan' (EQUIP) and detailed 'Workstream' document. These documents are maintained by the DME and Department of Clinical Education.



## Realising this vision will take time and depends upon:

- A commitment to implementation of this strategy
- Engagement of UHL Clinical Management groups (CMGs), to provide a supportive learning environment for learners and trainers
- Commitment to allow time for training
- Development of high quality education and facilities on each UHL site
- An IT infrastructure to support training
- Developing a UHL workforce strategy to support education and training
- Identifying capacity for placements and supervision
- Ensuring accountability for funding received for medical education and training
- Interaction with and support of HEE & local Universities



