

Trust Board Meeting: Wednesday 9 July 2014
TB2014.82

Title	Quality Indicators for the Educational Environment: Post-graduate Medical Education
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Status	For Information
History	This is a new paper

Board Lead(s)	Dr Tony Berendt, Interim Medical Director			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1.	This report provides the Board with an update on the management of postgraduate medical education (PGME).
2.	The Trust must comply with requirements pertaining to PGME as laid out by the regulator, the GMC, the Department of Health and Health Education England.
3.	This report follows a report to the Trust Management Executive and details OUHT compliance with three key Quality Indicators for the Educational Environment: (i) Board Level Engagement in Medical Education; (ii) Clinical Leadership and Clinical and Trainee Engagement and (iii) Safe Supervision.
4.	This year's <i>Gradings of educational quality of training posts/programme</i> from the Deanery were a significant improvement on those in 2012-2013. Following recent quality assurance visits, gradings of posts are: 128 excellent/satisfactory; 5 with concerns and 1 a major concern (Neurosurgery).
5.	<p>Recommendations</p> <p>The Board is asked to receive the information contained in this report on the quality of postgraduate medical education and training in OUHT and related action under way.</p> <p>The Board is also asked to note that Trust Management Executive has:</p> <ol style="list-style-type: none"> 1. requested that the Trust's Strategic Objectives be reviewed so that OUHT's commitment to delivering high quality postgraduate medical education is articulated; 2. agreed to keep under review the support for undergraduate teaching and post-graduate training and supervision within Consultant job plans; 3. agreed to centralise funding for educational supervision via the medical education team in order to comply with GMC requirements; and 4. asked the Director of Medical Education to establish an annual work plan to encompass: <ol style="list-style-type: none"> a. A prioritised plan for quality improvement in medical education and training for the year. b. Development of relevant standards, metrics and targets for training of trainers and trainees, grading of posts, outcomes of inspections and assessments of process, with consideration of incorporating these into a "medical education dashboard" for addition to Divisional performance review processes, as well as Trust-wide reporting to the TME and the Board. c. Audits of compliance with key standards. d. Exception reporting to TME via the Education Committee. e. Production of an annual report to TME and the Trust Board. f. Quarterly and additional exception reporting to TME via the Education Committee g. Production of an annual report to TME and the Board (summarizing the mandated report submitted to HETV).

1. Background

Oxford University Hospitals NHS Trust is a major provider of postgraduate medical education and training locally and nationally. Trainee doctors have roles integral to the services in which they train, and hence education and training must ensure that doctors working in the Trust and the wider community are highly skilled and knowledgeable. Education and learning underpins the delivery of safe, compassionate and skilled care. The purpose of this report is to update the Board on progress made in assuring the quality of post-graduate medical education provided by the Trust.

1.1 Quality Assurance Policies

In its own quality control processes, OUHT must comply with requirements laid out by the regulator, the GMC, the Department of Health and Health Education England as stipulated in the Education Outcomes Framework, (March 2013). See; <https://www.gov.uk/government/publications/education-outcomes-framework-for-healthcare-workforce>

The GMC policies are found in:

General Medical Council: *The Trainee Doctor* (2011) GMC London

General Medical Council: *Recognising and approving trainers: the implementation plan*. London: General Medical Council 2012.

GMC has adopted the Academy of Medical Educators' *Framework for the Professional Development of Postgraduate Medical Supervisors*'

HEE is currently evaluating the use of EDQUINs (Quality and Innovation in Education), a payment framework that sets out to deliver in education what the CQUIN (Commissioning for quality and innovation) payment framework aims to deliver in healthcare - enabling commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals. It is not yet clear what quality metrics system will be used to implement the EDQUINs payment framework. It is likely that the quality indicators will build on the standards set by the GMC and focus on the "outcomes" of medical education and training in addition to the processes of delivering high quality education and training at the local education provider (LEP) level.

1.2 Quality Management Processes

The education and learning functions of the Trust are monitored through external sources including the General Medical Council (GMC) and Health Education Thames Valley (HETV). The Oxford 'Deanery' acts as a commissioner, coordinating the delivery and funding of postgraduate medical and dental education in Oxfordshire, Buckinghamshire and Berkshire. The 'Deanery' comes under the umbrella of NHS Health Education Thames Valley (HETV) to support and commission training and development for the multi professional NHS workforce in the Thames Valley region of England.

There are 2,350 postgraduate medical trainees within HETV. Of these, 796 are trainee doctors working at OUHT, therefore constituting a third of the medical trainees working in HETV. 205 are Foundation doctors (88 in Foundation Year 1 and 117 in Foundation Year 2); Core trainees number 463 and 128 are Higher Specialist Trainees.

2. Quality Indicators for the Educational Environment

From the full range of possible Quality Indicators for the Educational Environment, this report focusses on three areas which encompass the majority of relevant issues. These are: (i) Board Level Engagement in Medical Education; (ii) Clinical Leadership and Clinical and Trainee Engagement and (iii) Safe Supervision.

1. Board Level Engagement in Medical Education

The Medical Director has overall responsibility at Board level for post graduate medical education and is accountable for medical education and training activities in the organisation. The Medical Director is supported by a well-developed infrastructure (Figure 1) in the Department of Medical Education to sustain the systems and standards through which OUHT controls educational activities and demonstrates accountability for the continuous improvement of quality and performance. Postgraduate medical and dental education in the Trust is managed by the Director of Medical Education, Professor Peter Sullivan, and the medical education administration team. OUHT employs (in conjunction with the Oxford ‘Deanery’ in some cases): six Foundation Training Programme Directors (FTPDs), 34 other Training Programme Directors, five Clinical Tutors, one Specialty and Associate Specialist (SAS) tutor and one General Practitioner Training Scheme (GPTS) tutor.

The governance structures include the Joint University of Oxford -OUHT Educational and Training Committee, the Trust’s Education and Training Committee, Medical Director’s Office meetings, OUCAGS Executive and Steering Group, Divisional Educational Leads Group, and the Educational Governance Group.

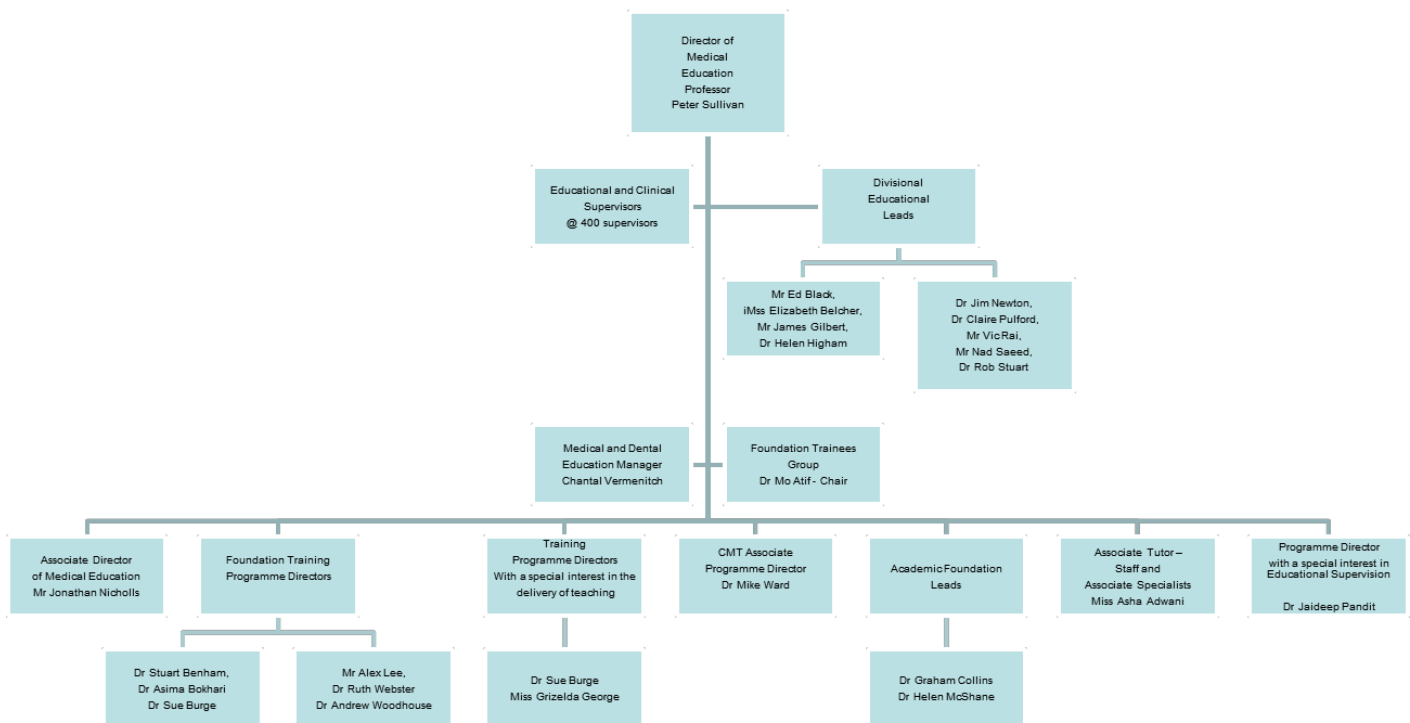


Figure 1. Post-graduate Medical Education Structure

2. Clinical Leadership and Clinical and Trainee Engagement

There is a clear link between medical trainee engagement and organisational performance. It is also recognised that characteristics of an effective learning organisation include support of the team, recognition and rewards, enthusiasm, and encouraging growth. Examples of this at OUHT are as follows:

The Director of Medical Education (DME) holds fortnightly meetings with the Foundation Training Programme Directors and the Divisional Educational Leads with the aim of fostering a culture of cooperative team working by the leaders of medical education in the organisation.

A system of 'Trainer of the Month' was instituted in 2013 with names of recipients posted on a prominent and designated noticeboard in the Education Centre and each receives a letter of commendation from the DME.

The Foundation Trainees Representative Group provides an opportunity for the most junior doctors to provide feedback directly to management. Members of this group are leading on quality improvement projects related to departmental induction and handover. Two issues raised through the 'Raising Concerns' policy by Foundation doctors in 2013 were dealt with immediately by the Medical Director and/or Chief Executive.

The Oxford Deanery provides practical pastoral care and support through a variety of mentoring schemes, as well as career guidance and help for "doctors in difficulty". These can be accessed by trainee doctors through the Career Development Unit (CDU). Doctors "Requiring Additional Support" are discussed at fortnightly Educational Governance Group.

The Oxford Medical Education Fellows comprises a group of around 30 middle grade trainees who have a special interest and qualifications in medical education. They are mentored by Dr Denis O'Leary (consultant psychiatrist) and the DME. The group meets several times a year and holds an annual conference; their conference this year was on '*Challenges in Shaping Clinical Education in the modern NHS – Today's trainees, today's leaders*'. Some senior members of this group (ST6 and above) are training to take on educational supervision of Foundation doctors. They are being developed as the next generation of medical education leaders in the organisation.

Feedback from junior doctors in relation to their work and training experience is obtained from several sources. These include trainee representative groups, Interim Training Reviews conducted by Foundation Training Programme Directors, educational supervisors and, externally, from GMC and 'Deanery' reports or reviews. The external review processes feed into systems whereby the individual posts are graded, for a number of characteristics related to good training, by HETV. Where concerns are identified the GMC may also ask for actions and assurance, linked to the grading of the post.

3. Safe Supervision

Educational Quality visits from the 'Deanery'/HETV have highlighted inconsistencies in a number of areas which may impact on patient safety. Amongst these are: (i) supervision; (ii) departmental induction and (iii) handover.

3.1 Educational supervision: regulatory requirements

Educational supervision is an area in which the Trust is required to improve. Regulatory authorities require that every medical trainee has a named educational supervisor who is selected and appropriately trained to be responsible for the overall supervision and management of a trainee's trajectory of learning and educational progress during a placement and/or series of placements. The educational supervisor's role is to help the trainee to plan their training and achieve agreed learning outcomes. He or she is responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgment at the end of the placement and/or series of placements.

Regulatory authorities also require that each trainer has current approval, and those who do not adequately fulfil their role as trainers do not continue in that role. There are 433 educational supervisors at OUHT and each is expected to be up to date with both educational supervisor training and equality and diversity training. Currently, only 83% of Foundation doctor ES and 60% of post-Foundation doctor ES are fully compliant with training. Training can be obtained either by classroom training provided by the Deanery or online through a number of licenses purchased by the education centre.

The expectation from the regulatory authorities is that trainers have their education role and responsibilities included in their job descriptions and their expected competencies defined in their job specification. Moreover, their educational role should be explored in their NHS appraisal and that role should be included in their revalidation as a doctor. At the present time the systems in place for ensuring compliance with these requirements are under review; however it is important to note that neither appraisal nor the revalidation process have been designed to act as the sole mechanism for performance review or of compliance with basic standards. Managerial involvement at the Divisional, Directorate and team level is also necessary in a more immediate timescale. Strong leadership within the clinical environment is essential to ensure good educational supervision.

3.1.2 Educational supervision: Action Plan

The DME has received a grant from HETV to employ an administrator and a Training Programme Director to manage a project designed to streamline the organisation of educational supervision and ensure that all educational supervisors are identified and up to date with requisite training and engagement with the supervision process.

The Department of Medical Education will maintain a database of trainer approval, training and appraisal.

To comply with the requirements laid out by the GMC in *Recognising and approving trainers: the implementation plan* and to ensure transparency and gain assurance associated with the explicit time commitment for education activities within job

plans, it is envisaged that funding for educational supervision will be centralised via the medical education team.

3.1.3 Clinical supervision for junior doctors

A named clinical supervisor is a trainer who is responsible for overseeing a specified trainee's clinical work for a placement in a clinical environment and is appropriately trained to do so. He or she will provide constructive feedback during that placement, and inform the decision about whether the trainee should progress to the next stage of their training at the end of that placement and/or series of placements. Named clinical supervisors will need to meet the GMC's standards/AoME standards as set out in "*A Framework for the Professional Development of Postgraduate Medical Supervisors*":

- (i) ensuring safe and effective patient care through training;
- (ii) establishing and maintaining an environment for learning;
- (iii) teaching and facilitating learning;
- (iv) enhancing learning through assessment
- (v) continuing professional development as an educator. GMC recognition will be a prerequisite for medical trainers acting as a named clinical supervisor.

OUHT is also developing plans to comply with the GMC's *Recognising and approving trainers: the implementation plan* in relation to named clinical supervisors.

3.2 Departmental induction

Following a Deanery-funded audit project in 2012, the Department of Medical Education has developed standards for departmental induction. All departments have departmental induction in place and a designated induction lead. Most departments have a booklet to give to newcomers as part of the induction process. Departmental induction is being audited again this year and a group of Foundation doctors are working on improving induction in areas where improvement is needed.

Corporate induction is carried out monthly for all doctors beyond FY1 grade in accordance with OUHT policy. The DME has received a grant to enable much of the corporate induction to be on an ePlatform in order to leave more face-to-face time for components of the induction that would benefit from such interaction.

All new FY1 doctors are provided with a four hour interactive e-Induction module to introduce them to Trust procedures. This is undertaken in the week before they take up their Shadowing posts at OUHT. This has run for two years with very good feedback. In the past year the Oxford e-Induction was extended to most Trusts in HETV in a sponsored project.

3.3 Handover

By 'Handover' is meant "*the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis*". Clinical handover poses risks for patient safety with dangers of discontinuity of care and adverse events.

Following recent audits and multidisciplinary workshops, the Department of Medical Education has proposed as minimum standards that:

- (i) handover should be face to face;
- (ii) data must be accurate;
- (iii) a combination of verbal and written or electronic information is optimal;
- (iv) handover should be uninterrupted in a designated location at an agreed time
- (v) senior staff presence should be mandatory

The “Care 24/7” programme is including the standardising and improving of handover as part of its work plan and handover will form part of a programme summit.

As part of its Human Factors Training Programme, OxStar are overseeing seven quality Improvement Projects by Foundation doctors related to Handover.

3.4 Incident reporting

Successive independent inquiries and surveys have highlighted difficulties within NHS medical training which have the potential to undermine the future provision of high quality and safe patient care. The GMC, while positive about the overall quality of training, has identified significant concerns about the training environment, especially where it overlaps with demands in the workplace.

Following the Francis Inquiry, the GMC required all Hospital Trusts to respond to concerns about patient safety expressed by trainees in their annual report to the GMC. In the latest round OUHT responded to six “Immediate Patient Safety Concerns” (in General Surgery Neuro ITU, Neurosurgery, A&E Horton, GIM (?) and Dermatology) and 16 “Non-immediate Patient Safety Concerns”. These issues are all now closed and the latest GMC trainee survey has recently concluded, with a 97% response rate from OUHT trainees.

As part of its process of revalidating medical trainees, the GMC now requires real time reporting of any trainee involved in a Serious Incident Requiring Investigation or complaint reporting. OUHT has an effective incident reporting system (Datix) and from June 2012-December 2013, 1,189 trainee doctors were screened for involvement in clinical incidents. From these, 89 reports of incidents were screened by DME and 21 clinical incidents and 5 complaints about trainees were reported to HETV.

The DME has also created a system which identifies clinical incidents that fall below the threshold required to report, but from which it is possible for the trainee to have a reflective learning experience. These “*Formative Learning Incidents*” are recorded on a separate form which is sent to both the trainee and their educational supervisor for exploration of error in a no-blame environment.

3.5 Technology-assisted Learning

OUHT has an agreed range of simulated environments for trainees/students to undertake procedures without causing risk to patients.

4. Educational Quality Visits (EQV) from HETV 2014

The various Schools from the Deanery carried out EQ visits in February and March 2014 ahead of the main EQV from the postgraduate Dean. As a result of these visits the various posts and programmes were rated. This year's results were a significant improvement on those in 2012-2013 (see appendix for a comparison).

The agreed results for 2014 are as follows:

Excellent (Purple) n = 9

Orthodontics
 Histopathology
 Chemical Pathology
 Sports medicine
 GP (FY2)
 Gastroenterology (HGH)
 Radiology (West Wing)
 Radiology (Churchill)
 Obstetrics & Gynaecology

Satisfactory (Green) n = 119 posts/ programmes

Concern (Yellow) n = 11 Main issue(s)

Medical oncology	(educational supervision)
Renal Medicine	(workload)
Anaesthetics	(job plans for educational supervisors)
General Medicine (FY1)	(workload)
Surgery (Core)	(educational supervision)
Cardiothoracic Surgery	(supervision)
OMFS (ST4-ST7)	(administrative support)
Urology	(induction; workload)
GP (Renal)	(relevance to GP training)
GP (Endocrinology)	(relevance to GP training)
GP (Medicine @ HGH)	(workload; releases for training)

Significant Concerns n = 4

Haematology (CMT)	(induction; training)
Anaesthetics (JR)	(paediatric airway issue)

Surgery (Lower GI)	(research fellows compete with trainees for experience)
Radiology (NOC)	(handover, supervision, overall satisfaction)

Major Concerns n = 1

Neurosurgery	(workload; supervision; local teaching; feedback satisfaction)
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4.1 Trust Action plan

Issues of concern are being addressed by the respective Divisional Educational Leads in conjunction with relevant training programme directors and clinical directors.

The Clinical Director responsible for Neurosurgery has produced a recovery plan for training in Neurosurgery that has been reported to Trust Management Executive and progress is being monitored via TME.

5. Recommendations

The Board is asked to **receive** the information contained in this report on the quality of postgraduate medical education and training in OUHT and related action under way.

The Board is also asked to **note** that Trust Management Executive has:

- 5.1 requested that the Trust's Strategic Objectives be reviewed so that OUHT's commitment to delivering high quality postgraduate medical education is articulated;
- 5.2 agreed to keep under review the support for undergraduate teaching and post-graduate training and supervision within Consultant job plans;
- 5.3 agreed to centralise funding for educational supervision via the medical education team in order to comply with GMC requirements; and
- 5.4 asked the Director of Medical Education to establish an annual work plan to encompass:
 - 5.5.1 A prioritised plan for quality improvement in medical education and training for the year.
 - 5.5.2 Development of relevant standards, metrics and targets for training of trainers and trainees, grading of posts, outcomes of inspections and assessments of process, with consideration of incorporating these into a "medical education dashboard" for addition to Divisional performance review processes, as well as Trust-wide reporting to the TME and the Board.
 - 5.5.3 Audits of compliance with key standards.
 - 5.5.4 Exception reporting to TME via the Education Committee.
 - 5.5.5 Production of an annual report to TME and the Trust Board.

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July 2014