

Trust Board Meeting in Public: Wednesday 17 January 2018

TB2018.16

Title	Update on Postgraduate Medical Education, including GMC trainee survey 2017, GMC trainer survey 2017 and HEE(TV) Quality Management Gradings 2017
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Status	For information
History	<ol style="list-style-type: none"> 1. Report from GMC visit in October 2014 and the Trust's response was submitted to the Trust Management Executive on 12 March 2015 (TME2015.74) 2. Update on Medical Education, including National Student Survey for Medicine 2015, GMC trainee survey 2015, and HETV Quality Management Gradings (TME2015.207) 3. Update on Medical Education, including National Student Survey for Medicine 2016, GMC trainee survey 2016, and HETV Quality Management Gradings (TME 2016.222)

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

Executive Summary

1.	There are 908 trainee doctors working at OUHFT; of these 587 (65%) are tariff-funded and their training is subject to quality management by the local office of Health Education England.
2.	There are 413 educational supervisors at OUHFT who are all compliant with the GMC 'Recognition of Trainers' policy. All recognised educational supervisors can expect to find this role reflected in their job plans and remunerated at the agreed tariff.
3.	In 2017, OUHT received £36,474,524 from Health Education England (HEE) to support medical education.
4.	In the 2017 GMC trainee survey, although half of trainees at OUHT reported concerns over the workload they experienced, 78.89% (just below the national average of 79.30%) trainees expressed "overall satisfaction" with their training programmes and over 90% expressed satisfaction with the level of clinical supervision they received.
5.	Following the annual senior leader visit (March 2017) the HEE team noted that <i>"There was evidence of innovation in educational practice, and strong leadership from the educational team in the Trust"</i> .
6.	The Trust provides an annual report for HEE Quality Management Committee on which basis HEE grades each of 201 training programmes (each speciality and each site is graded separately). In 2016-2017, 182/201 (91%) of training programme were graded 'Good' or 'Excellent'. Using a new 2017 HEE Risk Rating system 33/57 QM issues with training have been closed this autumn. Of the remaining 24 issues, most are minor and fixable but 3 are prominent and more intractable: Neurosurgery (on GMC Enhanced Monitoring), Medical Oncology and Clinical Radiology.
7.	Concerns about Neurosurgery, Medical Oncology and Clinical Radiology have been reported by HEE local office to the South Director of Education & Quality.
8.	Recommendation The Trust Board is asked to note this report.

Update on Postgraduate Medical Education 2017

1. Introduction

1.1. There are **908 trainee doctors working at OUHFT**; of these 587 (65%) are tariff-funded by Health Education England (HEE); there are 81 partially-funded on the NIHR scheme and 230 Trust doctors. Table 1 below details the training grades and numbers.

Table 1: Training grades and numbers

Training Grades	Total in each grade	Commissioned numbers
Foundation FY1	86	86
Foundation FY2	110	42
Core Trainees	113	100
Speciality Trainees	469	326
GPVTS trainees	49	33
Grand Total	827	587

2. Funding

In 2016/17, OUHT received £36,474,524 from HEE to support medical education. £19,299,127 (for post-graduate posts); £12,197,000 (Undergraduate Medical Student Placement Tariff); £2,705,907 (to support NIHR research fellows – 53 academic clinical fellows and 28 academic clinical lecturers); £1,074,989 (Public Health trainees); £648,368 (for flexible trainees); £438,960 (for training programme directors, Heads of School, Associate Deans); £71,074 (Dental trainees); £23,141 (GPVTS); and £15,958 (SAS doctor support).

3. Education Supervision

3.1.1 Every medical trainee has a named educational supervisor (ES) 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. They are responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgement at the end of the placement and/or series of placements.

3.1.2 An additional responsibility for educational supervisors since the advent of the new junior doctor contract has been the management of 'Exception Reports' against the agreed Work and Training Schedule. The Guardian of Safe Working Hours and the Director of Medical Education have jointly provided training courses (14 to date) for educational supervisors to assist them engaging in the Exception Reporting process in the new junior doctor contract.

3.1.3 There are 413 educational supervisors at OUHFT all compliant with the GMC 'Recognition of Trainers' policy.

The distribution of educational supervisors across Divisions is shown in Table 2.

Table 2: Number of Educational Supervisors by Division (Autumn 2017)

Division	Number Trained
Neurosciences Orthopaedics Specialist Surgery and Trauma	83
Medicine Rehabilitation and Cardiac	96
Children's and Women's	75
Surgery and Oncology	61
Clinical Support Services	98
Grand Total	413

3.1.4 There has been a significant improvement in the last year in having Educational Supervision recognised in consultant job plans. This has coincided with the implementation of the Tripartite agreement between the Trust, HEE and the educational supervisors. The agreed tariff for recognised educational supervisors in job plans is as follows (the norm is for 2 trainees per ES):

- 0.25PA – 1 trainee
- 0.5PA – 2 trainees
- 0.75PA – 3 trainees or more

3.2 There is a project underway to evaluate the uptake and implementation of the Tripartite agreement. The quality of educational supervision will be audited through the new annual appraisal system.

4. Supporting Junior Doctors

4.1 Being a junior doctor is intense and challenging. For many, the challenge of working in an increasingly overstretched NHS is taking its toll.

4.2 Trainee representative Groups are well established in OUHT. There are regular forums of representative groups of junior doctors (Foundation Trainees, Core Medical Trainees Group and Medical Registrars) with training programme directors. These meetings also provide an opportunity for senior management to hear the views of the junior doctor body.

4.3 The Medical Directors Office has been working with senior trainees to address a range of issues affecting junior doctor morale including issues arising from delayed issue of employment contracts, incorrect salaries, rota gaps, poor working environment etc. A Junior Doctor Engagement Event is being planned for early 2018.

4.4 HEE local office provides practical pastoral care and support through a variety of mentoring schemes, as well as career guidance and help for "trainees in need of support". These can be accessed by trainee doctors through the Professional Support Unit (PSU).

- 4.5 OUHFT employs (in conjunction with the HEE local office in some cases): six Foundation Training Programme Directors (FTPDs), three Training Programme Directors with special responsibility, 34 other specialty-specific Training Programme Directors, five Clinical Tutors, one SAS tutor and five General Practitioner Vocational Training Scheme (GPVTS) tutors.
- 4.6 The Department of Medical Education provides an ongoing programme of Faculty Development for senior Training Programme Directors. All senior Training Programme Directors attend the Department of Medical Education away day at Magdalen College.

5. Induction

- 5.1. All departments now have departmental induction in place with a designated lead responsible for ensuring the quality of induction.
- 5.2 Trust induction is carried out monthly for all doctors beyond FY1 grade according to Trust Policy. The extent of the involvement of the Department of Education in Trust induction is currently under review.
- 5.3 All new FY1 doctors are provided with a four hour interactive 'Hospital Orientation' module to introduce them to Trust procedures. A comprehensive and revised 'Shadowing Programme' was held for new FY1s ahead of them starting work in August 2017. This included Statutory & Mandatory training and training in Electronic Patient Record (EPR) usage and Ionising Radiation (Medical Exposure) Regulations (IR[ME]R).

6. GMC trainee survey 2017

- 6.1 The annual GMC survey produced a 100 % response rate from trainees.
- 6.2 Although half of trainees at OUHT reported concerns over the workload they experienced, 78.89% (just below the national average of 79.30%) trainees expressed "overall satisfaction" with their training programmes and over 90% satisfaction with the level of clinical supervision they received.
- 6.3 In the national survey, there were 79 positive outliers from OUHT; programmes with four or more positive outliers tend to be in low volume, low intensity areas or where the junior doctor is relatively supernumerary with substantial senior cover:

Programme	Hospital	Indicators with positive outliers
Anaesthetics F1	John Radcliffe Hospital	Overall Satisfaction; Workload; Induction; Adequate Experience
Core Medical Training	Churchill Hospital	Clinical Supervision; Reporting Systems; Workload; Handover; Supportive Environment; Induction; Curriculum Coverage; Educational Governance; Regional Teaching
Emergency Medicine F2	John Radcliffe Hospital	Clinical Supervision; Clinical Supervision Out of Hours; Reporting Systems; Supportive Environment; Adequate Experience; Educational Governance
Diabetes & Endocrinology	Churchill Hospital	Clinical Supervision Out of Hours; Reporting Systems; Handover; Adequate Experience;

[Higher Specialty Training]		Curriculum Coverage; Educational Governance
GP Emergency Medicine	John Radcliffe Hospital	Overall Satisfaction; Clinical Supervision; Curriculum Coverage; Local Teaching
GP Psychiatry	Horton Hospital	Overall Satisfaction; Clinical Supervision; Adequate Experience; Educational Supervision; Feedback
Sports & Exercise Medicine [Higher Specialty Training]	Nuffield Orthopaedic Centre	Workload; Supportive Environment; Induction; Curriculum Coverage; Educational Governance; Feedback

6.4 In the national survey there were 74 negative outliers; programmes with four or more negative outliers:

Programme	Hospital	Indicators with negative outliers
Surgery F1	Churchill Hospital	Overall Satisfaction; Clinical Supervision; Clinical Supervision out of hours; Supportive Environment; Induction; Adequate Experience; Feedback
Clinical Oncology	Churchill Hospital	Clinical Supervision; Clinical Supervision out of hours; Reporting Systems; Workload; Teamwork; Supportive Environment; Educational Governance; Local teaching
Medical Oncology	Churchill Hospital	Overall Satisfaction; Reporting Systems; Supportive Environment; Adequate Experience; Curriculum Coverage; Educational Governance; Educational Supervision; Feedback; Local Teaching; Study Leave
Otolaryngology	John Radcliffe Hospital	Reporting Systems; Workload; Teamwork; Supportive Environment; Induction; Regional Teaching
Plastic Surgery	John Radcliffe Hospital	Supportive Environment; Adequate Experience; Feedback; Regional Teaching

6.5 This information has been fed back to the relevant departments and those responsible for training. Divisional Education Leads will be responsible for ensuring that 'turn around' action plans are in place and for monitoring progress in these areas.

7. GMC trainers survey 2016

The meaningfulness of the data from the GMC survey of trainers is compromised by a relatively poor response rate (50%). The data is shown below:

Trust / Board	Response Rate	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for training	Rota Design	Resources for trainers	Support for trainers	Trainer Development
Oxford University Hospitals NHS Foundation Trust	50%	70.7 7	40.4 1	68.3 0	62.0 0	68.6 7	62.4 2	52.1 3	57.5 5	71.0 7	68.2 6	72.07

8. HEE Quality Management

8.1 HETV Educational Quality Visit

Health Education England (Thames Valley) undertook a Senior Leader Engagement Visit to Oxford University Hospitals NHS Foundation Trust (OUH) on Tuesday 21 March 2017. The Visit followed a similar format to previous years 'Education Quality Visits', meeting with a number of Senior Trust Management Representatives as well as Learners, and discussing areas of excellence and notable practice, as well as progress to address issues and concerns.

8.1.2 There were presentations from a number of areas focussing on multi-disciplinary learning opportunities:

- A presentation on multi-disciplinary simulation based Dementia training. The evaluation has been published in the medical education literature, and appears to be both innovative, and at fore-front of providing an evidence base in this area.
- A tri-service, high fidelity simulation mapping a trauma patient's journey from pre-hospital to theatre.
- A multidisciplinary educational approach to a service improvement, using training as essential element for service design (in this case Early Pregnancy Clinics which bridge primary and secondary care).

8.1.3 The HEE visiting team concluded in their report:

"The Visiting team and the Trust senior team had open and robust conversations. There was evidence of innovation in educational practice, and strong leadership from the educational team in the Trust. A desire to improve the experience of learners was demonstrated and the Trust team emphasised that most of the training delivered by OUH NHS FT is of a good or excellent standard".

8.2 HETV Quality Management (QM) gradings of Training programmes.

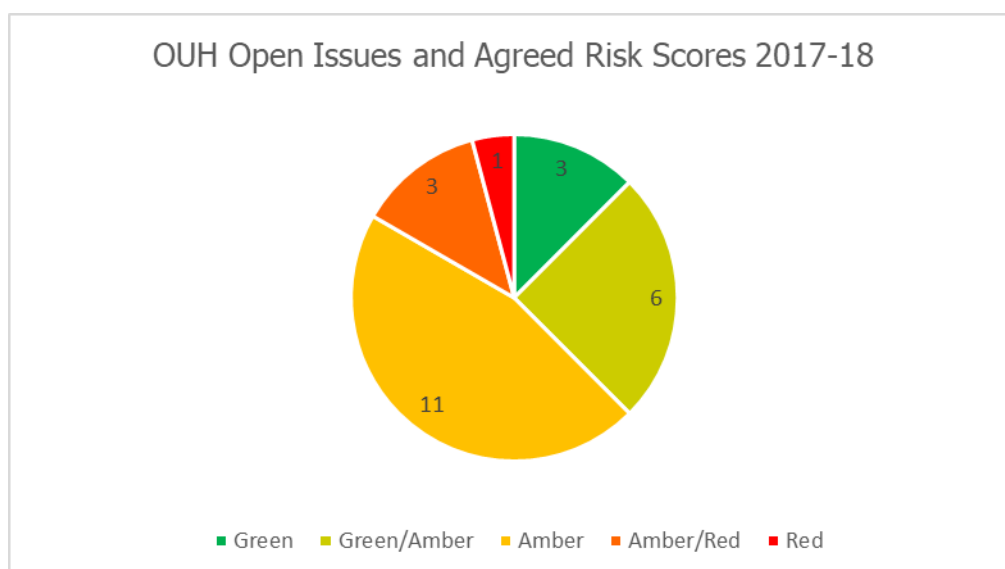
8.2.1 The Trust provides an annual report for HEE Quality Management Committee on which basis HEE grades each of 201 training programmes (each speciality and each site is graded separately). In 2016-2017, 182/201 (91%) of training programme were graded 'Good' or 'Excellent'

8.2.2 Year on year comparisons of QM gradings from HEE in order to evaluate progress in improving the quality of postgraduate medical education are rendered impossible by the fact that HEE have changed their grading system

yearly for three consecutive years. HEE have currently adopted a Risk Scoring system.

- 8.2.3 Nevertheless, there is continued progress in improvements in HEE quality grading of individual training programmes across the Trust. Slower progress in improvements is noted in one or two problematic areas like Neurosurgery, Clinical Radiology and Medical Oncology.
- 8.2.4 Turn around in trainees experience of cardiac surgery was contributed to by rearrangement of the work schedules and training opportunities and recruitment of the first Physician Associates to work in the organisation.
- 8.2.5 Autumn Review Meetings were held with each HEE Head of School throughout October 2017. The Autumn Review Committees agreed that 33 open issues had been satisfactorily addressed and could be closed. 24 issues remain open with the following Risk Scores:

Green	3
Green/Amber	6
Amber	11
Amber/Red	3
Red	1



8.3 Areas of concern reported to the South Director of Education & Quality

8.3.1 Neurosurgery – Specialty and Foundation (Red risk rated)

- Foundation - Concerns about the balance between education/training and service delivery within the Department and the impact this has on the Foundation trainees.
- Higher Specialty Training - Concerns about progress by the Trust and School to address issues reported via the GMC Survey for a number of years. Situation complicated by conflicting information when trainees are met with face to face.
- Placed in GMC Enhanced Monitoring – January 2017.

- Action Plan developed and regular updates (June and October 2017) received from OUHFT.

8.3.2 Medical Oncology – Specialty (Amber/Red Risk rated)

- GMC Survey Results 2017 – HEE-TV Medical Oncology programme ranks 15/15 for Overall Satisfaction across the UK with a mean score of 42 against a national mean score of 81.50. Negative outliers in 10 Indicators.
- Educator Review meeting held on 4 August 2017. In preparation for the meeting, the TPD undertook a review of the negative outliers, and the trainee responses behind each of the Indicator Groups, and triangulated this with local knowledge of the department and the training programme. On the basis of the evidence and intelligence presented, it was the conclusion of the Review Team there were three areas which needed to be addressed, with a specific set of requirements sitting beneath each: Interface between the academic and clinical components of the programme; Educational Governance arrangements; Supporting Trainees to access all available opportunities
- Metrics to determine whether progress is being made will take the form of Trainee Surveys, and will be gathered at six-monthly intervals: Dissemination of the HEE National Education & Training Survey [NETS] to Medical Oncology Trainees in December 2017; GMC Survey Results in July 2018.

8.3.3 Clinical Radiology – Specialty (Amber/Red Risk rated)

- Escalating concerns relating to teamwork and the learning environment due to issues relating to the culture within the department. 2017 GMC Survey results rank this programme last nationally for Overall Satisfaction, and in the lowest four HEE programmes in 14 out of 17 Indicator Groups.
- OUH Risk Register Update received August 2017; the issues continue to be discussed between the Head of School, the Divisional Educational Lead and the DME; The update confirms that significant concerns remain and the Head of School will be discussing these with the Royal College of Radiologists.
- Trainees' main concerns relate to lack of time for teaching and training from over-worked consultants, poor communication from management, and lack of consultant leadership in ultrasound and "hot" CT at the JR - ie the acute unselected intake and A&E workload
- A junior doctor engagement event in December 2017 for radiology trainees is being supported by the DME.

9. Educational Governance arrangements

- 9.1 The Director of Medical Education (DME) reports to the Board through the Medical Director's Office and Educational & Training Committee.
- 9.2 Educational Governance Group: Foundation Training Programme Directors and DME meet fortnightly. Meetings between DME and Divisional Educational Leads occur monthly as well as termly meetings with the GPVTS representatives.

- 9.3. The two education centres (Terence Mortimer Centre and George Pickering Centre) are run by a Medical Educational Manager (MEM) supported by 12 administrative staff over the two hospitals. The education facilities at The Churchill Hospital are widely recognised to be inadequate. Two and a half million pounds has been hypothecated from the SIFT fund to support the building of an education centre on The Churchill site. It is important that provision of adequate educational facilities to support multidisciplinary teaching and training is factored into any plans for the development of the Churchill estate.
- 9.4. An important step this year has been the recruitment of Dr Claire Pulford as Deputy DME. Claire is currently Division Educational Lead in MRC Division and has long had an interest in medical education. This appointment will secure the seamless succession of the current DME role in 2019.

10. Oxford University and Post Graduate Medical Education

- 10.1 Oxford University Medical Education Fellows (OUMEF) group continues to thrive under the guidance of Dr Denis O'Leary who has just been awarded a Major Teaching Award for his involvement by the Medical Sciences Division of Oxford University. OUMEF held its annual Colloquium on Medical Education at Corpus Christi College on September 26th; the theme was '*Education: Benefit or Burden?*'. OUMEF meets regularly and a series of named lectures the "Ledingham Lectures" has been established to provide trainees with exposure to inspirational medical leaders in Oxford.

11. Conclusions

This report provides a description of the current situation of the postgraduate medical education training programmes at OUHFT and a detailed overview of their performance against the requirements of Health Education England and the GMC. Overall, OUHFT is steadily improving in postgraduate medical educational quality year on year. Concerns remain in some programmes and work is ongoing in each of these areas to improve performance.

12. Recommendation

The Trust Board is asked to note this report.

Dr Tony Berendt
Medical Director

Report prepared by:
Professor Peter Sullivan, Director of Medical Education/Associate Dean (Postgraduate Medical Education).