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)


4. Update on Postgraduate Medical Education, including GMC trainee survey 2017, GMC trainer survey 2017 and HEE(TV) Quality Management Gradings 2017 (TB2018.16)

5. Update on Postgraduate Medical Education 2018-19 (TME2019.66)
### Executive Summary

1. There are 825 trainee doctors working at OUHFT; of these 573 (69%) are tariff-funded and their training is subject to quality management by the local office of Health Education England. 54 trainees work flexibly.

2. There are 448 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 2018, OUHT received £36,419,624 from Health Education England (HEE) to support medical education (of which £19,055,436 post-graduate medical education tariff; £12,138,092 medical undergraduate tariff and £2,877,589 from NIHR for 74 ‘Walport’ posts).

4. In the 2018 GMC trainee survey, the majority of trainees at OUHT (78.2%) expressed ‘Overall Satisfaction’ with their training experience in Oxford; there were only six outliers (clinical oncology, neurosurgery, O&G F2, Ophthalmology, Paediatric Surgery and Radiology F2). Workload was only reported as an outlier in 3 cases: Neurosurgery, O&G and Ophthalmology. Satisfaction with the level of clinical supervision received was reported by trainees in over 92% of the OUHT training programmes; outliers were Ophthalmology, O&G, Radiology F2 and Renal medicine.

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 the areas of concern listed in 4 above.

6. The Trust is no longer required to provide an annual report for HEE Quality Management Committee.

7. Neurosurgery remains under GMC Enhanced Monitoring (EM) and was visited again by HEE/GMC in February 2019. An action plan to address concerns is well-advanced and the PG Dean is minded to recommend that GMC close EM.

8. **Recommendation**
   The Trust Board is asked to receive this report for information.
Update on Postgraduate Medical Education 2018-19

1. Introduction

1.1. There are 825 trainee doctors working at OUHFT; of these 573 (69%) are tariff-funded by Health Education England (HEE); there are 78 partially-funded on the NIHR scheme and 230 Trust doctors.

Table 1: Training grades and numbers

<table>
<thead>
<tr>
<th>Training Grades</th>
<th>Total in each grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation FY1</td>
<td>86</td>
</tr>
<tr>
<td>Foundation FY2</td>
<td>112</td>
</tr>
<tr>
<td>Core Trainees</td>
<td>112</td>
</tr>
<tr>
<td>Speciality Trainees</td>
<td>469</td>
</tr>
<tr>
<td>GPVTS trainees</td>
<td>49</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>825</strong></td>
</tr>
</tbody>
</table>

2. Funding

In 2018, OUHT received £19,055,435 from Health Education England (HEE) to support post graduate medical education (£12,319,480 for salary and £6,735,956 as placement fee).

In addition to this there is £12,197,000 (Undergraduate Medical Student Placement Tariff); £2,877,580 (to support NIHR research fellows – 46 academic clinical fellows and 32 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 (GSWH) and the Director of Medical Education have jointly provided training courses (19 to date)
for educational supervisors to assist them engaging in the Exception Reporting process in the new junior doctor contract.

3.1.3 Only a small proportion of Exception Reports relate to failure to provide educational opportunities; the majority relate to hours of work. (See GSWH Reports to the Board)

3.1.4 There are 448 educational supervisors at OUHFT all complaint 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 2018)

<table>
<thead>
<tr>
<th>Division</th>
<th>Number Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurosciences Orthopaedics Specialist Surgery and Trauma</td>
<td>84</td>
</tr>
<tr>
<td>Medicine Rehabilitation and Cardiac</td>
<td>109</td>
</tr>
<tr>
<td>Children’s and Women’s</td>
<td>78</td>
</tr>
<tr>
<td>Surgery and Oncology</td>
<td>69</td>
</tr>
<tr>
<td>Clinical Support Services</td>
<td>108</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>448</strong></td>
</tr>
</tbody>
</table>

3.1.5 There has been sustained improvement 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 A two-phase evaluation of the implementation and perceived value of the Tripartite Educational Supervision Agreement (TEA) is complete. A report detailing the results and a series of recommendations will be circulated to the Regional DME’s in early 2019.

3.3 Since April 2018 an additional responsibility for Educational Supervisors has been approving study leave for their trainees.

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 as indicated in the latest report from the GMC and letter to the CEO (See Appendix 2)

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 example set by Oxford was used in 2018 as a case study on the Faculty of Medical Leadership and Management website:

https://www.fmlm.ac.uk/resources/oxford-university-hospitals-ouh-nhs-foundation-trust-case-study

4.3.1 An example is the recent achievements arising from the Oxford medical registrar forum:

*Medical education and training*
- New, trainee-led, case-based discussion teaching session
- Live-streaming and recording educational sessions
- Directory of educational meetings within trust
- Survey of teaching provision between higher medical specialties
- Launch of CMT careers fair (in conjunction with CMT forum)

*Quality improvement*
- Directory of clinical/ambulatory services
- Junior doctor consultation on trust initiatives (eg 24/7 care toolkit)
- Improvement initiative of ECG facilities on wards

*Junior doctor morale and engagement*
- Survey of non-contractual issues for junior doctors
- Presentation on morale and non-contractual issues to medical director and executives

4.4 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 was held in April 2018, the content and detail of which is encompassed in the pictogram included as Appendix 5.

4.5 A series of ‘Emerging Leaders’ seminars were introduced last year to introduce a group of junior doctors to the concepts underlying developing medical leadership; these were run by Professor Richard Canter and Dr Oscar Lyons.

4.6 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).

4.7 OUHFT employs (in conjunction with the HEE local office in some cases): six Foundation Training Programme Directors (FTP'Ds), 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.

4.8 The Department of Medical Education provides an ongoing programme of Faculty Development for senior Training Programme Directors. All senior Training Programme Directors attend the annual Department of Medical Education away day at Magdalen College. This year Dr Claire Mallinson,
DME at Guy’s and St. Thomas’ Hospital and ex-Chair of NACT gave the guest lecture on ‘The importance of Reflection for Junior Doctors’

4.9 There is a requirement to report to the Post-Graduate Dean any trainee involved in a serious clinical incident or about whom a significant complaint has been made. The DATIX system is used (in part) to identify such trainees. The DME examines all relevant DATIX reports; in 2018, 1114 reports were examined. From these three Exception Reports were submitted to HEE and 21 trainees and their educational supervisors received notification of ‘Formative Learning Events in Clinical Practice’ for reflection at their supervision session.

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.

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 2018. 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 2018

6.1 There are 81 different post-graduate medical training programmes at OUHT (Appendix 1).

6.2 The annual GMC survey produced a 100% response rate from trainees. (Appendix 2) shows the overall scores in each domain for OUHT and the year on year improvement in scores.

6.3 An extract of the results of the 2018 GMC survey covering Overall Satisfaction, Workload and Clinical Supervision is shown in Appendix 1. The data are expressed in relation to national averages and the colour coding represent OUHT outliers.

6.4 The great majority of trainees at OUHT (78.2%) expressed ‘Overall Satisfaction’ with their training experience in Oxford; there were only six outliers (clinical oncology, neurosurgery, O&G F2, Ophthalmology, Paediatric Surgery and Radiology F2).

6.5 Workload was only reported as an outlier in 3 cases: Neurosurgery, O&G and Ophthalmology.

6.6 Satisfaction with the level of clinical supervision received was reported by Watermark trainees in over 92% of the OUHT training programmes; outliers were Ophthalmology, O&G, Radiology F2 and Renal medicine.

6.7 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. The DME, together with support from the Medical Education Manager, will undertake overarching monitoring of the action plans developed and provide regular feedback to the Chief Medical Officer.
6.8 The letter from the GMC to OUHT CEO (Appendix 3) puts these results in context.

7 GMC trainers survey 2018

The meaningfulness of the data from the GMC survey of trainers is compromised by a relatively poor response rate (31%). The data is shown below:

<table>
<thead>
<tr>
<th>Trust Board</th>
<th>Response Rate</th>
<th>Overall Satisfaction</th>
<th>Work Load</th>
<th>Handover</th>
<th>Supportive Environment</th>
<th>Curriculum Coverage</th>
<th>Educational Governance</th>
<th>Time for Training</th>
<th>Rate Design</th>
<th>Resources for Trainers</th>
<th>Support for Trainers</th>
<th>Trainer Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxford University Hospitals NHS Foundation Trust</td>
<td>31%</td>
<td>70.6</td>
<td>4.8</td>
<td>67.3</td>
<td>58.4</td>
<td>70.6</td>
<td>67.8</td>
<td>57.3</td>
<td>59.5</td>
<td>58.2</td>
<td>68.5</td>
<td>71.5</td>
</tr>
</tbody>
</table>

8 Health Education England (HEE) Quality Management

8.1 HEE has changed its quality management arrangements on a regular basis over the last few years. Their latest iteration is the ‘multi-professional HEE Quality Framework’ which is “a national core set of metrics, supported by the National Education and Training Survey (NETS) to be administered at local level to support HEE insight into the quality of learner placements”.

8.2 The 2017/18 Quality Framework focusses on the learning environment and the expectations of local education providers in delivering high quality work-based learning.

8.3 HEE’s Quality Framework is referenced in the NHS Standard Contract 2018/19, ensuring it is embedded within the wider responsibilities of providers.

8.4 OUHT responsibilities as a local education provider are (i) to participate in the HEE Quality Framework processes, including participating in any quality review processes; (ii) to provide HEE with regular reports on the quality of placement providers and (iii) to develop comprehensive Quality Improvement Plans where any commissioned arrangements require them.

8.5 Following on from the introduction of the HEE Quality Framework, the local office of HEE has suspended the following previous activities: (i) production of an Annual Trust Report; (ii) carrying out routine visits by the Postgraduate Dean; (iii) production of Annual School Reports and (iv) conducting Autumn School Reviews.

8.6 Under the new arrangements, the ‘Quality Team’ from HEE review the data from the GMC trainee survey and identify outliers/issues needing further triangulation/investigation for OUHT to carry out an investigation.

8.7 The OUHT Education team have to provide HEE with: (i) details of initial investigation and supporting evidence; (ii) a proposed risk score based on the evidence from findings and (iii) a proposed timeframe for providing a fuller response and detailed action plan. For brevity, the details of each and every concern raised are not dealt with in this report.

8.8 We provided this information as required in September 2018 and in January 2019 received the response from HEE. A number of issues have been closed and we are still in discussion in relation to progress on outstanding issues as indicated in 6.4 and 6.5 above.
8.9 Neurosurgery is still under GMC Enhanced Monitoring and was visited again by HEE and GMC in February 2019. An action plan to address concerns is well-advanced (Appendix 4). Following this visit the Post-Graduate Dean has indicated his intention to recommend to the GMC that Enhanced Monitoring now be ended.

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 Dr Claire Pulford, Deputy DME, will assume the role as Acting DME role in March 2019 until a substantive appointment is made for March 2020.

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. OUMEF held its annual Colloquium on Medical Education at St Anne’s College in September 2018 on the theme of ‘Aspiring to Excellence’. OUMEF meets regularly and the series “Ledingham Lectures” has continued to provide trainees with exposure to inspirational medical leaders in Oxford.

11. Future challenges

Shape of Training:

11.1 In response to the recommendations set out in the Shape of Training Report and other drivers, the Royal College of Physicians have developed a model for future physician training. Internal Medicine Training (IMT) will form the first three years of post-foundation training and, for the main specialties supporting acute hospital care, an indicative 12 months of further internal medicine training will be integrated flexibly with specialty training in a dual programme. This will ensure that CCT holders are competent to practise independently at consultant level in both their specialty and internal medicine. The implications of this change for OUHFT from August 2019 are that 7 ‘core medical’ trainees will be removed from medical speciality rotas and be reallocated to Intensive Care Units. This will create gaps in medical rotas.
11.2. There is some concern expressed amongst the Shelford Group DMEs that the IMT3 doctors may not in future have to have PACES which is considered to be a risk to patient safety and trainee safety. Shelford DMEs concerned recommend that the registrar in charge of take has passed the PACES examination.

11.4. ‘Workforce Transformation’ is one of four core areas of business for Health Education England; specifically, to lead on ensuring the workforce has the right skills and attitudes to work in different ways to deliver safe and quality care to patients, in partnership with Sustainable Transformation Partnerships [STPs]. Workforce challenges and concerns relating to gaps in junior doctor rotas are reflected nationally. Research published by the BMJ in 2018 found issues continue because the root cause of rota gaps remains unaddressed, that is recruitment and retention, poor workforce planning, under pressure organisations and under resourcing of the health service. The research also considers the negative impact these issues have on training, morale, work/life balance and quality of care.

11.5. The importance of addressing concerns related to the medical workforce is reflected in the NHS Long Term Plan published in January 2019, which acknowledges that if the plan is to become a reality, ‘the NHS will need more staff, working in rewarding jobs and a more supportive culture’.

11.6. It is against this background that OUHFT is starting to employ Medical and Surgical Support workers and Physicians Associates to alleviate some of the workforce pressures on junior doctors. The Trust currently has 5 Physicians Associates working mostly in Cardiothoracic Surgery. Preliminary experience, of using these roles has been very positive in terms of the impact on medical training and junior doctor morale and wider adoption of these roles across the organisation is recommended.

12. Conclusions

12.1 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.

13. Recommendation

13.1. The Trust Board is asked to receive this report for information.

Professor Meghana Pandit, Chief Medical Officer

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