

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>10</b>
<b>Date of Meeting:</b>	<b>30 January 2019</b>		

<b>Title of Report:</b>	<b>Annual Post-graduate Medical Education Report</b>
<b>Status:</b>	<b>For information and discussion</b>
<b>Board Sponsor:</b>	<b>Claire Radley, Director of People</b>
<b>Author:</b>	<b>Ilana Langdon, Director of Medical Education</b>
<b>Appendices</b>	<b>None</b>

<b>1.</b>	<b>Executive Summary of the Report</b>
This report is presented to the Board for information and approval. It provides an overview regarding the Education provided and future challenges.	

<b>2.</b>	<b>Recommendations (Note, Approve, Discuss)</b>
The Board is asked to note the information provided.	

<b>3.</b>	<b>Legal / Regulatory Implications</b>
Education is subject to the signed Learning & Development Agreement between the Trust and Health Education England; and in line with regulators e.g. General Medical Council, Nursing & Midwifery Council.	

<b>4.</b>	<b>Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)</b>
The current risks are outlined in the report below.	

<b>5.</b>	<b>Resources Implications (Financial / staffing)</b>
The current resource implications are outlined in the report below.	

<b>6.</b>	<b>Equality and Diversity</b>
Education is provided in line with the Trust's Equality & Diversity Policy.	

<b>7.</b>	<b>References to previous reports</b>
Previous report was provided to Trust Board December 2016.	

<b>8.</b>	<b>Freedom of Information</b>
Private	

## Education Update

### 1. Guardian of Safe Working

Safe working hours are vital for education. Although a trainee can learn when the working environment is unsafe, either for them or for the patient, learning is likely to be improved by a safe and supportive environment. There is an increasingly challenging balance to be found between providing education, and ensuring that working hours are safe. For example, it would be safer to have more doctors on call overnight – but this would move them away from their daytime work and educational opportunities such as teaching sessions, clinics and procedure lists. On the other hand, there have been reports of trainees being reluctant to just ‘do the job’ as they do not see any quantifiable learning, in that they can’t tick off a clinic attendance or a procedure list when they are on the wards. It is important that educational opportunities are sought, and recognised, even when it appears that the role is purely for service.

This is recognised as a problem in most acute trusts (GMC National Training Survey; [https://www.gmc-uk.org/-/media/documents/dc11391-nts-2018-initial-findings-report\\_pdf-75268532.pdf](https://www.gmc-uk.org/-/media/documents/dc11391-nts-2018-initial-findings-report_pdf-75268532.pdf)).

The trust are addressing the issue of service pressure compromising education in various fora including: Guardian: MD 1:1, DME:MD 1:1, Medical Workforce Planning Committee, and Junior Doctors’ Contract Forum in order to adjust rotas and consider risks and mitigations.

### 2. Postgraduate Medical Education at RUH & HESW

**Areas of excellence.** We continue to offer excellent postgraduate training in most areas, despite increasing challenges from workload and vacancies, due to a highly-motivated and trained faculty of trainers. The RUH was the second best for Overall Satisfaction on the GMC National Training Survey for Trainees, and the highest for Trainers, particularly in faculty support and training. We have had excellent quality grading in Respiratory Medicine, Radiology and Core Surgical Training. The action plan and highly responsive team in General Surgery turned round a “requires improvement” to a “good” rating. We continue to pioneer methods to improve support for trainees, who find the highly pressured clinical environment very stressful, and now have a wide variety to suit the different problems, for example our Local Trainee Support Faculty, Coaching for Doctors. We have managed to secure a short-break sleep facility to improve performance and patient safety during night shifts.

**Areas of challenge.** There are areas of significant educational challenge, as demonstrated on triangulated quality data, which relate to high workload and staffing difficulties (medical and sometimes nursing). These led to trainees raising concerns over patient safety to HESW in various specialties. These concerns related to inadequate staffing and supervision in anaesthesia, inadequate medical and nursing staffing/skill levels in haematology and inadequate medical staffing levels and supervision in MAU. An action plan has been put into place and working well in anaesthesia. Following HESW School Visits, action plans are being formulated for haematology but as yet have not been initiated in order to access impact. The PGME team will monitor the situation and HESW

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Quality team will re-visit haematology in July 2019. A school visit is anticipated in acute medicine and an action plan to improve staffing is already worked up but not yet in place. There are threats to delivery of education in MAU and haematology particularly, because of staffing. There are often insufficient numbers of doctors on each shift to allow trainees to attend their mandatory teaching sessions without compromise to patient safety.

The national directive from HEE on Study Leave has posed many challenges and is still not working well, with a high workload to the PGME team and financial pressure in delayed payment to the trust. This has been raised to the PostGraduate Dean and the Business Manager of HESW by all DMEs and Medical Education Managers across HESW. This has resulted in a commitment to paying Study Leave invoices more promptly and to improve systems, hopefully from April 2019.

The Streamlining project (of which we were selected to be a pilot trust) for Doctors in Training moving between trusts has stalled, but is to be restarted under management of NHSI. This will ultimately reduce administration workload in HR, reduce time lost to unnecessarily repeated training and improve trainees' ability to start "ready to work". The trust and PGME team are working together to improve functionality of ESR, IT provision, and to reduce some of the burden of superfluous training modules.

### **3. Undergraduate Education at Bath Academy**

Bath Academy has educated around 600 students (from years 2 to 5) over the last academic year.

The annual visit by Bristol University Medical School gave the Academy an excellent report on their quality of education based on feedback from the students. The least good feedback was around the quality of the accommodation provided at the RUH which has been a recurrent negative theme about Bath Academy for many years. The Academy invested a further £40K to enhance the quality of the accommodation but more investment is required and although piecemeal investment will bring some improvement, the RUH is actively working on a more radical solution to redevelop the entire site with a 3<sup>rd</sup> party which will provide a high quality and sustainable solution. The preferred option would see the construction of new accommodation blocks, the complete refurbishment of the former Manor House, Buxton, Leamington, Cheltenham and Gloucester blocks. An additional 75-100 bedrooms would be constructed and all would be en-suite. Planning is at an advanced stage and is entirely positive apart from the challenge created by the extremely low rents paid to the RUH for 90 student rooms, if this number and the financial allocation remain, it will adversely affect the financial envelope of the scheme. Early discussions on this situation have been requested.

The new medical curriculum (MB21) has now reached year 2 which provided a new challenge to our tutors as teaching is now case-based learning. MB21 will then follow a completely new teaching structure for year 3 students from Sept 2019 which will be our biggest challenge. We will need to review the roles of the tutors, need new coordinators & review Clinical Teaching Fellow numbers to ensure we are able to deliver this new year 3 programme which involves case-based learning & increasing amounts of Simulation teaching.

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MB21 will also result in a "bulge year" in 2019/20 which will involve accepting more students to be taught at Bath Academy - this will need careful consideration for educational facilities for all tutors.

Bath Academy also organised & delivered the highest number (82) of Student Selected Components in the last year - these are 3-4 week projects which are supervised by RUH Consultants & frequently result in poster presentations at local & national Conferences.

#### **4. Healthcare Science (HCS) Training**

The various healthcare specialties across the Trust continue to engage with the HEE funded Scientist Training Program (STP) – four trainees (2 x Audiology, 1 x Medical Physics and 1 x Vascular Science) successfully completed the three year program (which includes completion of a Master's degree and eligibility for HCPC registration as a Clinical Scientist) in August 2018 and there are currently seven STP trainees within the Trust going into the 2018-19 academic year including four new starters. The programme is fully funded (including salary) by HEE and includes a training stipend to cover travel costs for block release attendance at a HEI and other courses. However, HEE has reduced the level of the non-pay funding element from £3k to £2k from 2018/19 which will have a significant impact on the provision of certain training activities and the quality of training that can be offered. The Trust has registered a number of expressions of interest with HEE for five new STP places commencing next year (September 2019 entry) in audiology, vascular science, cardiac science and medical physics although HEE have yet to confirm allocation.

The Trust was also successfully commissioned by HEE to offer its first Higher Scientific Specialist Training (HSST) place for aspirant middle-grade healthcare scientists interested in training to become a consultant clinical scientist in the future. This in-service post commenced in Clinical Engineering (Medical Physics) in September 2018 and is a five year work based programme which includes a taught doctorate degree. HEE provide a training stipend of £13k pa to cover travel and training costs as well as allowance for some backfill. Cardiac Science have registered an interest with HEE for another HSST commission for one of their senior staff to start in September 2019.

HCS Practitioner training is no longer fully funded by HEE but is supported by the apprenticeship model. A number of HCS specialties including cardiac science and medical physics have apprenticeship roles, mostly at level 2 and 3 (healthcare science assistant), but there is growing interest in utilising this model as a route into the profession. The use of apprenticeship routes to support STP are currently under consideration – there are concerns this may ultimately replace the current funding (and recruitment) model.

#### **5. Undergraduate nursing**

The RUH continues to welcome and support pre-registration nurse and midwife students from University of West of England.

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358 student nurses between November 2017 and November 2018 + 32 TNAs commenced. Quality Assurance is consistently good in 40 departments that support students. Annual audits consistently 100% completed on time.

Mentorship/student assessment is already on the Risk register- mentorship development and concerns about the non-credit bearing FIAP programme. This is not being evaluated well. The online course has transferred the process of teaching and assessing the mentors from the University of West of England to the Practice Development Team and mentors in practice. This is a risk for our Trust in that we usually have a constant supply of new Mentors being trained to replace Mentors who leave so that we keep enough Mentors to be able to support students in practice. We are noticing a gap in our Mentor numbers and this ~~will~~ may affect our ability to support and assess students i.e. reduce our student capacity. However, at the present time in order to mitigate against this, wards are adapting their mentoring styles. Examples include collaborative mentoring within the ward team, and the sharing of mentors around clusters of students within the ward team. The practice development team alongside the academic in practice from the University of West of England (UWE) continue to monitor the standard of mentoring and assessment of the students. Additionally, it was envisaged that mentoring of the Trainee Nursing Associates (TNA's) may have caused additional pressure in the system, but this has not proven to be the case. This is thought to be due to the TNAs being band 3 health care assistant level with previous ward experience.

New NMC standard for preregistration nurses and to those assessing and supervising students will come out in 2019. Mentors will be replaced by assessors and supervisors. The Trust will need to consider and submit to the University our model and outcomes and delivery to train the assessors and supervisors. e.g. a course for supervisors and assessors to facilitate staff to map where the outcomes are being met maybe a portfolio development. The Trust will be required to complete a quality assurance template as part of annually on going monitoring. The University of West of England have not planned to provide the mentor updates in light of the new NMC curriculum. New guidance is continually being published from the NMC regarding this issue. The Trust will develop ways to maintain the updates of all supervisors and assessors as a partnership exercise with UWE.

Student nurses will be able to train in different ways in the future, i.e. not just the 3 year graduate University route. There will be 2 year (post TNA) Apprenticeship and 4 year Apprenticeship routes. There are also opportunities to consider supporting students to train in different ways such as via the Open University. The practice development and education team are working alongside UWE and the widening participation team to ensure all innovative ways of completing nurse training are explored and offered where appropriate.

## **6. Therapies**

Therapies continue to host students from all of the professional groups, the majority of these placements are through the trust contract, however we are receiving increasing

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placement offers from further afield, we are also exploring work with Bath University to host placements for undergraduate Health and Exercise Science, Sports and Exercise Science and Sport and Social sciences students starting late 2019.

Recent student feedback from UWE remains very positive, Physiotherapy scoring 91% student satisfaction rating, (awaiting OT data) and there are no outstanding issues with student placements within Therapies at the RUH.

Apprentices continue to be offered to Band 3-4 workforce, with achievements in levels in preparation for graduate training posts in physiotherapy over next 3 years.

Post Graduate opportunities continue to grow for Therapies, increasing numbers of staff undertaking Advanced Practice Modules for MSc, Non-Medical Prescribing and Research based learning, including PhD NIHR sponsorship.

## **7. Simulation**

HEE require trusts to have an “accountable board member for simulation” and a “Simulation Lead”. The RUH has an *Undergraduate* Simulation Lead and Fellows. Simulation training is used with excellent feedback in various courses (eg F2 skills days and Bath Life Support Group courses). However, there is no identified multi-disciplinary Simulation Lead or simulation strategy, which misses opportunities for reduction of clinical and staff risk. For example, the experience of recent employment of overseas nurses has demonstrated how simulation training may have prepared them better for the testing required for their registration, and avoided delays.

Following an investigation into a Serious Untoward Event, simulation is being used to highlight the human factors that contributed to the failings in the care delivery. It is a vehicle for learning from incidents and making change as well as testing systems and processes. The whole of the Paediatric Clinical Team will receive this training over the next 6-8 months. The Resuscitation and Clinical Simulation team are facilitating this and hope to develop this further for other teams in the organisation.

The Trust Education Group recommend a Trust Simulation Lead to embed a simulation training strategy for the trust, enabling staff groups who work together to be trained together in appropriate scenarios and human factors training, to the benefit of patient safety and team working. We are currently working up a proposal for this, including options for collaboration with Bristol trusts, where we align educationally in HESW, or using the STP, although the other trusts in the STP are not within the same Deanery.

## **8. Summary**

The trust performs well overall in surveys assessing quality of education delivered to our various staff groups. There are areas of significant challenge and opportunities for improvement in education, which would also confer wider benefit to the organisation.

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## Trust Education Group Terms of Reference

### 1. Constitution

1.1 The Management Board has established the Trust Education Group as a committee of the Management Board. The committee will be referred to the Trust Education Group.

### 2. Terms of Reference

The group will be responsible for:

Ensuring the RUH meets the terms and conditions set out in of the Learning and Development Agreement (LDA) with Health Education England.

Ensuring the RUH adheres to the HEE Quality Framework Quality Standards.

Ensuring the RUH implements HES Simulation Network 'Standards for Organisations That Deliver Simulation Training'.

Promoting a developmental culture, driving and shaping education opportunities for interdepartmental development, including simulation. The individual members of the group, will engage with local and regional educational providers towards this aim, as appropriate.

### 3. Membership

3.1 The group membership will include:

Director of Medical Education – (Chair)  
 Director of People (Deputy Chair)  
 Postgraduate Medical Education Manager  
 Undergraduate Dean  
 Nursing Workforce Lead  
 Head of Therapies  
 Associate Director of Organisational & People Development  
 Simulation Lead

#### a. Quorum

Business will only be conducted if the meeting is quorate. The group will be quorate with Chair/Deputy Chair plus three other attendees.

#### b. Attendance by Members

Members will be required to attend 75% of meetings and can send an appropriate deputy by prior agreement with the Chair.

#### c. Attendance by Officers

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Other staff members/managers may be required to attend the meeting upon invitation.

#### **4. Accountability and Reporting Arrangements**

- 4.1 Group members will be invited to declare any interests they might have in any issues arising at the meeting which might conflict with the business of the Trust.
- 4.2 The group will report to its establishing committee via the inter-committee reporting template to Strategic Workforce Committee on a six monthly basis and Trust Board on an annual basis.

#### **5. Frequency**

- 5.1 Meetings will be held bi-monthly.

#### **6. Authority**

- 6.1 The group is authorised by the Trust Board to investigate any activity within its terms of Reference.
- 6.2 The Board will retain responsibility for all aspects of internal control, supported by the work of the group, satisfying itself that appropriate processes are in place to provide the required assurance.

The group is established to provide recommendations to Medical Workforce Planning Group, Strategic Workforce Planning Group, Strategic Workforce Committee and to the Trust Board via Management Board matters contained in the Terms of Reference.

#### **7. Monitoring Effectiveness**

- 7.1 The group will establish a work programme which:
  - Reflects its accountabilities and responsibilities
  - Reflects risks arising from the Organisation-wide risk register
- 7.2 The Trust Education Group will produce an annual report in line with best practice, which sets out how the group has met its Terms of Reference during the preceding year.

#### **8. Other Matters**

- 8.1 The servicing, administrative and appropriate support to the Chair and group will be undertaken by the Postgraduate Medical Education Manager, who will record minutes of the meeting. The planning of the meetings is the responsibility of the Director of Medical Education.

#### **9. Review**

- 9.1 The Trust Education Group will review its Terms of Reference on an annual basis as a minimum.

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