

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 30 March 2020
Title:	Medical Education Governance Report
Responsible Director:	Dr Crawford McGuffie, interim joint Medical Director
Report Author:	Dr Hugh Neill, Director of Medical Education (DME)

1. Purpose

The Report is presented to the Board for:

- Awareness

This paper relates to:

- Government policy/directive
- Legal (statutory) requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This paper reports activity in relation to medical education and training including performance against the standards required by the regulator, the General Medical Council (GMC) and by NHS Education Scotland (NES), Scotland Deanery.

The paper provides information for Board member discussion and provides assurance on activities conducted to improve quality and performance with specific reference to areas identified through GMC and NES monitoring processes.

2.2 Background

- NES Scotland Deanery and the GMC monitor the quality of medical education and training through systems including:
 - medical school student feedback
 - trainee doctor feedback; an annual GMC national trainee survey and NES Scottish trainee surveys
 - scheduled or triggered Deanery quality management visits to individual departments and training programmes.

- Persistent failure of a department to meet the GMC standards for training will result in the department being entered into GMC “enhanced monitoring”. Issues which could adversely affect patient safety, doctors progress in training, or the quality of the training environment can result in enhanced monitoring. The GMC publishes online a database detailing sites within enhanced monitoring process and Scottish Government Health Department receives regular updates from Scotland Deanery of affected sites in Scotland. The ultimate sanction that may be applied is removal of training status and trainees if standards are not met.
- Medical student and trainee doctor feedback is determined by the quality of the training/educational environment. This is influenced by:
 - quality of teaching and clinical experience
 - quality of clinical supervision and support including feedback
 - workload and ability to access training opportunities
 - staffing levels and management of trainee rotas
- Typically, in departments within GMC enhanced monitoring process, the working and learning environment is less supportive, with trainee doctors feeling overstretched and often feeling forced to work beyond their level of clinical competence.
- The Director and Assistant Directors of Medical Education work in partnership with clinical leaders and their teams to review and act on educational and training quality control data to continuously improve the quality of undergraduate and postgraduate medical education within the Board. (Educational governance structure – appendix 1).
- In the last two years the Board have invested significantly in development of the clinical fellow role (a non-training grade post) to support both clinical activity and to improve the training environment for training grade doctors in response to concerns emerging in our training quality control data.
- The GMC as the regulator requires also that all doctors involved in the formal delivery of training are appropriately qualified for this role through a process known as Recognition of Training.

2.3 Assessment

- Medical student feedback is consistently positive – University Hospital Ayr (2018) and University Hospital Crosshouse (2019) were voted best hospital for teaching by students of the University of Glasgow.
- Most trainees are satisfied with their training experience in NHS Ayrshire & Arran. The investment in Clinical Fellows has contributed to improvement in the training environment and positive trainee experience. More than 10 training programmes achieved excellent feedback (4 or more green flags) in Scottish and/or GMC trainee surveys in 2019. Most notably emergency medicine ranked 1st (University Hospital Crosshouse) and 3rd (University Hospital Ayr) in the UK for overall trainee satisfaction in this specialty.
- One site, general internal medicine University Hospital Ayr, remains within GMC enhanced monitoring (one of six sites in Scotland in active monitoring) however significant progress has been demonstrated - evidenced by significantly improved feedback in the 2019 GMC trainee survey and in reports from the last two Deanery/GMC visits. Core medicine trainees ranked the unit 9th highest in the UK for overall satisfaction, however it remains within enhanced monitoring

on account of issues related to workload and pressures linked to patient flow. Retention and recruitment of consultant trainer establishment is an ongoing concern in this unit.

- The training environment in general internal medicine at University Hospital Crosshouse is an area of concern with poor trainee feedback (5 or more red flags) in the 2019 GMC trainee survey. A NES Deanery visit, November 2019, reported issues to be addressed including some issues that had not improved from a previous visit. Many of the issues described are linked to workload pressures including the problems of patient flow between the emergency department, the combined assessment unit and the wards. Failure to resolve these issues is highly likely to result in the unit being placed within GMC enhanced monitoring.
- Clinical Fellow feedback is generally very positive as evidenced through exit interviews. The reputation of these posts is important for future recruitment in a competitive market and for their critical importance to service and to improving the training environment.
- Local processes are in place at Board level to ensure that consultant trainers are GMC recognised and are supported by the Education department to maintain their trainer status through appraisal, revalidation and re-recognition. It is important to note that recognised trainers require to have one hour per trainee per week (0.25 PA) as supervision time. This time is documented within job plans however the Board needs to note that other activities may encroach upon this time when the system is under pressure.

2.3.1 Quality/patient care

Quality of care and patient safety is embedded within medical education and training. The development of doctors in training relates directly to patient safety and their feedback is an important barometer of quality and of any pressures within the system.

2.3.2 Workforce

The experience of doctors in training correlates directly with recruitment and retention of all grades of doctors. The Board should note the positive experience of doctors in our clinical fellow programme and the influence of this on improving recruitment, including to general practice.

2.3.3 Financial

The Board should note that upcoming GMC changes to training programme curricula is likely to lead to a higher proportion of trainee time being protected for training which may require funding of additional fellow posts to provide backfill.

2.3.4 Risk assessment/management

Failure to provide a quality training environment and to meet the GMC standards for medical education and training may:

- lead to reputational damage through GMC enhanced monitoring which will impact adversely on recruitment
- increase financial costs through need to appoint high cost locums
- impact adversely on the quality of patient care and patient safety

In common with other Boards the most vulnerable training sites are those dealing with unscheduled medical care. Management and mitigation of this directly links to efforts within the Board to manage unscheduled care including collaborative work with the Health and Social care Partnerships.

2.3.5 Equality and diversity, including health inequalities

There is regular review of our trainee experience and discussion about required adjustments and support through our regional performance support unit in association with NES.

An impact assessment has not been completed because medical education and training are regulatory standards determined by the GMC.

2.3.6 Other impacts

- Best value
 - Governance and accountability
 - Use of resources
 - Performance management

2.3.7 Communication, involvement, engagement and consultation

Information within this report has been discussed at the Medical Education Governance Group and with the senior medical management team. The DME also provides an annual report to NES and GMC.

2.3.8 Route to the meeting

Information within this report has been considered by the Medical education Governance Group. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Medical Education Governance Group 5th February 2020

2.4 Recommendation

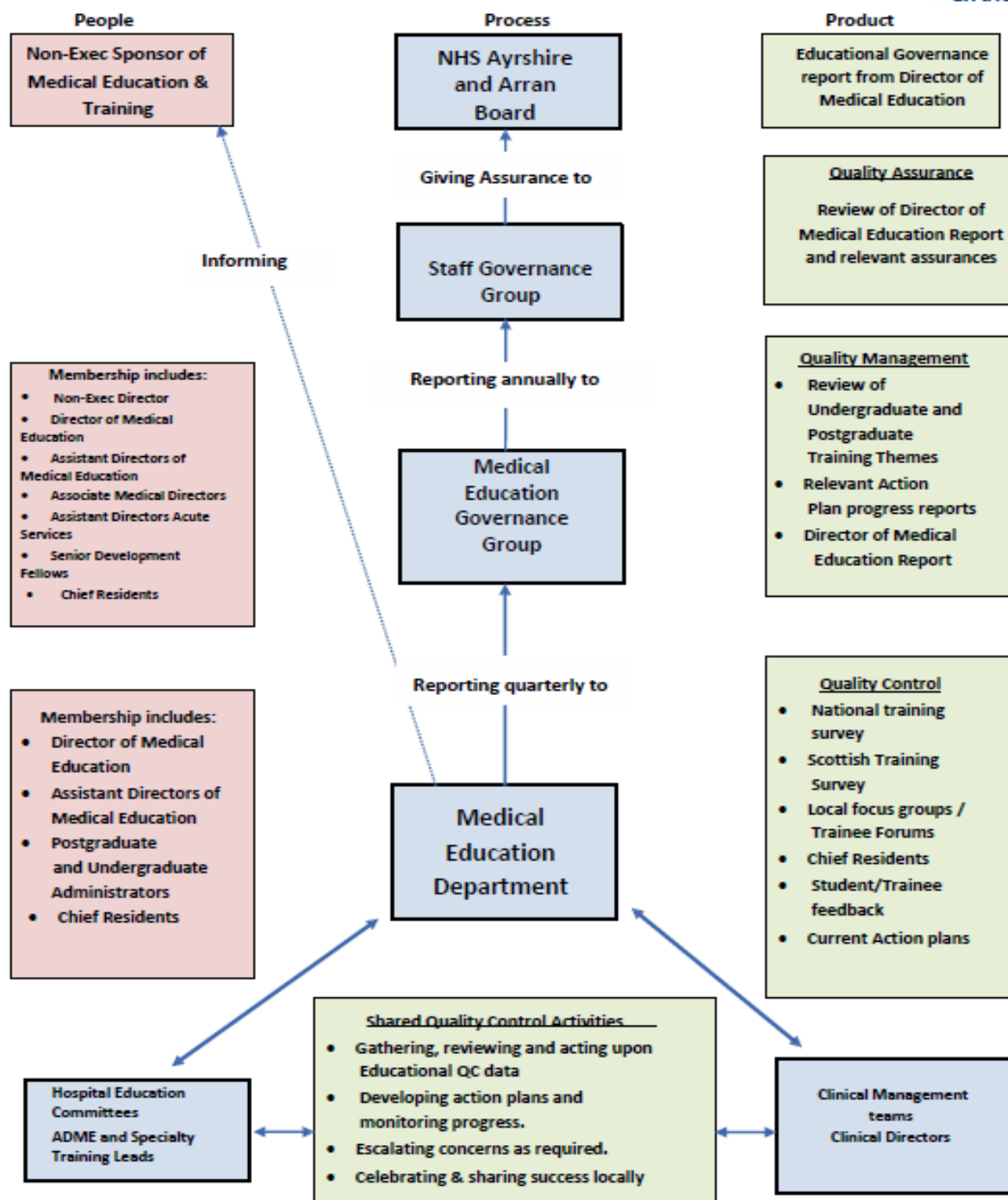
For awareness. Members are asked to be aware of and discuss this update on the status of medical education and training; and to be assured of the quality control and quality management structures in place (Appendix 1).

3. List of appendices (where required)

The following appendices are included with this report:

- Appendix 1: Governance Structure for Medical Education and Training

Governance Structure for Medical Education & Training



Jan 2020