Trust Board
3 May 2017

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<th>Report title:</th>
<th>Medical Education</th>
<th>Agenda item: 3.4.3</th>
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<tr>
<td>Executive Director:</td>
<td>Paul Tisi</td>
<td>Medical Director</td>
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<tr>
<td>Author:</td>
<td>Devasena Subramanyam</td>
<td>Director of Medical Education</td>
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Report summary
Bedford Hospital provides medical education for doctors and undergraduate medical students. Health Education East of England (HEEoE) commission postgraduate medical education for doctors in training and the University of Cambridge School of Clinical Medicine fund undergraduate medical student placements in the Trust.

At Bedford Hospital, the following challenges have been identified as having an impact on the delivery of medical education for undergraduate medical students and postgraduate doctors in training:
- resources and capacity for teaching
- service pressures and staffing

Related Trust Objective / CQC Domain
CQC fundamental standards: Regulation 18 and 19

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<tr>
<th>Action (tick one box only)</th>
<th>Information</th>
<th>Approval</th>
<th>Assurance</th>
<th>Decision</th>
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Recommendation

Impact Assessments

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<thead>
<tr>
<th>Equalities / Human Rights</th>
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<tr>
<td>Patient &amp; Public Involvement</td>
<td>None identified</td>
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<tr>
<td>Legal / Regulatory</td>
<td>None identified</td>
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<tr>
<td>Financial</td>
<td>Financial sustainability and impact on pay costs</td>
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<tr>
<td>Risk</td>
<td>None newly identified other than those already identified in the BAF and the Trust’s Risk Register</td>
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Jargon Buster: Please detail acronyms used in the report
1. Introduction

Bedford Hospital is committed to providing high quality medical education for all doctors and undergraduate medical students. Health Education East of England (HEEoE) commission postgraduate medical education for doctors in training and the University of Cambridge School of Clinical Medicine fund undergraduate medical student placements in the Trust.

2. Background

The provision of medical education in all Trusts in England has been influenced by:

- recent changes to the junior doctors contract,
- increasing numbers of private medical schools,
- regulatory requirements,
- financial framework and
- service pressures

At a macro level, all doctors are required limited in terms of working hours by the European Working Time Directive and by the new junior doctor contract which was implemented in December 2016 for foundation doctors initially. Both doctors in training and employers have found it challenging to comply with these restrictions, particularly when managing rotas and intense workloads for all doctors.

At Bedford Hospital, the following challenges have been identified as having an impact on the delivery of medical education for undergraduate medical students and postgraduate doctors in training:

- resources and capacity for teaching
- the tension between service pressures and staffing
3. External visits

The Trust hosted several successful visits from the postgraduate Schools of Anaesthesia, Paediatrics and Medicine as well as visits from the Foundation School and University of Cambridge School of Clinical Medicine, from February 2016 to March 2017.

3.1 School of Anaesthesia

The School of Anaesthesia enhanced monitoring revisit took place on 25 February 2016 and no significant areas of concern were identified. The visitors reported an "overall impression of a vastly improved training environment with several examples of good practice." They did, however, highlight significant service pressures which have since been addressed. This was predominantly around consultant staffing.

3.2 School of Paediatrics

The School of Paediatrics visited the Trust on 19 May 2016 were impressed with the significant improvements made in the training environment. The panel recommended the return of two level 1 trainees to the Trust.

3.3 School of Medicine

This visit took place on 3 March 2016 and complemented the department for its exemplary model of annual appraisal for educational supervisors. The visitors also highlighted two main areas of significant concern, both of which related to rota gaps causing pressures in service provision.

3.4. Foundation School

The Trust hosted the Foundation School visit on 27 October 2016 and some areas of significant concern were flagged up; these were predominantly around cover on medical wards and intense service pressures. Locums have since been employed to increase the level of junior staff to address the issues raised. The Medical Director has undertaken a gap analysis on 7 day working and the Divisions are required to work on business cases, one of which is to enhance ward cover at weekends.
3.5 University of Cambridge School of Clinical Medicine

The Clinical Dean and colleagues from University of Cambridge School of Clinical Medicine visited the Trust on 27th March 2017. The Dean was very satisfied with the quality of experience and support received by the medical students at Bedford Hospital.

The key recommendations were for the Trust to align the projected increase in student numbers and proposed Service Increment for Training (SIFT) income to the ability to deliver more teaching. The main issues to address are accommodation for undergraduates, physical space to deliver teaching, departmental capacity to deliver the increased teaching requirements (increased in funded programmed activities for consultant teaching) and the provision of a comprehensive administration service.

4. GMC Trainee Survey

The GMC conducts an annual trainee and trainer survey nationally from the end of March to early May.

4.1 GMC survey results 2015-2016
A trend analysis of the GMC trainee survey results indicated marginal improvement in some specialties but this was offset against reduction in above average rankings for posts in other specialties.

The Director of Medical Education presented a paper to the Board and an improvement plan was developed in under-performing specialties through engagement with the college tutors and is monitored at the monthly Medical Education Committee meetings.

Feedback from the survey indicated that effective rota management and workload were the key challenges which needed to be addressed in response to the concerns raised by trainees.

The Divisions and medical staffing undertook to ensure that rota gaps were addressed in a timely way with employment of locums on an ad hoc basis. A review of clinical staff establishment against workload, particularly in Integrated Medicine was undertaken.
4.2 GMC survey 2016-2017

In preparation for the GMC trainee survey, an internal survey was carried out in early March 2017 which highlighted the issues of:

- workload
- rota gaps (measure are in place to address these gaps)
- inability to access training
- shortage of staff, especially out of hours
- stress related to work pressure
- delays caused by poor IT systems

5. Junior Doctors Contract

The new contract (2016) for doctors in training contractualises the interface between educational planning and clinical work scheduling, reflecting the interdependence of training and service commitments.

Under the terms of the new contract, doctors will report any breaches to their contracted hours and if service/workload pressures prevent them from attending teaching. Breaches will incur financial penalties levied on the division and money raised from fines can only be spent on improving the educational experience for doctors.

The changes to the junior doctors' contract have been phased in with effect from 7 December 2016 when the Foundation Year 1 doctors signed up to the new contract. All doctors in training will be issued the new contract from 1 August 2017.

A monthly junior doctors’ forum has been established and is chaired by the Guardian of Safe Working. It is attended by the Director of Medical Education, LNC Chairman and representative, educational team, senior management, medical staffing and junior doctors to address their issues and concerns.
6. Service pressure vs staffing

The major challenges to medical education at Bedford Hospital are the workload and service pressures which can affect access to a good quality training experience. Significant service commitments prevent trainees from attending training days, being released for study leave and attending the required number of clinics/theatre lists.

The workload in all the divisions has been increasing due to a rise in the number of admissions and identified outliers, without a proportionate increase in junior doctor numbers. The ratio of doctors versus workload remains unchanged to that of several years ago. This issue was highlighted in the GMC survey.

7. ‘Shape of Training’ Review: Securing the future of excellent patient care

Professor David Greenway carried out an independent national review of postgraduate medical education and his recommendations are presented in a report on ‘The Shape of Training’ (SoT). He suggests postgraduate training for all doctors should be more patient focused, more general (especially in the early years) and with more flexibility of career structure. It should lead to a certificate of specialist training (CST) after which, further training could take place with credentialing.

Summary

- Registration at graduation from medical school.
- Broad based training.
- Extending GP training by 1 year.
- Career opportunities for SAS doctors through credentialing into specialties.
- The exit point of postgraduate training will be the Certificate of Specialty Training.
- Training will be limited to places that provide high quality training and supervision, and are approved and quality assured by the GMC.

The changes proposed in the review are being phased in by the Royal College of Physicians (RCP) & Joint Royal Colleges of Physicians Training Board (JRCPTB) with effect from August 2018.

The present two years of Core Medical Training will be replaced by three years of Integrated Medical (IMT) training.
The IMT3 post will have to be initially identified from the existing pool of training or non-training grade doctors in the Trust. The initial costs may have to be borne by the Trust but these will be assimilated in the Health Education England tariff for medical education.

8. Future proofing: plans in place to improve educational environment at Bedford

8.1 Clinical and Educational Supervision

There has to be formal recognition and remuneration of the above roles in order to sustain the quality of training. Consultants have their educational role remunerated in their job plans for 2016-2017 in line with HEEoE requirements. This will remain in in 2017 Job Planning Framework.

8.2. Training the educators

- Regular updates and training for all educators are in place.
- Annual updates for educational supervision training are conducted by the University of Bedfordshire.
- The GMC run lunchtime workshops on relevant topics.
- Annual educational appraisals are taking place for all educators and need to be extended to all supervisors.
- A faculty of twelve multispeciality simulation trainers will be trained to teach postgraduate doctors using the Bedford University simulation site.

8.3 Improve educational resources

Plans are underway to refurbish the basement floor of the Cauldwell Centre (previous Weller Wing) as a new education centre which will include accommodation for administrative staff. In addition there is availability of further educational resource at Southway by June 2017.

Facilitate regular communication between service and education by ensuring Divisional input into the Medical & Dental Educational Committee.

Devasena Subramanyam
Director Medical Education