Medical Education Strategy
2014-2019
Summary

The Medical Education Strategy, which sets the vision for the next five years (2014 to 2019), has been developed following a review of the evidence and research concerning the changes in structure, delivery and funding of medical education in a changing environment in which the medical workforce will need to be flexible and responsive to population health needs and workforce demand. There is an explicit understanding that structured, protected training of consistently high quality, properly supervised, and is essential to enable doctors to become knowledgeable clinical leaders who contribute to excellent patient care throughout their medical careers. The strategy provides a comprehensive review of Medical Education, highlights key challenges and risks, and identifies key requirements for the delivery of a new vision for medical education in the Trust.

Vision for Medical Education:

Leicestershire Partnership NHS Trust will develop outstanding medical practitioners through its commitment to achieving excellence in education for all trainees and doctors throughout their medical careers.

In developing and identifying the strategic aims of the Strategy, a number of assumptions have been made:

- We will support the delivery of medical education through the continuum of undergraduate medical education, post graduate and continuing professional education for all doctors
- We will develop caring, safe and effective doctors who are supportive of Trust values
- We will actively facilitate and promote learning between staff
- We will develop and quality assure a skilled educator workforce
- We will maximise the use of technology enhanced learning
- We will work with the specialty schools to develop a ‘quality dashboard’ of medical training posts
- We will strive to meet the quality control requirements of Health Education East Midlands, Leicester Medical School and the General Medical Council

Four overarching strategic aims have been identified and discussed in various Trust forums. These aims are:

Overarching Objectives:

1. Provide an education & learning environment that supports safe patient care
2. Establish a reputation for excellent teaching and training in order to attract and retain high quality medical workforce
3. Create an educational environment where innovation and research can flourish
4. Ensure that systems are in place to demonstrate quality assurance of undergraduate and postgraduate medical education
Introduction

The purpose of this document is to describe the Medical Education strategic approach 2014-19, which has been developed to align with Leicestershire Partnership Trust’s strategic objectives. This approach is guided by the Human Resources & Organisational Development Strategy 2013/14 – 2015/16, and should be read in conjunction with the following documents:

- Leicestershire Partnership NHS Trust Clinical Strategy 2014-19
- Leicestershire Partnership NHS Trust Approach to Learning & Development 2013-16
- Scoping Review of Multi-Professional Education within Leicester Partnership Trust - December 2013
- Improving the Student and Teacher Experience of Clinical Teaching - report following Education Event - December 2013

This approach responds to recent changes in the structure, delivery and governance of medical education, outlines the new working relationships which will be required with East Midlands Local Education and Training Board, who commission, lead and manage medical education and training at Health Education East Midlands and identifies key challenges for the Trust.

Organisational Context

Leicestershire Partnership NHS Trust (LPT) provides high quality integrated mental health, learning disability and community health services. The Trust works with primary care, local hospitals, social services and other Local Authority departments such as housing and education. The Trust also works with voluntary organisations and local community groups. Services in LPT are organised into three operational divisions: Adult Mental Health and Adult Learning Disability Services; Families, Young People and Children's Services (FYPC); and Community Health Services (CHS).

The Trust was created in 2002 to provide mental health, learning disability and substance misuse services. In April 2011 the Trust merged with Leicester City and Leicestershire County and Rutland Community Health Services, as a result of the national Transforming Community Services agenda, which increased the annual turnover of the organisation from £138m in 2010/11 to approximately £282m in 2011/12 with a corresponding increase in staff from approximately 2,700 to 5,700 into a single organisation. This provided the opportunity for the trust to deliver a fully integrated health and wellbeing service. In doing so, the range of services that are provided has significantly increased. The vision is to create a truly integrated trust where services are joined up to deliver new care pathways, which aim to meet both the physical and mental health needs of the population.
Leicestershire Partnership Trust Vision & Strategic Objectives

In 2014 the Trust Board adopted a new vision for the Trust; this followed engagement with senior leaders, shadow governors and divisional management teams.

‘To improve the health and wellbeing of the people of Leicester, Leicestershire and Rutland by providing high quality, integrated physical and mental health care pathways’

Deliver safe, effective, patient-centred care in the top 20% of our peers
- Deliver our Quality Strategy via a Trust-wide Quality Improvement Plan
- Introduce an effective self-regulation system
- Implement a clinical improvement programme that will lead to evidence-based, best-practice pathways and models of care across all services
- Achieve year-on-year improvements in patient satisfaction
- Ensure that we meet all national and local standards and targets

Partner with others to deliver the right care in the right place at the right time
- Work with partners to reduce unnecessary unscheduled attendances, admissions and delayed discharges
- Be an active and leading participant in the system-wide Better Care Together programme
- Create a vibrant research and innovation culture in partnership with national and regional networks
- Partner with leading education providers to deliver a well-trained and educated workforce
- Ensure that we engage effectively with key stakeholders across the region

Staff will be proud to work here, and we will attract and retain the best people
- Provide a workforce that is flexible, efficient and at the right capacity
- Ensure that the Trust has a diverse, skilled and capable workforce
- Develop a workforce that is engaged, committed and supported
- Apply high quality management and leadership practises and behaviours
- Improve how we embrace and manage change
- Achieve year-on-year improvements in the NHS National Staff Survey

Ensure sustainability
- Continue to deliver a balanced financial plan
- Manage our estate effectively
- Manage our information and technology effectively
- Respond appropriately to tendering opportunities locally and in the broader region
- Create then implement an effective Corporate Social Responsibility Strategy
- Achieve Foundation Trust status
Key Challenges for Medical Education in the Trust

Medical education and training are being delivered in a changing environment. There are challenges in providing high quality medical education which ensure competency, maintain confidence and promote excellence in a system having to manage increases in clinical demand, different and rising expectations from staff and patients, while harnessing opportunities created by technological innovation. Doctors will more than ever be expected to exercise leadership, understand how the systems in which they work operate, contribute to, and where appropriate lead, multi-professional teams (GMC 2011). To do this, doctors need structured, protected training of consistently high quality to enable them to become knowledgeable clinical leaders who contribute to excellent patient care throughout their medical career.

Leicestershire Partnership NHS Trust provides education to the medical workforce through the continuum of undergraduate medical education, post graduate and continuing professional education for all doctors throughout their career. The Trust provides a large proportion of the School of Psychiatry postgraduate training programme in psychiatry for trainees in the South of the region for 68 trainees at CT1-ST6, 1 Based trainee, 16 Foundation trainees and 14 in GP training posts. In addition, 3.4 Level 2 Paediatric, 1 level 3 Community Paediatric trainees and 1 GP trainee undertake Community Paediatric rotational posts within the Trust. Teaching and training is a key component of the Trust’s business with the aims of attracting and retaining the best staff and partnering with leading educational providers to deliver a well-trained and educated workforce.

Although General Psychiatry currently ranks as one of the specialties with the largest number of registered specialists and number of trainees, there is evidence that there are not enough psychiatrists to meet service needs. The Royal College of Psychiatry’s 2011 workforce census estimated that 151 Consultant psychiatry posts were unfilled across England, Wales and Northern Ireland. The Centre for Workforce Intelligence, which is responsible for NHS workforce planning and development in England, has modelled the number of 2011 trainees required in general psychiatry and noted that psychiatry continues to be seen as a relatively unattractive specialty choice for trainees. It concluded that, although there is clear need in psychiatry, historical trends indicates that any new posts would be likely to remain unfilled, and that more work is needed to improve the attractiveness of the specialty to potential applicants. This under-supply is problematic given that the ageing population for whom comorbidities and dementia are common is likely to place further demands on psychiatric services.

Nationally, 3.8% of UK medical graduates intend to apply for UK specialty training programme in psychiatry at start of F1 (2013), and on average only 2.8% entering a career in the specialty. Locally, 3.0% of Leicester Medical School graduates enter core psychiatric training. The national F2 Career Destination Survey (2013) showed a fill rate of 89% at CT1 for psychiatry, although encouragingly, local data from recruitment rounds at CT1 and ST4 demonstrate 100% fill rates for posts in the East Midlands (National Psychiatry Recruitment Service: 26 October 2013). The Trust needs to consider how to continue to recruit and to retain the highest calibre of trainees from the relatively small number who opt for a career in the specialty in order to support safe clinical care, and to maximise the Trust’s reputation as an excellent place to train in psychiatry. In order to do this the Trust will need to work with the specialty school to develop a ‘quality dashboard’ of medical training posts. If the Trust can demonstrate that it provides high quality posts and contributes to the development of future attachments the trust will attract training funding because training posts can be designed from the information that the dashboard would provide.
A fundamental requirement of the Better Care Together five-year plan, a blueprint for the future of health and social care services in Leicester, Leicestershire and Rutland (June 2014), is the need to adapt the workforce to meet through different ways of working across settings of care. Furthermore, the distribution of all medical training posts across the region is likely to change as a result of an Health Education East Midlands review ‘ Health Education East Midlands Post Graduate Medical Trainee Distribution (April 2014)’ which will make a difference to service provision, educational investment and workforce capacity in the Trust. There is likely to be a different distribution of training posts based on population health needs and workforce demand with the explicit understanding that high quality education, properly supervised, is an essential element of any changes.

**Strategic Context:**

Over the last few years, there have been several major changes in medical education and training as follows:

*Development of competency-based models for medical training*

Competency based training (CBT) was introduced in 2002, and implemented through Modernising Medical Careers (MMC) in 2007, which aimed to deliver better quality care for patients through reform in postgraduate medical education and training that was measurable and accountable. MMC resulted in clearer and transparent career pathways for postgraduate trainees and led to improvements in national standards through a competency-based curriculum and training model which is now applied across Foundation and all speciality training programmes. However competence is context and grade specific; reflects a minimum standard rather than an excellent standard and does not guarantee performance or safe practice. The Tooke report (2008) identified excellence as a desirable goal in postgraduate medical training and concluded that the competency approach to learning denied the value of experience and underplayed the aspiration to excellence and academic achievement. Furthermore, postgraduate training would need to equip doctors to adapt to rapid change and increasing complexity in healthcare, while continuing to improve their clinical performance, professional judgement and leadership skills, working in teams as part of systems of care, rather than as independent practitioners. All postgraduate medical training programmes delivered in Leicestershire Partnership Trust including the UK Foundation Programme, Psychiatry, Paediatrics and General Practice is competency based.

*Greater alignment of education and training with population and service needs*

The GMC in ‘The State of Medical Education and Practice’ (2013) noted a huge demand for care in acute hospital settings, but recognised emerging changes in healthcare design and shifts in delivery which will require doctors to work flexibly in new environments. Doctors will need a higher level of core competences than provided by existing training programs, which will require a fundamental review of the shape of postgraduate training. The Greenaway report ‘Shape of Training: Securing the future of excellent patient care’ (2013) the Collins report ‘Foundation for Excellence’ (2012) and ‘Broadening the Foundation Programme’ (2014), detail recommendations which, if implemented, will significantly alter the way in which doctors are trained in the UK. Patients are living longer but are living with complex and chronic conditions. They are increasingly experiencing longer periods of disability, relating to either or both physical and mental illness. Therefore our trainee doctors will need to develop their clinical and professional capabilities across a range of settings over the course of their careers, including a greater awareness and experience of working in community settings, and in interface and multi-professional working.
**Inter-professional education and training**

Doctors are increasingly working as part of a team, rather than as independent practitioners, to support patients with long-term mental health conditions, many with comorbidities, in a health system which is under significant pressure. The Francis report highlighted “a systematic breakdown in how the NHS safeguarded the quality of care for patients” and recommendations included the need for a common culture of care whereby all health and social care professions put the patient first. More than ever, there is a need for doctors to learn inter-professionally about collaborative decision making, planning and coordination in order to develop a shared understanding of care at all stages of their training and as a key component of their continuing professional development.

Inter-professional education as defined by the World Health Organisation (2010) ‘**Occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes**’. Leicester has an internationally recognised academic reputation in inter-professional education and has developed an educational framework for inter-professional learning - the Leicester Model (Lennox & Anderson, 2007). The model allows students to gain practical understanding of team working and collaborative practice by learning from patient and practitioner experiences and more recently has been adapted to enable students to learn across patient pathways through the Safe Teams Engaged in Patient Pathways module. The STEPPS Model for inter-professional learning has been applied successfully in community mental health settings at Leicestershire Partnership Trust. (Kinnair et al. 2012) and inter-professional education is now embedded in undergraduate medical, nursing and social work student learning in care planning for people with mental health problems, joint working in Community Hospitals between nurses and medical students undertaking assistantships in care of the elderly, community workshop activities on keeping families safe (from 2014-15 academic year), Listening Workshops and a range of special study community placements with health and social care teams which includes Quality Improvement projects (summer 2014) and Project LIGHT (homeless sector).
There is now a need to extend the approach established for undergraduate inter-professional learning to all clinical staff to improve health outcomes and patient safety. An independent scoping review of the current state and status of multi-professional education following the merger of Mental Health, Community Services and Learning Disabilities into the integrated Leicester Partnership Trust in December 2013 concluded that professional groups worked well together but did not necessarily learn well together. There was a general consensus that multi professional learning should be encouraged (and extended to include multi agency), but developed in such a way that it was relevant to the needs of the patient.
It was also generally agreed that individual professional development including revalidation of specialist skills should be acknowledged within the strategic development of multi-professional education. Clinically embedded strategies such as ‘incident analysis’, ‘case studies’ and ‘action learning’ have been used successfully and should be developed further at all stages of medical training and continuing professional development, using a blended learning approach based on Leicester Model of Inter-Professional Education.
Advances in technology to support teaching and learning

There has been a significant expansion in the use of established technologies such as Virtual Learning Environments (VLE), and new learning and mobile technologies such as smartphones, iPods and iPads, GPS etc. and free open educational resources such as Massive Open Online Courses (MOOCS) that can be shared, versioned or reused to enhance location-based and distance learning for individuals and groups. Research on learning technologies has largely been conducted in Universities, noting that this expertise and the technologies that have already been developed are transferable and scalable within clinical settings. The University of Leicester has an international reputation in learning innovation (Salmen 2005) and is working with Leicester Medical School to implement learning interventions for undergraduate medical students using iPads, and has advised Health Education East Midlands in the development of specialty-specific VLEs for postgraduate learning [http://www2.le.ac.uk/departments/beyond-distance-research-alliance/consultancy-and-workshops/about-carpe-diem](http://www2.le.ac.uk/departments/beyond-distance-research-alliance/consultancy-and-workshops/about-carpe-diem).

Blended learning can be described as an approach to learning which combines and aligns learning undertaken in face-to-face sessions with digitally based or technologically enhanced learning opportunities which are accessible online. In a clinical setting, blended learning models where learners are active participants have been shown to increase engagement in learning (Bullock and DeJong 2014). The blended model increases an individual’s knowledge base using computer-based learning resources, which is then consolidated through facilitated workplace-based group discussion, and feedback, supported by web conferencing, stimulating further reflection by the clinician who transfers their learning into practice (Sanders et al. 2012). Systematic reviews which have examined e-learning approaches show that interaction combining online and face-to-face elements has a larger advantage than purely online instruction with
larger effect sizes for studies in which the online instruction was collaborative or instructor-directed than in those studies where online learners worked independently (Bloom, 2005). Furthermore, the need to ensure cost and value in medical education and training will increasingly act as a further stimulus for innovation in educational design (Walsh et al. 2013).

Changes to medical education and training funding

Undergraduate
Service increment for teaching (SIFT) is the principal way in which the trust is funded to provide undergraduate medical education requires the Trust to demonstrate clearer accountability for SIFT as this funding is now closely linked to specific educational placements and/or activities. Following the introduction of national tariff for undergraduate medical student placements in April 2013 of £34,623 per student WTE per year, there will be a reduction SIFT budget of £389,841 (2014/5). The reduction in part is as a result of reduced medical student placement numbers in LPT 2014-15, a trend which is predicted to continue. The new provider-commissioning arrangements for undergraduate medical student placements will hold the trust more directly accountable for how funds are used to deliver undergraduate education as SIFT funding is now closely linked to specific educational placements and/or activities. Health Education East Midlands require a greater understanding of how the Trust utilises SIFT as a requirement of the Learning Development Agreement Contract from 2014/15 onwards with provision within that contract for funding to be withheld if there are concerns over quality, student feedback or service changes.

The Education and Practice Partnership Agreement (EPPA) for Leicester medical student teaching defines expectations of educational provision, facilities for medical student teaching and the standards and expectations of clinical teachers in key areas of teaching. The Leicester Medical School Quality Team visit will review quality standards for LPT as an undergraduate education provider annually, as part of the Medical School’s quality assurance process, and as a GMC and LETB requirement. The visit aims to highlight areas of good practice and significant concerns, scrutinise the use of SIFT funding in greater detail and make specific recommendations to the Trust.

Postgraduate
The Multi Professional Education and Training Levy (MPET) fund the development of the NHS workforce. Health Education England (HEE) distributes (MPET) funding to Local Education and Training Boards (LETBs). Currently the MPET allocation amounts to £4.9 billion. The scope of what the MPET allocation covers is set out in the HEE strategic education operating framework and includes flexibility for education for the current and wider workforce as well as the future professional workforce. HEE have implemented a tariff based system for education and training. Standard tariffs already exist for contracts with higher education and new national tariffs for education placements with service providers were implemented from April 2013 with an appropriate transition period. There are different tariffs for different professions and these will be developed through the inclusion of education within the annual reference costs exercise. Over time parts of both tariffs will be aligned to quality payments similar to the Commissioning for Quality and Innovation (CQUIN) payments for service tariffs. In the longer term, MPET may be funded through a levy on all providers. This would enable the collection of a contribution from independent providers of NHS and non NHS healthcare that employ and benefit from professional staff trained by the NHS. Implementation of national education and training tariffs for postgraduate medical education commenced in April 2014, excluding General Practice, Public Health foundation training posts and postgraduate academic training posts. Postgraduate medical training salary support provides salary support at 50% plus a placement tariff of £12,400 per WTE training post per year. LPT will receive an increase in MADEL funding £129,099, although it should be noted that this gain occurs because LPT has a relatively low proportion of
higher specialty training posts (2011-12 post numbers) and a more favourable proportion of Foundation and GP posts which gain funding under tariff. There are likely to be further funding changes from 2014 when Foundation Programme, GP and Public Health placements are no longer within the scope of the national tariff. In order to get a better understanding of the true cost of delivering clinical placements to inform funding decisions going forward, the Department of Health has introduced reference costs for education and training, with full-year cost collection required for July 2014.

**Regulation and Quality Assurance of medical education and training in local education providers**

**Undergraduate**
An increasing focus on quality of education and training requires the Trust to ensure robust quality management of the education and training we deliver. The Education and Practice Partnership Agreement (EPPA) for Leicester medical student teaching defines expectations of educational provision, facilities for medical student teaching and the standards and expectations of clinical teachers in key areas of teaching according to GMC standards in *Tomorrows Doctors* (2009). The Leicester Medical School Quality Team annual visit in 2013 (as part of the Medical School’s quality assurance process, and a GMC and LETB requirement) reviewed quality standards for LPT as an undergraduate education provider. While there were no specific requirements as a result of the visit, the Quality team recommended that LPT review the accountability process for SIFT funding now closely linked to specific educational placements, strengthen academic leadership in some of the placements and develop a strategic plan with regard to education facilities in discussion with the Medical School.

**Postgraduate**
The GMC document ‘The Trainee Doctor (2012)’ clearly defines the standards expected of education providers and trainers across all stages of postgraduate medical education and training and from 2011/12 has adopted an aligned visiting process with LEPs, medical schools and LETB within a region in the same visit cycle. It is anticipated East Midlands LETB, HIAs and LEPs will receive a GMC visit in 2016. The Learning and Development Agreement between the East Midlands LETB and Leicestershire Partnership Trust is based on a national template devised by Health Education England (HEE) and is now a three-year contract with provision for HEE to withhold funding in certain circumstances; for example, if practice placements are not made available or information is not provided in a timely manner and a remedial action plan is not complied with within an agreed timescale. The East Midlands LETB annual Education and Accreditation visit in March 2013 highlighted a number of RAG coded actions for the Trust. Detailed analysis of the report and planning for the November 2014 visit is a key priority for the LPT Medical Education team. Health Education East Midlands have developed a new framework ‘Quality Management Visits for Healthcare, Education and Training’ which will include quality dashboard tools for LEPs, early notification of GMC trainee survey feedback through ‘live’ reporting and quarterly data collection pre-visit.

**Trainers**
From July 2016, the GMC will require LEPs to provide robust quality assurance of trainers. From July 2013, all NHS trusts were required to demonstrate their processes to gather data on the selection, training and appraisal of trainers by identifying their roles under the four categories of “trainer” for the GMC Trainer Recognition Project. This data will inform annual appraisal and be used to identify further training requirements for clinical and educational supervisors.
The establishment of Health Education England, and the formation of Local Education and Training Boards (LETBs) from 2013, responsible for workforce planning and education commissioning across the health community followed 'Education and Training - A report from the NHS Future Forum (2011). Locally, the LETB for Health Education East Midlands (HEEM) brings together the Deanery, Local education providers (LEPs) and Higher Education Institutions (HEIs) under one organisation, with specialty schools coordinating and managing the medical specialty training schemes. The GMC determines the undergraduate curriculum through GMC: Tomorrows Doctors (2009) and the framework and standards for postgraduate training through GMC: The Trainee Doctor (2012). The specialty colleges continue to determine their postgraduate curricula and assessment processes, which also require GMC approval.

**Strategic direction for Health Education East Midlands**

The Health Education East Midlands Workforce Development Plan 2014-2017 describes their strategy and priorities based on the profile of the current and anticipated healthcare workforce in the East Midlands focussing on:

1) **Investing in building our capacity**
   a) Find the right balance between the Specialist and the Generalist Workforce
   b) Environment that enables staff to work across organisational boundaries
   c) A more responsive workforce
   d) The optimal skill mix to deliver best possible care for patients
   e) A workforce in the best location to deliver care
   f) Nurture and Value the future workforce

2) **Investing in building our capability**
   a) Foster creative ideas, ways of working and educational interventions to make the future better for patients
   b) Develop a more skilled and better utilised educator workforce which is a role model of excellence for students, trainees and preceptors
   c) Develop a workforce who can create therapeutic relationships to enhance health improvement
   d) Equip the workforce with the appropriate clinical leadership skills to deliver high quality services built around patients.
   e) Develop multi professional, multiagency team working to deliver better patient care
   f) Develop opportunities for career progression with consistent and well defined roles

3) **Investing in developing the best behaviours**
   a) Build an open, compassionate workforce in all organisations
   b) Ensure everyone is accountable for upholding the NHS Constitution
   c) Ensure lifelong learning is the norm

There are a number of themes arising from the HEEM workforce strategy which are consistent with the Trust vision to create a truly integrated trust where services are joined up to deliver new care pathways and a strategic approach to medical education which aims to foster educational innovation and to develop
outstanding medical practitioners through a commitment to achieving excellence in training. In particular the focus on ‘Making Innovation Everyone’s Business’ and Care Pathway Review approach is helpful in considering workforce transformation, skill-mix and innovative training opportunities for mental health, learning disabilities and long term conditions care. The HEEM postgraduate medical education and training recruitment plan will use a service-driven local medical workforce strategy to determine the numbers of CCT holders needed to train in each specialty to meet local healthcare demands of the future. HEEM will use a robust system to agree medical recruitment numbers each year, which involves triangulation of local intelligence, local and national workforce information, current activity and financial information, taking into account shortage specialities such as psychiatry.
### SWOT analysis – Medical Education at Leicestershire Partnership NHS Trust (April 2014)

#### Strengths:
- Enthusiastic Medical Education Management team with good skill mix
- Medical trainers and supervisors are skilled and experienced
- Academic staff with medical education research skills and track record in teaching excellence
- CEO and Chairman have extensive experience and understanding of Medical Education in East Midlands
- Focus on small number of medical specialties
- Medical staff are motivated and have innovative ideas for teaching
- Existing professional and clinical links with a diverse workforce in LPT provides a wide range of partnership learning opportunities

#### Weaknesses:
- Lack of information technology resource to support management of trainees
- Lack of dedicated information technology resource to support innovation in teaching through on-line technologies
- Distribution of PAs for teaching and supervision is not equitable or consistently job planned and monitored
- Consultants have reduced time to train, supervise and assess their trainees due to increased service commitments
- There are no incentives for rewarding good clinical teachers
- Variability in trainee learning experience
- Teaching and learning opportunities provided for trainees do not always mirror the settings in which patient care is delivered
- Using trainees to respond to service pressures for example: trainees having to fill rota gaps; an inappropriate balance between meeting the demands of the service and the need to learn (reflected in GMC trainee feedback surveys)
- No robust systems to monitor teaching quality in each placement apart from student and trainee feedback

#### Opportunities:
- Changes to tariff for PGME is favourable to LPT as higher proportion of core to higher trainees.
- Introduction of Broad Based training will attract high calibre applicants which LPT should seek to recruit and retain.
- Further development of interdisciplinary learning opportunities in community and inpatient settings with Pathways L & D Team
- Increase the academic profile of Medical Education in LPT through trainee opportunities for professional development in leadership, research and quality improvement
- Leicester Medical School curriculum review provides opportunities for innovation in undergraduate psychiatry core teaching

#### Threats:
- No dedicated estate for Education & Training Centre from June 2016
- SIFT funding for medical training is not clearly identified and protected in some areas
- National recruitment into psychiatry is falling
- Medical specialities in LPT face recruitment difficulties (Community Paediatrics, General Practice and some psychiatry specialties). We need to attract and retain high quality trainees within the LPT workforce
- Psychiatry Head of School and specialty psychiatry TPDs (CAHMS, ID) based in North perceived as a challenge to LPT’s influence in Medical Education & Training matters.
Vision for Medical Education:

Leicestershire Partnership NHS Trust will develop outstanding medical practitioners through its commitment to achieving excellence in education for all trainees and doctors throughout their medical career

Achieving the vision will require:

- Strong Trust and Board level leadership, engagement and support concerning medical education and training matters
- Effective communication between clinical services and Medical Education team
- Clear and documented processes for feedback from each Division on quality and accountability for medical education and training
- Collaborative working between undergraduate, postgraduate, academic trainers and educators in the Learning & Development team
- Development of interdisciplinary learning opportunities within integrated teams
- Funding for medical training to be clearly identified and protected
- Good IT infrastructure to support training and educational innovation
- Strong links with East Midlands Postgraduate Specialty School and with Health Education East Midlands

Key Risks:

- No dedicated estate for Education & Training Centre from June 2016
- SIFT funding for medical training is not clearly identified and protected across all services
- All medical specialities represented in the Trust face recruitment difficulties
- Trainees are being used to respond to service pressures with an inappropriate balance between meeting demands of the service and learning.
- Trainers have reduced time to train, supervise and assess their trainees due to increased service commitments
Overarching Objectives:

1. Provide an education & learning environment that supports safe patient care
   a. Ensure that all LPT named clinical and educational supervisors are appropriately trained
   b. Ensure all trainees are appropriately supported and supervised
   c. Ensure medical staff complete LPT mandatory training requirements
   d. Ensure all medical staff undertake Trust and Division/Service induction
   e. Maximise opportunities for trainees to participate in interdisciplinary learning and service improvement activities

2. Establish a reputation for excellent teaching and training in order to attract and retain high quality medical workforce
   a. Establish a permanent fit for purpose built education facility which allow medical staff to learn flexibly, supported by technology
   b. Ensure adequate resources for educational activity follow the trainees
   c. Ensure that medical teachers and trainers are trained, accountable, recognised and rewarded
   d. Improve engagement with medical trainees

3. Create an educational environment where innovation and research can flourish
   a. Support innovation in teaching through technology enhanced learning
   b. Provide undergraduate trainees with experience and opportunities in research and quality improvement
   c. Provide all medical staff including postgraduate trainees with learning opportunities in research and leadership

4. Ensure that systems are in place to demonstrate quality assurance of undergraduate and postgraduate medical education
   a. Establish an IT infrastructure to support quality management of medical education & training
   b. Implement Health Education East Midlands quality standards to measure the quality of training and education in the Trust
   c. Establish educational quality control and accountability in Divisions
   d. Identify key performance indicators for medical education and training
Delivering the Strategy:

1) **Provide an education & learning environment that supports safe patient care**

*To achieve this we will:*

a) **Ensure that all LPT Clinical and Educational Supervisors are appropriately trained**

New arrangements for the recognition of trainers in place from 2013–14 require LPT to identify and support senior medical colleagues, registered with a licence to practice, undertaking clinical and/or education supervision of undergraduate and/or postgraduate trainees in four medical trainer roles. All trainers in the four specific roles will need to be fully recognised by 31 July 2016. The Teaching and Training section of the SARD medical appraisal portfolio captures details of training undertaken relevant to educational and clinical supervision roles; can identify whether training is up to date and will allow professional development planning to address gaps. The SARD system will allow trust-wide mapping of educational roles and activity and assist in developing consistency in medical appraisal and job planning.

Educational roles will be further defined according to HEEM standards to support the accreditation of named clinical and educational supervisors and in ensuring LPT meets these standards.

**Measured by:**

- *Number (percentage) of LPT trainers recognised and approved by the GMC*
- *Number (percentage) of clinical and educational supervisors undergoing annual appraisal with evidence that their teaching and training roles are reviewed, supported and developed*
- *Number (percentage) of trainers with additional/lead trainer/education management responsibilities undergoing annual education focussed appraisal with Deanery/University/Associate Medical Director*

b) **Support trainers by ensuring that time for education and training is available in Consultant job plans**

Educational activity is recognised in LPT within 2.5 PA Supporting Professional Activity (SPA) for all consultants and includes 0.5PA for undergraduate teaching with additional time for teaching and externally funded roles recognised outside the SPA allocation.
Time for education and training roles need to be embedded within LPT job plans, and subject to annual job planning in accordance with Royal College Psychiatrists and national guidance as specified in Schedule F1 of the Learning Development Agreement with Health Education East Midlands.

Measured by:
- Number (percentage) of consultants with time identified for teaching within SPA allocation
- Number (percentage) of consultants with additional time for education and training
- Number (percentage) of consultants with externally funded education and training roles

c) Ensure all trainees are appropriately supported and supervised

Changes to working patterns of trainee doctors, including on call, clinical service pressures and staff shortages in the Trust have led to variability in trainee learning experience, inappropriate balance between meeting the demands of the service and the need to learn and reduced opportunities to receive mentoring and support. Trainee feedback from local and national surveys has highlighted concerns about support where there are reductions in senior medical staff due to recruitment difficulties or unplanned leave, and when participating in combined rotas out of hours. The Associate Medical Director and Postgraduate Lead for Medical Education have taken a proactive approach to identifying trainee issues and increasing trainee engagement in addressing identified problems through attendance at Core and Specialty trainee committees, ensuring trainees at all levels are represented at LPT Medical Education Committee meetings.

We will continue to work with Divisional Leads, TPDs, Educational Tutors and East Midlands Schools of Psychiatry and Paediatrics to address training issues relating to out of hours rotas, handover and access to senior clinical and educational support.

Measured by:
- All trainees have named clinical and educational supervisor
- All trainees have access to support from a more senior doctor both during normal working hours and out of hours.
- Foundation trainees have on-site support from a more senior doctor (CT or above)

d) Ensure all medical staff complete Trust mandatory training requirements

A framework of mandatory training for medical staff is defined in the Trust, focussing on clinically relevant topics in the workplace which are essential to ensuring patient safety. The mandatory training register for all medical staff including trainees is maintained and reported through the LPT Learning & Development systems assurance process, and reviewed at the Medical Education Committee to ensure that trainees complete mandatory training requirements. Where trainees rotate from other LEPs within the East Midlands South, the ESR system is used to identify mandatory training previously undertaken.
e) Ensure all medical staff undertake Trust and Division/Service induction

An induction register for all new medical staff including trainees is maintained and reported through the LPT Learning & Development systems assurance process, and reviewed at the Medical Education Committee to ensure that trainees complete Trust induction requirements for new staff. A local induction checklist is used to record the completion of Division/Service induction requirements.

Measured by:
- evidence of completion of induction for all medical staff including trainees
- assessment of quality of induction using trainee feedback and surveys

f) Maximise opportunities for trainees to participate in interdisciplinary learning and service improvement activities

The Trust, as a Community-facing integrated organisation, seeks to actively facilitate and promote learning between staff, working together in multidisciplinary teams. Strong links had already been established between the Medical Education and Learning and Development leadership and management teams in keeping with the Trust's intention to strengthen integration both within and between services.

A Quality Improvement Programme is already established within the Adult Mental Health Division and Divisional leads are interested in drawing Quality Improvement training into all Divisions to provide a cohesive approach. Innovative multi-professional quality improvement learning opportunities for medical undergraduates and nursing trainees will be piloted in MHSOP in summer 2014 supported by Leicester Medical School, the Open University and EMHIEC and is hoped that such learning opportunities could be extended to wider groups of staff including postgraduate medical trainees in future. There is a need to develop and deliver training that draws on learning from serious untoward incidents (SUI), including prescribing error, and complaints, where possible on a multi-professional basis and routinely invite trainees to be active participants.

Extend multi-professional quality improvement learning opportunities to wider groups of staff including postgraduate medical trainees

Expand multi-professional learning from serious untoward incidents (SUI), including prescribing error, and complaints, and routinely involve trainees

Measured by:
- evidence of learning from SUIs in trainee e-Portfolio and in exit report/form R return to HEEM
- evidence of trainee participation in interdisciplinary clinical skills training
- evidence of trainee participation in interdisciplinary case-based discussion concerning SUIs
2) Establish a reputation for excellent teaching and training in order to attract and retain high quality medical workforce

To achieve this we will:

a) Establish a permanent fit for purpose education facility which allows medical staff to learn flexibly, and where appropriate multi-professionally, enabled and supported by technology.

The Trust is required to maintain suitable premises facilities and infrastructure to deliver educational activities. The standards for these premises and facilities are identified within appropriate professional statutory regulatory body (PRSB) requirements including access to library facilities and appropriate information technology to support learning and trainee contribution to care delivery as specified in Schedule B of the Learning Development Agreement with Health Education East Midlands. The reputation of LPT as a major teaching trust, and its ability to attract and retain high calibre medical trainees relies on the provision of excellent facilities for delivery of education and training.

Education and training for all staff groups is currently provided in adapted aging premises with the addition of a newer Portacabin facility for undergraduate medical education in 2013, on land leased from UHL NHS Trust as an interim measure. The current facility has an 80-90% occupancy rate and is in high demand. While it is recognised at Board level that a replacement facility will be required from June 2016 as part of the land swap arrangement with UHL, and the Trust are considering this as part of its entire estates strategy to identify a solution, there is some urgency in formulating a clear plan which recognises the importance of facilities to support effective education and training for trainees and continuing professional development requirements for trained medical staff. The replacement facility will encompass medical education, with potential to include research, the Recovery College, and all Learning and Development training activities, including library and clinical skills facilities to support learning. A series of Listening in Action workshops have commenced to gain as wide a range of views as possible from medical staff and the wider organisation, prior to submission of an options document to LPT Board

Key individuals from the Medical Education team will provide advice and support to the Education Facility Project Management team in developing the specification for our multi-professional educational needs for the future.

Measured by:

- Education Facility Project Management team established and option appraisal completed by September 2014
- Specification for replacement education facility agreed and supported by Trust Board by April 2015
- Replacement education facility in place by June 2016
b) Ensure adequate resources for educational activity follow the trainee

The introduction of tariff-based system for education and training requires funding for undergraduate (SIFT) and postgraduate (MADEL) education to follow the student/trainee. The costs of delivering medical education activities in the Trust are wide ranging and include infrastructure, medical salaries, and costs of reduced patient care activity as a result of time required for training. Until the 2013-14 financial year SIFT and MADEL are absorbed into the overall Trust income and hence in Divisions baseline funding. It is vital that the Trust is able to demonstrate how funding for Medical Education is allocated.

We will more clearly identify how SIFT is allocated. The Associate Medical Director (Medical Education) is working with LPT learning & development and finance team to develop a system for apportioning funding for the full range of undergraduate education activity based on student week activity in Divisions.

We will protect key medical education roles including Undergraduate Education Leads, Coordinators and Practice Educators by clearly retaining a proportion of SIFT as essential educational infrastructure to ensure educational delivery and quality.

We will identify a proportion of SIFT to encourage educational innovation thorough a bidding model to support quality improvement initiatives and new developments in teaching and learning.

Measured by:

- Audit of undergraduate teaching activity delivered in Divisions/services using workbooks, activity diaries and student feedback

c) Ensure that medical teachers and trainers are trained, accountable, recognised and rewarded

We will develop clear and transparent criteria for rewarding teaching skills in the Trust through personal recognition, job planning adjustment where appropriate, study leave opportunities and through events which showcase medical education innovation and developments in the Trust.

Many clinicians working at LPT have an interest in medical education and are undertaking educational activities without formal recognition. A small number are studying for postgraduate education qualifications or achieving professional recognition of their educational achievements. We need to incentivise NHS clinical teachers and find new ways of rewarding excellence in teaching activities.
The Medical Education team has been restructured to address key priorities in education and training in the Trust. In addition to the Associate Medical Director who takes a strategic, leadership and external liaison role in Medical Education, a Postgraduate Medical Lead role has been created to provide operational support, and to ensure that trainers and trainees are fit for purpose within the organisation. These roles are supported by the appointment of the Medical Education Manager. The Trust, in partnership with Leicester Medical School has appointed undergraduate education leads to support the delivery of undergraduate education in mental health and community child health and has supported the alignment of undergraduate medical inter-professional learning opportunities within the Pathways to Learning and Education Team. There are three Core Educational Tutors who undertake educational supervision for a group of 8 core psychiatry trainees, and whose role is recognised through PA allocation in job plans. There is a need to extend this approach through the development of Specialty Educational Tutors who in addition to undertaking educational supervision for a group of trainees, can develop an educational portfolio by the development of an educational special interest or role relevant to the education and training priorities for the trust, acquire professional recognition according to Academy of Medical Educator Domain standards and through additional educational qualifications.

We will support trainer professional development through appointment of Core and Specialty Educational Tutors with "specialisms" in Medical Education.
We will create opportunities for clinical teachers and trainers to study for medical education qualifications
We will support consultants with externally funded education and training roles

Measured by:

- Evidence that there is a transparent process for recruitment and remuneration of trainers
- Evidence of clearly defined role descriptions for lead educational roles
- Number (percentage) of trainers studying for medical education qualifications
- Number (percentage) of trainers who have achieved Trust, and/or external recognition of their medical education activities
- Number (percentage) of lead educators achieving professional recognition through AoME

d) Improve engagement with medical trainees

Challenges in the recruitment of postgraduate trainees in Psychiatry and Community Paediatrics have led in certain circumstances, to an imbalance between service requirements and training needs, with a resultant loss of morale and engagement in learning, and in some cases lapses in professional performance. This is borne out by informal feedback from trainees, trainee surveys and increased rates of unplanned and sickness absences in the Trust, particularly when
working “out of hours” on call rotas. The following approach is planned to improve trainee engagement and enhance the reputation of the Trust as a supportive training environment as follows:

The Medical Education team will regularly attend seek feedback and take action on concerns raised at Core and Specialty trainee committees

Develop a suite of in-house communication skills training materials and train the trainer course

We will develop a Trust medical education newsletter to improve communication between the Medical Education team and trainees

There will be trainee representation at all levels at the Trust Medical Education Committee, School of Psychiatry Board and STCs

We will work with the specialty school to develop a ‘quality dashboard’ of medical training posts.

We will promote psychiatry education & training opportunities to undergraduate and postgraduate trainees through a web presence and the use of a VLE platform

We will support trainees in difficulty through a coordinated approach involving educational supervisors, TPDs, undergraduate leads supported by the Associate Medical Director and Postgraduate Lead for Medical Education

**Measured by:**

- **Number (percentage) trainees achieving competencies measured at ARCP**
- **Improved outcomes in local feedback and trainee surveys**
- **Increased involvement of trainees in Trust activities, committees and other initiatives such as School of Psychiatry Summer School**
3) Create an educational environment where innovation and research can flourish

To achieve this we will:

a) Support innovation in teaching through technology enhanced learning

We will use existing skills and experience developed by consultant colleagues in web conferencing, podcasts and use of mobile technologies to extend opportunities within the Trust for the delivery of medical education at multiple CMHT sites.

Technology enhanced learning will be made available more widely for professional learning and development across all staff groups and is also a key work stream in the Trust Approach to Learning and Development 2013/16.

We will encourage educator and trainee skill development in educational technologies through education and training in information technology within the Trust and in partnership with the University of Leicester Institute of learning Innovation

Measured by:

- Record of educational technologies developed and used for teaching and learning in Medical Education Annual report

b) Provide undergraduate trainees with experience and opportunities in research and quality improvement

Undergraduate students generally report a good learning experience in Psychiatry, Community Paediatrics, Care of the Elderly and Inter-Professional Education currently delivered in the Trust and leave with the necessary basic skills as defined in Tomorrow’s Doctors (2009). The Leicester Medical School curriculum review planned for 2015-16 academic year provides opportunities for re-focus and innovation in all aspects of undergraduate education delivered in the Trust. The focus will shift to community-facing learning modelled on integrated care pathways, delivered were appropriate as authentic apprenticeship opportunities. The Professor of Psychiatry Education has a strong academic background in undergraduate curriculum development and can provide guidance in curriculum re-design.
We will extend undergraduate apprenticeship placement opportunities, already offered in elderly care, as a model for future curriculum delivery in Psychiatry and Community Child Health.

We will increase opportunities for undergraduates to undertake quality improvement initiatives to provide students with PDSA skills which they can take into the workplace as a Foundation doctor to support high quality patient care.

In order to attract and develop the smaller number of students who are contemplating psychiatry as a career, we will increase the number of high quality psychiatry Special Study Component (SSC), taster and elective opportunities we offer for undergraduates, particularly in specialties where there is limited exposure during the core psychiatry module.

The Trust provides support to a successful annual East of England Psychiatry Summer School to encourage recruitment to career in psychiatry for medical students and Foundation trainees and this support should be continued.

For those students who are interested in pursuing an academic career, we will offer opportunities for participation in the academic work of LPT-based researchers through Leicester Medical School Intercalated BSc and the Leicester University Medical Research Society Link Initiative.

Measured by:

- Number of undergraduate students undertaking SSC in psychiatry
- Number of undergraduate students undertaking an iBSc in a psychiatry-related discipline or Community Health
- Record of Trust publications/presentations where undergraduate student is a named author
- Record of quality improvement programme (QIP) activities where undergraduate student is an active participant

c) Provide all medical staff including postgraduate trainees with learning opportunities in research and leadership

We will work in partnership with HEIs, the East Midlands Academic Science Network, and NIHR to promote training opportunities for all staff who wish to pursue an academic career include research, medical education and leadership/management streams with advice and support from the Trust Medical Director, Head of Research, the Foundation Advisor for the Royal College of Psychiatrists and Academic APD at HEEM through the following routes:
• East Midlands AFP programme
• East Midlands ACF programme
• East Midlands Clinical Teaching Fellowship programme
• LPT Leadership & Development Programme
• Medical staff and trainee involvement in quality improvement initiatives
• Develop a mentoring scheme for trainees wishing to pursue portfolio careers supported by senior clinical staff with expertise in research, education, leadership and management
• Opportunities for trainees to participate in collaborative research projects
• Opportunities for trainees to apply research of others through implementation of innovation in clinical practice

Measured by:

• Record of Trust publications/presentations where trainee is a named author
• Record of quality improvement programme (QIP) activities where undergraduate student is an active participant
• Evidence of participation in LPT Leadership & Development Programme
• Numbers of trainees holding an AFP, ACF post in the Trust
• Number of successful fellowship programmes undertaken in the Trust

4) **Ensure that systems are in place to demonstrate quality assurance of undergraduate and postgraduate medical education**

Robust educational governance requires effective communication between the Trust, the LETB and Medical School, and strong links between clinical service, medical education and training of the wider workforce.

*To achieve this we will:*

**a) Establish an IT infrastructure to support quality management of medical education & training**

The current systems for operational management of medical education activities are not well aligned and have limited reporting capability. A shared protected access allows key information and resources concerning medical education matters to be shared between the Medical Education and Pathways to Learning and Development teams.
b) **Use Health Education East Midlands Quality Standards to measure the quality of training and education in the Trust**

Health Education England (HEE) and General Medical Council (GMC) through its Quality Improvement Framework, set educational quality standards against which the LETB is accountable for quality assurance. This quality assurance is discharged using different mechanisms through the Trust as an Education Provider who has a delegated responsibility to ensure quality requirements referred to within the LDA Schedules are met through robust and effective quality control processes and procedures. Key quality indicators for the delivery of medical education are defined as domain standards laid down by the GMC, in its documents ‘Tomorrow’s Doctors’ (2009) and ‘The Trainee Doctor’ (2011). Health Education East Midlands (HEEM) launched their new approach to Quality Management Visits for 2014. The visits will be multi-professional, rather than focussed solely on medical education. The design of the visits will be informed by a variety of intelligence collated by HEEM, one of which is a self-assessment collated by the organisation against a set of standards developed to allow organisations to self-assess against all educational activity in nine domains (with 104 separate standards contained within them) as follows:

1. Patient Safety
2. Quality management, review and evaluation
3. Equality, diversity and opportunity
4. Recruitment, selection and appointment
5. Delivery of approved curriculum including assessment
6. Support and delivery of learners, mentors and trainers
7. Management and governance of training
8. Educational resources and capacity
9. Outcomes including innovation

We will use the HEEM Quality Standards Scorecard to measure the quality of training and education in the Trust on a quarterly basis.
c) Establish educational quality control and accountability in LPT Divisions

Funding to deliver medical education will in future be more clearly defined in Divisional budgets, and apportioned according to educational activity undertaken. We then need to ensure that these funds are used appropriately in for the provision of high quality Education & Training in line with HEEM LDA and Leicester Medical School EPPA requirements while continuing to deliver safe effective care for patients.

To achieve this we will:

Develop a Divisional Education Governance lead role responsible for education quality control within existing Divisional Governance framework

Use selected performance indicators defined in Schedule LDA F1: Practice Learning Provision for the Training and Education of Postgraduate Medical & Dental Professionals and F2: Practice Learning Provision for the Training and Education of undergraduate Medical & Dental Professionals to satisfy the requirements of the LDA and EPPA

d) Identify key performance indicators for medical education and training in the Trust

In addition to meeting the education governance requirements of the HEEM LDA and Leicester Medical School EPPA we will use a range of other key performance indicators which demonstrate the Trust’s commitment to attract, retain and develop the medical workforce as follows:

- Proportion of Leicester undergraduates choosing psychiatry at CT1
- Student and Trainee experience
- MRCPsych and CASC pass rates
- ARCP outcome data
- Patient experience of trainee interactions (Friends and Family test)
References:


Foundation for Excellence - An Evaluation of the Foundation Programme. Professor John Collins October 2010


The State of Medical Education and Practice in the UK GMC 2013


