

Borders NHS Board



Meeting Date: 7 March 2019

Approved by:	Cliff Sharp, Medical Director
Author:	Jane Montgomery, Director of Medical Education
MEDICAL EDUCATION ANNUAL REPORT TO BORDERS HEALTH BOARD - 2018	
Purpose of Report:	
The purpose of this report is to update the Health Board on the progress that has been made in education provision and the challenges that remain.	
Recommendations:	
The Board is asked to note the responsibility to ensure that good medical education is offered in NHS Borders, with a requirement for appropriate investment in training facilities, suitable accommodation, equipment and job-planned time for staff to deliver teaching.	
Approval Pathways:	
This report has been reviewed by the Clinical Governance Committee.	
Executive Summary:	
Medical Education is future patient safety and an essential component in increasing the likelihood of recruiting trainee doctors to permanent senior posts in the future. NHS Borders is a Local Education Provider for both Edinburgh Medical School undergraduate medical students and the South East Region of NHS Education for Scotland (NES) specialty programmes for postgraduate medical training. It should be noted that there is funding specifically attached to undergraduate teaching and that the specialty trainees are funded by NHS Education for Scotland, who have specific expectations with regard to both the quantum and quality of the training offered by any provider. Training specifications and standards, as required by the General Medical Council, are constantly evolving and NHS Borders struggles at times to meet these demands.	
Impact of item/issues on:	
Strategic Context	NHS Borders is a Local Education Provider for both Edinburgh Medical School undergraduate medical students and the South East Region of NHS Education for Scotland (NES) specialty programmes for postgraduate medical training.
Patient Safety/Clinical Impact	As identified within the report.
Staffing/Workforce	As identified within the report.
Finance/Resources	As identified within the report.
Risk Implications	As identified within the report.

Equality and Diversity	Compliant
Consultation	Clinical Governance Committee
Glossary	NES – NHS Education Scotland GMC – General Medical Council O&G – Obstetrics & Gynaecology GP – General Practitioner GPST – General Practitioner Specialty Training IV - Intravenous IT – Information Technology FY1 – Foundation Year 1

National Feedback

NHS Borders has received good practice recognition by the NES Quality Management Group following their discussion of the outcomes of the Student feedback survey, the GMC National Training Survey and the Scottish Training Survey.:

- 1) Psychiatry – undergraduate, core psychiatry, GP and foundation training.
- 2) Paediatrics – specialty training.
- 3) Obstetrics and Gynaecology – undergraduate, specialty and foundation training.
- 4) General Surgery – undergraduate and foundation training.
- 5) Anaesthetics – foundation training.

NES Quality Management Group visit to Obstetrics & Gynaecology (O&G) and Paediatrics

The feedback from this visit, whilst mainly positive, criticised the training of GP trainees in Gynaecology. Gynaecology has little need for elective inpatient beds as many procedures are now performed as day cases and any elective bed requirement is now part of the new theatre management system where all surgical specialty elective patients are co-located. This results in the gynaecology ward being utilised for medical boarders which the GP trainees in O&G were expected to look after at the expense of O&G training. This was found to be less than ideal. The result is that a combined surgical and gynaecology assessment unit has been set up and the medical boarders in what was the gynaecology ward are looked after by doctors from the medical specialties.

NES Quality Management Group visit to Medicine

The visit acknowledged maintenance of the good practice initiated after the last quality visit in 2015. However, there were still areas of concern

- Poor GPST engagement with teaching
- Ward continuity
- Routine tasks at weekends such as phlebotomy, IV cannulae found to be overwhelming
- Lack of shared learning from adverse incidents

Common themes which require to be addressed include:

- **Rotas:** The number of trainees on each tier of the rota is at the lower end of numbers required to produce a compliant rota; sick leave, maternity leave, and

unfilled training posts exacerbate this situation. Support for these rotas and general work patterns can be provided by other Allied Health Professionals.

Advanced Nurse Practitioners continue to be trained however all Allied Health Professions are challenged by an insufficient number of qualified individuals. There is a particular issue with nursing staff due to the age profile in the profession. The Regional Workforce Group is about to pilot the training and employment of Physician Assistants in which NHS Borders has expressed an interest. Physicians Assistants are a new Health Profession recruited from science graduates. Aberdeen University provides a 2 year training programme. Graduates have proved to enhance the workforce in NHS Grampian and Tayside. NHS Borders has expressed an interest in being part of the pilot programme in SE Scotland.

- **Teaching:** Despite a willingness to teach, the medical specialties in particular are struggling with capacity and clinical pressures at consultant level. These have been exacerbated by the departure of Clinical Development Fellows before the end of their contract. The ability of trainees to leave the ward for bleep free teaching is not always possible. This compromises the training as there is a target to be met for the number of teaching sessions attended.
- **General Practice Trainees in hospital posts:** General Practice training requires the doctor in training to spend significant time in outpatient clinics to learn the management of chronic disease rather than performing routine tasks on the wards. This is difficult to deliver but the units involved are increasing their efforts to comply with this requirement.
- **IT availability:** of both computers and software. The FY1 feedback from the August to November cohort criticised the number of computers available on the wards. Much of their workload has to be completed on-line and a lack of computers leads to unnecessary delays in patient care and frustration.
- **Quality of Accommodation:** this is deemed poor both in relation to ward office space and overnight accommodation.
- **Simulation:** There is an increasing requirement for simulation training within the developing curricula. NHS Borders Medical Education has invested in equipment and has members of staff keen to deliver this type of teaching and are doing so despite significant problems. There have been delays in the establishment of a simulation suite and safe storage of equipment which makes accountability for the use of an expensive resource more difficult. Phase One of the Simulation Suite should commence in quarter 1 of 2019/20.

New initiatives

Junior medical staff are now employed by NHS Lothian or NES, NHS Borders is considered a placement board

Staff wellbeing is now a concern across all staff groups and in this context the General Medical Council expect efforts to be made to improve the wellbeing of junior medical staff (and also senior medical staff). NHS Borders has introduced some initiatives to improve wellbeing but there is also a perceived detraction with the reduction in the subsidy for on-site accommodation for the FY1 doctors. Providing accommodation is not mandatory but

given the difficulties in travelling to the BGH by public transport, this may warrant a review. In the past, free or subsidised accommodation for trainees was seen as a significant attraction to working in the Borders, though NHS Dumfries and Galloway is the only remaining national Board which does not charge for accommodation.

January 2019