

People Committee Item 5.3

Subject: DME Board Update
Date of Meeting: Tuesday 24th September
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Mr Manoj Kuduvalli, Medical Director
Presented by: Mr Manoj Kuduvalli, Medical Director

BAF Ref	Impact on BAF
1	Assurance on the training of junior doctors through the national GMC trainee survey
6	Assurance on the experience of Trust employed doctors via locally administered survey

1. Executive Summary

LHCH is committed to providing high quality medical education at all stages of training, undergraduate through to post-graduate and subspecialty. For doctors in training the GMC National Training Survey provides detailed feedback of training experience in each specialty and is examined alongside our own internal feedback received via the LHCH Local Training Survey. The results of the 2024 GMC National Training Survey and the July 2024 LHCH Local Training Survey are presented.

2. Background

The GMC carry out a survey of the experience of trainees and trainers on a yearly basis in order to monitor the quality of postgraduate medical training in the UK. The 2024 GMC National Training Survey ran for a period of 8 weeks from March to May 2024. 90.2% of eligible doctors in training at LHCH completed the survey for trainees, along with 65.9% of LHCH Consultants registered with the GMC as an Educational Supervisor who completed the trainer survey. Results are provided for both groups for LHCH as a whole Trust, and according to the individual specialty. Results have been released and a visual representation is included in the accompanying slides, along with the results of previous years for comparison and a description of the key findings for each specialty. Training leads within each specialty have been able to review the results returned by their trainee group and their feedback and associated action plans are presented.

The GMC survey is only sent to doctors within a Deanery training post, and therefore is not sent to Trust employed medical staff. As a result we perform our own local LHCH Training Survey, inviting feedback from all non-consultant grade clinicians and allowing a wider pool of clinicians to provide feedback with a greater frequency. While awaiting the results of the 2023 GMC survey, a further local survey was also disseminated to all non-consultant medical staff in July 2023. Key findings from the results of this are also presented.

3. 2024 GMC National Training Survey – Responses and Action Plans by Specialty

Clinical Radiology

Results of the 2024 survey are excellent, demonstrating how invested the department have been in improving upon the feedback received in 2023. Previous feedback, whilst potentially skewed by a small number of respondents, did suggest some areas of the induction process and training experience that could be improved, and the actions suggested at the time were completed. LHCH is now a positive outlier within the domains of Overall Satisfaction, Supportive Environment, Induction and Local Teaching.

Local teaching has received considerable support from across the department with a weekly program of teaching sessions aligned to the RCR Curriculum. Feedback is sought on the quality of the sessions, attendance certificates are issued, and sessions are also recorded to allow those unable to attend to catch-up at a convenient time. Regional teaching is the only area of concern, and whilst ability to influence this is outside of the remit of LHCH, the department are hoping to support this as described below.

Survey responses have been reviewed in detail by the current Specialty Tutor, Dr Kuruvilla. Whilst there are a number of areas where the department are positive outliers, they continue to strive to improve the training experience further. Actions below are linked to proposed improvements in Clinical Supervision and Educational Governance that have been recognised and actioned.

Future challenges within radiology include the expected request to increase the number of radiology trainees at LHCH from 4 to 5 from 2025. This will require additional investment both from a salary perspective but also to ensure adequate facilities for the number of trainees and sufficient educational supervisor and supervisory time within job plans. The department hope to be able to support this expansion.

Action	Responsibility/ Timeframe	Progress (RAG)
Clinical Supervision – details of consultant rota shared with trainees to improve ease of access to Supervising Consultant during clinical sessions. Supervising Consultant also added to the scanning session on the trainee rota.	Specialty Tutor	Complete
Educational Governance – improved awareness of routes for highlighting concerns or seeking support via Specialty Tutor, Educational Supervisor or Trainee Link. Trainees made aware of the route to raise concerns and new Trainee Links recruited and invited to Trust Education Team meetings	Specialty Tutor	Complete
Regional Teaching – LHCH offer to NWSOR to provide weekly cardiothoracic imaging teaching to all trainees within the deanery	Specialty Tutor, potentially in place by August 2025	Awaiting response to offer from NWSOR

Intensive Care Medicine

The results for Intensive Care Medicine are returned for the Post Specialty only, as the number employed on a specific Intensive Care Medicine training program were below the minimum number required to give a result. Doctors included in the Post Specialty results therefore combine responses from those undertaking specialty training to become Intensive Care physicians and Internal Medicine trainees undertaking 3-month placements as part of their training programs. The 2024 survey highlights several areas requiring renewed focus when compared to the results of previous years, particularly Clinical Supervision Out of Hours, Induction and Feedback.

When working out of normal working hours, 78% felt the quality of supervision was good or very good, and 100% stated that they were never supervised by someone they felt was not competent to do so. Aggregate scores were likely significantly impacted by the requirement for trainees to work outside of their usual area of competence and experience, particularly when for doctors that have not worked in the Intensive Care setting previously.

As two training groups make up the results, actions in response to the survey have been provided by the Faculty Lead for Intensive Care Medicine and the IMT Lead for ICM.

Action	Responsibility/ Timeframe	Progress (RAG)
Development of specific induction information for trainees in ICM and IMT-ICU for inclusion within departmental induction	Faculty Lead ICM and IMT Lead for ICU, August 24	Complete
Ratification and dissemination of escalation policy for patients within critical care	Clinical Lead ICU, ? Sept 24	In progress, awaiting ratification across divisions
Collection of formal feedback from across consultant body for trainees in ICM and IMT during ICU placement	Faculty Lead ICM and IMT Lead for ICM, Nov 24	

Cardiothoracic Surgery

Results for cardiothoracic surgery can be viewed according to the Post Specialty (includes junior surgical trainees in core surgical training posts undertaking placements within cardiothoracic surgery alongside more senior cardiothoracic surgical trainees) and Programme Group (senior doctors on cardiothoracic surgical training programmes).

Clinical Supervision, Feedback and Rota Design are highlighted as positive outliers for the broader Post Specialty Group, with only Local Teaching highlighted as an area requiring attention. Results for the more senior Programme Group feedback showed a reduction in scores in some areas compared to last year, but there is still overall a trend of improvement being built upon since the scores of 2021 and 2022. There is a palpable increase in the enthusiasm for teaching across the division, giving a strong foundation for the educational future of this group.

Clinical Supervision Out of Hours, whilst improving in score from previous years, is now a negative outlier. A review of the responses used to formulate this aggregate score highlight that 100% of trainees reported that they are never supervised by someone they feel is not competent to do so and 100% of trainees state that they are never required to take consent for procedures they do not understand. The score is reduced by the requirement for trainees to cope with problems outside of their competence and experience and an overall score of the quality of the supervision they receive.

Local teaching is highlighted negatively in both the Post Specialty and Programme Group responses. Since the survey took place there has been a change in the educational leadership team within surgery, and with this a new weekly local teaching program has been developed. The same team also arranged a one day wet-lab course on aortic valve pathology and surgery, open to trainees nationally that was very well received and supports the regional teaching agenda.

Action	Responsibility/ Timeframe	Progress (RAG)
Continue to develop teaching profile including regional/national candidates – future one-day wet-lab courses showcasing the training and opportunities at LHCH proposed in aortic, mitral and thoracic surgery are proposed	Faculty Lead Surgery – next course November 24	

Ensure ongoing support for local teaching program from consultant body with development of clear teaching calendar disseminated to trainers to ensure consistency within the program	Faculty Lead Surgery and RCS Tutor – ongoing, review progress ahead of next People Committee	
Regular meetings with and mentoring of locally employed doctors to ensure adequate support to achieve training targets	Faculty Lead Surgery and RCS Tutor – ongoing, review progress ahead of next People Committee	

Cardiology

Results are again presented for Post Specialty and Programme Group, reflecting slightly different groups of respondents, Post Specialty including more junior members of the Team from General Practice or Internal Medicine backgrounds, and Programme Group focussing on senior trainees in cardiology. Overall, the results were reassuring and reflect how LHCH is viewed positively among trainees in cardiology, due to the ability to focus on the specialty during their time at the Trust. Teamwork rates highly across both surveyed groups.

Future challenges within cardiology will likely centre around the changing curriculum, requiring senior trainees to also undertake General Internal Medicine training in their final year before CCT. How this will impact trainees in the North West and the trainees rotating through LHCH is currently unclear.

Respiratory Medicine

Results continue to be of a very high standard and many aspects retain the same high scores of previous years. Of note, the previous challenges regarding local teaching have improved significantly, having been an area of concern for the preceding 2 years. Challenges around the small number of trainees and accommodating regular meaningful sessions have been overcome by providing trainees with a summary of teaching opportunities they can access with different consultants and a program of Community Respiratory teaching.

Internal Medicine

LHCH receives Internal Medicine Trainees for attachments within Cardiology, Respiratory Medicine and Intensive Care Medicine, and so responses are returned for this combined Programme Group. Overall results continue to be very positive with several positive and strongly positive outliers, particularly in Workload, Supportive Environment and Rota Design.

A reduction in scores relating to Local Teaching is noted and likely reflects a period of unanticipated trainer leave at the time of the survey, impacting what is usually a very well organised programme of sessions attracting positive feedback. We anticipate that scores in this area will return to their previously high level at the time of the next survey.

Action	Responsibility/ Timeframe	Progress (RAG)
Review progress of IMT teaching program	RCP Tutor, Oct 24	

Anaesthesia

Responses received for anaesthesia continue to be reassuring, with all sitting within the national average range. A review of individual responses to questions is reassuring, with all respondents stating that the attachment provides sufficient experience for their stage of training, that the practical experience they gain is either good or very good, that the quality of educational supervision is good or very good and that the post will be useful to their future career. For the majority of trainees joining at an intermediate stage of training this is a challenging placement due to the specialty nature of the surgery and procedures undertaken here and the busy out of hours component to their work.

Responses to the local survey were very positive, particularly regarding induction, educational support and provision of training opportunities. The requirement to cover the intensive care unit during on call sessions is less well received given the recently reviewed curriculum focusses on training in cardiothoracic anaesthesia only and not critical care.

Action	Responsibility/ Timeframe	Progress (RAG)
Ratification and dissemination of escalation policy for patients within critical care	Clinical Lead ICU, ? Sept 24	In progress, awaiting ratification across divisions
Requirement to improve the provision of informal feedback – dissemination of results of survey. Reviewing options with current cohort and gathering information on approaches used in other Trusts	RCoA College Tutor, Nov 24	

4. 2024 GMC Trainer Survey Feedback

Alongside the GMC National Training Survey, registered trainers with the GMC were also invited to provide feedback via the National Trainer Survey. The 2024 survey was completed by 65.9% of consultant staff recognised as trainers with the GMC, a slight improvement compared to 59% in 2023. Results for LHCH are positive overall and can also be viewed according to specialty.

5. Improving the Working Lives of DiT – LHCH Response

On 25th April NHSE issued a series of actions to improve the working lives and learning experience of doctors in training (DiT) in line with NHS Long Term Workforce Plan. Whilst some actions were being undertaken at a national level many were to be addressed at Trust level. Locally required actions included those to address rota management and flexibility, an improved

and streamlined approach to HR support, protecting training time and improving on-boarding processes at the start of rotations, reviewing the results of national surveys such as the GMC survey within Trust Boards and steps to implement the 5-point GMC Wellbeing Guidance.

There is currently a compliant approach to the issuing of work schedules and rotas to individual doctors. We are working to improve rota management by exploring how technology can support our medical staffing teams. A Rota Working Group has been formed to review the options and identify possible solutions for use at LHCH.

Within this region all DiT are employed and paid via Lead Employer, reducing the risk of erroneous taxation and other issues with pay. Work schedules reflecting the work undertaken by DiT are provided to Lead Employer in advance of the deadlines. The induction process is reviewed prior to the onboarding of each new group of trainees to avoid duplication and has been streamlined significantly. Feedback from the recent GMC survey was reassuring with 89% of trainees agreeing that they had sufficient protected time to complete mandatory training within the induction period. We continue to engage with a Lead Employer led initiative to review mandatory training for DiT and to agree core requirements that can then be carried and recognized between regional Trusts, reducing duplication further.

DiT continue to receive prioritised access to parking after an initial period of registration when they join the Trust, during which time they can claim back fees. There are several rest areas across the Trust and a new Rest Policy ensuring provision of an area for rest should colleagues be too tired to drive home safely at the end of their shift. There are several other activities across the Trust supporting the wellbeing of all LHCH staff and rotating medical staff are encouraged to access the services while they are undertaking placements with us.

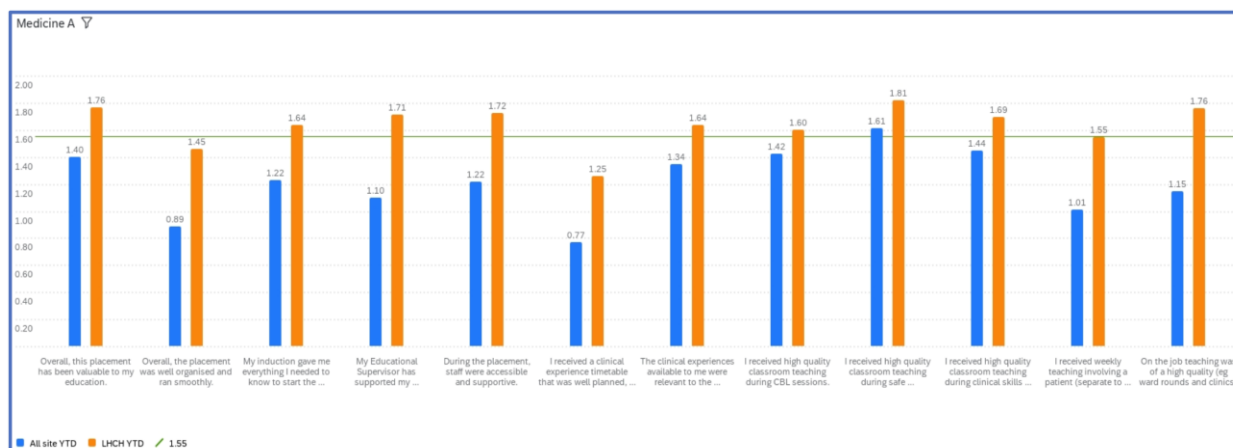
The BMA has published the following 5 priorities for improving wellbeing within the workplace:

1. On call dedicated parking spaces
2. Self-directed learning time commensurate to the training needs of each individual
3. The right to work from home to undertake portfolio and self-directed learning
4. Mess, rest facilities and lockers included in all hospitals
5. Access to an out of hours menu 24/7 that includes a hot meal and cold snacks for staff

Currently there is no dedicated parking area for the on-call team but there are several well-lit parking locations close to the Trust building that can be accessed by staff when working out of hours. Self-directed learning time is made available as a curriculum requirement for trainee groups across the Trust and is managed by individual specialty tutors. Mess facilities and dedicated rest areas exist across the Trust and trainees are signposted to them at the beginning of their rotation. Access to hot food out of hours has significantly improved in recent weeks with the ability to order food via an app for collection 24/7.

6. University of Liverpool Feedback

LHCH provides training placements to 8 rotations of 8-10 medical students in their third year during each academic year, in addition to a number of fifth year students during specialty SAMP placements across the latter part of the academic year. The End of Year Summary Report from University of Liverpool demonstrates the dedication and hard work of the education team in supporting undergraduate education. In all domains, LHCH exceeds the average placement feedback from all other providers, although we continue to reflect on feedback and develop the program for future rotations of student doctors.



Dr Kamlesh Mohan has recently been appointed to the role of Undergraduate Medical Lead. He is taking over the role from Mr Andrew Muir who has been an excellent source of support to medical students and the education team during his time as Undergraduate Medical Lead and we would like to highlight the significant contribution he has made to the role in recent years.

7. Conclusion

The results of the 2024 GMC National Training Survey and the LHCH Local Training survey are largely encouraging regarding the current position of postgraduate training at LHCH. Responses have allowed teams to develop action plans to take forward over the coming months and progress against them will be reviewed regularly and tested with an ongoing program of internal surveys.

8. Recommendations

The Board is asked to note the report and the planned actions to support under and postgraduate training at LHCH.