

# Medical Education Department Plan 2019 - 2024

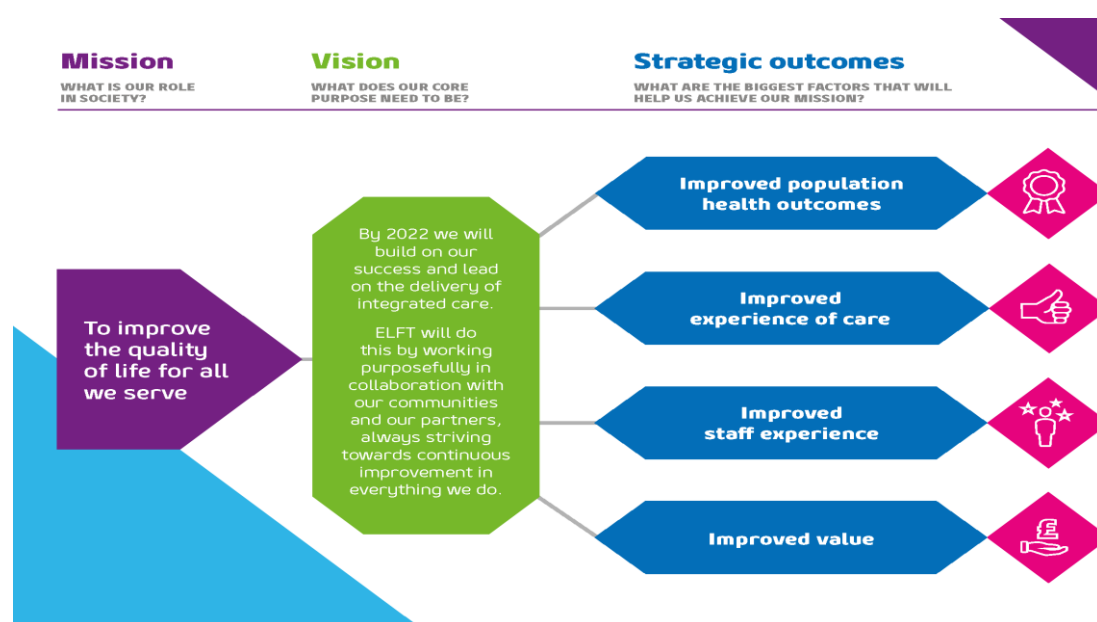


**Medical  
Education**



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## Introduction

### Background

Over the course of the last five years, East London NHS Foundation Trust (ELFT) consolidated its commitment to a clinical leadership approach for all its strategic and operational management systems. Medical Education plays a pivotal role in further developing and sustaining this perspective.

In doing so, a radical renewal of teaching and training processes is required, crucially involving the service user perspective in multi-professional learning sets and integration of new technologies in order to prepare the medical workforce for a radical shift of practice that relies in great parts on artificial intelligence. The main objective is to deliver personalised health care (so called 'precision medicine') across population health footprints rather than within narrow frameworks of specialist services.

New and or advanced skill sets are required to deliver these changes, including a profound ability to utilise self-experiences, emotional intelligence and relational competencies in social networks for decision making as well as a high degree of flexibility and collaboration. Essentially, a cultural shift from expert driven to user guided care planning is going to redefine the notion of clinical leadership.

### Overview

This Education Plan sets out how ELFT will provide excellent and innovative medical education to support patient care and safety, to enhance service user and staff experience and to achieve outcomes defined within ELFTs overarching strategy. We aim to be ambitious in setting our plan and corresponding aspirational objectives, but will set realistic goals for achievement. This document will detail the main functions and objectives for the next 5 years.

Previously, ELFT embarked on a continuing mission of providing the highest quality mental health and community care in England. The Trust has been underpinning this mission by a systematic Quality Improvement Programme to transform the culture of the Trust to one of continuous improvement, delivered through participation of all staff and with service users, carers and families and a wide range of stakeholders.

We have developed strong relationships with a number of universities in relation to the provision of education. Our relationship with Queen Mary, University of London provides a unique platform with far reaching opportunities for education and training developments for both staff and students. ELFT is also part of the UCL Partners Academic Health Sciences Network (AHSN), which includes 40 organisations across the NHS, higher education and local authorities in North East and North Central London, South and West Hertfordshire, South Bedfordshire and South West and Mid-Essex. AHSNs are a unique opportunity to align education, clinical research, informatics, innovation, training and education and healthcare delivery.

The purpose of this plan is to thrive towards becoming a lead provider of medical education and to deliver high quality teaching and training schemes that are reflective of advances in evidence base medicine. Patients and their carers as well as the communities we serve are at the heart of everything this plan aims for, being responsive to changes in demographics, health and disease profiles, resources and the wider political landscape.

### Development

This plan has been developed in collaboration with Barts and The London School of Medicine and Dentistry (Queen Mary University of London) and with the wider medical education faculty as part of the review of the overall Trust strategy. The plan will be a live document and circulated to service users for comments and suggestion through ELFTs people participation leads.

## Implementation

The medical education plan will be implemented by the Medical Director of Research, Innovation and Medical Education with support from the Medical Education Manager and the Medical Education Administration team along with the wider faculty of medical staff with specific educational lead roles. Monitoring of our objectives will be overseen via the Undergraduate and Postgraduate medical education committees, which are accountable to the Trust Board.

This plan sets out the changes required to deliver high quality medical education and training over the timeframe set out. We want to ensure that we provide innovative training opportunities to meet the changing requirements of our current workforce and to support us to attract the highest calibre of staff.

## About ELFT

ELFT Provides a wide range of community and inpatient health and social care services to children, young people, adults of working age, older adults and forensic services to the City of London, Hackney, Newham, Tower Hamlets, Bedfordshire and Luton. We provide psychological therapy services to the London Borough of Richmond, Children and Young People's Speech and Language Therapy in Barnet and specialist addiction services in Redbridge. In addition, the Trust provides Forensic mental health services to the London Boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest, and some specialist mental health services to North London, Hertfordshire and Essex.

The Trust provides community health services in East London (Newham and Tower Hamlets), as well as in Bedfordshire (e.g. diabetes care, end of life care, wheelchair services, physiotherapy, occupational therapy and district nursing).

In September 2016, the Trust was rated as 'Outstanding' by the Care Quality Commission and in November 2016 we received the Health Service Journal's Provider Trust of the Year Award. The Trust was once again rated at 'Outstanding' by the CQC in June 2018. Quality of care is ELFT's top priority. It is at the forefront of all that we do and is firmly embodied in ELFT's mission to provide the highest quality mental health and community care in England by 2020. ELFT identified four main strategic outcomes to improve; those are referred to under "objectives" on page 7 and 9 of the document:

- Population health outcomes (1)
- The experience of care (2)
- Staff experience (3)
- Value (productivity) (4)

## About ELFT Medical Education

ELFT is a major educational provider for the undergraduate and postgraduate medical education for psychiatry in the North and East London region.

The Trust employs over 400 medical staff including consultants, specialty and associate specialist (SAS) doctors and doctors in postgraduate training. We also provide clinical placements to 400-500 medical students every year. Plans to expand the undergraduate teaching in collaboration with internationally operating medical schools are under way.

Doctors in postgraduate training at ELFT are attached to Health Education England North Central and East London and Health Education East of England. The training programmes include core and specialty psychiatry training, GP specialty and Foundation training programmes.

ELFT employs GPs within the GP practices that it runs and in clinical or managerial and leadership roles within community services. Currently this number is about 14 but this is set to grow. Additionally we work in partnership with the GPs in East London and Bedfordshire.

We recognise that many general practices in these areas are struggling to recruit enough GPs and that many GPs are choosing a portfolio career combining conventional GP surgery work with service development and clinical leadership. ELFT is in an ideal position to offer GP posts which offer this combination of work.

The Medical Education department currently supports medical students from Barts and The London School of Medicine and Dentistry (Queen Mary University of London) and Cambridge University.

## Our main functions

1. Providing education and training for the undergraduate medical students
2. Ensuring high quality of education and training for the postgraduate trainee
3. Delivering high quality MRCPsych programmes for core trainees
4. Providing an environment for education and training
5. Delivering and Improving the infrastructure to support education and training
6. Developing the faculty and trainers to support education and training
7. Dynamic introduction of innovative teaching schemes in response to changes in evidence based training and service delivery characteristics
8. Contributing to overall medical workforce development

Medical Education structure is included in [appendix 1](#)

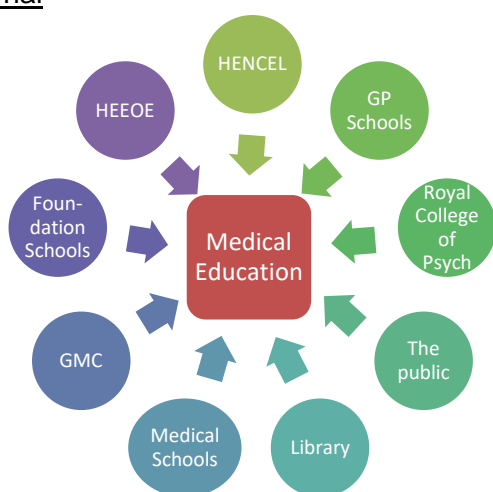
## External and Internal Influences / Drivers

The main external stakeholders that currently influence ELFT Medical Education are illustrated in the figure below. Due to the geographical areas ELFT covers, we have relations with two Health Education bodies - Health Education North Central and East London (HENCEL) and Health Education East of England (HEEOE).

National key drivers to enhance the quality of medical education in ELFT are taken from both HEE bodies as well as GMC documents: Promoting excellence: standards for medical education and training (Jan 2016) and "The state of medical education and practice in the UK 2017"; see also:

- HEE - Enhancing Junior Doctors' Working Lives
- The King's Fund - Five ways to improve junior doctor morale

### External



### Internal



The above shows important stakeholders that have an impact on the direction of medical education in the Trust. It is important to be aware of and engage with all our stakeholders in order to meet competing demands and provide a service that exceeds expectations for each group as we strive for excellence in education. We will be working hand in hand with the teams listed above to deliver the 5 year plan in line with our department objectives listed later in this document.

## SWOT Analysis

The table below shows what the medical education faculty identified as our strengths, weaknesses, opportunities and threats; this was compiled following the faculty away day in November 2018. It is important to acknowledge our status in order to determine areas for improvement and development.

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Established medical education faculty and team</li> <li>• Leadership training</li> <li>• Academic partnerships (Barts and The London School of Medicine and Dentistry / QMUL; City, University of London)</li> <li>• Career opportunities</li> <li>• Strong public engagement / service user involvement</li> <li>• Quality Improvement Programme – promoting a culture of continuous improvement</li> <li>• Growth of the Trust/business development</li> <li>• Links to Royal College of Psychiatrists</li> <li>• Inter-professional training development</li> <li>• ELFTs reputation for Global Health support</li> <li>• Established MRCPsych, medical student, speciality scheme specific teaching programmes</li> <li>• Service engagement</li> <li>• Team building</li> </ul>	<ul style="list-style-type: none"> <li>• Educational funding limited</li> <li>• Protecting time for teaching/learning</li> <li>• Staff vacancies</li> <li>• External perceptions of training and workloads</li> <li>• Large geographical are/ different deaneries and medical schools:- differing structures and focus resulting in silo working</li> <li>• Financial constraints spread out over different locations – lacking cohesion</li> <li>• Lack of Simulation training and suite</li> <li>• Variation across localities</li> <li>• Conflicting priorities with different staff groups and levels within these</li> <li>• Trainee engagement</li> <li>• Technology</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Educational innovation including Simulation training</li> <li>• Links to Global Health work streams</li> <li>• Collaboration with new Population Health Institute and Life Sciences initiative at QMUL</li> <li>• A-Level med student placements</li> <li>• Expanding organisation = more training opportunities</li> <li>• Social media / IT technology / website</li> <li>• Increased number of Med students</li> <li>• Greater links with neighbouring Trusts</li> <li>• External collaborations NELFT, UCLP, RCPsych</li> <li>• Cross pollination and learning from different deaneries and medical schools</li> </ul>	<ul style="list-style-type: none"> <li>• A shifting political landscape</li> <li>• Trainee recruitment</li> <li>• Medical (and other staff) recruitment</li> <li>• External regulatory changes</li> <li>• Lead Provider/Deanery review</li> <li>• Funding</li> <li>• Erosion of protected teaching/learning time through clinical pressures</li> <li>• Status of teaching/ medical education</li> <li>• High Staff turnover</li> <li>• Decreasing numbers of Clinical Supervisors</li> <li>• Reduced trainee numbers and cohort attrition across London</li> <li>• Status of teaching and medical education in the Trust</li> </ul>



## Number of Students and Doctors in ELFT

Medical Education provides training and education to the following number of students and medical staffing.

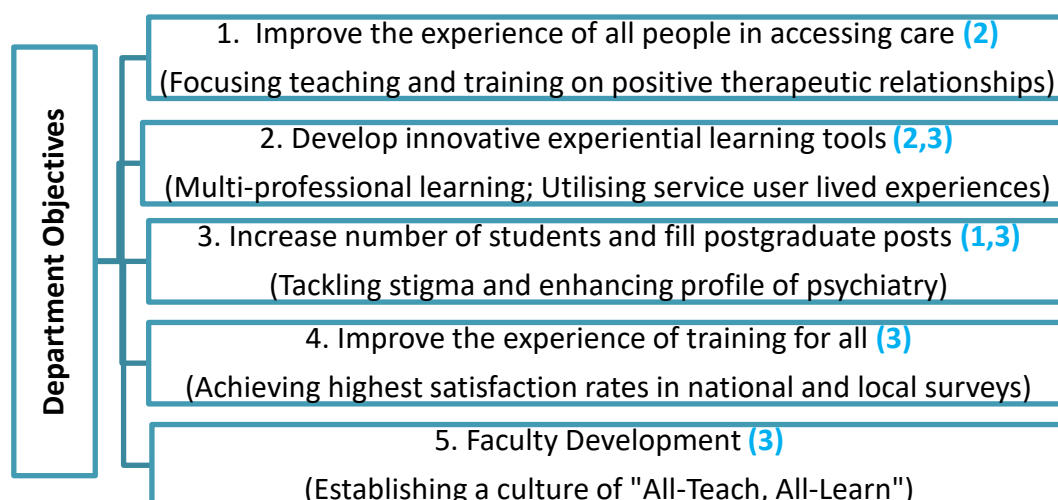
Type	Grade	Number – London	Number – Luton and Beds	Other
Undergraduate	2 <sup>nd</sup> Year students	84	N/A	
	4 <sup>th</sup> Year students	257	N/A	
	5 <sup>th</sup> Year SSC students	N/A	36	
	6 <sup>th</sup> Year students	N/A	60	
Postgraduate	FY1 Trainees	9	5	
	FY2 Trainees	8	10	
	GPvts Trainees	15	12	
	Core Trainees	48	8	
	ST4-6 Trainees	55	10	
Non-training grade doctors	SASG Doctors	36	21	35 on bank
	Consultants	170	41	32 on bank
General Practitioners	PC GPs	14	0	0
<b>Total</b>		<b>696</b>	<b>203</b>	<b>67</b>
<b>Grand total</b>		<b>966 (including Bank)</b>		

## Overarching Objectives (outcome indicators)

ELFT's medical education department's strategic vision is to develop the highest quality of medical education to support the Trusts overall strategy, improve the experience of providing and receiving health care for all.

In order to achieve this, the following strategic objectives have been agreed by the medical education team to be our main priority targets for the next 5 years, also linked in with **our organisational objectives**:

- Population health outcomes (1)
- The experience of care (2)
- Staff experience (3)
- Value (productivity) (4)



## Details on how we aim to achieve each objective will be:

### **Objective 1: Improve the experience of all people in accessing care (2) (Focusing teaching and training on positive therapeutic relationships)**

- a) Multi-professional Learning
- b) Learning environment based upon direct feedback from service users and carers
  - *Involving Service Users from the start, i.e. consultation on ME plan, Away days etc.*
  - *Introduce Service Users to schools and medical schools*
  - *Think about stigma and awareness i.e. in communication skills sessions.*
  - *Hold “we need to talk about...” sessions and public discussion events at venues outside ELFT*
  - *“Human Library” project pilot (supporting to learn about “what it is like to...”)*
  - *Collaborate with different MHSU organisations: link up with Mental Fight Club*
  - *Foster employment of peer-support workers across all services*
  - *Link up Psych Society with MHSU orgs and People Participation*
  - *Med Ed to create packages at learning structures with service users to disseminate.*

### **Objective 2: Develop innovative experiential learning tools (2,3) (Multi-professional learning; Utilising service user lived experiences)**

- a) Develop and implement a simulation training scheme and facilities
- b) Develop bespoke clinical skills training
- c) Develop experiential learning events utilising the Arts, role play, and other workshop formats
  - *Develop MDT Learning sets with Psychologists and other therapists*
  - *Experiential Learning: videos of “good practice” on assessment and engagement; role-play workshops with external facilitation/supervision from actors; Taster sessions for trainees in arts therapies; the “Human Library”*
  - *E learning materials for medical students including “virtual patients”*
  - *New SSCs in Psychiatry including Social Media and Mental health and Eating Disorders.*
  - *Identify role models to capture good practice for dissemination*
  - *Clinical skills workshops for Medical Students*
  - *OSCE practice workshops for Medical Students*
  - *Student summer Schools*

### **Objective 3: Increase number of students and fill postgraduate posts (1,3) (Tackling stigma and enhancing profile of psychiatry)**

- a) Develop an interactive internet platform to feature opportunities
- b) Integrating undergraduate and postgraduate teaching and tackle the stigma of psychiatry
  - *Appoint a Foundation Year Tutor and streamline Medical Education across the career pathway to provide the best experience to all grades throughout (including mentoring)*
  - *Summer schools – 2 days for medical schools (extending invites to Sixth form schools)*
  - *Hosting conferences to showcase Psychiatry as a career choice and consolidate links with the Choose Psychiatry campaign*
  - *“Back to the floor” initiative for senior psychiatrist*
  - *Expand Special Study Components (SSCs) in medical school (year 5)*
  - *Increased offer of Special Interest Sessions during medical school Year 4 placements.*
  - *Create opportunities to shadow more senior doctors for On-call experience*
  - *International Exchange programmes and Mentoring*



**Objective 4: Improve the experience of training for all (3) (Achieving highest satisfaction rates in national and local surveys)**

- a) Develop a bespoke induction programme, aligned with trainee needs and feedback
- b) Align and update the MRCPsych course with postgraduate academic teaching programmes
- c) Provide teaching based upon state-of-the-art in academic clinical psychiatry
- d) Work in partnership with clinical directors and service leads to achieve meaningful placements and achieve the right balance between clinical work and teaching

*More specifically otherwise:*

- *Medical Students: More clinical experience, special interest sessions, clinical skills workshops and OSCE practice, new SSCs in psychiatry, mentoring schemes, buddy system – to improve knowledge and experience*
- *FY and CT: mentoring and career progression schemes*
- *enhance opportunities to get involved with research projects; presentation day for special interests*
- *Induction: all levels of trainees have ½ day protected time with a trainee rotating out; Shadowing*
- *Prizes or scholarships: vouchers, physical/tangible prizes; Team nominations, Clinical Excellence certificates, Trainee Rep of the year award, QI protects etc.*
- *Important to note the importance of freeing up trainees to attend training*
- *Changing training culture and offer more therapeutic environments. Peer supervision groups*
- *On-call supervision: make it Trust wide*

**Objective 5: Faculty Development (3) (Establishing a culture of "All-Teach, All-Learn")**

- a) Create & establish new roles including Simulation Training lead, Foundation Year tutor and SAS tutor
- b) Support and develop excellent trainers and utilise their role-model function
  - *Define principles underpinning the identity of the faculty*
  - *Mapping requirements for Postgraduate and Undergraduate education with a training cross-over*
  - *Develop a medical education induction programme for newly appointed consultants to promote the department and join the faculty (welcome pack)*
  - *Actively promote feedback and support for faculty members*
  - *Clarification for protected teaching time in Job Plans SPA's*
  - *Regular faculty CPD events (upskilling and refreshers)*
  - *Develop a culture of strong clinical leadership teaching for our consultant cohort in liaison with the Chief Medical Officer*

## On the horizon

Increasingly, Medical Education will become more inclusive and extend its remit to including allied health professionals in relation to specific supports schemes such as other non-training grades, physician associates and nurse prescribing (3).

Undergraduate medical education is now not only providing knowledge based teaching but increasingly skill based approaches relevant for prevention, physician and patient well-being and a wide range of inter-personal competencies to support doctors in dealing with ethical dilemmas and shortage of resources (3).

Medical care is increasingly delivered within integrated community services, this will lead to changes in work pattern of specialists; it has been predicted that the proportion of general practitioners & psychiatrists will significantly increase as they are both generalists who work towards providing integrated care (e.g. Rees & Stephenson, 2010). Medical Education needs to adjust accordingly, more training will be delivered away from hospital settings in the community (social environments), including at patient's homes (1).

Advances in medicine, technology and corresponding societal debates change the definition of professionalism for doctors; the BMA (2017) identified a few: "...the democratisation of information and knowledge and the impact of the internet; higher expectations from patients; the public and the media and the corporatisation of health care provision with potential conflicts with employers in professional values and priorities" (2).

A relative lack of doctors has been predicted to significantly impact upon doctors work pattern; according to the BMA report (2017) from 2011 – 2016 the proportion of doctors proceeding into NHS speciality training fell from 72% to just 50.4%. This requires the entire system "to improve the culture of the workplace, making employment and training more supportive and flexible" (GMC, 2017) (4).

#### GP Practices

Currently the HE1 practice offers placements for students and GP trainees. We are planning to develop a Primary Care Hub a major focus of which will be improving recruitment and retention by offering training and development including GP training and clinical leadership development.

#### Paediatrics

Specialist Children's and Young People's Services (SCYPS) currently provide education and training for undergraduate medical and physician assistant students as well as postgraduate Paediatric trainees in Newham.

The medical students from QMUL undertaking their Clinical Paediatric rotations at Newham University Hospital spend 2 days in Community Paediatric clinics observing and learning clinical skills in child development and community child health. We had our first cohort of Physician Assistant Students in 2018 who also observed in a range of Community clinics and other clinical activities 3 days per week over their 6-week rotation.

We have 2 Paediatric Specialty Trainees at ST4-5 attached to the Department rotating 6 monthly (and will also have 1 Child Public Health Trainee at ST6-8 starting from March 2020). We provide core and specialty training in Community Child Health in line with the RCPCH curriculum  
<https://www.rcpch.ac.uk/education-careers/training/progress/curriculum>

Within SCYPS, the Trust are able to provide Community Paediatric Health training to Level 2 Paediatric Trainees as well as Level 3 Child Public Health trainees. A potential plan for the next 5 years would be to collaborate with CAMHS and Primary Care to provide Community-based Child and Adolescent Mental Health training and Integrated Care training for Paediatric, Psychiatry and GP Trainees within the Trust's Medical Education portfolio.

#### *References:*

BMA (2017) The changing face of medicine and the role of doctors in the future - Presidential project 2017  
GMC (2017) The state of medical education and practice in the UK 2017  
Rees, PJ & Stephenson, AE (2010) The future of medical education in the UK. BJGP 2010

## Finance

### Income

The Trusts receives money via the Learning and Development Agreement (LDA) to support Undergraduate (e.g. "SIFT" money) and Postgraduate medical education and training. This funding is used to support the training and education infrastructure in the Trust. Annual budgets have been based primarily on historic figures (expenditures), not adequately taking into account changes in the medical workforce, new developments in medical education and a growing awareness of the importance of tailor made CPD programmes for personal development and in order to stay up to date with all emerging facts, guidelines and service reconfigurations. The total income received to support medical education in teaching and training is currently (rounded figures):

#### London HEE income

- undergraduate medical education funding = £1.7 million
- Postgraduate medical education funding = £2.7 million

#### East of England HEE Income

- Undergraduate Medical education funding = £100,635
- Postgraduate medical education funding = £1 million

This funding meets the cost of teaching and training across a wide range of necessary expenditures. A significant proportion is spent on the clinical infrastructure and senior clinical posts given that the non-training grade senior psychiatrists provide the majority of teaching and training (job planned protected time). In addition, the Medical Education Department currently receives the following annual allowance to support training and education across the Trust:

SIFT – 4 <sup>th</sup> year medical students	£79,814
PGME – Postgraduate Medical Education – London	£468,039
- Pay cost (for ME team and FME)	£299,390
- Non-Pay cost (for training resources, Course fees, expenses)	£168,649
MedSoc – 2 <sup>nd</sup> Year medical students	£69,000
Luton and Beds – SIFT – Medical Student	£23,400
Luton and Beds – Postgraduate Medical Education	£88,103

### Expenditure

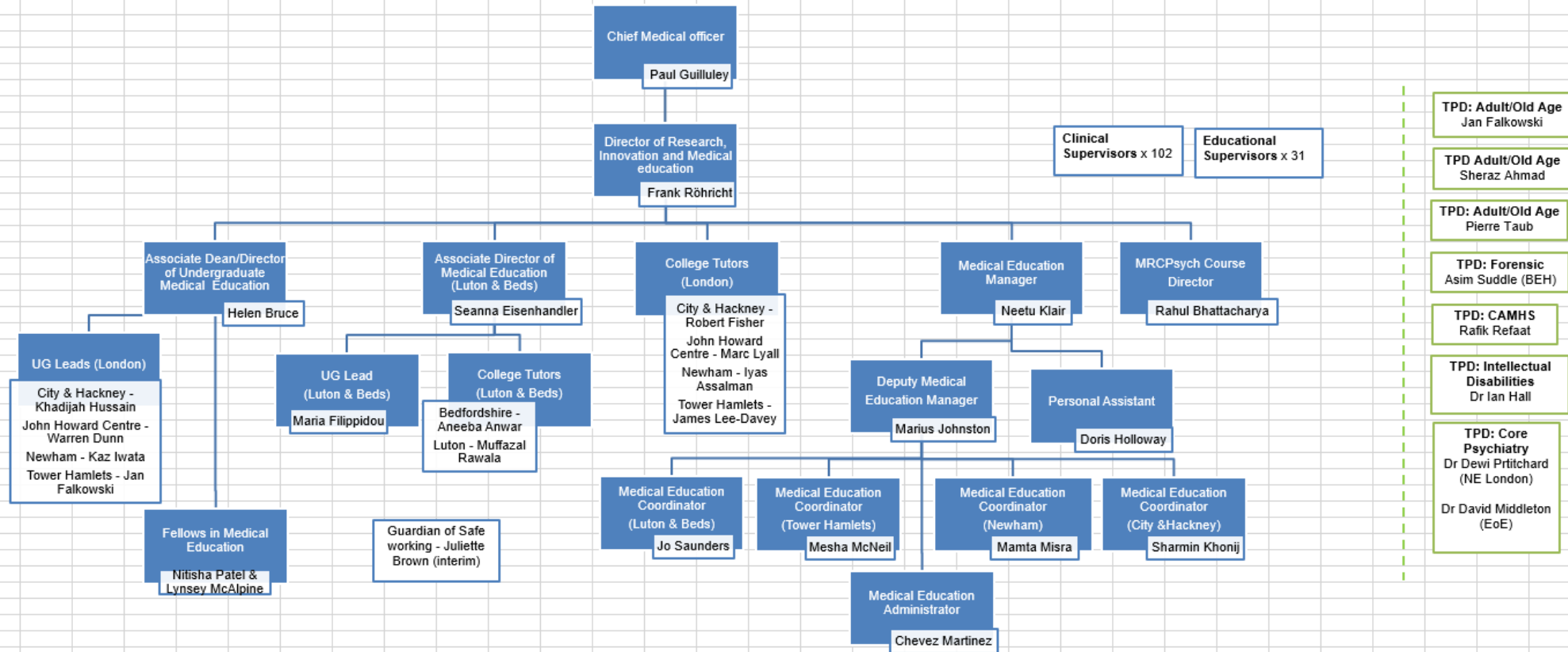
Going forward according to the 5-year plan, new investments are required in line with the objectives and the overarching department plan, i.e. building the foundations and pursuing the vision of developing the highest quality of medical education to support the Trusts overall strategy and improve the experience of providing and receiving care for all. Those are listed on an itemised basis in appendix 2. Additional cost pressure arise from the fact that more non-training grade doctors are utilising their study leave allowance (267 staff across ELFT potentially requiring £267k per annum based upon their contractual entitlement).

### Summary

Lead responsibility for the delivery of this strategy rests with the Director of Research, Innovation and Medical Education and Medical Education Manager who will be accountable to the Chief Medical Officer who will report to the Trust Board on the progress. Medical education and the Trust is committed to provide excellent and innovative medical education to support patient care/safety, service user and staff experience and to achieve outcomes as defined within ELFTs overarching strategy.

December 2018, Prof Frank Röhrich (Medical Director) and Neetu Klair (Medical Education Manager)

## Appendix 1: Medical Education structure



## Appendix 2 – Building the Foundations: necessary investments

In order to meet the Trust's vision and department objectives, the following items have been identified as crucial new initiatives in the department; they are essentially required for medical workforce development, for recruitment and retention of high quality staff and in order to modernise medical education according to the state of the art in teaching and training:

Future Investments required		
Item	Details	Costs (all approx. Annual Figures)
Recurrent funding to sustain our Fellow in Medical Education role	1 FTE	£62,000
Foundation Year Tutor to oversee FY training	Consultant equivalent of 1 PA	£10,000
Simulation Lead to develop and implement the Simulation training scheme	Consultant equivalent of 2 PA's	£20,000
Establish the infrastructure for Simulation training	infrastructure with actors, facilitators, venue hire, catering, etc.	£25,000
Faculty development	Group Trainings to support Consultants in the trust who are Clinical and Educational Supervisors	£30,000
Innovations in medical education	<ul style="list-style-type: none"> <li>- Service user involvement</li> <li>- Research and medical education projects</li> <li>- Drama Therapist training for experiential learning</li> <li>- Quality Improvement</li> </ul>	£15,000
Other	<ul style="list-style-type: none"> <li>- Mock exams</li> <li>- Poster presentations</li> </ul>	£10,000
<b>Estimated total</b>		<b>£172,000</b>

Additional cost pressures		
Item	Details	Costs (all approx. Annual Figures)
MRCPPsych Tutor	Consultant equivalent of 1 PA	£10,000
Associate Dean for Undergraduate Education	Consultant equivalent of 2 PA's	£20,000
<b>Estimated total</b>		<b>£30,000</b>

**Subject to negotiation and approval**

### **We care**

Everyone is entitled to the highest quality care.

### **We respect**

Everyone should be treated with kindness and respect.

### **We are inclusive**

Everyone should have access to our services when they need them, and we actively seek suggestions on how we can improve