Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 267

Organisation name: North Western Deanery (part of NHS Northwest)

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What can the NHS and NHS Commissioning Board learn from national and international best practice to accelerate the pace and scale of adoption of innovations throughout the NHS?

The work of the Postgraduate Deaneries is predicated upon assuring the quality of postgraduate education, training and Continuing Professional Development for the medical and dental workforce as delivered by local education providers (LEPs). The main priority is to ensure that trainers and training programme directors are competent and confident in their role, providing high quality patient care and high quality practical experience for doctors and dentists in training, supporting and challenging young professionals. As part of this strategic objective, the North Western Deanery is engaged in a number of innovations which have potential resonance for the wider NHS. Examples of such innovation are attached in Appendix 1. Postgraduate Deaneries are at the forefront of identifying and developing best practice in postgraduate medical and dental education and training so by listening to them the NHS Commissioning Board will be well placed to accelerate the pace and scale of adoption of education and training innovations in the NHS.

Appendix 1: Examples of innovation in the North Western Deanery

Educator Development

Postgraduate Certificate in Workplace-based Medical Education (PGCE)

This is a programme of educator development which is delivered by local NHS consultants in association with a recognised Higher Education Institution thereby increasing the knowledge commitment and ownership by local health care providers.

A tender was awarded to Edge Hill University to develop and co-deliver a bespoke PGCE in workplace based postgraduate medical education. The three modules of the
PGCE are aligned to three educator roles: Clinical Supervisor, Educational Supervisor and Educational Lead. The programme is mapped to the GMC trainer standards and the Higher Education Academy and Academy of Medical Educators standards. It is delivered by blended learning, with attendance at face to face events kept to a minimum, and is based around experience in the workplace. The programme is open to all doctors working within the North Western Deanery in hospital-based settings. The programme is innovative in that it is a collaborative venture between the NW Deanery and Edge Hill University at every level: development, delivery, assessment and evaluation. A joint programme team is responsible for management of the programme. A team of associate tutors (mostly senior consultants) have been recruited to co-tutor on the programme. In this way students on the programme have the benefit of credible clinical input alongside academic support. In addition, the strategy taken by the deanery is to train the educators of the future and therefore all hospital based higher specialty trainees are funded to undertake the first module. In this way all trainees in the NWD have the opportunity to be accredited as a Clinical Supervisor prior to achieving their Certificate of Completion of Training.

Further information: https://www.nwpgmd.nhs.uk/educator-development/pg-certificate

Medical Education Fellowship scheme

This is a programme to encourage educational expertise in a group of senior trainees, who are then able to contribute to the learning of more junior health care professionals.

The North Western Deanery Medical Education Fellowship (MEF) has been designed to facilitate the development of trainees who have a specific interest in medical education. The scheme aims to nurture the trainee’s interest and develop their skills and knowledge base through collaboration with and support from the North Western Deanery. Successful MEFs undertake the fellowship alongside their current training commitments. No additional training time is allocated. There are currently 23 Medical Education Fellows (MEFs) in 3 cohorts within the scheme. Appointments are for an initial period of 1 year with a second year subject to satisfactory progress. There are a number of elements to the Medical Education Fellowship. As part of the role, each MEF will be supported to undertake an educational project which will span at least the first year of the fellowship; complete 2 modules of the Postgraduate Certificate in Workplace Based Medical Education at Edge Hill University (in collaboration with the North Western Deanery); attend educational conferences and present project work related to the MEF role at regional and national meetings; and interact with other individuals in the educational environment to develop a network of colleagues and friends with a common interest for future support and advice.

Data from the scheme evaluation suggest that MEFs have increased confidence in delivering medical education; benefited from having a title which acknowledges their educational interest and this has impacted upon their exposure to and delivery of educational experiences in their Trust and within their specialties; developed and changed their practice due to the involvement in the scheme, specifically due to the networks they have encountered and learnt from, and also due to the knowledge they have gained during the Postgraduate Certificate, clarified their career plans for an educational role in the future; developed an educational portfolio that has been
important in their educator development and has helped them in striving for further educational achievements; appreciate the additional transferable skills they have learnt in conducting an educational research project; have produced regional and national presentations and publications concerning their educational projects, and plan to deliver more at a national level. The MEF scheme is highly valued and impacts in a very positive way on both current educational delivery and in the development of future educational leaders.

Medical Careers

This programme of career development and information has been based on developing skills in consultants to enable them to guide their trainees in their trusts in an appropriate career. The second aspect of the programme has encouraged doctors working in career grade posts to explore their career aspirations and gain skills in achieving them.

The North Western Deanery has been proactive in appointing medical career leads in every trust and specialty. We also have career leads for every Foundation Programme and a Staff and Associate Specialist Grade (SASG) career lead in most trusts. Doctors are now well aware of these leads and the pathway for obtaining career support. Further career lead development initiatives are under way to empower and consolidate the network, in addition to which online careers management courses are being developed and delivered via a Virtual Learning Centre. This utilises a free learning and development platform and has allowed us to develop free online, interactive courses at very low cost. Currently on line are a coaching guide and courses on assertiveness, networking and stress. Under development are courses on interview skills, applying for CESR, Change Management and Leadership. We plan to continue to develop our choice of courses in the future, all structured around the coaching guide; after a first reflection on the structure, participants will be able to select those courses best suited to their personal career issues.

Medical Leadership

The Medical Leadership Programme

This is the first programme where doctors in training learn leadership skills alongside NHS graduate management trainees.

The North Western Deenery’s Medical Leadership Programme (MLP) aims to develop doctors in training with the potential to take on leadership roles and/or positions by a) fully integrating leadership training into clinical training; b) integrating theory with practice; c) providing an academic component accredited to Masters Level and d) facilitating multidisciplinary learning between the MLTs and the NHS Graduate Management Trainees (GMTS). The innovative aspect of the MLP is the focus on integration: it is the first programme in England to integrate leadership training into clinical training on an up to fifty percent basis. This means that a trainee does not have to take time out of training to participate in the programme; that leadership is learnt in a context which is congruent to their clinical environment; that skills developed in leadership can be instantly applied in the clinical environment; and that the programme is realistic in terms of learning to balance the dual role of medical leader. In addition to the benefits on learning
mentioned above, integrating leadership into clinical training may be a relatively cost effective approach, at least in secondary care. The MLP has minimal costs of backfill due to the Trust only applying for backfill for the time the trainee is not in training and when they are not receiving benefit from the trainees’ project work. The Medical Leadership Development Tools (MLDTs) originally developed for the Medical Leadership Programme to break down specific competencies outlined in the Medical Leadership Competency Framework and provide a template on which to base practice, reflection and feedback have since been developed to include further guidance and follow up reading and have been made available for use by any trainee/Consultant/GP. The MLDTs can be found at:

https://www.nwpgmd.nhs.uk/medical-leadership/leadership-development-tools and are currently being piloted by trainers and trainees in Ophthalmology.

Medical Leadership in Practice

This programme has been specifically designed for doctors to learn leadership in the workplace. The tutors again come from the consultant workforce thereby strengthening the understanding of leadership in the NHS medical workforce. With the publication of the Medical Leadership Competency framework and the requirement for all specialties to ensure that leadership topics are incorporated into specialty training programmes, the NWD re-evaluated the traditional short management course that was historically undertaken by many senior trainees. Building on the successful pattern of commissioning and delivery established by the PGCE, a new programme specification was developed and, following a competitive tender process, a new course was commissioned from the University of Manchester Business School to deliver a ‘Medical Leadership in Practice’ course, available to all hospital-based higher specialty trainees. This innovative programme requires all trainees to undertake a small scale leadership project. The trainees will work in action learning sets to develop ideas for their projects and work together on solving issues. The assessment of the course is designed to assess the trainee’s reflection on their leadership role in this project.

Quality Management

The Deanery began its programme of quality management almost 20 years ago and has adapted as the regulation of education has changed, however the principles of seeking information from the consumers and providing structured feedback against clear standards have remained.

The Deanery has established an innovative quality management process which includes a schedule of visits to local education providers including GP and dental practices. For Acute Trusts a range of background information from a wide variety of sources is reviewed, enabling the Deanery to plan a focused visit to targeted programmes. Trusts are required to demonstrate that they have appropriate arrangements to ensure postgraduate medical trainees receive education and training that meets local, national and professional standards. The visiting Deanery team meets with trainees and their trainers separately, to gather information on the training being provided. These meetings are conducted in confidence and individuals are not identified. To focus discussion and ensure all key aspects of training are covered in the interviews, a set of questions are used. Resultant reports include the
findings of the interviews with trainees and trainers, together with areas of notable practice and recommendations for action, written against the nine GMC Domains for training. Visit reports are sent to the Trust six weeks post visit and Trusts have six weeks to respond to any recommendations relating to patient safety and six months from the date of the visit to respond to any other recommendations.

The Deanery has also established an innovative quality management system for The Annual Review of Competence Progression (ARCP) process which was implemented nationally for the first time in 2008. The ARCP differs from previous methods of training assessment in that decisions on the trainee’s progression must be made on the basis of the evidence provided only. Since that time, the Deanery has implemented a set of evaluations to ascertain whether specialties are Gold Guide compliant in terms of this process. The evaluations have developed to include the collection of observational and quantitative data that is collected from panel via use of a Deanery-developed ARCP evaluation form. Data is then reviewed and any themes/development areas/good practice are noted and disseminated through the Deanery by way of the ARCP evaluation report. Our Foundation School has developed a system (the Qualify system) of annual Foundation Programme Director (FPD) reports. Instead of composing and sending a document, we have a web based system whereby FPDs fill in the report on line. The main feature is the evidence which supports this, which can be uploaded and updated whenever needed.

Research

The North Western Deanery has established a rolling programme of innovative research into priority areas in postgraduate medical and dental education and workforce development. All of this activity is carried out with a view to informing local practice and quality processes, as well as contributing to the national and international evidence base on medical and dental education. Current research activity includes evaluating (i) an extended training pilot programme in General Practice, (ii) an integrated Dental Foundation programme and (iii) an integrated Medical Leadership Programme. Other studies include identifying practical enablers for the introduction of re-validation in General Practice incorporating evidence from international systems; determining the professional development needs of hospital-based medical educators; investigating doctors’ career and retirement choices; the factors involved in balancing medical training and parenting; and measuring life events as an influence upon trainee doctors’ career choices.

Supporting Staff & Associate Specialist Grade doctors

The North Western Deanery has developed a host of innovative initiatives and a strategic framework has been put in place to develop a cohesive programme of support for Staff and Associate Specialist Grade Doctors. Innovations include: Trust allocations of funding to support local initiatives; establishing a Trust annual reporting mechanism to enable quality management of support for SAS doctors; development of a regional Trust Lead/Tutors network for SAS, with regular meetings to share good practice and undertake development in key skills for the role. All have contributed to the production of a document detailing key roles and responsibilities of the SAS Trust Lead/Tutor, which has been distributed to Trusts to encourage support of the role. CESR Champions are being trained; these doctors who have themselves achieved certification via the CESR pathway (ex â€“ article 14), will be able to support colleagues in-trust, by offering application workshops and one to one
support to potential CESR applicants. Career Crossroads, a yearlong programme of Career Support for Staff Grade and Associate Specialists finished in July 2011. The programme includes a very complete menu of Career Management workshops and one to one career coaching sessions which has been very popular with SAS doctors. An Annual SAS Conference allows SAS doctors to come together and share knowledge, experiences and be able to network with other SAS doctors from the region. The deanery has also established a competitive bursary scheme which is open to any SAS doctor in the region, who would like to undertake further postgraduate study at a recognised UK institution. SAS doctors can apply for any course, however, they must demonstrate through the application that this will contribute to both their career development and have a positive impact on the NHS and their patients.

Specialty School innovations

The North Western Deanery’s wider education community, based in specialty schools, plays host to a broad range of innovation. An example is given below:

Psychiatry

The Royal College of Psychiatrists introduced the PMETB-approved competency-based curriculum for Child and Adolescent Psychiatry in May 2009. The monthly academic programme for North Western Deanery Child and Adolescent Psychiatry higher specialty training was reviewed to meet the delivery of the new curriculum, taking into consideration adult learning principles and reflective practice. The focus of the days was on the best way to help trainees achieve the required competencies at the same time maintaining the balance between clinical and academic training. The revised academic programme also looked at the management and delivery of the days incorporating adult learning principles of reflective practice and self directed reflective learning. The new academic programme was conceptualised following a survey of trainees, trainees who had recently qualified and taken up consultant’s posts and educational supervisors. The Survey findings were presented at the trainer/trainee away day and were ratified by the specialty training committee with a 3 day initial pilot. The programme commenced in September 09 with the neuro-psychiatry module. For each of the academic days there were 2 educational supervisors, the module lead, the consultant for the case at the case presentation and another trainer who was the chair for the case presentation.

The main features of the academic days are: i) Two trainees and two trainers determined the programme for the day; ii) Each trainee drew up their own learning objectives for the day; iii) Participation of the whole trainee group in journal presentations contributing to the increased academic content; iv) To align case presentation with the topic of the day to provide the clinical link; v) Creative delivery of the programme including quizzes, small group discussions and problem based learning; and vi) At the end of the day trainees reviewed their own learning objectives what they achieved and ways going to meet their unmet learning needs from the day. The trainees were also required to give a feedback on the topics of the day. Trainees found that the topics and learning delivery enhanced their knowledge and were able to make relevant links from research to clinical practice. Consultants found academic content of the days to be of high quality and better standards of presentations and discussions.
Trust innovations

Trusts which fall under the aegis of the North Western Deanery can also demonstrate innovative practice as local education providers. An example of innovations in one Trust is given below:

Lancashire Teaching Hospital’s NHS Foundation Trust’s Internal Review Group

The Trust has introduced an internal review group (IRG) to investigate, report and quality assure Postgraduate Education across all Directorates within the Trust. The group seeks evidence of compliance and highlights areas of non-compliance to GMC generic training standards, as well as NHSLA/S4BH and Trust patient safety requirements. The group comprises the Medical Director, Associates Medical Directors, Associate Medical and Workforce Director, Director of Postgraduate Medical Education, Foundation Programme Director and Associates, Postgraduate Education Manager and QA Information Manager. The Clinical Director, educational leaders and business manager from all directorates meet with members of the IRG annually to review performance and initiatives within the GMC domains. This results in an action plan, which is monitored by the IRG. In parallel with this, there are annual focus group meetings with the trainees. These are led by independent chairs to identify the concerns of trainees and confirm the information provided by their trainers. This triangulates evidence. A dashboard is being developed to facilitate recording of data and compliance with standards. The group has been active for a year. Inevitably there is a learning phase, but feedback from Directorates is very positive. We believe this is a useful initiative which might be a model for other Trusts.

The Lancashire Simulation Centre LTHTR

The Trust has a Simulation Centre, which is one of the most productive and dynamic in the UK: The training team comprises clinical, research and support staff and has strong links with NHS and academic partners. The Centre provides training for the foundation programme and trainees of all grades in several Directorates. Training activities include the management of the acutely ill for Foundation doctors, trauma team training, a new consultant leadership course, human factor skills training, and a wide range of bespoke sessions developed for individual specialties. Innovations in Audio Visual / Education in the Centre include a number of training films developed over the past year with pharmaceutical companies; a debrief system (Matrix Marking) which enhances real-time marking through instant video feedback; research into the influences of human patient simulation on pre and post registration medical practice; and a Knowledge Transfer Partnership project looking at the culture of the NHS Trust and the utilisation of all aspects of e learning, which includes simulation.

What specific actions do you think national NHS bodies, such as the NHS National Commissioning Board, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?
The NHS Commissioning Board should encourage the creation of effective nationwide information portals and communication strategies to engage all relevant stakeholders in the dissemination of best practice. Maximum use should be made of new technologies and electronic networking media. The Board should establish effective mechanisms to keep abreast of best evidence and practice as reported nationally and internationally (from both professional and academic sources). Key information repositories must be identified (or developed) and their profile enhanced through effective marketing. National bodies with a mandate to collect evidence of practice for quality assurance purposes should have a duty to identify and report examples of best practice for the benefit of the wider NHS. Innovation is most likely to occur when there are pressures to look for more effective ways of working/delivery. The current financial climate will provide the level of challenge which will encourage innovation, however the workforce are unlikely to innovate if there is insufficient commensurate increase in support. They will need an environment where new ideas are welcomed and there is time in the working day to consider and share ideas.

NHS partners need to be encouraged / incentivized to feed into the process of sharing best practice at local, regional and national level through membership of appropriate networks and bodies, as well as sharing mutually-beneficial information resources. High quality research and development activity must be supported, with resultant best evidence and practice effectively disseminated across the NHS. The NIHR should be a key player in continuing to develop strategy in this area.

**Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?**

**We would like to be able to follow up interesting comments and case studies. Can we contact you for this purpose?**

Yes

**Do you want to be kept in touch with the next steps in this process?**

Yes

**Do you want to be included in a wider community of interest?**

Yes

**What specific actions do you think local NHS bodies, such as providers and Clinical Commissioning Groups, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?**
As stakeholders seek to realise the potential for sharing innovation within and across the newly-established local education and training networks, they face a number of challenges. It will be important to define the key strategic objectives, reflecting vision and aspirations, in order to focus the sharing process. Local stakeholders will need to recognise their own pivotal role in generating and sharing best practice in order to make innovation within and across networks a key element as we move forward with the “Liberating the NHS”™ and QIPP agendas. Local networks will need to identify appropriate structures to be put in place and how best to develop the capacities that the new organisational structures and cultures require to share innovation. Stakeholders will also need to consider, from their own perspective, what else needs to be done to make networks effective in sharing best practice, including the role of relevant regional and national authorities in supporting networks.

Innovations are in process but it should be recognised that these are often adopted very slowly. Most people acknowledge the importance of learning by best practice but in reality this can be difficult and a slow process. Ideally there should be a coordinated system for disseminating good practice that is cost effective. Again all NHS bodies need to consider developing a climate which will encourage innovation.