LondonDeanery

London Deanery Showcase

www.londondeanery.ac.uk

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NHS
London

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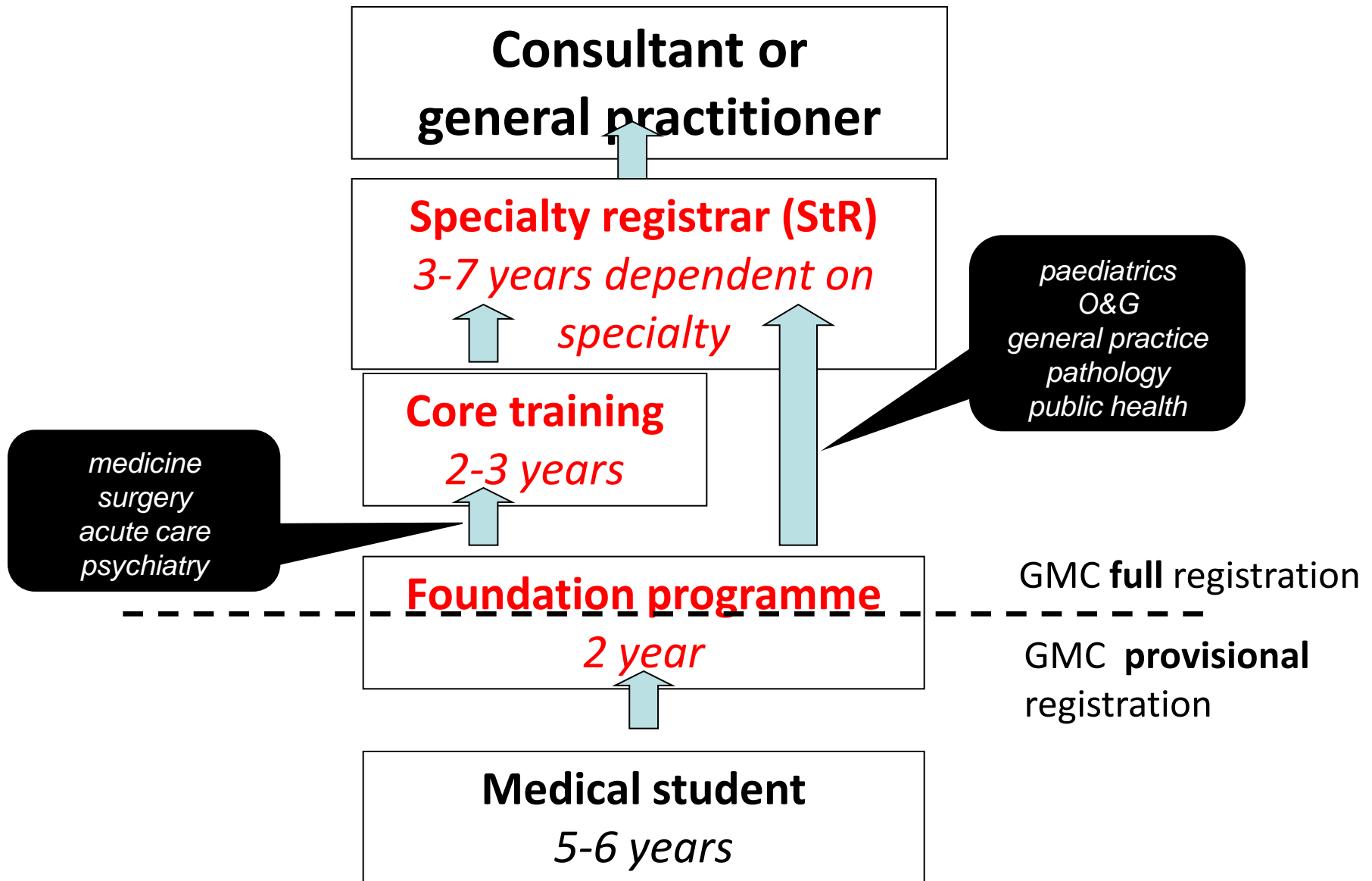mednet@tovi-port.nhs.uk: Tony Garelick MEDNET

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Postgraduate medical training in UK (2008-)

Consultant or general practitioner

Specialty registrar (StR)
3-7 years dependent on specialty

paediatrics
O&G
general practice
pathology
public health

Core training
2-3 years

medicine
surgery
acute care
psychiatry

Foundation programme
2 year

GMC **full** registration

GMC **provisional** registration

Medical student
5-6 years

Who's who in medical education in the UK?

- General Medical Council (UK)

- Medical Royal Colleges (UK)

- Medical Schools

- Department of Health (England)

- Strategic Health Authorities (England)

- Deaneries

- Centre for Workforce Intelligence (England)

NHS London: London's Strategic Health Authority

- London Deanery is part of NHS London

- Helped London Deanery with the "aftermath"of MTAS

- NHS London have supported "Excellence in Education"

- Huge investment in simulation

- Supported for changes within London Deanery

- Support move to develop commissioning of PGME

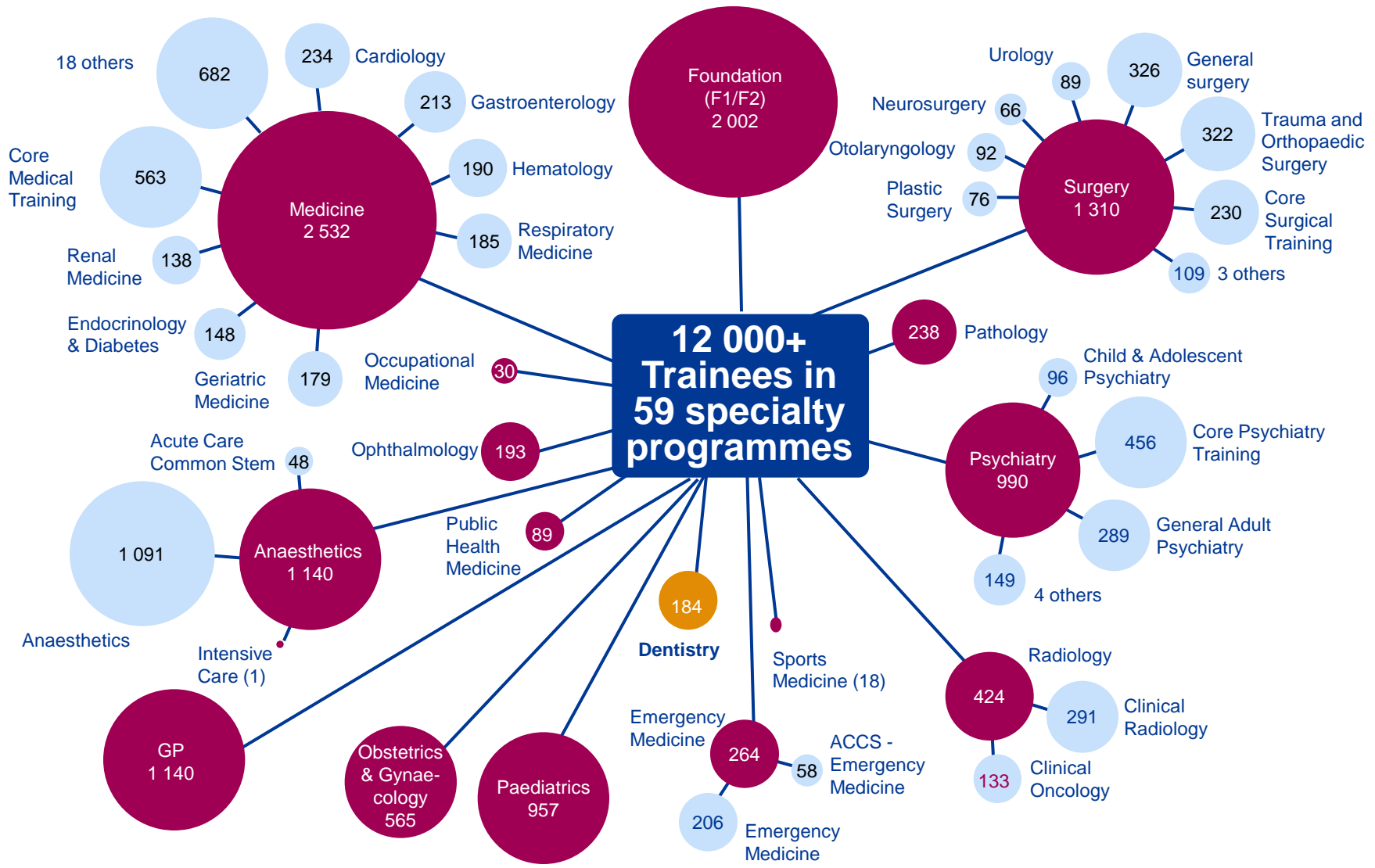- New structures not clear: not SHAs from April 2013

What do Deaneries do?

- Coordinate and run trainee (resident) recruitment

- Commission training placements

- Construct and oversee training programmes

- Lead and manage trainng programmes

- Quality assure training – statutory requirement

What do deaneries do?

- Monitor and support resident progress

- Identify and support residents in difficulty

- Lead on the development of training

- Promote faculty development

- Support CPPD (CME) – GP

- Contribute to national policy and international debate

London Deanery structure:

- "Speciality Schools": 15 linked to Royal Colleges

- Heads of Schools – senior clinicians

- 5 Deans - 4 also do clinical work

- Associate Deans/GP Directors

- Faculty development/STeLi /careers/mentorship

- Educational support team/leadership development/etc

- Wider London Deanery "family" 5-6,000

12 000+ Trainees in 59 specialty programmes

Medicine 2 532
- 18 others 682
- Cardiology 234
- Gastroenterology 213
- Hematology 190
- Respiratory Medicine 185
- Core Medical Training 563
- Renal Medicine 138
- Endocrinology & Diabetes 148
- Geriatric Medicine 179

Foundation (F1/F2) 2 002

Surgery 1 310
- Urology 89
- Neurosurgery 66
- Otolaryngology 92
- Plastic Surgery 76
- General surgery 326
- Trauma and Orthopaedic Surgery 322
- Core Surgical Training 230
- 3 others 109

Occupational Medicine 30

Ophthalmology 193

Pathology 238

Psychiatry 990
- Child & Adolescent Psychiatry 96
- Core Psychiatry Training 456
- General Adult Psychiatry 289
- 4 others 149

Anaesthetics 1 140
- Acute Care Common Stem 48
- Anaesthetics 1 091
- Intensive Care (1)

Public Health Medicine 89

GP 1 140

Obstetrics & Gynae-cology 565

Paediatrics 957

Dentistry 184

Sports Medicine (18)

Emergency Medicine 264
- ACCS - Emergency Medicine 58
- Emergency Medicine 206

Radiology 424
- Clinical Radiology 291
- Clinical Oncology 133

London Deanery Structure:

- Chief operating officer

- Finance/ HR/IT/

- Head of medical work force: the engine

- Small team of 3 support management of residents in difficulty

- Head of recruitment

- Head of quality

- Head of educational resources

- Director of Information Management

3 Academic Health Science Centres

5 Medical Schools

10 University teaching hospitals

42 Acute trusts

10 Mental health trusts

10 National specialist centres

370+ Training general practices

165+ Training dental practices

43% England's medical research

How does London deliver "GMC plus"?

- **Leadership and organisational skills development**

- High quality academic training

- Faculty development

- Developing assessment of the Quality of Training

- Active commissioning: bringing service & education together

- Simulation & technology enhanced learning programme - StELI

- High level of support for trainees

- Leading on developing training in Integrated Care

London Deanery leadership initiatives

- **Fellowships in Clinical Leadership "Darzi" fellowships**

- Local Trust-based leadership development projects

- Creating Deanery based leadership development projects

- Unique Leadership Multi-source feedback tool

- Leadership Centre website

- Placing leadership and organisational development specifically within new commissioning requirements

Organisational skills: curricular expectations

- Leadership

- Communication

- Team working

- Delegation

- Supervision skills

- Conflict resolution

- Audit, quality/safety improvement processes

Arguably:

We are very good at training clinicians to look after individual patients but fail completely to train them to look after the system of care.

Leadership and organisational skills

- Clinical leadership central to clinical engagement

- Organisational skills underpin leadership

- Organisational skills central to all improvement

- Skills that are crucial for safe care and for change

- Lack of organisational understanding – *dangerous*

- Doctors "hardwired" to care for individual

- Often at the expense of the individual patient

"Every system is perfectly designed to produce precisely the results that it gives"

Paul Bataldan and Donald Berwick, IHI Boston c1997

Developing organisational responsibilities

Other professions

Medical Director

Clinical director

Doctors

Management course

Organisational responsibility

25yrs

65yrs

Age - career progression
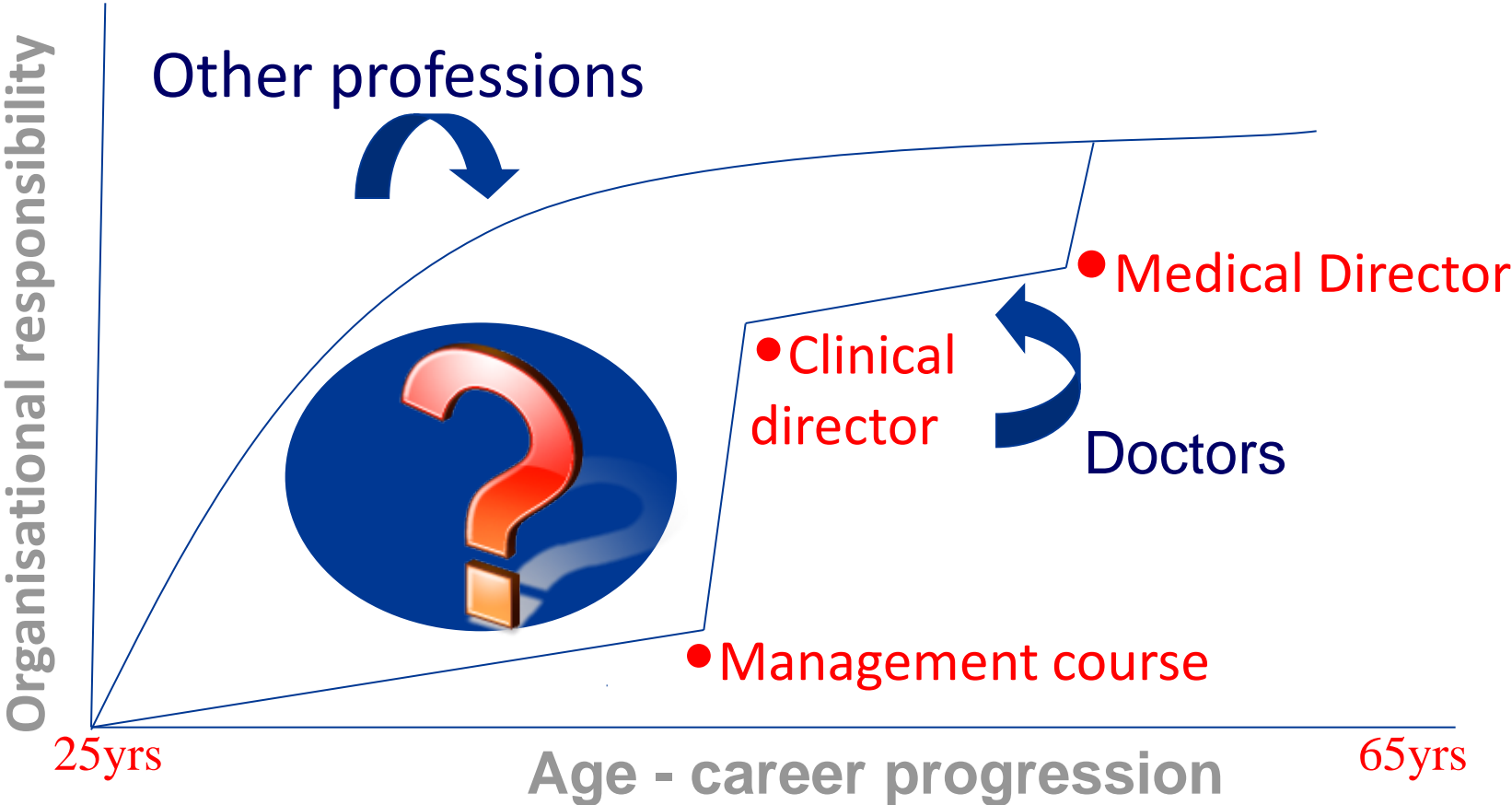
Are we missing a trick or two or three?

- Organisational and leadership training should be based in practice

- Much organisational work going on in Trusts

- Experience that is potentially available - daily

- Opportunities for training waiting to be realised

- What is needed to realise this potential?

Clinical leadership fellowships: the concept

- Funded "one year out of programme" for residents
- Offered to Medical Directors in all acute and mental health trusts in in London (2009). Three elements

- Current change management programme *across* local organisations e.g pathway development

- Local quality/safety initiative – change *within* an organisation

- Developing local *capacity* to deliver organisational and leadership training to residents and others

- Supported by bespoke leadership and development course

Evaluation of "Darzi" programme: 5 key outcomes:

- Mind shift of "fellows"

- Increasing belief in young clinical leaders' potential

- Creating impetus for leadership capacity building in Trusts

- Leveraging relationships and networks

- Material outcomes of change and improvement projects

Evaluation of "Darzi" programme: 5 key outcomes:

•**'Mind shift' of Fellows** – the Programme's major impact on young clinicians professionally and, sometimes, personally

•**Increasing belief in young clinical leaders' potential** – stakeholders in Trusts seeing how well supported young leaders can bring about service and improvement-related change

•**Creating impetus for leadership capacity building in Trusts** – heightened awareness and desirability of clinical leadership development

•**Leveraging relationships and networks** – networks that have become integral to Fellows' modus operandi of change leadership, and a potential source of momentum for wider change

•**Material outcomes of change and improvement projects** – many Fellowship projects have created policies, pathways, protocols and partnerships to capture, formalise and consolidate better ways of working

C. INTERMEDIATE IMPACT ON TRUSTS

B. IMPACT ON PARTICIPANTS' LEARNING AND PERSONAL GOALS – TRANFORMATIONAL CHANGE

A. PRINCIPLES OF SUCCESSFUL CLINICAL LEADERSHIP PROGRAMME DESIGN COMBINING WORKPLACE LEARNING AND EXTERNAL LEARNING EXPERIENCES

D. OUTCOME IMPACT ON TRUSTS

E. SUSTAINABILITY AND FURTHER IMPACT OVER TIME
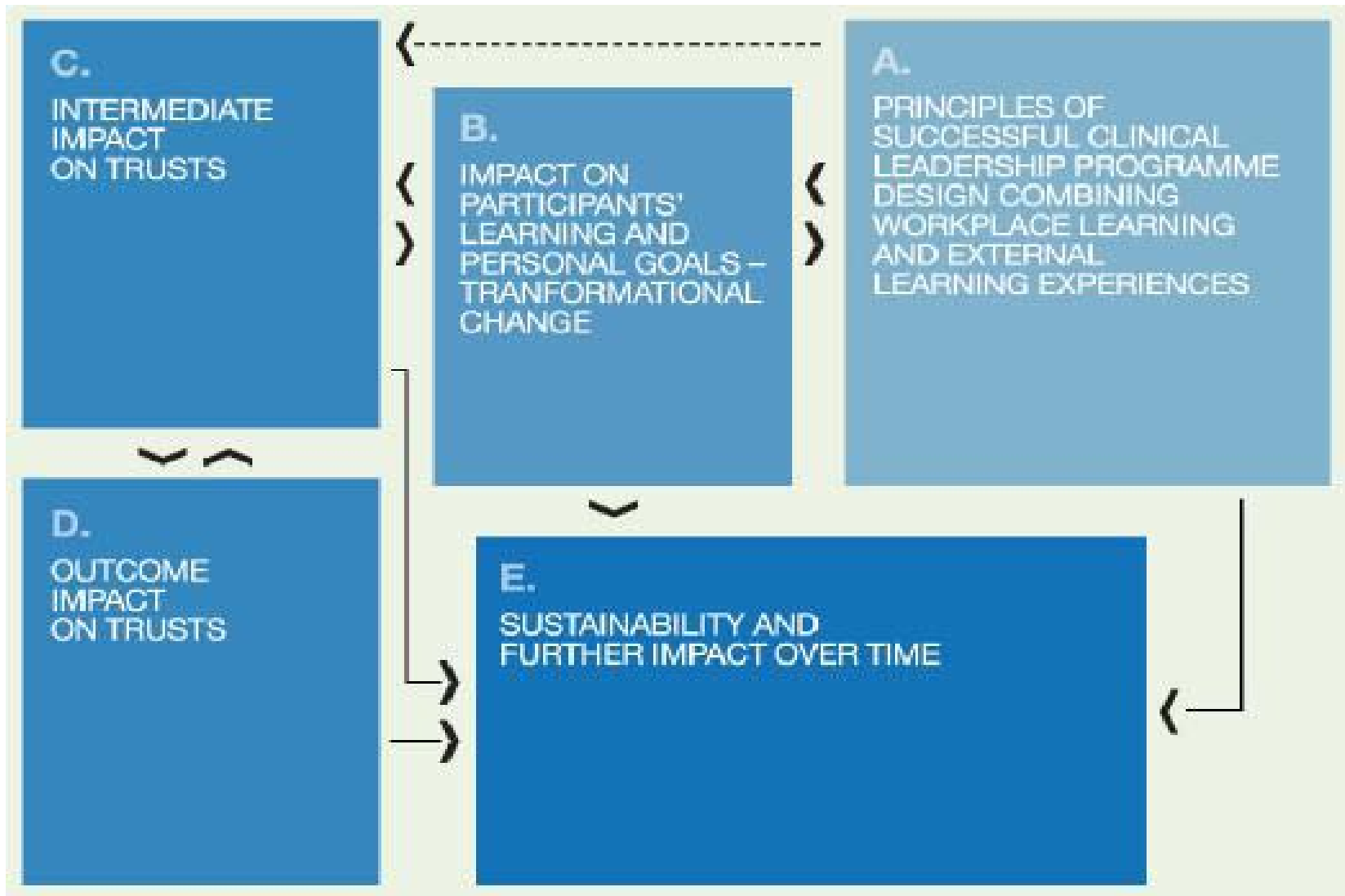
Three Leadership Projects created by "Fellows"

- Beyond Audit workshops

- Working Together Conference April 2011

- Learning Together Leading Together programme

Beyond Audit: Residents Leading for Quality

- Hospital based workshops about leading QIPP for Residents

- 53 Workshops at 19 hospitals in one year

- In-corporated into sub-specialty training days

- Included within an MSc programme

- Part of leadership training events across London

- Trainees learn about QIPP, identify problems and plan solutions

- Supported with online resources, leadership events & supervisors

- 3 Educational Supervisor training days - over 60 attendees

Problems identified by residents: with solutions

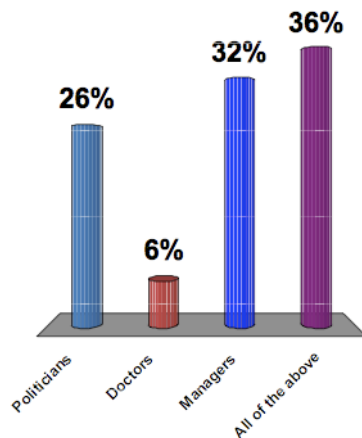|	
Losing track of tests that have been done when patients transferred	Multi-professional team meetings to discuss common problems on the ward
Delays in portering patients to theatre	Process mapping to understand why delays occur
Delay in obtaining basic equipment for phlebotomy	Timed walkthroughs to demonstrate wasted time
Frequently lost discharge summaries	Junior doctor input into IT systems to improve discharge summaries and patient tracking
Community teams unable to access hospital laboratory results	Review of phlebotomy services looking at whole system from clinician through to pathology lab
Difficulty getting medications at weekends	Run charts to engage teams in outcomes from changes
Inefficient postnatal ward baby checks	Rapid cycle PDSA to try out small tests of change within a ward system

Working Together Conference, April 2011

Who runs the NHS?

1. Politicians
2. Doctors
3. Managers
4. All of the above

26%   6%   32%   36%

Politicians   Doctors   Managers   All of the above

Doctors

Managers
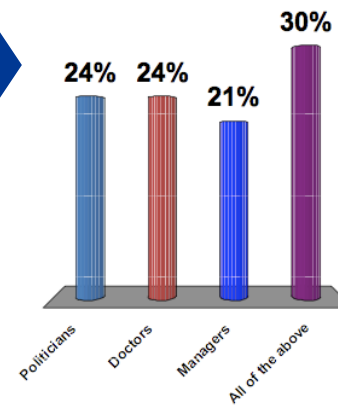
1. Politicians
2. Doctors
3. Managers
4. All of the above

24%   24%   21%   30%

Politicians   Doctors   Managers   All of the above

Working Together Conference

NHS Management Trainee:

"Fantastic day – it really helped me understand how I can add value to the work of doctors in my hospital, something I have struggled with previously. Going forward I will seek to engage doctors at all levels in my work."

Resident :

"This is so important, I feel encouraged and energised to engage in service improvements knowing that managers and doctors are working towards the same goal.   I hadn't considered talking to managers before but now I feel confident to share my ideas with them."

Learning Together, Leading Together

- Bringing together NHS management trainees and Foundation trainees within their hospitals
- Buddy pairs work together for a year: they must:

- Shadow each other for a day
- Complete a patient walk-through in a clinical department and identify areas for improvement
- Interview a local senior manager

- Action learning evenings and 1:1 facilitation
- On line support

- Evaluation in hand

www.leadership@londondeanery.ac.uk

How does London deliver "GMC plus"?

- Leadership and organisational skills development

- High quality academic training

- **Faculty development**

- Developing assessment of the Quality of Training

- Active commissioning: bringing service & education together

- Simulation & technology enhanced learning programme - StELI

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FACULTY DEVELOPMENT – PROFESSIONAL DEVELOPMENT FOR CLINICAL TEACHERS

Excellence in medical education requires a well trained and well motivated faculty of clinical teachers and through this website the London Deanery will be providing a single point of access to a range of development opportunities for its educational network. The Deanery, itself, will provide a number of courses and programmes, but will also be collaborating with, and commissioning other organisations to ensure that the training and development needs of our educational network are met.

PROFESSIONAL DEVELOPMENT FRAMEWORK FOR SUPERVISORS
From January 2010, all educational supervisors must be selected, and demonstrate an ability to fulfil their role. More...

Search »

NEWS

27 Apr 2011
Researching Learning for Clinical Practice (RLCP) News More...

12 Apr 2011
MA in Clinical Education - currently recruiting More...

11 Apr 2011
New course available - Quality Improvement and the Educational Supervisor More...

Read all news...

E-LEARNING FOR CLINICAL TEACHERS

» **Learn more**
» **Log in**

Faculty Development: Lead by Tim Swanwick

- Professional Development Framework for Educational Supervisors

- Educational courses: day events to full time Masters courses

- Popular e-learning modules

- Online multi-source feedback tool for supervisors

- Dedicated library services for educators

- Educational Team Development Service

- Educational Excellence Awards

Faculty development:

- Management Framework for trainees in difficulty

- E learning package for all ARCP panel members

- Postgraduate Certificate for Teachers in Primary care

- Annual trainer census built on network of hospital data bases Identifies contact, supervisory and training details of >6,000

- Books include "Clinical teaching made easy" and "Understanding Medical Education" – edited by Tim Swanwick just published by Wiley-Blackwell

Professional Development Framework for Educational & Clinical Supervisors

1. Ensuring safe and effective patient care
2. Establishing and maintaining an environment for learning
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring educational progress
6. Guiding personal and professional development
7. Continuing professional development as an educator

MSF for supervisors – the final instrument

MSF for supervisors – what we developed

- 20 item questionnaire – built round 3 factors

- Process of educational supervision - personal attributes

- Going the extra mile - challenge and support

- Reliability sufficient with 3 respondents

- But increased with 5 respondents

- In general supervisors' self ratings lower than residents' ratings

MSF for supervisors – in practice

- 3, 408 educational supervisors in the MSF database

- Started to nominate trainees in July 2010

- Feedback reports generated between July 2010 and April 2011.

- >1,200 (33%) educational supervisors have initiated the process

- 616 completed reports generated for 600 supervisors

MSF for supervisors –next stages

- Promote MSF as part of a wider faculty development strategy

- Reinstate a   question around 'safe' clinical practice and 'communication with clinical supervisors'
  e.g. "willingness to ensure that I have appropriate clinical supervision"

- Test providing feedback options for trainees e.g. 'select top 3 suggestions for improvement'   in addition to free text

- Further analysis of data including repeat generalisability study

Education Team Development Service

- Free, tailor-made support to educational teams in London

- Requested by local teams or referred from Deanery

- Investigate issues around quality of training or team concerns

- Provides systemic solutions to complex problems crossing boundaries

- Working currently in 6 hospitals across 8 specialties

Education Team Development Service feedback

'**Training programme director**"
My impression is that we have now overcome the adversarial atmosphere and continue to improve supervision and feedback'

Director of Medical Education
'I want to warmly commend everyone involved in this. I am grateful to [the ETD team] for all that they have done. Equally, on behalf of the Trust, I would like to thank trainers and trainees for embracing the process...Well done everyone.'

Head of Specialty School
'Basically we were impressed in that there seemed to be consistent evidence of a marked improvement. The trainees...had only positive feedback on their training, including the presence of consultants providing a high level of day to day clinical supervision. One or two trainees who had experience of how things used to be...also said that the situation had improved...Many thanks for your input'

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UK annual GMC resident survey of training

- Measures residents' perceptions

- Annual and Mandatory for trainees in approved posts

- Developed from London "Point of View Survey"

- Administered using web form

- Residents sent repeated emails until they complete

- Data collected from   May to July

- London Deanery response rate >90% (9,535/10,566)

- London used to inform decommissioning of training posts

UK annual GMC resident survey of training

- >90% response rate annually: powerful

- Allows local and national benchmarking

- Used by those responsible for education locally

- Used to stimulate change and to track progress

- Deanery uses survey to track improvement

- Public domain transparency is crucial to effectiveness

An example of one indicator: Clinical supervision

- Not a single question

- Looks at consequences of clinical supervision

- Relates to residents self-reported medical errors

- Residents overall satisfaction with their training post

- It consists of the mean of the 5 items -scaled 0 to 100

" In this post……"

- How often did you feel forced to cope with clinical problems beyond your   competence or experience?

- How often, if ever, were you supervised by someone who you felt wasn't competent to do so?

- How often have you been expected to obtain consent for procedures where you feel you do not understand the proposed interventions and its risks?

- Did you always know who was providing your clinical supervision when you were working?

- In please indicate your perception of the way in which critical events and near misses were reported in your department.

Example of change over time: NWLH Core Medicine

2009: flagged as an outlier - bottom 25% nationally and outside the confidence intervals of the national mean

2010: lost ignominy of "red flag" outlier status

2009 - CMT

2010 – CMT

Clinical supervision for Core Medical Trainees across London: 2009

University College London Hospitals NHS Foundation Trust - National...
Chelsea and Westminster Hospital NHS Foundation Trust
Homerton University Hospital NHS Foundation Trust
The Royal Marsden NHS Foundation Trust
Guy's and St Thomas' NHS Foundation Trust
Imperial College Healthcare NHS Trust - St Mary's Hospital
Royal Brompton and Harefield NHS Trust - Royal Brompton Hospital
Whipps Cross University Hospital NHS Trust
The Whittington Hospital NHS Trust
Royal Free Hampstead NHS Trust - Royal Free Hospital
King's College Hospital NHS Foundation Trust
Queen Mary's Sidcup NHS Trust
Royal Brompton and Harefield NHS Trust - Harefield Hospital
The Lewisham Hospital NHS Trust
Barts and The London NHS Trust
Mayday Healthcare NHS Trust
Imperial College Healthcare NHS Trust - Hammersmith Hospital & Queen...
St George's Healthcare NHS Trust
West Middlesex University Hospital NHS Trust
Imperial College Healthcare NHS Trust - Charing Cross Hospital
Barking, Havering And Redbridge Hospitals NHS Trust
Epsom And St Helier University Hospitals NHS Trust
University College London Hospitals NHS Foundation Trust - University...
Kingston Hospital NHS Trust
Barnet and Chase Farm Hospitals NHS Trust - Chase Farm Hospital
Barnet and Chase Farm Hospitals NHS Trust - Barnet Hospital
The Hillingdon Hospital NHS Trust
Ealing Hospital NHS Trust
North West London Hospitals NHS Trust - Central Middlesex Hospital
Queen Elizabeth Hospital NHS Trust
Bromley Hospitals NHS Trust
Newham University Hospital NHS Trust
North Middlesex University Hospital NHS Trust
North West London Hospitals NHS Trust - Northwick Park Hospital

60   70   80   90   100

LondonDeanery

NHS London

Clinical supervision for Core Medical Trainees across London: 2010

Using evidence to decommission training posts

- UK rationalisation of numbers of training posts

- "Balancing" supply and demand

- London had to decommission 70 CMT posts 2011-12

- Either: share "pain" across London

- Or reward the best programmes?

- School of Medicine project produce a transparent, robust and reproducible method to rate and rank quality of training

- To use to results for decommissioning and commissioning of training posts across London

Method: quantitative data available at 3 levels

- **Trainee feedback**:
- GMC National Survey of Trainee Doctors
- Combined two years: 2009-2010
- 15 of 21 indicators directly linked to quality of training

- **Trainer engagement**
- Attendance of TPDs at training meetings over 3 years

- **Consultant supervisor engagement in training**
- Percentage of WPBAs done by Consultants in proportion to total number of WBPA undertaken at each Trust (2009-10)

GMC trainee survey data domains

Double weighted

- Overall satisfaction

- Clinical supervision

- Work load

- Education supervision

- Feedback

- Undermining by

consultants

- Hours education per week

- Adequate experience

- Redistribution of tasks

- Induction

- Access to education resources

- Local teaching

- Other learning opportunities

- Procedural skills,

- Study leave

Score Card

Draft Score Card for Quality Performance Indicators for Assessing Quality of Training Post	Green	Red	Total
Trainee Survey Analysis Groups			
Weighted:			
1. Overall Satisfaction	+2	-2	
2. Clinical Supervision	+2	-2	
3. Work Load	+2	-2	
4. Educational Supervision	+2	-2	
5. Feedback	+2	-2	
6. Undermining by consultant (%)	+2	-2	
Not weighted:			
1. Hours of Education per week	+1	-1	
2. Adequate Experience	+1	-1	
3. Redistribution of tasks (%)	+1	-1	
4. Induction	+1	-1	
5. Access to Educational Resources	+1	-1	
6. Local Teaching	+1	-1	/21
7. Other Learning Opportunities	+1	-1	(60%)
8. Procedure Skills Score (%)	+1	-1	
9. Study Leave	+1	-1	
Trainee Survey (Complete) Outlier Analysis	+0.5	-0.5	
1. Number of flags		-1	/10.5
2. Failure to improve			(29%)
Attendance to STC Meetings			
1. >80%	+2		
2. 50 – 79%	+0		
3. <50%		-2	/2 (5.5%)
% of Consultant assessed WBPA to total number of trainee WBPA			
1. Top 15%	+2		
2. Bottom 15%		-2	/2 (5.5%)

Stakeholder engagement with the process

- Delphi survey with Training Programme Directors

- Before and after analysis

- Wider stakeholder distribution of methodology

- Found to have face validity

- Not prone to major fluctuation

- Used for decommissioning of core medicine training posts

Core Medical Training: quality ranking

HIGH

Royal Brompton
Whittington
Chase Farm
Newham
Lewisham
South London (Queen Mary's)
King's College
Imperial (St Mary's)
Royal Marsden
Whipps Cross
Northwick Park
Harefield
South London (Princess Royal)
Central Middlesex
UCH (UCH)
Chelsea & Westminster
UCH (NHNN)
St George's
Hillingdon
Imperial (Hammersmith & QC)
Homerton
Royal Free
BHR
Imperial (Charing Cross)
GSTT
Kingston
North Middlesex
Epsom & St Helier
South London (QEH)
West Middlesex
Ealing
Barnet
Barts & the London

Mayday

LOW

Hospitals in London ranked by quality of CMT training.

High

Royal Brompton
Whittington
Chase Farm
Newham
Lewisham
South London (Queen Mary's)
King's College
Imperial (St Mary's)
Royal Marsden

Whipps Cross
Northwick Park
Harefield
South London (Princess Royal)
Central Middlesex
UCH (UCH)
Chelsea & Westminster
UCH (NHNN

St George's
Hillingdon
Imperial (Hammersmith & QC)
Homerton
Royal Free
BHR
Imperial (Charing Cross)
GSTT
Kingston
North Middlesex
Epsom & St Helier
South London (QEH)
West Middlesex
Ealing
Barnet
Barts & the London
Mayday

LOW

Results

Trusts ranked by quality matrix score

Final Score

How does London deliver "GMC plus"?

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- Developing assessment of the Quality of Training

- Active commissioning: bringing service & education together

- **Simulation & Technology enhanced Learning Initiative – STeLi**

- High level of support for trainees

- Leading on developing training in Integrated Care

STeLI: Lead by Ian Curran
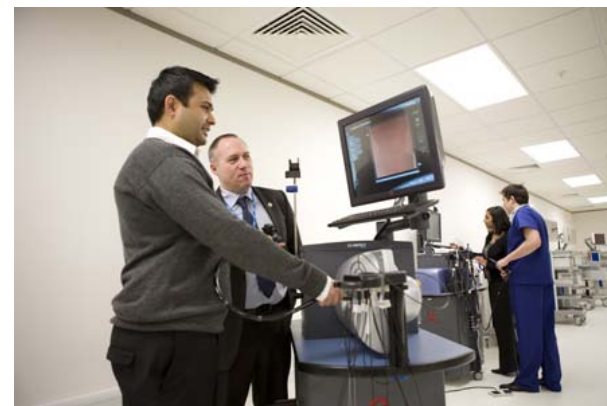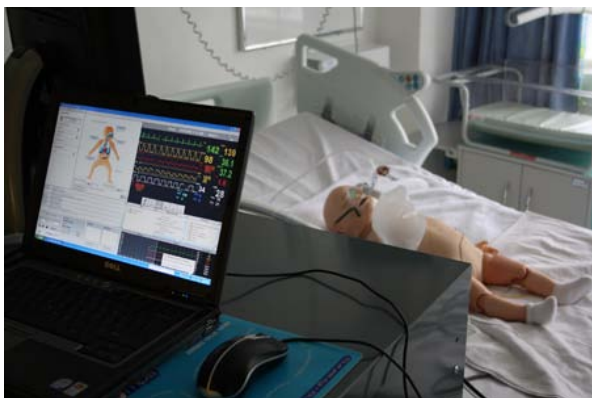
A simulation enhanced learning trajectory

Mastery (vertical axis)

Safety threshold

Minimised and managed risk to patients

Excellent

Supervised clinical practice

In situ simulation

Proficient

Competent

Distributed Simulation

Advanced beginner

Task Simulation

Novice (Incompetent)
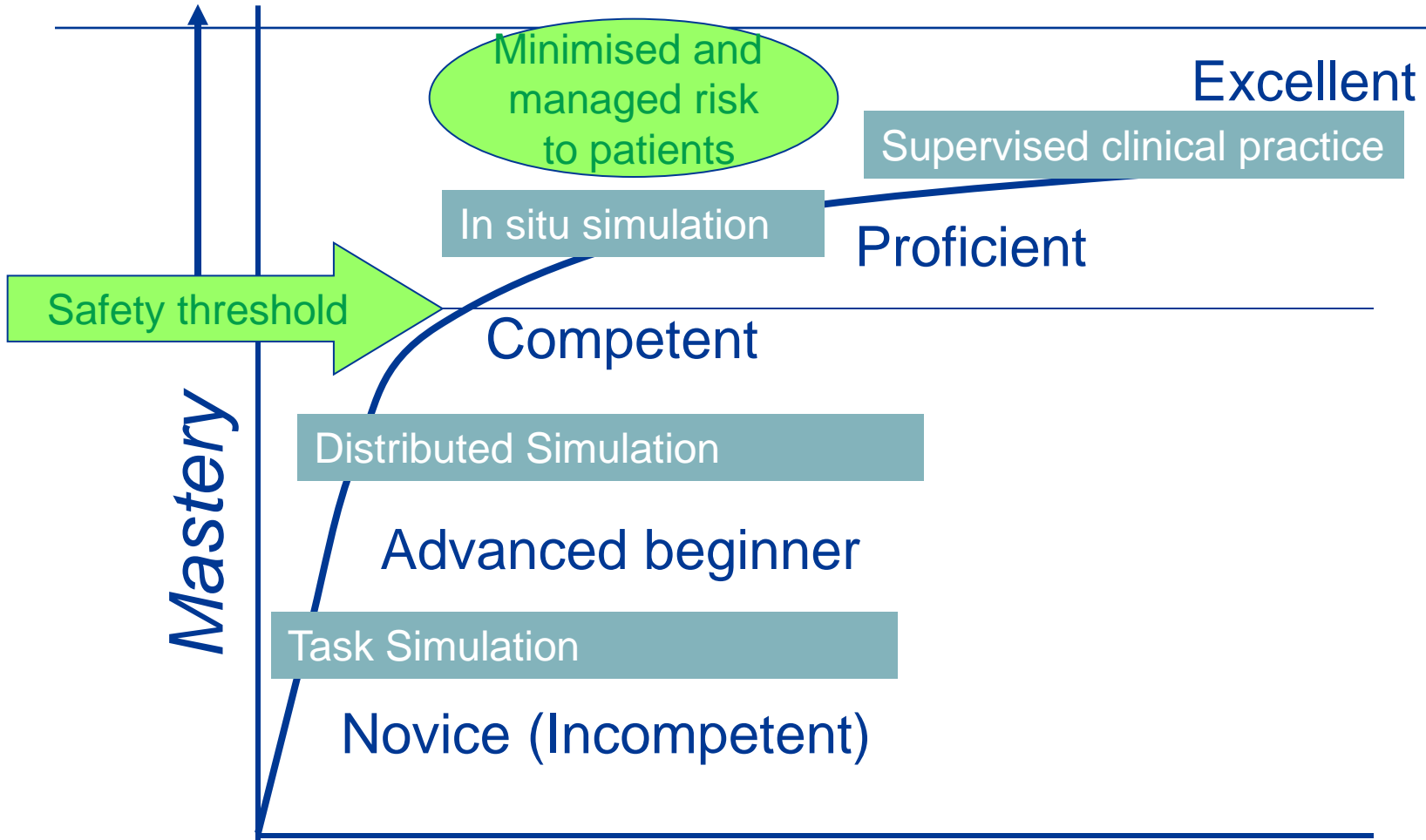
STeLI:

- 60,000+ simulation based opportunities in 32 hospitals (2 years)
- Training Trainers: 2,500 opportunities
- Inter-professional, generic and specialty focused work
- Awareness of Human Factors on patient safety

- Awareness of impact of Human Factors on H@Night teams
- Promotes advocacy and patient centredness
- Highlights importance of   leadership, followership and management skills in clinical practice
- Working with London Trauma Office to support development of Trauma   Team leaders and members training courses

STeLI – Research & Development

- Distributed Simulation system (the 'igloo')

- Prosthetic wounds

- Impact of a new simulation centre on educational standards

- Delivery of electroconvulsive therapy in simulated environment

- Cognition of advanced medical practice (Kings)

- Using psychometric profiling to raise individual and team awareness of performance in stressful situations

STeLI: Faculty Development Courses feedback

"Made me far more aware of how I learn and therefore how to support others learning needs"

"Very enjoyable, stimulating and relevant to me as a simulation instructor"

"Human Factors have a major impact in crisis situations"

"Detailed, effective debriefing can help identify complex issues relevant to patient safety and help formulate preventive behaviour"

"Effective teamwork, communication and insight are central to crisis resource management"

Simulation: a speciality example Ophthalmology

- Deanery funded 2 simulator machines – RCOpth & Moorfields
- 39 trainees trained using simulators: single sessions or series

- 2 trainees having difficulties with cataract surgery: intensive training and practice simulator: on track

- Year 3 resident long illness: 12 simulated sessions in 6 weeks Supervisor reported immediate and proficient surgical ability

- Year 2 resident: few surgical opportunities: simulated training achieved proficiency and the required experience

- 2011 new intake: three half day sessions 1:1 consultant supervision & 2 x 2 hr sessions & assessment by trained Year 4

- Evaluate: time from start of training to completion of first 10 cataract operations vs previous cohorts

Simulation - LonDec

- £2 million state-of-the-art dental training facility

- Joint enterprise between London Deanery & King's College London

- 26 state of the art clinical simulation units

- 8 operating microscopes

- Full immersion simulation suite for team training in both infection control & management of medical emergencies

Award winning Initiative

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- **High level of support for trainees**

- Leading on developing training in Integrated Care

Supporting Trainees

Coaching & Mentoring

Careers

Doctors in Difficulty

MedNet

RELEASING POTENTIAL, ENHANCING CAREERS

We are proud to have a confidential coaching and mentoring service which started in July 2008. London's dental and medical professionals have an urgent and growing need for structured, high quality mentoring.

The service puts doctors and dentists interested in receiving coaching and mentoring in touch with skilled and trained Mentors who are quality assured and supported in their roles.

As of today, Thursday 18 August 2011, we have received 988 applications for coaching and mentoring.

The First Five Hundred
A report on London Deanery's Coaching and Mentoring Service 2008-2010 More..

> " People do grow, learn, thrive and excel when organisations make provision for particular and specific interpersonal support at key times (Cross, 1998) "

CONTACT THE COACHING AND MENTORING TEAM

London Deanery
Coaching and Mentoring Administrator

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hpma

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NEWS

04 Jul 2011
On June 23rd the Deanery Coaching and Mentoring won the More...

25 May 2011
The Coaching and Mentoring service has been shortlisted as a More...

12 May 2011
New training courses and events are now available via the More...

Read all news

London

London Deanery Coaching and Mentoring Service

- Launched in 2008

- Free to residents, SASGs and new GPs or consultants

- 348 trained mentors

- Over 1,000 doctors and dentists have applied to be mentored

- From all grades, specialties and clinical settings

hpma

WINNER
Healthcare People
Management Association
2011 Excellence in HRM Awards

Reasons for wanting a mentor

Career development	92%
Support with change/transition	38%
Loss of confidence, doubts	26%
Work/life balance	24%
Career in difficulty	20%
Leadership role	12%

Feedback from mentees

"I think [my mentor] was able to listen to what I was saying and pull out from that the difficulties that I was facing. She was quite challenging at times and did not allow me to avoid the difficulties – which was useful as it meant I did something differently. I also was able to think about my career and work/life balance from what felt like a step away and be more reflective."
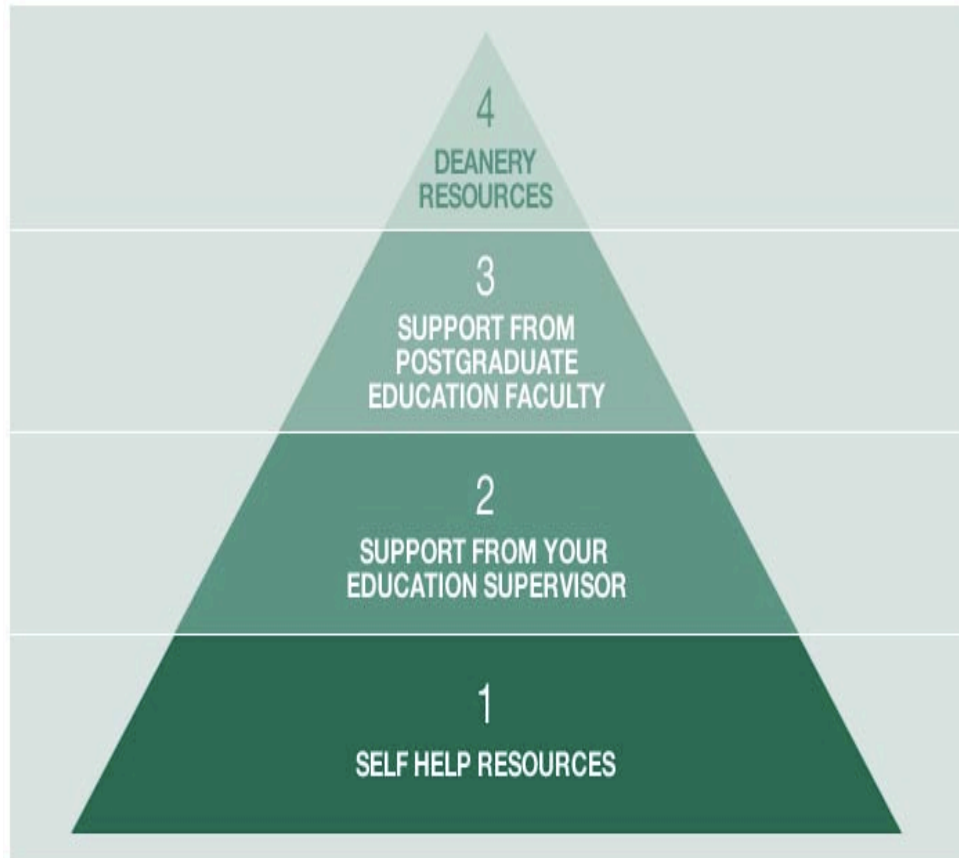
[Trainee, Child and Adolescent Psychiatry]

"[Mentoring] has made a significant difference to my professional development"

[London FY2 trainee]

"Mentoring sessions have helped to improve knowledge and skills, regain confidence and wellbeing, improve performance and productivity."

[GP, Kent]

Careers Resources & Uptake

Individual counselling via triage

Webinars, telephone coaching

Personalised 1:1 135 trainees

Careers lead in each trust

Annual training workshops for faculty

E-learning modules

Beyond Clinical Practice website:
> 2000 visitors in first year of launch

Careers Fair: >550 attendees

Feedback from residents receiving careers support

'I honestly would not have managed without the support you have given me - things like the job change would have seemed almost insurmountable problems and I keep surprising myself by how I think about and do things very differently already...

And when I first met you I could never ever have dreamed I would have passed Part 2, done three PACES courses (which always seemed ridiculously terrifying) and be 2 days from my PACES exam and reconsidering a career in neurology just 3 months later?? It's amazing!! But most amazing of all is that I love it all and for the first time ever I actually feel I am a doctor..'

Residents in difficulty

- Aim to identify problems early

- "Act early,act slowly if it is not written down it has not happened"

- Faculty development and training trainers in diagnositics

- Management Framework for Trainees in Difficulty

- Small administrative team support the work of Heads of Schools, Training Programme Directors and supervisors

- Link to all Deanery support services

- Help with the sometimes complex training;employment interface

Doctors in Difficulty – current issues

Legend:
- Remedial targets (no extension to training programme duration)
- Remedial targets with an extension to training programme duration
- Current removal from training due to non-progression
- Ill health
- AWOL
- Subject of employer disciplinary proceedings
- Subject of a FTP investigation or sanction by the regulatory body

LondonDeanery

NHS London
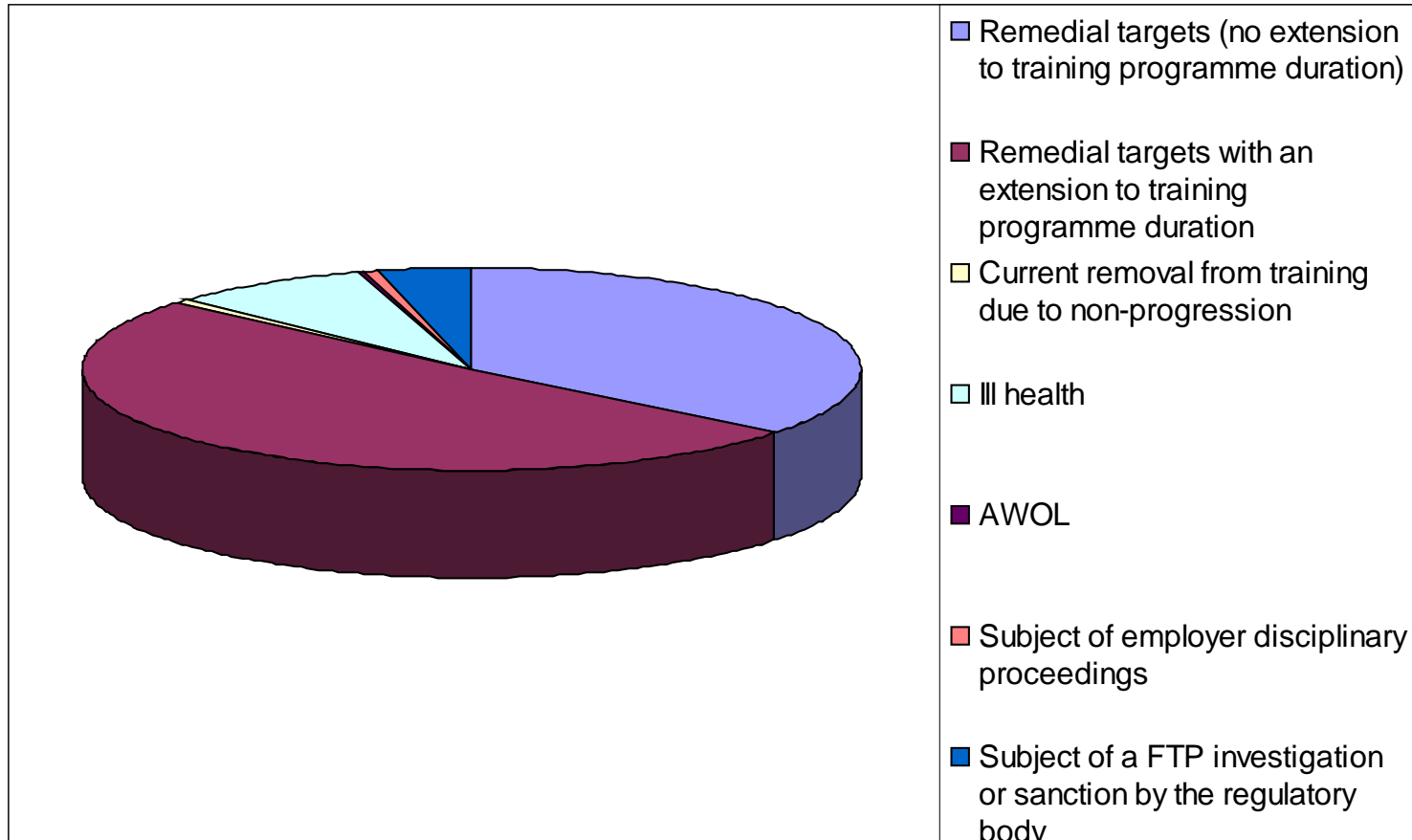
Doctors in Difficulty - Issues resolved by the Deanery since 01/01/2010
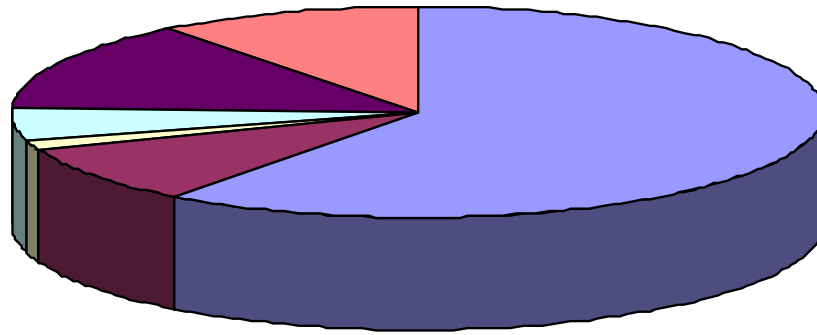
Legend:
- ■ Completed remedial training satisfactorily and continued training
- ■ Completed remedial training satisfactorily and completed training
- ■ Returned to training programme following ill health / AWOL
- ■ Disciplinary or FTP investigations concluded with no further action
- ■ Resigned from training
- ■ Did not complete remedial training satisfactorily and removed from training

MedNet: Dr Tony Garelick

- Addresses work, personal or career related problems

- Clinical assessment & targeted brief psychological treatments

- Up to 6 sessions with senior psychiatrist / psychotherapist

- Access to network of resources

- Confidential – within the limits of patient safety

- >400 participants in last 5 years

MedNet – frequency of work related issues

Domain	With Problem		Moderate/Severe		Problem Appeared in last 12 months,	
	n	(%)	n	%	n	%
Workload	48	(44.4)	37	(77.1)	19	39.6
Work relationships	32	(29.6)	22	(68.8)	12	37.5
Career issues	29	(26.9)	16	(55.2)	12	41.4
Change of job	29	(26.9)	21	(72.4)	23	79.3
Work conditions	20	(18.5)	17	(85.0)	12	60.0
Bullying	12	(11.1)	6	(50.0)	7	58.3
Work related health	10	(9.3)	7	(70.0)	6	60.0
Formal proceedings	8	(7.4)	5	(62.5)	6	75.0
Organisational issues	8	(7.4)	6	(75.0)	4	50.0
Traumatic event	5	(4.6)	4	(80.0)	5	100.0
Violence	1	(0.9)	1	(100)	1	100.0
Other	16	(14.8)	12	(75.0)	14	87.5

How does London deliver "GMC plus"?

- Leadership and organisational skills development

- High quality academic training

- Faculty development

- Developing assessment of the Quality of Training

- Active commissioning: bringing service & education together

- Simulation & technology enhanced learning programme - StELI

- High level of support for trainees

- **Leading on developing training in Integrated Care**

London Deanery – The Future

What is integrated care?

- Integrated care must focus on those patients for whom current care provision is disjointed and fragmented, mainly complex patients with co-morbidities

- Effective clinical leadership must exist, to promote changes in clinical behaviour

- The interaction between generalist and specialist clinicians must promote real clinical integration

- There must be integrated information systems that allow the patient's journey to be mapped across a care pathway at any moment in time. This must be linked to cost utilisation data

- Financial and non-financial incentives must be aligned to provide the conditions to ensure that care delivery is of high quality and cost-effective

Nuffield Trust paper on integrated care organisations (Lewis et al, 2010)

Training in Integrated Care in London

- Promoting clinical leadership for a purpose

- Supporting a network of clinical champions

- Identify and disseminate existing initiatives of effective working in integrated settings

- Identification of training pilot sites to model training in new and innovative settings

- Developing programmes of training in integrated care settings

- Developing educational resources in relation to skills needed for working in integrated care.

Integrated Care Pilot Training Days in Sexual health:

- December 2011: Integrated Training Day

- Whittington Integrated Care Organisation

- 40 GP, Public Health & Medical Trainees

- Focus on generic integrated care learning objectives and skills

- Developing new curriculum for integrated care

- Aim to replicate across London if evaluation successful

Celebrating GP education

www.londondeanery.ac.uk

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NHS
London

Patient-focused initiatives

- **111 project**
- Educating GPs and trainees
- Service improvement and leadership opportunities

- **Information revolution**
- Residents as vectors
- Leadership development opportunities

- **Coaching for health**
- Cohort of GP residents working with patients with LTCs
- Patient enablement skills in clinical practice
- Evaluation to assess impact

Enhancing the quality of GP education

- **Enhancing generalism**
- Population health focus
- Diagnostic evaluation of populations

- **Supporting clinical care through training**
- Develop evidence base linking training to clinical outcomes
- Mapping educational resource to areas of greatest clinical need

- **Quality metrics**
- Outcomes of training
- Better understanding of resident experience

Thank you!

And…….

Many thanks to all the London Deanery Team with special thanks to Cat Chatfield and Alice Roeche

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