jeremy.levy@londondeanery.ac.uk: Head School of Medicine
ian.curran@londondeanery.ac.uk: STeLI
daniel.smith@londondeanery.ac.uk: Analyst
tim.swanwick@londondeanery.ac.uk: Leadership and Faculty development
cat.chatfield@londondeanery.ac.uk: Resident support
rebecca.viney@londondeanery.ac.uk: Mentor programme
mednet@tovi-port.nhs.uk: Tony Garelick MEDNET
john.launer@londondeanery.ac.uk: Educational Development Team
caroline.elton@londondeanery.ac.uk: Careers
nav.chana@londondeanery.ac.uk: GP and integrated care
diana.hamilton-fairley@londondeanery.ac.uk: Quality lead
Postgraduate medical training in UK (2008-)

Medical student
5-6 years

Foundation programme
2 year

Core training
2-3 years

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

Consultant or general practitioner

paediatrics
O&G
general practice
pathology
public health

GMC full registration
GMC provisional registration

medicine
surgery
acute care
psychiatry
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 training 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
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

- Management course
- Clinical director
- Medical Director
- Other professions
- Doctors
- Management course
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 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
A. Principles of Successful Clinical Leadership Programme Design combining Workplace Learning and External Learning Experiences

B. Impact on Participants’ Learning and Personal Goals – Transformational Change

C. Intermediate Impact on Trusts

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
- Incorporated 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

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

I feel inspired to go ahead and start a quality improvement project.

I was amazed to see how enthusiastic trainees are about improving quality.

I had never heard of Quality Improvement Projects before today.

Managers can be really helpful!

I wish I’d learnt about this earlier.

Managers can be really helpful!

Quality Improvement is not as hard as I thought.

I enjoyed meeting and learning from other people doing quality improvement work.

I was amazed to see how enthusiastic trainees are about improving quality.

Really clear, relevant and enjoyable!
Who runs the NHS?

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

Managers

1. Politicians
2. Doctors
3. Managers
4. 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
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
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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...
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
• 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
‘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’
How does London deliver “GMC plus”?  

- Leadership and organisational skills development  
- High quality academic training  
- Faculty development  
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- Leading on developing training in Integrated Care
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
Clinical supervision for Core Medical Trainees across London: 2010

The Royal Marsden NHS Foundation Trust
Imperial College Healthcare NHS Trust - St Mary's Hospital (H2)
St George's Healthcare NHS Trust
Royal Brompton and Harefield NHS Foundation Trust - Royal Brompton
Barnet and Chase Farm Hospitals NHS Trust - Chase Farm Hospital
West Middlesex University Hospital NHS Trust
University College London Hospitals NHS Foundation Trust - University
University College London Hospitals NHS Foundation Trust - National
The Hillingdon Hospital NHS Trust
The Whittington Hospital NHS Trust - The Whittington Hospital
King's College Hospital NHS Foundation Trust
Imperial College Healthcare NHS Trust - Hammanworth Hospital and
South London Healthcare NHS Trust - Queen Mary's Hospital Sidcup
Merton University Hospital NHS Foundation Trust
Imperial College Healthcare NHS Trust - Charing Cross Hospital
Guy's and St Thomas' NHS Foundation Trust
Royal Brompton and Harefield NHS Foundation Trust - Harefield Hospital
Royal Free Hampstead NHS Trust - Royal Free Hospital
Newham University Hospital NHS Trust
North West London Hospitals NHS Trust - Central Middlesex Hospital
South London Healthcare NHS Trust - Princess Royal University Hospital
Barking, Havering and Redbridge University Hospitals NHS Trust
The Lewisham Hospital NHS Trust
Pants and the London NHS Trust
Chelsea and Westminster Hospital NHS Foundation Trust
Epsom and St Helier University Hospitals NHS Trust
Whipps Cross University Hospital NHS Trust
Kingston Hospital NHS Trust
North Middlesex University Hospital NHS Trust
North West London Hospitals NHS Trust - Northwick Park Hospital
South London Healthcare NHS Trust - Queen Elizabeth Hospital Woolwich
Barnet and Chase Farm Hospitals NHS Trust - Barnet Hospital
Mayday Healthcare NHS Trust
Ealing Hospital NHS Trust

London Deanery
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
<table>
<thead>
<tr>
<th>Draft Score Card for Quality Performance Indicators for Assessing Quality of Training Post</th>
<th>Green</th>
<th>Red</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trainee Survey Analysis Groups</strong></td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weighted:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Overall Satisfaction</td>
<td>+2</td>
<td>-2</td>
<td>0</td>
</tr>
<tr>
<td>2. Clinical Supervision</td>
<td>+2</td>
<td>-2</td>
<td>0</td>
</tr>
<tr>
<td>3. Work Load</td>
<td>+2</td>
<td>-2</td>
<td>0</td>
</tr>
<tr>
<td>4. Educational Supervision</td>
<td>+2</td>
<td>-2</td>
<td>0</td>
</tr>
<tr>
<td>5. Feedback</td>
<td>+2</td>
<td>-2</td>
<td>0</td>
</tr>
<tr>
<td>6. Undermining by consultant (%)</td>
<td>+2</td>
<td>-2</td>
<td>0</td>
</tr>
<tr>
<td>Not weighted:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Hours of Education per week</td>
<td>+1</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>2. Adequate Experience</td>
<td>+1</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>3. Redistribution of tasks (%)</td>
<td>+1</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>4. Induction</td>
<td>+1</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>5. Access to Educational Resources</td>
<td>+1</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>6. Local Teaching</td>
<td>+1</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>7. Other Learning Opportunities</td>
<td>+1</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>8. Procedure Skills Score (%)</td>
<td>+1</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>9. Study Leave</td>
<td>+1</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Trainee Survey (Complete) Outlier Analysis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Number of flags</td>
<td>+0.5</td>
<td>-0.5</td>
<td>0.0</td>
</tr>
<tr>
<td>2. Failure to improve</td>
<td>+1</td>
<td>-1</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Attendance to STC Meetings</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. &gt;80%</td>
<td>+2</td>
<td>-2</td>
<td>0</td>
</tr>
<tr>
<td>2. 50 – 79%</td>
<td>+0</td>
<td>-2</td>
<td>0</td>
</tr>
<tr>
<td>3. &lt;50%</td>
<td>-2</td>
<td>-2</td>
<td>0</td>
</tr>
<tr>
<td><strong>% of Consultant assessed WBPA to total number of trainee WBPA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Top 15%</td>
<td>+2</td>
<td>-2</td>
<td>0</td>
</tr>
<tr>
<td>2. Bottom 15%</td>
<td>-2</td>
<td>-2</td>
<td>0</td>
</tr>
</tbody>
</table>
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
Narefield
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
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 Initiative – STeLi
- High level of support for trainees
- Leading on developing training in Integrated Care
A simulation enhanced learning trajectory

- Novice (Incompetent)
- Advanced beginner
- Competent
- Proficient
- Excellent

- Minimised and managed risk to patients
- Supervised clinical practice
- In situ simulation
- Distributed Simulation
- Task Simulation

Saran after Dreyfus and Dreyfus
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 – RCOphth & 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

STeLI
Simulation & Technology-enhanced Learning Initiative
How does London deliver “GMC plus”? 

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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..
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
<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career development</td>
<td>92%</td>
</tr>
<tr>
<td>Support with change/transition</td>
<td>38%</td>
</tr>
<tr>
<td>Loss of confidence, doubts</td>
<td>26%</td>
</tr>
<tr>
<td>Work/life balance</td>
<td>24%</td>
</tr>
<tr>
<td>Career in difficulty</td>
<td>20%</td>
</tr>
<tr>
<td>Leadership role</td>
<td>12%</td>
</tr>
</tbody>
</table>
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 diagnostics
- 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

- 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
Doctors in Difficulty - Issues resolved by the Deanery since 01/01/2010

- 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

<table>
<thead>
<tr>
<th>Domain</th>
<th>With Problem</th>
<th>Moderate/Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>(%)</td>
</tr>
<tr>
<td>Workload</td>
<td>48 (44.4)</td>
<td>37 (77.1)</td>
</tr>
<tr>
<td>Work relationships</td>
<td>32 (29.6)</td>
<td>22 (68.8)</td>
</tr>
<tr>
<td>Career issues</td>
<td>29 (26.9)</td>
<td>16 (55.2)</td>
</tr>
<tr>
<td>Change of job</td>
<td>29 (26.9)</td>
<td>21 (72.4)</td>
</tr>
<tr>
<td>Work conditions</td>
<td>20 (18.5)</td>
<td>17 (85.0)</td>
</tr>
<tr>
<td>Bullying</td>
<td>12 (11.1)</td>
<td>6 (50.0)</td>
</tr>
<tr>
<td>Work related health</td>
<td>10 (9.3)</td>
<td>7 (70.0)</td>
</tr>
<tr>
<td>Formal proceedings</td>
<td>8 (7.4)</td>
<td>5 (62.5)</td>
</tr>
<tr>
<td>Organisational issues</td>
<td>8 (7.4)</td>
<td>6 (75.0)</td>
</tr>
<tr>
<td>Traumatic event</td>
<td>5 (4.6)</td>
<td>4 (80.0)</td>
</tr>
<tr>
<td>Violence</td>
<td>1 (0.9)</td>
<td>1 (100)</td>
</tr>
<tr>
<td>Other</td>
<td>16 (14.8)</td>
<td>12 (75.0)</td>
</tr>
</tbody>
</table>
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
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
www.londondeanery.ac.uk

jeremy.levy@londondeanery.ac.uk: Head School of Medicine
ian.curran@londondeanery.ac.uk: STeLI
daaniel.smith@londondeanery.ac.uk: Analyst
tim.swanwick@londondeanery.ac.uk: Leadership and Faculty development
cat.chatfield@londondeanery.ac.uk: Resident support
rebecca.viney@londondeanery.ac.uk: Mentor programme
mednet@tovi-port.nhs.uk: Tony Garelick MEDNET
john.launer@londondeanery.ac.uk: Educational Development Team
caroline.elton@londondeanery.ac.uk: Careers
nav.chana@londondeanery.ac.uk: GP and integrated care
diana.hamilton-fairley@londondeanery.ac.uk: Quality lead