The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Dr Mark Blunt, Medical Director	Decision	√	High	Med	Low
	Discussion			√	
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic				
	Operational	√			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Essential Standard Ref:					
NHSLA Standard Ref:					
Media / Communications:					

Meeting Date: 27 May 2014

Report Title: Trust Medical Education Update

PURPOSE:

To update the Board on medical education within the Trust.

SUMMARY:

A recommendation from the recent visit from Health Education East of England (HEEoE) is that a regular report concerning medical education within the Trust is seen at the Trust Board. This summary paper is an initial approach to meet this following agreement from the Chairman that this should occur. It is proposed that the format of this paper will develop over time. It also contains a recommendation that junior doctors are required to wear white coats that the Board is asked to approve.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
	√	√	√	√	√

RECOMMENDATIONS:

The Board is asked to:

- Note the information in relation to the visits undertaken by HEEoE and its speciality groups.
- Support the recommendation that junior doctors are provided with short-sleeved white coats, and allow the executive to implement this in order to meet the new intake of junior doctors in August

TRUST MEDICAL EDUCATION UPDATE

1 SUMMARY

1.1 A recommendation from the recent visit from Health Education East of England (HEEoE) is that a regular report concerning medical education within the Trust is seen at the Trust Board. This summary paper is an initial approach to meet this following agreement from the Chairman that this should occur. It is proposed that the format of this paper will develop over time. It also contains a recommendation that junior doctors are required to wear white coats that the Board is asked to approve.

2 HEALTH EDUCATION VISITS AND FEEDBACK

2.1 Multiple Health Education East of England visits

1. Foundation visit 18/4/13
2. GP visit 1/5/13
3. GP revisit 14/11/13
4. Surgery visit 6/12/13
5. Medicine visit 12/12/13
6. Acute medicine visit 17/2/14
7. Emergency medicine visit 4/3/14
8. Anaesthetic visit 24/3/14
9. Dental visit 9/4/14
10. HEEoE Pre visit 20/3/14
11. Obstetrics and Gynaecology visit 29/4/14
12. HEEoE QA visit 1/5/14 (we have not yet received formal feedback from this visit, however the comments below are based on the initial comments from the assessors on site and are likely to be the basis of the formal report)

2.2 From visits developments/ areas of good practice

- Senior management engagement with Educational department (however more formal reporting process required and this is being developed)
- Trainee involvement in Trust affairs
  - Mock CQC visits
  - Clinical governance committee
  - Patient safety committee
  - Medicines management committee
  - Clinical audit and national standards committee
  - Clinical outcomes group
  - PGMDEC
- Development of trainees website on intranet (this is now live and proving very useful)
  - Cascade new projects, teaching programmes, SUIs , HEEoE news
- Learning points from SUIs to trainees
- Trainee Meetings
  - HEEoE chair of trainee forum
  - Medical registrar
- Appointment of Senior Residents
- Regionally active RCP associate College tutor

- Drop in sessions
- Improved training environment in MAU
- Handover in MAU consultant led am and pm, teaching opportunities
- MRCP Examination

  – MOCK PACES centre one of 5 regional centres
  – High MRCP pass rate

3 CHALLENGES FOR MEDICAL EDUCATION (PRIMARILY FROM THE HEEoE VISIT, 1 MAY 2014)

3.1 Workload/ staffing

– Evidence from CMT committee that hard pressed in medicine compared to other Trusts
– Other evidence includes GMC survey 2013
– A&E juniors also hard pressed
– additional middle grades required
– Physicians assistants required

3.2 Patient Tracking

THIS remains a major concern to the Deanery. Although the software i.e. Patient Centre is fit for purpose the tracking system is not being consistently used in the Trust in a timely manner leading to patient safety issues re 'lost patients'

3.3 Educational facilities

– Space constraints
– Lack of wireless connectivity
– Lack of simulation facility

3.4 Opportunities:

- Utilisation of Deanery reports to engage in a culture of change amongst senior clinicians, nursing and allied health professionals and senior management to promote high quality education and an excellent training environment
- Innovation
  – For example, ITU regional and national innovation awards
- Research
  – For example TYM test
- Simulation
- Development of a new simulation centre
- Exchange best practice with other LEP regionally and nationally

4 TRAINEE DOCTORS DRESS CODE PROPOSAL 2014

4.1 Background

Historically junior doctors have worn white coats. In 2007 the Department of Health advised against long-sleeved white coats due to possible risks of infection. Since that time there has been no Department of Health universal policy on doctor's dress code and individual Trusts have been left to implement their own policies.

This has resulted in the majority of trainee doctors not wearing white coats and led to a number of problems:

1. Lack of identity - patients, relatives and members of the public find it difficult to identify junior doctors as they wear no uniform, unlike nursing staff/allied health professionals and porters.

2. Inappropriate dress - a number of trainees appear unkempt and too casual. In the summer months some trainees wear short tops exposing their midriffs. Many patients, particularly those of an older generation, think these appearances are unprofessional and inappropriate.

4.2 As a consequence of these problems it has been proposed by the Postgraduate Department of Medical Education and other senior colleagues that trainee doctors should wear short-sleeved white coats.

This is indeed the policy of some other hospitals e.g. Guy's and St Thomas'.

4.3 The benefits are:

- Restore the identity of trainee doctors
- Give trainee doctors a "uniform"
- Provide confidence to patients and relatives that they are dealing with a professional
- Improve the appearance of trainees particularly those who previously dressed inappropriately
- Possible reduction in infection risk

4.4 The main disadvantages are:

- Cost of purchasing coats, cleaning them regularly and replacing at appropriate intervals

4.5 **Costs:**

- Purchase of coats 400 @ £22 per coat £8,800 i.e. 2 coats per trainee
- Laundry costs (if done in house this will be approximately 36p per item)

5 REQUIREMENTS FROM THIS PAPER

- The Board is asked to note the information in relation to the visits undertaken by HEEoE and its speciality groups.
- The Board is asked to support the recommendation that junior doctors are provided with short-sleeved white coats, and allow the executive to implement this in order to meet the new intake of junior doctors in August

Dr Mark Blunt, Medical Director
May 2014