Effective and high-quality postgraduate medical training is vital in order to deliver high-quality, effective healthcare. However, the cost of training medical staff makes up a large percentage of a trust’s total income.

This briefing aims to demonstrate to board members how using innovative solutions in medical education can help to improve quality of care and patient safety and can also make cost savings.

**Key points**

- Trust boards can help to create a culture of innovation in the delivery of education that will both increase the quality of education and improve patient care and safety.

- Boards will want to look at the successful change projects piloted through the programme and consider which should be adopted in their trust.

- Boards will also want to engage with their own medical trainee workforce to develop local improvement approaches.

- Health Education England has developed a resource bank for trusts to use. This sets out how the local pilots can be adopted nationally and suggests ways of developing local improvement initiatives.
Sir John Temple’s *Time for Training* report (2010) concluded that high-quality training can be delivered within the 48-hours Working Time Regulations limits. However, this training is compromised when trainees have a major role in out-of-hours service, are poorly supervised and their access to learning is limited.

Professor John Collins’ *Foundation for Excellence* report (2010) echoed Temple’s report and also highlighted concerns that, in some cases, foundation doctors were expected to practise beyond their level of competence or without appropriate supervision.

The Better Training Better Care (BTBC) programme was developed in 2011 to deliver on the key recommendations of *Time for Training* and *Foundation for Excellence*. The BTBC programme has both national and local workstreams. The local workstream focused on supporting NHS trusts to pilot change projects to improve education and training and, as a consequence, improve services for patients.

Sixteen local pilots were carried out. Ten of these successfully demonstrated a culture for innovation in the delivery of education which both increased the quality of education and improved patient care and safety. These pilots were evaluated against three key Temple recommendations of:

- appropriate supervision, and/or implementing a consultant present service
- service delivery must explicitly support training
- make every moment count.

**BACKGROUND**

Several factors were critical to the success of the pilots. These included stakeholder commitment and engagement, which encompasses:

- trust support to improve engagement, address issues in implementation and support or drive the spread and adoption of the pilot project
- clinical leadership to champion the pilot project and improve engagement
- doctors in training and other participants to commit and engage with the pilot project
- the multidisciplinary team to support the doctors in training and the pilot project in its implementation phase.
SUCCESSFUL PILOTS

The ten successful projects all demonstrated critical success factors for adoption and spread and are ready to be adopted by other trusts. Details of each pilot project and the benefits realised are set out below.

East Kent Hospitals University NHS Trust

East Kent created a new service model in medicine. The trust maximised learning opportunities for doctors by developing a new rota system that involves all trainee doctors working for ‘hot’ periods of four weeks, followed by ‘cold’ periods of six weeks. In ‘hot’ teams, trainees treated acutely ill patients under supervision without being pulled into wards. In ‘cold’ teams, trainees were focused on maximising learning through observing and practicing procedures and simulation.

Benefits:
— 6 per cent reduction in length of patient stay for Wednesday and Friday admissions.
— 20 per cent increase in number of discharges on a Saturday.
— 6 per cent increase in number of discharges on a Sunday.
— Improvement in the Friday handover process.
— Patients were seen faster.
— Cost savings of an estimated £670,000 for an outlay of around £160,000, giving a net monetary benefit in one year of over £0.5 million.
— Trainees reported that they had more contact with senior staff and more opportunity to learn.

King’s College Hospital NHS Foundation Trust

Kings College has taken the Rapid Assessment and Treatment (RAT) concept and developed the RAT+ system, where two consultants are involved in the patient journey – one as part of the initial assessment team, and the other working with trainee medical staff in the ‘majors’ area, supporting their decision making, training and development. The RAT+ system also included the involvement of an advanced assessment practitioner, as well as the consultant. This enhancement to the traditional RAT model enabled early decision making by improving ways of working and focusing on a multi-professional team approach.

Benefits:
— 24 per cent reduction in time to treatment.
— 44 per cent reduction in time to refer to inpatient teams.
— 10 per cent reduction in the length of time patients spent in the emergency department.
— Net monetary benefit through increased Payment by Results payments achieved in just over five shifts.
— Significant improvements to multidisciplinary team working and trainee support.
Leeds and York Partnership NHS Foundation Trust

Leeds and York radically overhauled the out-of-hours care pathway and working patterns to bring more medical training into daytime hours, to benefit from greater supervision and support. Trainees working out of hours were integrated into multidisciplinary teams and had more opportunities to access workplace based assessments.

The pilot also delivered an improved package of learning focused on enhancing key skills such as communication and teaching skills. This involved clinical simulation training and support of mentors, in addition to protected supervised teaching experience for trainees teaching second-year medical students.

Benefits:

— Better contact with supervisors.
— More opportunities for training and more patient contact.
— Increased productivity and activity of trainees.
— 38 per cent increase in time that trainees spent occupied on weekday evenings.
— 29 per cent increase in time that trainees spent occupied at weekends.
— 22 per cent increase in time that trainees spent occupied at night time.

Mid Cheshire Hospitals NHS Foundation Trust

Mid Cheshire delivered enhanced training for medical trainees on what constitutes a good clinical handover. The trust also introduced a new electronic handover tool that enabled trainees to schedule and record electronically the completion of clinical tasks, patient lists, and ward and admission details.

Benefits:

— Increase in out-of-hours discharges of 10 per cent (relative to a baseline of 2,961 discharges) over a three-month period, generating a total cost saving over the three months of almost £160,000.
— Improvement in handover skills and knowledge.
— Better-quality information being recorded and handed over.
— Trainees supported with decision making, effectively recording notes and prioritising patients.
Pennine Acute Hospitals NHS Trust

The Emergency Physician In-House Challenge (EPIC) project was designed as a ‘game’ in which trainees received weighted credits for specific types of clinical work, workplace based assessments, procedures and teaching. Trainees could access their results to check their own progress and how they compared to their colleagues. They were awarded small prizes when they reached certain levels. The project motivated trainees through competition and instant feedback.

Benefits:
— Significant improvements in productivity – foundation year trainees were seeing on average two more patients per shift. The increased productivity led to a potential cost saving of £120,000 compared with a cost of the intervention of just over £44,000, giving a monetary benefit in one year of over £75,000.
— Trainees were more confident.
— Trainees encouraged to engage in more formative educational learning from an earlier stage of their placements.
— 25 per cent increase in workplace based assessments for foundation year 2 doctors, compared with the previous year.

Royal Berkshire NHS Foundation Trust

The project ‘Making Every Moment Count’ looked at translating the learning opportunities from everyday recognised problems into effective action and improved change. A cohort of cross-specialty trainees were encouraged to design and implement a Quality Improvement (QI) project with multidisciplinary team involvement to address everyday issues. The model of learning was in a simulation training environment led by a consultant. The project enabled QI to be embedded into normal practice by using every learning opportunity as a method of improving training and patient care.

Benefits:
— 98 per cent of trainees performed above expectation for their stage of training in areas of change implementation.
— 86 per cent of trainees scored above their stage of training for QI measures.
— 100 per cent of trainees scored above their stage for future application of QI.
— Trainees reported that the simulation training environment provided a unique and valuable learning opportunity.
“Surgical trainees could undertake a wide range of surgical procedures under direct supervision.”

University Hospital of South Manchester NHS Foundation Trust

This project created dedicated ‘BTBC surgery lists’ so that core surgical trainees could undertake a wide range of surgical procedures and manage patients from pre-checks to post-operative care under direct supervision. It also delivered cadaveric skills workshops to allow doctors to develop skills in a safe environment which could be transferred to the clinical setting.

Benefits:
— Integrated learning as part of service delivery.
— Increased the amount of supervision and support for trainees.
— 13 per cent increase in the number of operations carried out with a training component.
— Standard of care of hernia surgical procedures performed in a training environment was maintained.
— Experience of the patient surgical journey improved.

The Dudley Group NHS Foundation Trust

This project set up group training for trainee doctors and pharmacists to help both groups to understand the other’s perspective of prescribing, and to develop closer working relationships between the two groups. It provided a training platform for learning prescribing skills through simulated sessions on dummy charts.

Benefits:
— Increased opportunities to prescribe in a learning environment.
— Trainees reported improved confidence and reduced anxiety when prescribing.
— Improved patient safety as per performance in the insulin and antibiotic audits.
— Trainees doctors and pharmacists found level of multi-disciplinary team working to be satisfactory, with very good feedback received from both.
— Increased trainee knowledge of patient safety and adherence to national guidelines.
East London NHS Foundation Trust

East London developed in-house simulation training for multidisciplinary teams to promote learning from serious incidents. The course content was developed by using anonymised information from trust internal serious incident reviews. The pilot has provided a successful model for training around serious incidents using real-life examples, drawing on the expertise in the department.

Benefits:
— Trainees reported that the sessions have changed their practice and demonstrated an improvement in knowledge and confidence which is likely to impact on patient care.
— Enabled an improved understanding between doctors and nurses, leading to a more open-multidisciplinary culture.
— Increase in the number of incidents being reported, which improves patient safety.

Tees, Esk and Wear Valleys NHS Foundation Trust

Tees, Esk and Wear Valleys piloted a project that improved supervision and support for trainee doctors who were new to psychiatry and/or the trust.

Benefits:
— 56 per cent increase in new trainee psychiatry doctors reporting being clinically supervised in their first four weeks in post.
— Increased support from supervisors and perception of improved care, with more ‘hands on’ clinical work from doctors in training.
— 50 per cent reduction in time spent in training on electronic records, but with the same level/improved competency in this area.

NEXT STEPS

The Health Education England resource bank sets out how the local pilots can be adopted nationally and suggests ways of developing local improvement initiatives.

Boards will want to consider which pilots should be adopted in their trust and will also want to engage with their own medical trainee workforce to develop local improvement approaches.
NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

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