

2014/15 Accountability Report

NHS Board: GRAMPIAN

Note: Sections 1, 2, 3, 5 and 6 of this report are required to be submitted to Ulrike Sperling, ACT Officer of your lead Regional Group, by 18th June 2015, for discussion at the North Regional Medical ACT Working Group meeting on 9th July 2015. Section 4 has to be submitted by 8th September 2015, for discussion at the meeting on 29th September 2015.

Section

Reviewed by

1) Confirmation of total Medical ACT funding received from NES during 2014/15				
		Initial Allocation £'000	Reallocation Adjustments £'000	2014/15 Total £'000
a)	ACT Allocation 2014/15	13,247		13,247
		Recurring £'000	Non-Recurring £'000	2014/15 Total £'000
b)	Use made of 2014/15 additional allocation	0	12	12

ACT Officer

ACT Officer

Additional allocation 2014/15	102,000
of which 2013/14 adjustment for PPB, ie, no need to be supported by bids	90,000
Balance to be supported by bids	12,000

No additional non-recurring national funds from NES.

2) General narrative on 2014/15 Medical ACT activity within your Board area:
<p>In addition to the local and regional ACT meetings, there are regular meetings between the curriculum team/Teaching Dean, NHS Grampian management, undergraduate DME, Medical Education Quality Manager and ACT Officer, to discuss and co-operate on a variety of relevant issues such as: the appropriate use of ACT funding incl the review of specifically agreed consultant sessions, RAG reports and other forms of student and tutor feedback, MoT requirements and impact, job planning, potential issues of NHS service pressures on UG teaching, etc.</p> <p>ACT funding supports teaching in the early years Year 1 - 3 across the full spectrum of MoT Category B activities and also supports some clinical experience (MoT Category A) in these years. In years 4 + 5, teaching is predominantly placement-based (Cat A), but Cat B teaching activity also takes place, mainly in the Year 4+5 GP/Psychiatry core weeks, the Year 5 Professional Practice Block and the Year 5 taught courses. ACT funding furthermore supports additional ('support cost') activities, eg, curricular development by Clinical Teaching Fellows and Clinical Tutors, administrative support for clinical placements, placement related student travel and accommodation and much more.</p> <p>Teaching in all years is subject to ongoing review and adjustments, in line with educational needs, GMC requirements and local provider circumstances.</p> <p>See section 3 for a more detailed overview of ACT funded activities.</p>

Regional Group

3) Detail Confirmation
<p>a) Confirmation that your Board have used the 2014/15 additional funding above inflation as agreed by NES (details to include full summary that reconciles to submissions to NES) or identify any changes made in-year.</p> <p>see section 3 a) + b) tab</p>
<p>b) For each item of additional expenditure; Based on the benefit criteria identified please detail the results of any evaluation/review undertaken or other assessment of the fitness-for-purpose of this expenditure and confirm that this investment is to continue in future years.</p> <p>see section 3 a) + b) tab</p>

ACT Officer

Regional Group

Section

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ACT Officer

Regional Group

c) Please attach a revised base-line budget for 2014/15 which reconciles to your 2013/14 base-line budget submitted to NES plus the additional recurring funds received in year.

see section 3 c) tab

4) Review of Student Evaluation 2014/15 Results;

Please attach the detailed undergraduate RAG report for 2014/15

- a) **From your initial review identify all amber and red results which have been identified as one-off results which have been decided do no warrant further investigation at this stage;**
 There were no areas with amber or red flags where the response rate was below five. Areas we believe do not warrant further investigation include Emergency Medicine which has demonstrated a marked improvement since 2013/2014 receiving only two amber flags (Block Organisation & Teaching Delivery) in 2014/2015; these flags were previously red. Emergency Medicine has been under intense scrutiny following the HIS report and a lot of time and resource has gone into stabilising the department and from these results it would appear that it has been successful; however work is still ongoing to maintain this. Geriatric Medicine continues to receive an amber flag for 'Access to Software' the issue remains around log-on passwords for using NHS computers which the University is addressing. Infectious Diseases received an amber flag for 'Learning Opportunities', this is a challenging timetable where students spend some of the week attending paediatric tutorials and therefore have less time on the ward than they might otherwise, no obvious solution to this although this has been discussed.
- b) **Please identify those results which from your initial review were classified as requiring further investigation ie requiring a "deep drill-down".**
 There remain two teaching blocks in year 4 that under perform and constantly receive Red and Amber flags. These blocks are the Cardiology/Cardiovascular Surgery/Respiratory/Clinical Pharmacology/Vascular Surgery block and Haematology/Oncology/Genetics/Palliative Medicine/Plastics/Endocrinology & Diabetes block. The Cardio block underwent a redesign 2013 and again in 2014; however this has been unsuccessful in changing the negative student feedback. There have been areas of improvement within the block but overall the results remain unsatisfactory. There has been an educational review carried out in Cardiology where members of the Medical Education Team engaged with the Cardiologists to discuss education within the department but once again appears to have had little success. This is similar to the Endocrine block which went through a redesign in 2014 and appears once again to have not been successful. It has therefore been decided that Year 4 will undergo a review led by the Deputy Head of Division which will look at all the current teaching blocks with the aim to modernise and create teaching fit for purpose. This review is still very much in its infancy and work will continue to examine the areas receiving red and amber flags. Block administration has also been highlighted as a key area to the success of teaching blocks and a review will be carried out to examine current admin support to all blocks and compare areas of success with areas that have not achieved as well. Feedback frequently received amber or red flag across numerous specialty areas. This has been highlighted to the Head of Division and it has been agreed that this will be looked at across all specialty areas during a planned Trainer workshop due to take place in December.
- c) **Please identify the 2013/14 results for which follow-up action was required and provide an update on whether the follow-up action was undertaken as agreed and the impact on 2014/15 results.**
 As detailed above the areas that required attention the Cardio Block and the Endocrine Block remain an issue and attempts at redesign have not been entirely successful. All block leads have been sent their areas results for the past few years with a separate form for comment as this will allow them to examine their results over time and allow them to comment on flags received and the possible reasons behind those flags. The Medical Education Quality Manager is using the information gathered from the specialty areas to examine trends and share good practice.
- d) **Please detail any areas of consistent good practice identified through the reports and trend analysis and provide a summary of any learning points identified.**
 High levels of satisfaction are reported by year 5 students (where results have been available) once again. Obstetrics and Gynaecology have done well across year 4 and 5 as has General Practice. The students receive a higher amount of clinical exposure during their attachments in year 5 and a number of the leads from areas receiving amber or red flags in year 4 have highlighted that the short length of time a student spends in their area may be the reason for poorer results and is something which can be examined during the year 4 review.

Section

Reviewed by

e) **Have the results been compared with the GMC trainees' survey results for 2014/15?**

If so, please summarise your results/conclusions.

There are no obvious patterns to the results and often areas under performing in the Undergraduate curriculum are doing very well in the post graduate results (i.e. Cardiology, Endocrinology & Diabetes). This year the specialties have been emailed separate reports for Undergraduate (RAG results) and Postgraduate (NTS results). Specialty areas have been asked to comment on these results but this has been done as two separate exercises. Next year the plan would be to merge these two reports into one and allow departments to focus on the overall educational environment and look for trends between the Undergraduate and Postgraduate Teaching.

5) **Please provide an update on the use of MoT data and linking MoT teaching activity to job plans. Please refer to: <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/about-medical-training/undergraduate-education/medical-act-performance-management-framework.aspx>**

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As a primary teaching board, NHS Grampian has been significantly affected by the introduction of the new MoT model for ACT allocation. This is principally due to the weighting given to clinical years teaching with less weighting towards lecture or tutorial based teaching that is delivered in the early years of our MBChB curriculum. NHSG is moving towards full job planning for its consultant body and the inclusion of teaching activity has been highlighted throughout the organisation with support from the Medical Director's office. The local Undergraduate DME and Teaching Quality Manager have embarked on a series of specialty teaching reviews, visiting each clinical unit to identify teaching activity, emphasising the need to clearly record this in job plans and to create local Specialty Teaching Plans. This work is ongoing. We anticipate that this will help us clearly identify teaching activity across the MoT categories within each department and also clarify the share of teaching activity amongst the individual consultants and other staff involved in UG teaching. This work is being done in close collaboration with the University of Aberdeen Medical School. The Secondary Care Appraisal Lead is also aware of this activity and coincidentally is our Postgraduate DME.

6) **Any future significant changes anticipated in ACT activity:**

Regional Group

The most significant change is the allocation of ACT funds based on MoT data from 2015/16, which resulted in a substantial modelled reduction of funds. The impact of this is being supported by additional non-recurring funding from NES in the initial year and a capped reduction will be absorbed without a major impact of staffing. However, this is not likely to be the case from 2016/17 so presents a major challenge for the Board and the Medical School. Similarly, if Grampian were to adjust its staffing level following a significant reduction in ACT funding, this could result in an adverse affect on undergraduate teaching delivery.

Even following the initial MoT implementation and its consequences, the MBChB curriculum has to be continuously reviewed and adjusted in line with educational needs and GMC guidelines. Where curricular changes are required, these in turn may lead to a change in teaching activity, which through the MoT will affect ACT allocations. How Boards can manage the financial changes from year to year without that affecting their staffing level remains to be seen. We are aware that this a challenge for all Boards.

Our Patient Partner Programmes are essential for the delivery of clinical teaching in the early years of the curriculum as well as for revision and assessment in all years. Patient Patients volunteer literally thousands of hours each year. We are aware that in many other Universities in the UK these patients are paid and need to keep this issue under review. It is likely that we require additional resource going forward.

The recently initiated national review the Medical ACT policy for travel, accommodation and subsistence could potentially have a significant impact on how and where teaching is delivered by Aberdeen Medical School. Any change of policy may have an impact on individual Boards' ACT budgets, but if there were to be significant changes, the Medical School may review the feasibility of its clinical placement locations. On a related note, Aberdeen Medical School has in spring 2015 commenced a review of B&B providers and their costs, for good practice and accountability. This in turn may affect some or all Boards providing GP Teaching to Aberdeen Medical School. In Grampian, we had to with effect from 2015/16 increase the T&A budget to reflect the increase in actual cost over the past two years.

These reports will be published on the NES web-site once reviewed by Regional Groups and NES.