

## Trust Board Report

<b>Meeting Date:</b>	January 2017
<b>Title:</b>	<b>Clinical Fellowship Programme</b>
<b>Executive Summary:</b>	<p>This report describes the progress and management of the Clinical Fellowship Programme since the last report.</p> <p>Summary of key points;</p> <ul style="list-style-type: none"> <li>• The Trust currently employs 88 fellows. 38 of which have been appointed through the clinical fellowship programme.</li> <li>• The JDWSG has 3 project work-streams; HR, Education and Programme Management/Finance.</li> <li>• A bespoke clinical fellow induction programme has been developed.</li> <li>• Each Clinical Fellow has been allocated one or more supervisors.</li> <li>• A process has been established to centralise the request and issuing of IT system credentials in readiness for their start date.</li> <li>• Dedicated slots have been reserved on the Advanced Life Support courses</li> <li>• The General Medical Council (GMC) have delivered 2 'Welcome to UK Practice' sessions on-site (Appendix A).</li> <li>• Dr Roopa Chopra Clinical Fellow AMU/Diabetes has been appointed as pastoral lead for clinical fellowship programme.</li> <li>• A series of communication workshops have been developed to support fellows with a number of issues.</li> <li>• The indicative financial savings (reduction in agency) by implementation of the clinical fellowship are to be finalised. The business case will be presented to the Trust Board in February 2017.</li> </ul>
<b>Action Requested:</b>	Receive for Assurance
<b>Report of:</b>	Dr Jonathan Odum Medical Director
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<p><b>Links to Trust Strategic Objectives</b></p>	<p>1. To improve the culture of compassion, safety and quality in every department and service we offer. 6. To attract, retain and develop all employees and improve employee engagement year on year.</p>
<p><b>Resource Implications:</b></p>	<p>Revenue: Capital: Workforce: Funding Source:</p>
<p><b>Equality and Diversity Assessment</b></p>	<p>(Include here details as to the equality and diversity impact of the recommendation (if any), specifically in relation to the Protected Characteristics under the Public Sector Equality Duty, namely age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion and belief, sex, and sexual orientation)</p>
<p><b>Risks: BAF/ TRR</b> (describe risk and current risk score)</p>	
<p><b>Public or Private:</b> (with reasons if private)</p>	<p>Public</p>
<p><b>References:</b> (eg from/to other committees)</p>	<p>Trust Management Committee</p>
<p><b>Appendices/ References/ Background Reading</b></p>	<p>Appendix A – Welcome to UK Practice feedback</p>
<p><b>NHS Constitution:</b> (How it impacts on any decision-making)</p>	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul>

**Background Details**

**1**

**BACKGROUND:**

1.1 The Royal Wolverhampton NHS Trust (RWT), in partnership with The University of Wolverhampton (UoW) - Academic Institute of Medicine (AIM), has established a high quality training programme for junior doctors seeking experiential service based learning outside of the standard UK training programmes.

1.2 The primary goals of the programme are to attract high quality medical staff with attractive training and contract conditions, and thereby reduce reliance on costly short-term locum staff to support service delivery. Both goals should also support patient safety and care. During 2015/16 RWT spent circa £8 million employing locum medical staff.

1.3 The fellowship programme will cover all RWT non-training grade, non-career grade, non-consultant grade doctors. This does not include doctors in training in formal training posts nor substantive SAS / Specialty Doctor post-holders (although, in due course, elements of the programme may be made available to these and other groups as well).

**2**

**UPDATE:**

2.1 The Trust currently employs 88 fellows, 38 of which have been appointed through the clinical fellowship programme. 25 Clinical Fellows (core trainee/SHO level) and 13 Senior Clinical Fellows (specialty trainee level), the programme may in due course appoint fellows who are close to, or post CCT (Certificates of Completion of Training).

2.2 Each fellow has been appointed for 1-2 years, with the aim to have fixed term contracts for as long as practical. In this way the Trust benefits from stable staffing and the fellow has the opportunity to engage fully with the training and education programme.

2.3 The Trust has appointed trainees across a wide range of specialties, including, Acute Medical, gastroenterology, dermatology, trauma and orthopaedics. The aim is to particularly target those specialties with high locum/agency expenditure.

2.4 The governance of the processes and the monitoring of programme risks are managed by the Junior Doctor Workforce Steering Group (JDWSG), chaired by the Medical Director, Dr Jonathan Odum.

2.5 The JDWSG has 3 project work-streams; HR, Education and Programme Management/Finance.

**3**

**EDUCATION**

3.1 A bespoke clinical fellow induction programme has been developed. The induction provides an overview of the educational opportunities available and sets out the expectations of the programme and Trust. The induction is tailored to accommodate overseas workers.

3.2 Each Clinical Fellow has been allocated one or more supervisors who are responsible for the overall supervision of the fellow and their progression during their placement, working with fellows to plan their training against their agreed training programme as well as with the responsibility of overseeing the clinical work of the fellow during their placement.

3.3 A process has been established to centralise the request and issuing of IT system credentials in readiness for their start date. This has been incorporated into the recruitment process.

3.4 To ensure CFs are equipped to meet the on-call requirements of their posts, dedicated slots have been reserved on the Advanced Life Support courses to ensure that training is booked and attended on appointment.

3.5 The General Medical Council (GMC) have delivered 2 'Welcome to UK Practice' sessions on-site to the CFs. The sessions aim to help doctors new to practice, or new to the country, to understand the ethical issues that will affect them and their patients on a day to day basis. Feedback can be found in Appendix A.

3.6 Dr Roopa Chopra Clinical Fellow AMU/Diabetes has been appointed as pastoral lead for clinical fellowship programme, providing support to fellows on a variety of matters, including, adjusting to life in the UK, accommodation, and education/programme support.

3.7 Dr Roopa Chopra has been nominated to receive an Education Award at the RWT Education Academy Awards for her commitment to the programme and acting above and beyond in supporting fellows new to the Trust and / or new to the UK.

3.8 A series of communication workshops have been developed to support fellows with a number of issues. The topic areas, based on feedback from a number of fellows and research into the challenges in communication for overseas workers include:

- Consent
- Breaking bad news/ Do Not Attempt Resuscitation (DNAR) /End of life care
- Soft skills/ local dialect/UK customs and traditions

3.9 Trust subject matter experts will support the content of these sessions in conjunction with a senior lecturer. These sessions will be open to all staff.

<b>4</b>	<p><b>THE UNIVERSITY OF WOLVERHAMPTON, ACADEMIC INSTITUTE OF MEDICINE UPDATE</b></p> <p>4.1 The Academic Institute of Medicine (AIM) launch event was held 14<sup>th</sup> September 2016. The event was hosted by Dr Simon Walford, Chair of Governors, The University of Wolverhampton (UoW). The event also celebrated the partnership between The Royal Wolverhampton NHS Trust and UoW AIM.</p> <p>The UoW is in discussion with strategic partners in Walsall and Shrewsbury and Telford NHS Trust (SATH). RWT is supporting these discussions in order to create an effective regional CFP with RWT leading the partnership. This will enable the Trust to develop rotations and ensure high quality fixed term medical staff for this Trust.</p> <p>4.2 The UoW now has a formal partnership with the Royal College of Physicians (RCP). This partnership will support the steady recruitment of overseas doctors to the Clinical Fellowship Programme through the Medical Training Initiative (MTI) process. The AIM/RWT CFP has gained a significant amount of interest from doctors working in Nigeria. Talks are also underway with Oman.</p> <p>4.3 A meeting was held between RWT and the UoW to discuss awarding visitor lecturer titles to doctors at the Trust. The titles would be awarded to those who expressed an interest in delivering lectures in their specialist area at the University of Wolverhampton.</p> <p>4.4 The second cohort of CFs are due to be enrolled onto the next career planning and professional development module mid-January.</p>
<b>5</b>	<p><b>PROGRAMME MANAGEMENT/FINANCE</b></p> <p>5.1 Programme costs have now been defined.</p> <p>5.2 The business case will be presented to February's Trust Management Committee and the Trust Board.</p> <p>5.3 Where it is identified that a division/directorate requires Clinical Fellow(s) to fill vacancies and subsequently reduce locum spend, the monitoring of savings will be the responsibility of the divisional team through the Medical Workforce Group (MWG).</p> <p>5.4 It is acknowledged that monitoring savings will be complex, and will be predominantly cost avoidance of (agency) spend.</p> <p>The final metrics will be determined and agreed with directorates/divisions, for presentation in February.</p>

**Conclusion**

The Trust Board are asked to note the development and progress of the CF Scheme.

The business case will indicate cost and spend avoidance and will be presented in February 2017.

## **Appendix A – Welcome to UK Practice feedback**

### **Evaluation summary for Welcome to UK Practice Session Royal Wolverhampton NHS Trust**

All of the doctors stated that the session had facilitated them to reflect on their practice. To the question 'Will your practice change as a result of information gained in the session', all of the doctors stated it would. They provided the following feedback to this question:

- Dealing with patients who lack capacity
- Being free to seek help from colleagues
- Raising concerns and apologising to patients
- The session has reinforced my professional obligation
- I had a very useful discussion about subtle issues regarding various law and capacity issues
- Today's session helped me to understand the value of confidentiality and communication skills and hence I will improve my role in patient care
- Patient confidentiality and how to deal with patients with mental health problems
- Will apply ethical and legal aspects learnt today to my practice

They were asked what was useful about the session and they said:

- All content was useful
- Everything (x2)
- Confidentiality issues
- Communication
- Very interactive
- Law and ethical videos were great