

Medical Education Committee

NOTES OF MEETING 13th June 2023

ATTENDEES		
Members	Designation	Initials
Luci Etheridge	Chief Medical Officer & Co-Chair of meeting	LE
Indranil Chakravorty	Director of Medical Education & Co-Chair of meeting	JP
Jonathan Head	Director of Culture and OD/DCPO	JH
Nicholas Gosling	Associate Director of Education (Interim) & Head of GAPS	NG
Robert Bramwell	Medical Education Manager	RB
Joyce Popoola	Clinical Sub-Dean	JP
Annabel Little	Education Business Manager	AL
Navneet Singh	MedCard ADME	NS
Rosy Wells	GOSW, SRTW Lead	RW
Karen John-Pierre	NHS and Liaison Manager	КЈР
Brian Kilpatrick	MAST and e-Learning Manager	BK
Asanga Fernando	GAPS Clinical Director	AF
Mikaela Carey	Physician Associates Lead	MC
Katarzyna Lukomska	PGME Team Leader	KL
Kyle Moore	UG Coordinator	KM
Sam Thayalan	Educational Lead	ST
Laura Ward	Educational Lead	LW
Theodora Vatopoulou	Educational Lead	TV
Alexander Frick	Educational Lead	AF
Ken Earle	Educational Lead	KE
Katia Prime	Educational Lead	KP
Apologies		
Atefa Hossain	Surgery ADME	
Sophie Vaughan	CWDT ADME	
Ewa Zatyka	IMT TPD	
Huon Snelgrove	GAPS Centre Medical Educationalist	
Elwina Timehin	SAS/LED Lead	
Nicola Walters	Educational Lead	
Michelle Desouza	Educational Lead	
Duncan Tennent	Educational Lead	
Nasreen Aziz	Educational Lead	
Nicholas Prince	Educational Lead	
Catherine Ann Cox	Educational Lead	
Quorum The quorum	of this meeting shall be a minimum of the Chair, Deputy and a repres	sentative of each of
the staff gro	pups	

1	OPENING ADMINISTRATION	
1.1	Apologies for Absence	
	Apologies noted.	
1.2	Notes from Last Meeting	
	Approved.	

2	AGENDA ITEMS	
2.1	Indranil Chakravorty (DME) update	
	 Indranil Chakravorty (DME) update Aspire to have more enhanced structure, clear governance and looking to create new education excellence strategy. Aspiration of becoming regional, national and international leader in terms of education as SGH has always been known for its innovations. Recent numbers of GMC survey open actions have decreased due to incredible amount of work that every ADME, Educational and Clinical Lead have done across the Trust. One of the biggest challenges that we have on our site is currently infrastructure. New education contract requires from us to provide annual self-assessments where demonstrate the accountability of our activities, educational expenditure and showing investment in improving our infrastructure. Top slice plan to utilise unspecified money (clinics, teaching sessions, teaching clinical fellows) into central resource so they can be redistributing onto the areas where there is a need e.g. PAs study leave budget. Departments should consider when advertise for Trust funded posts e.g. LED or PA roles that their budget should cover their salary and then a small training budget on top of 	
	that to match.	
2.2	Luci Etheridge (CMO) update	
	 Focus on getting our Trust in order in terms of governance, how we link effectively and make sure that all our stakeholders within education are sighted. There are currently gaps where Divisions are linking. Divisions should own delivery of anything and being accountable for that, including education. Trust is looking into making significant cost improvements across all areas including headcount reduction. Discussions about the future direction as a group and what opportunities are there for us, look across the different sides, share best practise, understand what each other is doing. 	
2.3	Jonathan Head (DCOD/DCPO) update	
	 Looking at consistent staff survey results we identified our Big 5 priorities for this year: Civility and psychological safety; Bullying and harassment/keeping staff safe (violence and aggression); Inclusive behaviour within teams; Compassionate and inclusive leadership; High performance teams; Improvements in some of our Big 5 priority areas since the last staff survey results. Group opportunities with right approach give very good scope to collaborate, to share recourses, to learn from each other and share best practise. Plans to put in placement consistent arrangements across the Trust in order to deliver consistent levels of high-quality education; we need to look into sustainability of where it is going well and how flexible we could be in terms of delivery and asking colleagues to deliver education. Plans to gather information about who to reward and recognise for their great work. 	
2.4	Postgraduate/ADMEs update	
	 Navneet Singh (MedCard ADME) update: Several open actions following GMC survey results are under control or on its way to be sorted. Endocrine and Diabetes – most outstanding and pressing issue at the moment. HEE visit has been postponed due to junior doctors' strike. Recently met with trainees and they feel there are no more major issues. Huge problem with across all surgical specialties with training operative numbers. 	

- Challenges with ARCP outcomes – 2 extra outcomes that have been added during COVID times and they have been removed.

2. Sophie Vaughan (CWDT ADME) update:

- O+G All open actions from HEE closed in March 2023. We organised a bespoke
 educational supervision training day for O+G Consultants run by external facilitators
 Greg Ward and Caroline Elton in May 2023, which was very well received. Local faculty
 group meetings have been well attended with good input from trainee reps. Ongoing ad
 hoc support for trainees and consultants.
- Breast The team are continuing to work through actions to improve the trainee experience, including educational programmes, allocation of admin time and local faculty group meetings.
- Paeds The team have enjoyed integrating the new Laedal Sim baby into weekly simulation training for Paeds juniors, but also the undergraduate medical student programme with excellent feedback from the P year medical students.
- Educational supervision programme (Summit) courses have continued to get positive feedback, especially for the trainee scenarios in the afternoon.
- Support/ RTW lunchtime sessions on Teams have allowed more consultants to access these sessions, which are run with Dr Rosy Wells.

3. Atefa Hossain (Surgery ADME) update:

- Anaesthetics have submitted a response to the patient safety concern raised in the GMC survey. The matter was regarding delays in transfer of intubated & ventilated patients to ICU, and that anaesthetic trainees were having to manage the patient. The anaesthetic team will ensure trainees are aware of how they can access consultant support, and the team plan to audit to see whether this situation is a frequent occurrence.
- Cardiac surgery there is an upcoming HEE review scheduled. Trainees and fellows have raised concern that there is reduce activity and this training opportunities due to lack of theatre slots. This has been hampered by reduced number of cardiac anaesthetists. Senior leadership team are aware. There is no current lead for cardiac surgery. There is planned simulation training in GAPS sim centre. There was discussion regarding merging the cardiac/thoracic out of hours rota, but I am unclear whether this has developed further.
- Reduced frequency of LFG's within the surgical division- this is a common theme. HEE recommends that departments should have quarterly LFG's. Over the past year the only team that has done this is dental, and neurology. I will discuss with the divisional leads.

2.5 Joyce Popoola (Clinical Sub-Dean) update

- MBBS Quality Assurance Visit report several areas we need to focus on e.g. restructuring the administrative delivery. We have managed to configure a good team with developed jobs.
- Wating for senior leader role recruitment.
- We have 3 Divisional Leads and various other individuals within the Trust. Unfortunately, a lot of team members don't have SPA time in their job plans.
- Looking into increase the CTF to student ratio. We need at least 1 to 12 in terms of effective delivery. We have now 8 full time equivalent of CTFs across the Trust.
- More remote clinics are happening as now we have speakerphones in every single clinic which enable students to participate in consultations.
- Elective programme is back and running. Started small scale and by September we should run the scale we had pre-COVID.
- Overall students feel positive about their placements and that has been consistent thing and improved in several areas.
- Feedback in Paediatrics is improving. In Medicine feedback shows an upper trend with exception in couple of areas due to lack of clinical teaching fellows.
- Junior doctors strike has negatively affected students' placements.

2.6 Nicholas Gosling (ADOE) update Undergraduate and postgraduate education are now managed under one head of Medical Education - Robert Bramwell. New governance in place between UGME and PGME with fortnightly meetings and new reporting system to Education Committee meetings. We are in the process of standardise our reporting papers and processes. We have action and risk logs. One of our ambitions is to create Academy of Educators who will recognise those who constantly provide outstanding education. Working closely with AL to understand and provide transparency of numbers of how the funding from external sources comes in for educational tariff and how it is distributed within each of divisions. Every Care Group needs to know how much money is coming from undergraduate, postgraduate tariff and how that money is being utilised. Future plans include providing joint postgraduate and undergraduate education simulation and skills fellows who will work across both PG and UG; supporting Clinical Leads in delivering in situ education and classroom-based education; intro to Surgery Week; increasing some additional PA for oversight consultant needs on faculty development or specific educational projects. 2.7 Robert Bramwell (MEM) update Excellence in Education event scheduled for 20/06/2023 at Wimbledon FC stadium (4 speakers across multiprofessional setting); around 50 posters submitted in 2 categories (Education and QI categories) GMC NTS results will be published on 17/07/2023. At present we have small number of open actions for the Trust due to hard work of all the teams across the board from ADMEs to Education Leads. From 13/09/2023 change in terms of reporting submissions. We will get a deadline for self-reporting forms. Then, HEE will review these forms and by 02/10/2023 they will decide whether Trust will have any review visits this/next year. 2.8 Karen John-Pierre (NHS and Liaison Manager) update All Trust should provide knowledge and library services to their staff to support education training. New member of staff recently appointed who can support with literature searches for education, research, or service delivery. Reminder that Library has lots of e-books, Oxford University Press textbooks, handbooks that are also available via NHS Open Athens. UpToDate – new reinstalled link on the Trust Intranet site. We are in the process of writing new Library Strategy that will link to NHS. Member of the Team always attend Medical Inductions; Discussions with Michelle Cowen to be present at Trust Inductions as well. 2.9 Mikaela Carey (PA) update London workforce survey reports SGH as the largest employer of PAs. No chief PA and many departments without lead PAs. Governance on hold due to medicines management. Change to revalidation, from October 2023 PAs will revalidate rather than sit a recertification exam every 6 years – this will require oversight and planning. 8 permanent roles in medicine and increase to a total of 10 PAS in ED. Moved from weekly 1 hour teaching to quarterly half day teaching. Inconsistencies of protected teaching time for cross site teaching. No Trust study budget for PAs. Plans to provide mentorship for PAs

2.10 Asanga Fernando (GAPS) update

- Real risk of reputational damage if we don't sort research angle.
- Problem with Faculty availability (especially post COVID) at SGH and other simulation centres.
- In the process of improving the quality and access to simulation within medicine.
- Plans for more fellows and sessional pots for consultants within divisional structures.
- Interprofessional CAR T related simulation programme we run number of pilot days with very good feedback.

2.11 | Elwina Timehin (SAS-LED, IMG) update

- Working group formed. 11 members and includes 3 SAS & 3 LED & IMG representatives. Good engagement from reps.
- SAS doctors contact list not up to date. Initially poor but improving engagement with help of reps. Some of informal feedback is to do with poor morale working at SGH.
 - Attended SAS Quarterly meeting A&E to help engage team there.
 - Reps setting up SAS meeting
- Special training modules for SAS & LE doctors joint with St Helier by HEE. Free of charge to SGH this academic year but funding required for next academic year starting September 2023. Good feedback from SGH doctors who have attended.
- Reps have put together a wish-list for other courses. Currently working on how these can be provided at SGH using what is already available in-house.
- Study-leave, budget & guide for GMs in progress; £500 £800 per year recommended & should be linked to PDP.
- PGME web page: Health & Wellbeing for Doctors, Guidance for SAS-LE doctors, IMG welcome pack.
- IMG Induction: next planned for 8th August 2023 with 1 hour long, 8 week Thursday pm teaching.
- Poor attendance at IMG modules following last IMG Induction as were not given time to attend. To be compulsory for all IMGs new to the UK to attend in August and September 2023
- SAS-LE doctors survey completed and Survey of GMs about study leave budget in progress.
- Contracts for SAS & LE doctors being reviewed by Stephen Bickle.

2.12 | Educational Leads update

1. Sam Thayalan update:

- Team has been supporting a lot of trainees and other members of staff in difficulty at SGH and Kingston University. This collaboration helps us, as we learn from University what they are doing in supporting their medical and nursing students.
- Dr Gordon Jackson Koku came back to SGH and provides lots of support.
- New consultant Psychiatrist appointed as part of Occ. Health and funded by Covid money.
- SGH as one of few Trusts that have a robust alcohol and testing policy.

2. Ken Earle update:

 New interprofessional diabetes programme – we are in 2nd year, developed from doing some postgraduate teaching community and now looking for fellow support who will help to develop this programme.

3. Laura Ward update:

- Recent increased in Trainees numbers.
- Main challenge is to provide a workstation to all Radiologists.
- Will contact KJP to arrange some educational sessions to radiology trainees.

4. Katia Prime update:

	 Positive feedback from junior doctors about induction received Applied for more foundation doctors but they have not been allocated to the clinic this year. Some disruption to induction programme due to junior doctors' industrial action 	
3	ANY OTHER BUSINESS	
	N/A	
4	DATE OF NEXT MEETING	
	7 th September 2023 11:00-12:30 via MsTeams	