

## Medical Education Committee

### NOTES OF MEETING 7th September 2023 via MsTeams

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
Laura Byrne	MedCard Clinical Director for Undergraduate Education	LB
Annabel Little	Education Business Manager	AL
Navneet Singh	MedCard ADME	NS
Atefa Hossain	Surgery ADME	AH
Elwina Timehin	SAS/LED Lead	ET
Karen John-Pierre	NHS and Liaison Manager	KJP
Mikaela Carey	Physician Associates Lead	MC
Katarzyna Lukomska	PGME Team Leader	KL
Sree Kondapally	Educational Lead	SK
Gul Bano	Educational Lead	GB
Laura Ward	Educational Lead	LW
Yasser Iqbal	Educational Lead	YI
Camilla Blain	Educational Lead	CB
Nayana Lahiri	Educational Lead	NL
Robert Hagger	Educational Lead	RH
Ahagasthikan Srikanthan	Educational Lead	AS
Lawrence Hayes	Educational Lead	LH
Apologies		
Sophie Vaughan	Jane Runnacles	Ewa Zatyka
Stephen Bickle	Rosy Wells	Catherine Ann Cox
Katia Prime	Nayana Lahiri	Michelle de Souza
Sarah Clark	Elsbeth Bird	Malika Mohabeer
Helen Jones	Komal Plaha	Ewa Zatyka
Amy Reid	Alex Frick	Ayona Wijemanne
Nicola Walters	Sachelle Ruickbie	Mital Desai
Quorum	<i>The quorum of this meeting shall be a minimum of the Chair, Deputy and a representative of each of the staff groups</i>	

1	OPENING ADMINISTRATION	
1.1	<b>Apologies for Absence</b> Apologies noted.	
1.2	<b>Notes from Last Meeting</b> Approved.	

2	AGENDA ITEMS	ACTIONS
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<b>2.1</b>	<b>Indranil Chakravorty (DME) update</b>	
	<ol style="list-style-type: none"> <li>1. IC expressed gratitude for the quality of individual Educational Leads reports from various areas, commending their succinctness and smart action plans.</li> <li>2. Summary of GMC report: <ul style="list-style-type: none"> <li>- Report emphasised the need for attention to trainers, especially. <ul style="list-style-type: none"> <li>o regarding allocated time in job plans</li> <li>o Providing more support to those in educational Lead roles.</li> <li>o highlighted the need for better support in administrative resources, infrastructure, and facilities, which was recognised as a challenge at St George’s</li> </ul> </li> <li>- The report highlighted the national prevalence of poor rota design leading to burnout, stress, and missed educational opportunities.</li> <li>- The report noted the persistence of negative behaviours and discrimination, reiterating our commitment to address these issues within the Trust, including psychological safety and raising concerns.</li> <li>- Report also highlighted the levels of stress and burnout among trainers.</li> </ul> </li> <li>3. Finance transparency and accountability is remaining a significant challenge, particularly in meeting the requirements for the 6-monthly education self-assessment as part of our contractual obligation. We are working on a model to provide budget holders with information on how educational tariff funds were being distributed and requesting clarification of how these are utilised. The timeline for completion is April’24.</li> <li>4. There was a discussion regarding the allocation of time for new starters to meet MAST and iClip compliance, of whether this should be 4 hours or 8 hours. The proposal was agreed to allocate a specific amount of time for MAST and iClip completion, such as 2 sessions, to ensure that this critical training requirement is adequately addressed. It was acknowledged that this allocation may impact scheduling and other aspects but given the importance of MAST and iClip the consensus was to prioritise its completion.</li> <li>5. There is a plan to recruit a Band 6 post to support the coordination of undergraduate education within the trust, covering circa 379 students. However, this post is not budgeted for within PGME so has not been approved by the Trust VCP as it is a cost pressure.</li> </ol>	<p><b>This decision will be communicated asap to all divisions.</b></p>
<b>2.2</b>	<b>Luci Etheridge (CMO) update</b>	
	<ol style="list-style-type: none"> <li>1. The integration of services under the Medical Directorate at Epsom &amp; St. Helier is being explored as part of a corporate services integration plan. Education, which is separate at St. George's, is a key consideration in this process: <ul style="list-style-type: none"> <li>- There will be a formal consultation to discuss the scope of integration and its implications. This consultation will launch next month and aims to shape the future direction throughout the year.</li> <li>- A significant difference between the sites is how Medical Education is organised, which will need to be considered during integration to preserve the positive aspects of each approach.</li> <li>- The integration process may occur in phases, with phase 1 focusing on administrative/managerial roles and phase 2 on doctors in education roles.</li> <li>- There are 2 main drivers for integration: quality improvement in Medical Education and efficiency or cost savings. The Corporate directorate has been tasked with achieving a 10% efficiency saving target, but there is a commitment to avoiding compulsory redundancies.</li> <li>- The integration process is in its early scoping phase, with a strong emphasis on preserving quality in Medical Education and achieving efficiency without resorting to staff layoffs. The exact plan is still under discussion and will involve a broader consultation next month.</li> </ul> </li> <li>2. The Maternity CQC report is available on the website, and participants were encouraged to read it. <ul style="list-style-type: none"> <li>- The report highlighted positive aspects of the Maternity Unit, particularly its excellence in training and undergraduate education. The improvements made in response to</li> </ul> </li> </ol>	<p><b>Actions:</b></p> <p><b>2.2a</b> Share the Educational integration and efficiency model at the next EC meeting.</p> <p><b>2.2b</b> Review the progress on the action plan for O&amp;G</p>

	<p>concerns raised by Junior Doctors about the culture and learning environment were acknowledged.</p> <ul style="list-style-type: none"> <li>- The report also recognised the effective communication and collaboration between Consultants and Midwives, which is crucial for patient safety in Maternity Units.</li> <li>- MAST compliance among doctors, including Consultants and Junior Doctors, was reported to be below expectation. Efforts have been made within the Directorate to improve compliance, and a robust approach is being adopted, with plans to extend this approach throughout the organisation.</li> <li>- Junior Doctors face challenges in completing MAST training within their first few weeks in the organization. Rostering admin time for Junior Doctors and ensuring that supervisors actively support their completion of MAST were suggested as measures to address this issue.</li> <li>- There were ongoing concerns about learning related to foetal monitoring, particularly in response to issues raised about the CTG meeting being an ineffective learning environment. Ensuring that learning from adverse events is done in a psychologically safe manner and that multi-disciplinary learning on foetal monitoring is consistent will be the focus of future efforts.</li> </ul>	
<b>2.3</b>	<b>Postgraduate/ADMEs update</b>	
	<ol style="list-style-type: none"> <li><b>1. Atefa Hossain (Surgery ADME) update:</b> <ul style="list-style-type: none"> <li>- Vascular and Neurosurgery received positive feedback from GMC survey.</li> <li>- General Surgery received mixed feedback in the GMC survey, with 3 red flags and 4 pinks indicating areas of concern. A self-assessment is expected, and there may be a visit soon. Efforts are being made to address the concerns raised, particularly in Upper and Lower GI surgery. The educational team is working with the Clinical Director and the Divisional Chair to improve the situation.</li> <li>- Additionally, a sad and unfortunate unexpected death of a trainee within surgery was acknowledged, and support is being provided to the affected team members.</li> <li>- Cardiac Surgery received positive feedback in the GMC survey and has shown progress in terms of trainee numbers and waiting list management. The unit is reported to be the best performing in London in terms of throughput and waiting list management. This is expected to provide more training opportunities and build a conducive training environment. The Leadership team, Anaesthetics team, and ITU team were acknowledged for their contributions to this improvement.</li> </ul> </li> <li><b>2. Navneet Singh (MedCard ADME) update:</b> <ul style="list-style-type: none"> <li>- Diabetes and Endocrinology have improved feedback compared to the previous year. There were fewer concerns about bullying, and trainees reported feeling more supported. However, there were still some ongoing issues, which were being addressed. These issues included short staffing, staff rotas, and the need for more education supervisors. Expected improvements in these areas over the coming months.</li> <li>- In Acute Medicine, there had been progress over the past year in addressing issues related to rota gaps and educational governance. There were improvements in the support for trainees and better coordination of induction processes. However, challenges remained in coordinating multiple specialty trainees into relevant parts of the Acute Medical induction working patterns. GB mentioned improvements in trainee support and highlighted the challenges of juggling multiple specialties in their department. She emphasised the need to address issues and improve education.</li> </ul> </li> </ol>	
<b>2.4</b>	<b>Joyce Popoola (Clinical Sub-Dean) update</b>	
	<ul style="list-style-type: none"> <li>- We are going into a new university year. A major focus has been working collaboratively with the University team to enhance education delivery.</li> <li>- Aspects highlighted in the report from the Quality Assurance Report 2023 including limited administration and low student: CTF ratio have been extrapolated (17:1) and business cases have been completed.</li> <li>- We are currently in negotiations around fulfilling our necessary establishment for the undergraduates.</li> </ul>	<p><b>Action required urgent discussion:</b> Timing of employment of undergraduate administrator</p>

	<ul style="list-style-type: none"> <li>- The university has now revised and developed new student feedback forms. We will be extracting the first analysis of these this semester.</li> <li>- Induction has been established in the placement programmes of all the years of the students on placement at St George's.</li> <li>- The university curriculum is under redevelopment and lecturers trust wide applying will be provided with access as necessary.</li> <li>- EYCE training will be a key focus as these have been recognised as critical student formational years. Medicine Yael Gaffer and Surgery Susannah La Touché.</li> <li>- The student elective program is now up and running. We would like to establish a cycle as frequently as possible however we will leave at twice a year for the meantime pending feedback and firmly establishing our elective supporters.</li> <li>- Students on placement are now being issued colour coded badges with their training designation to ensure easier identification.</li> <li>- Grand rounds are continuing to evolve and have been highlighted as being exemplary in their multidisciplinary approach, attendance improving. We are starting to engage student and staff attendance.</li> <li>- Increasing numbers of staff expressing interest in involvement in undergraduate training. Job planning which has direct impact on take up. Informed job planning in progress to enable take up.</li> </ul>	<p>escalated through educational direct due to level of direct risk in relation to potential impact on students undergoing placement at St George's and pressures on current administrative staff.</p>
<b>2.5</b>	<b>Robert Bramwell (MEM) update</b>	
	<ol style="list-style-type: none"> <li>1. RB discussed high-performing specialties and areas of concern based on the GMC survey: <ul style="list-style-type: none"> <li>- High-Performing Specialties: Vascular Surgery (10 green flags), Neurosurgery (9 green flags), Neurology (4 green flags), Clinical Genetics (4 green flags), Gastroenterology (3 green flags), T&amp;O (3 green flags) and ENT (2 green flags) were commended for their performance.</li> <li>- Areas for Improvement: Services such as the GP Programme for Paediatrics and Child Health, Psychiatry Foundation Year 1, ICU, Paediatric Surgery, and Haematology faced challenges and were in the process of submitting self-reporting forms (deadline on 13/09/2023). These forms would be reviewed, and action plans might be created based on their content.</li> </ul> </li> <li>2. RB mentioned upcoming Review Visits for Endocrinology and Diabetes (21/09/2023), which might be delayed due to industrial action, and Cardiac Surgery (27/09/2023), which would determine the Trust's fate in that area. Changes and amendments made in Cardiac Surgery indicates ongoing efforts to improve quality of the service.</li> </ol>	
<b>2.6</b>	<b>Elwina Timehin (SAS-LED, IMG) update</b>	
	<ul style="list-style-type: none"> <li>- Successful Enhanced Induction was provided for new IMGs on 08/08/2023, which received positive feedback. Some IMGs requested having their induction before the main Medical/Trust Inductions because they felt that it helped them better understand the hospital's processes and systems. There is also a request for more frequent induction sessions, given that they currently occur every 6 months.</li> <li>- The induction modules were well-received, including NS's talk on Career Guidance. A session with the GAPS team on communication and breaking bad news was also found helpful. To address challenges with IT and E-prescribing, efforts are being made to incorporate these topics into the induction modules.</li> <li>- There are concerns about efficiency of connecting with new IMGs when they start, especially related to contracts and documentation. Finding a smoother process for this is identified as a challenge.</li> <li>- There were issues with educational supervisors, particularly regarding non-training grade doctors who wish to go through the CESR route. There is a need for clearer guidance and training for educational supervisors in dealing with these cases.</li> </ul>	<p><b>Actions:</b></p> <p><b>2.6a</b> Completing the list of approved courses for LED doctors, 2.6b - working on the SAS Charter, and addressing concerns related to appraisals.</p> <p><b>2.6c</b> Encouraging more departments to consider converting long term LEDs to specialist doctor contracts / roles.</p>

<b>2.7</b>	<b>Mikaela Carey (PA) update</b>	
	<ul style="list-style-type: none"> <li>- The Trust currently conducts cross-site teaching sessions between Epsom &amp; St. Helier and St. George's. However, there are challenges in attendance, with PAs from ESTH being more able to attend sessions held in their location due to ease of access.</li> <li>- While PAs have been actively arranging speakers for these sessions, there is a limitation in terms of available speakers.</li> <li>- The Trust's faculty expressed its willingness to support these sessions and provide speakers. It was emphasized that while consultants may have limited availability for teaching due to clinical commitments, other senior clinical leaders and professionals within the organization could contribute.</li> <li>- There was acknowledgment of the aspiration to achieve parity of access to educational time and tariff for all non-consultant doctors, including PAs and other healthcare professionals.</li> </ul>	<p><b>Actions:</b></p> <p><b>2.7a</b> Embed cross-site teaching sessions into the calendar as a fixed schedule making it easier for PAs to plan their attendance.</p> <p><b>2.7b</b> To access speakers from the Trust</p> <p><b>2.7c</b> Agree parity of access to educational time and study leave for all PAs.</p>
<b>2.8</b>	<b>Educational Leads reports/update</b>	
	<ul style="list-style-type: none"> <li>- 17 Educational Leads reports have been distributed prior this meeting for review and discussion.</li> </ul>	<p><b>Please see link to reports on the education website</b></p>
<b>3</b>	<b>ANY OTHER BUSINESS</b>	
	<ol style="list-style-type: none"> <li>1. <b>Doctors Strike impact on training</b> – CB raised concerns about the impact of planned strikes on medical training and education. The group discussed the need to balance operational and training needs and mentioned the absence of a nationally agreed-upon strategy to handle this issue. LE and NS asked whether there was any data on an increase in Outcome 3 (Extension) in ARCP outcomes due to strikes, but this information was not available. LE mentioned raising concerns about the impact of strikes on training with the GMC during a meeting. They emphasised the need for NHS WTE and GMC involvement in addressing these concerns at a national level, similar to derogations agreed during the impact of the COVID-19 pandemic.</li> <li>2. <b>Doctors strike impact on October Medical Induction</b> – IC mentioned the potential clash of induction for joining doctors with planned strikes. There are 3 options: shifting induction dates, providing catch-up induction, or conducting induction as planned for those who can attend.</li> <li>3. <b>Karen John-Pierre</b> was recognised and thanked for her contributions to the NHS Liaison Librarian role and her support for education and research.</li> </ol>	
<b>4</b>	<b>DATE OF NEXT MEETING</b>	
	TBA via MsTeams	