

PG Education Committee meeting

12th December 2023

PRESENT		
Indranil Chakravorty	DME	IC
Annabel Little	Education Business Manager	AL
Sophie Vaughan	ADME, CWTD	SV
Atefa Hossain	ADME, Surgery	AH
Navneet Singh	ADME, MedCard	NS
Sarah Tang	TPD CSTs	ST
Helen Jones	TPD IMTs	HJ
Ewa Zatyka	TPD IMTs	EZ
Kasia Lukomska	PGME Team Leader	KL
APOLOGIES		
Robert Bramwell	Medical Education Manager	
Rosy Wells	GOSW; Trust SuppoRTT and LTFT training champion	
Elwina Timehin	SAS-LED Tutor	
ABSENT		
Nick Gosling	Associate Director of Education & Head of GAPS	
Charlotte Huddy	TPD FY1s	
Yael Gelfer	TPD FY2s	

1. Welcome from Director of Medical Education:	
	<ul style="list-style-type: none"> - IC opened the meeting by welcoming the attendees, confirmed apologies, and outlining the purpose of the meeting; - Previous minutes were shared but not discussed;
2. Local Inductions 2022-2023:	

- KL provided an overview of the Local Induction processes for doctors in 2022 and 2023. The response rate for feedback surveys remained low, around 12% in 2022 and 17% in 2023.
- The data highlighted positive aspects like high speaker ratings and content quality, but also recurring issues in time management, information completeness, and the need for more tailored and technology-integrated inductions.
- Discussion shifted towards defining an ideal induction toolkit, ensuring consistency, structured delivery, and tailored content for better engagement.
- AL appreciated the efforts of the team involved in induction processes, suggesting collaboration with the MAST team to ensure local induction captures necessary information, such as minimizing needle stick injuries.
- The distinction between Trust and Local inductions was raised, with HJ highlighting the importance of minimizing repetition across inductions and focusing local sessions on specific departmental procedures.
- AH proposed showcasing examples of successful local inductions to illustrate 'best practices.' SV and others echoed the importance of reaching out to those who might not be engaged initially, ensuring comprehensive coverage.

Actions to be taken:

1. Survey improvement:

- KL to explore strategies to increase survey completion rates. Consider altering the survey format, making it more concise or engaging.

2. Review Induction content by Department:

- KL to collaborate with Educational Leads with ADMES oversight to review induction content department-wise ensuring it includes hybrid elements, relevant content, and accessibility for all.
- KL and RB to develop a checklist to ensure each department's induction covers essential topics and meets established standards.

3. Comparison and Sharing Best Practices:

- KL, IC, RB and MAST Team to clarify what topics should be covered in the Trust-wide induction versus Local inductions to avoid repetition and ensure the Local induction focuses on department-specific procedures.
- Educational Leads/ADMES to showcase their best practices from departments that excel in their local inductions to set benchmarks for improvement.

4. Documentation and Information sharing:

- KL to encourage departments to update local guides as part of their induction resources, ensuring consistency and completeness of information.

5. Address Timing and Audience Reach:

- KL, ET and Trust Induction Team to ensure that induction programs cater not only to regular trainees but also to locally employed doctors and those joining at different times.

3. Surgery ADME update:

- AH outlined several concerns, including the lack of local faculty group (LFG) meetings in General Surgery since December 2022. While there have been recorded minutes and some efforts, there's a struggle to establish formal documentation proving the occurrence of these meetings. AH expressed concerns about the lack of engagement from GI teams in terms of education and training.
- A survey among trainees and fellows generated mostly positive feedback, except for concerns about undermining from one trainee. AH planned a face-to-face LFG meeting with trainees and fellows to address these issues.
- ST provided insights into the initiatives undertaken in breast surgery, highlighting the separate training discussions held for breast trainees. She discussed upcoming sessions focused on culture, surgical safety, and bystander attitudes. ST also mentioned efforts to publicize these sessions widely to encourage attendance.
- Discussions revolved around the need for a structured approach to address several key issues: the absence of meetings, educational governance, appointments for SIM Leads, and the requirement for an Undergraduate Lead within Surgery. The need for a Fellow in Surgical SIMs was also stressed, considering the workload's magnitude.

Actions to be taken:

1. Local Faculty Group meetings:

- Encouraging the Surgical team, particularly Consultants, to take responsibility or participate actively in conducting these meetings.

2. Education Governance and Oversight:

- Identify suitable candidates for roles such as Educational Leads for higher surgery, Simulation Leads and Undergraduate Educational Leads.

3. SIM Fellow Role and Scope:

- Clarify the scope and eligibility criteria for the SIMs Fellow role, ensuring that the position is open to a wide range of surgical specialties while focusing on transferable educational skills.

4. MedCard ADME update:

- There are concerns regarding the upcoming visit by HEE to the Haematology department. The discussion centred on past issues related to workforce induction, rotas, and rectifying problems, particularly in the context of culture, working environment, bullying, and discrimination.
- The haematologists expressed interest in attending courses related to managing training difficulty and standard training. Efforts are underway to identify suitable courses to meet these needs.
- NS discussed challenges related to the requirement for additional educational supervisors in acute medicine for certain specialties, which may significantly impact trainees. The need for clarification from HEE and the college on these requirements is highlighted.
- IC emphasized the urgent need to address the perceived toxic culture within acute medicine, acknowledging that the issues have been consistently raised over the years, leading to a negative perception. Various meetings and forums, including Foundation Faculty meetings, JDF meetings, and Acute Medical Clinic Consultant meetings, have highlighted the toxic culture concerns raised by trainees. There's a call to accept responsibility and implement necessary change. Suggestions were made for implementing training sessions focused on discrimination awareness and active bystander training.
- HJ stressed the importance of properly supporting trainees in difficulty and providing constructive feedback.

Actions to be taken:

1. Review previous HEE visits:

- Gathering feedback and documents from previous visits to understand the areas that need improvement.

2. Training and Support:

	<ul style="list-style-type: none">- Identifying and providing appropriate courses or training for Haematology trainees interested in additional educational opportunities.- Exploring avenues for setting up sessions led by experts to educate the acute medicine team about diversity and cultural issues.- Exploring the need for additional supervision or educational support for specialties involved in acute medicine on call. <p>3. Collaboration and Support:</p> <ul style="list-style-type: none">- Providing support to trainees struggling with difficulties and ensuring a supportive, inclusive environment.
5. AOB:	
	<ul style="list-style-type: none">- Next meeting – 23rd January 2024