St George's University Hospitals NHS
NHS Foundation Trust

PG Education Committee meeting

20th February 2024

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

1. Welcome from Director of Medical Education:

- 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. Education Contract with NHS WTE:

2.1. Accountability for Education Tariff for Trust as Placement Provider.

- As part of the NHS WTE's requirement for educational placement providers to demonstrate accountability and transparency of the educational tariff, the Trust must complete a self-assessment return every 6 months. - AL discussed challenges in translating income into tangible expenditure and the communication challenges within the group.

Data required for this return is broadly categorised into the following activities/ categories.

- Infrastructure – estates/ IT/ Equipment (25%)
- Educational supervision (PG 0.25PAs per trainee; UG proportionate PAs for Placement Leads)
- Time-tabled teaching including Teaching fellow (pro-rata) including contribution to Simulation/ Skills
- Proportion of all DCC activity in teaching units (1h or 25% of each session of 4h)

- Any additional activity such as supporting Recruitment/OSCEs/Exam prep/ Wellbeing/ Mentorship/ Organising simulation or courses

2.2. Challenges with Job Plans:

- Discussion on the need for allocated time in job plans for teaching, supervision, and mentorship.

- CH raised concerns about consultants being frustrated by the job planning process, limiting their ability to demonstrate full commitment to medical education.

- AH highlighted concerns about transparency in job planning, with care group leads advising against acknowledging educational activities not explicitly in job plans.

2.3 Expectations from Medical School vs. Trust:

- IC discussed the expectation from the Medical School, amounting to 1 PA per consultant, while the Trust's maximum in job planning is 0.5 PA. Plans were discussed to resolve this issue, including a database of consultant activities provided by the medical school.

2.4 Efficient resource utilisation:

- NG emphasized the need to make educational tariff work efficiently for trainees, UGs, but also to support generically - LEDs and IMGs. NG suggested including LEDs and IMGs in the internal education contract accountability. HJ supported the inclusion of Clinical Fellows in tariff utilisation discussions, recognizing their importance in providing a safe clinical service.

- ET emphasized the need for budget allocation for Educational Supervision for Locally Employed Doctors.

2.4. Divisional and Trust Board accountability:

- IC emphasized the need for educational quality and financial accountability at the divisional level.

- IC addressed the lack of representation in divisional management board meetings and plans to rectify this by involving ADMEs.

- NG expressed the need for a clear strategy from the Trust Board and the importance of determining priorities and sacrifices.

- The group agreed on the necessity of pressing for a strategy and informing the Trust Board for accountability.

- IC mentioned the financial risks, including the potential for NHS WTE to claw back funding if the educational contract is breached.

2.5. Plans for Additional Resources:

- AH inquired about plans for additional educational fellows, and IC confirmed that such requests will be made.

- The wish list for additional resources will be shared with participants for further discussion.

2.6. Concerns about Policy on Physician Associates:

- HJ raised concerns about the lack of policy regarding the education and supervision of Physician Associates. The group discussed the need for named Consultants and allocated time for supervision and education.

Actions:

1. **Tariff equivalent for LEDs** - To explore a solution to address the funding challenges related to Clinical Fellows who rotate between different care groups. Clarify how the funding is managed when CFs replace trainees and ensure transparency in financial arrangements. (Elwina Timehin)
2. **Divisional Governance for Education** - To establish a regular governance system for care group leads and divisional leadership (ADMEs + UG Sub-Dean).
3. To implement a system to track and ensure accountabilities for all 5 activities for utilisation of education tariff to assist in meeting the PGME tariff reporting requirements (Annabel Little/ Robert Bramwell)

	4. To seek clarification on whether the distribution of funding based on consultant heads includes allied members of the team, such as Advanced Nurse Practitioners. Ensure transparency in how the consultant headcount is calculated and how it impacts the education tariff. (Annabel Little)
3. AOB:	
	- **Next meeting** – 19th March 2024