

Medical Education Committee

NOTES OF MEETING 13th February 2025 via MsTeams

ATTENDEES			
Members	Designation		Initials
Indranil Chakravorty	Director of Medical Education & Co-Chair of meeting		IC
Lucinda Etheridge	Chief Medical Officer & Co-Chair of meeting		LE
Nicholas Gosling	Associate Director of Education (Interim) & Head of GAPS		NG
Navneet Singh	Associate Director of Medical Education (MedCard)		NS
Robert Bramwell	Medical Education Manager		RB
Annabel Little	Education Business Manager		AL
Elwina Timehin	SAS/LED/IMG Lead		ET
Ewa Zatyka	IMTs TPD		EZ
Veronica Parisi	NHS and Liaison Manager		VP
Kirsty Le Doare	Guardian of Safe working Hours		KLD
Katarzyna Lukomska	PGME Team Leader		KL
Ruth Austin	Wellbeing Fellow for Internal Medicine Training South-West London		RA
Amy Reid	Educational Lead		AR
David Barnes	Educational Lead		DB
Charlotte Stockley	Educational Lead		CS
Chorouk Boureq	Educational Lead		CB
Leila Ferguson	Educational Lead		LF
Lida Alarcon	Educational Lead		LA
Michael Hart	Educational Lead		MH
Mital Desai	Educational Lead		MD
Nisha De Silva	Educational Lead		NDS
Rebecca Thom	Educational Lead		RT
Samuel Thayalan	Educational Lead		ST
Apologies			
Audrey Tan	Robin Sunderland	Sree Kondapally	
Amber Arnold	Laura Byrne	Philippa Tostevin	
Robert Hagger	Komal Plaha	Katia Prime	
Malika Mohabeer	Elspeth Bird	Nicola Walters	
Sophie Vaughan	Jane Runnacles	Asanga Fernando	
Susannah LaTouche	Andrea Cavalcanti		
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	Apologies for Absence Apologies noted. Noted the challenging workload in clinical areas due to staff shortages, sickness (norovirus, flu), and recruitment pressures affecting trainees.		
1.2	Notes from Last Meeting		

	Approved.
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2	AGENDA ITEMS
2.1	Updates on Medical Education & Training:
	<p><u>National and Regional Recruitment Trends:</u></p> <ul style="list-style-type: none"> • National recruitment for internal medicine and specialty posts remains ongoing. • Concerns raised regarding higher training job competition, particularly affecting UK graduates vs. international medical graduates (IMGs). • Discussions continue regarding potential training post allocations for UK graduates, but no official policy changes have been made. <p><u>Expansion of Training Numbers:</u></p> <ul style="list-style-type: none"> • NHS Workforce, Training & Education (NHSE-WTE) is looking to expand training numbers in various specialties, particularly in foundation training and respiratory medicine. • Trusts are encouraged to convert clinical fellow posts into training posts where possible, ensuring capacity for expansion.
2.2	Integration of Medical Education Across Sites:
	<p><u>Summary of Integration process:</u></p> <ul style="list-style-type: none"> • The consultation period for the integration of medical education functions across the group (St. George's and Epsom & St Helier (ESTH)) closed on 17 January 2025. • The integration aims to align leadership under the Medical Directorate, moving medical education from the People Directorate at St. George's. • Key changes: <ul style="list-style-type: none"> ○ Staff from ESTH will transfer to St. George's from 2 March 2025 under TUPE regulations. ○ The two education teams (ESTH & St. George's) will work under one leadership structure. ○ Staff will retain their current base of work, but employment will shift to St. George's. ○ Initial transition period (3-6 months) for staff to adapt to new roles and responsibilities. <p><u>Concerns About Implementation:</u></p> <ul style="list-style-type: none"> • Clinical educators raised concerns about the feasibility of fully integrating multi-site teaching and training. • Feedback received highlighted logistical challenges and the need for localized teaching models rather than a fully centralized approach. • Lessons learned from the nursing integration will be applied to avoid post-merger difficulties. • Ongoing discussions will ensure that the integration respects existing successful systems and doesn't disrupt effective education models. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • Communicate changes clearly to faculty and trainees. • Address logistical issues with ongoing monitoring. • Establish regular review meetings to evaluate integration impact.
2.3	Well-being and Training Environment:
	<p><u>IMT Well-being Survey Findings (Ruth Austin):</u></p> <p>Ruth Austin (IMT Well-being Fellow) presented results from a trainee well-being survey at St. George's.</p>

	<p>Key Findings:</p> <ul style="list-style-type: none"> • Burnout risk: 1 in 3 IMTs in South-West London are at high risk of burnout, higher than in other training programs. • Work-life balance: 25% of trainees felt they had a good balance, slightly better than regional averages but still low. • Lack of belonging and feeling valued: <ul style="list-style-type: none"> ○ 0% of respondents felt valued at work. ○ No trainees felt a strong sense of belonging, significantly lower than other hospitals in South-West London. • Work-related stress and exhaustion: <ul style="list-style-type: none"> ○ 38% reported taking sick leave due to exhaustion post-on-call. ○ 50% felt unwell due to workplace stress in the past year. • Physical environment issues: <ul style="list-style-type: none"> ○ Limited access to chairs, workspaces, and temperature control in work areas. ○ Only 25% felt that their working environment was adequately equipped. <p>Actions Taken:</p> <ul style="list-style-type: none"> • Teaching & Well-being Initiatives: <ul style="list-style-type: none"> ○ Introduction of reflective practice sessions in collaboration with staff support teams. ○ Promotion of peer support networks and well-being teaching sessions. • Workplace Improvements: <ul style="list-style-type: none"> ○ Budget approved for chairs, recliners, and lockers for NICU and ITU doctors. ○ Continued discussions about rota issues and reducing post-on-call exhaustion
2.4	<p>Renewal of UpToDate Subscription:</p>
	<p><u>Subscription Details & Usage:</u></p> <ul style="list-style-type: none"> • ~4,000 monthly accesses (underestimated due to tracking limitations). • Most used by infectious diseases, paediatrics, and internal medicine. • Proposal to upgrade to UpToDate Enterprise, incorporating AI-powered search. • Cost: £100,000 per year (3-year contract). <ul style="list-style-type: none"> • Committee decision: Renewal approved, with a request to negotiate a better price. <p>Actions:</p> <ul style="list-style-type: none"> • Negotiate better pricing for renewal. • Improve mobile access via IT support. • Increase awareness and adoption among nurses, pharmacists, and AHPs.
2.5	<p>Quality and GMC Surveys:</p>
	<p><u>Reduction in NHSE Quality Actions:</u></p> <ul style="list-style-type: none"> • Major progress achieved: <ul style="list-style-type: none"> ○ Number of open actions reduced from 20-30 to just 2. ○ Actions remain in Foundation Surgery (monitoring new F1 placements) and Medical Oncology (addressing training concerns). • GMC National Training Survey (NTS) 2025 opens in March – members urged to promote trainee participation.

	<p>Actions:</p> <ul style="list-style-type: none"> • Encourage trainees to complete the GMC NTS survey. • Ensure all LFGs meet quarterly and submit minutes for compliance.
2.6	<p>Educational Supervision for Locally Employed Doctors (LEDs):</p> <p>Progress Report (Elwina Timehin):</p> <ul style="list-style-type: none"> • Progress: Most locally employed doctors now have supervisors & appraisals. • Challenges: <ul style="list-style-type: none"> ○ Consultants need more time & training in supervision. ○ International medical graduates need tailored guidance on NHS pathways. ○ Limited study leave funding due to financial constraints. <p>Actions:</p> <ul style="list-style-type: none"> • Develop targeted training for SAS doctors as appraisers. • Review study leave policies for equitable allocation.
2.7	<p>AOB:</p> <p>Training Infrastructure & Simulation:</p> <ul style="list-style-type: none"> • Lecture theatres & simulation rooms lack adequate hearing loops & microphones. • Proposal to upgrade AV systems to support inclusive teaching. <p>Actions:</p> <ul style="list-style-type: none"> • Secure funding for accessibility improvements. <p>Medical Oncology Training Issues:</p> <ul style="list-style-type: none"> • Concerns raised about training culture in oncology. • Plan to introduce targeted trainer development programs to improve teaching styles and supervision. <p>Actions:</p> <ul style="list-style-type: none"> • Identify trainer development opportunities to enhance oncology teaching.
2.8	<p>Educational Leads reports/update</p> <p>8 Educational Lead reports and other supportive documents have been distributed prior this meeting for review and discussion.</p>
3	<p>DATE OF NEXT MEETING</p> <p>TBA via Ms Teams (June 2025)</p>