

Medical Education Committee

NOTES OF MEETING 16th May 2024 via MsTeams

| ATTENDEES | | | |
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| Members | Designation | | Initials |
| Luci Etheridge | Chief Medical Officer & Co-Chair of meeting | | LE |
| Indranil Chakravorty | Director of Medical Education & Co-Chair of meeting | | IC |
| Nicholas Gosling | Associate Director of Education (Interim) & Head of GAPS | | NG |
| Robert Bramwell | Medical Education Manager | | RB |
| Joyce Popoola | Clinical Sub-Dean | | JP |
| Hannah C_ck | Course director for MBBS | | HC |
| Robert Nagaj | Deputy course director for MBBS | | RN |
| Philippa Tostevin | Professor of Practice - Surgical Education | | PT |
| Annabel Little | Education Business Manager | | AL |
| Michael Armour | Head of Finance | | MA |
| Elwina Timehin | SAS/LED/IMG Lead | | ET |
| Ewa Zatyka | IMTs TPD | | EZ |
| Sue David | NHS and Liaison Manager | | SD |
| Katarzyna Lukomska | PGME Team Leader | | KL |
| Amy Donaldson - Perrott | Course Director MPAS | | ADP |
| Tripti Chakraborty | Deputy Course Director MPAS | | TC |
| Samuel Thayalan | Educational Lead | | ST |
| Richard Griffiths | Educational Lead | | RG |
| Katia Prime | Educational Lead | | KP |
| Anthony Pereira | Educational Lead | | AP |
| Nisha De Silva | Educational Lead | | NDS |
| Raj Lakhani | Educational Lead | | RL |
| Pouya Youssefi | Educational Lead | | PY |
| Kostas Tsioulos | Educational Lead | | KT |
| Amber Arnold | Educational Lead | | AA |
| Charlotte Stockley | Educational Lead | | CS |
| Mussarat Rahim | Educational Lead | | MR |
| Yasser Iqbal | Educational Lead | | YI |
| David Barnes | Educational Lead | | DB |
| Laura Byrne | Educational Lead | | LB |
| Belinda Eze | LED/IMG Rep | | BE |
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| Apologies | | | |
| Sophie Vaughan | Atefa Hossain | Navneet Singh | |
| Jane Runnacles | Rosy Wells | Helen Jones | |
| Mikaela Carey | Robin Sunderland | Sree Kondapally | |
| Michelle de Souza | Komal Plaha | Catherine Ann Cox | |
| Amy Reid | Nicola Walters | Joseph Hetherington | |
| 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> | | |
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| 1 | OPENING ADMINISTRATION |
| 1.1 | Apologies for Absence Apologies noted. |
| 1.2 | Notes from Last Meeting Approved. |

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| 2 | AGENDA ITEMS |
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| 2.1 | Luci Etheridge (CMO) update: |
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| | <p>1. Trust Financial Position and Educational Impact:</p> <ul style="list-style-type: none"> - The Trust is facing a projected deficit of £65 million for the new financial year, after implementing cost improvement plans. NHS England requires further tightening of this deficit. - Emphasis was placed on the need for detailed financial scrutiny at both clinical and corporate levels to ensure accountability and effective use of educational funding. - LE highlighted the importance of accurately linking workforce spending to education contracts to avoid negative impacts on the ability to deliver educational commitments. <p>2. Corporate Services Integration:</p> <ul style="list-style-type: none"> - LE updated on the Corporate Services integration within the GESH group. - Medical Education is part of Phase 3. Phase 1, which includes Audit, Clinical Audit, Effectiveness, and Mortality and Bereavements, will be implemented in July after the consultation. Phase 2 will address clinical leadership roles. - LE emphasized the need to move forward with integration without delays and committed to providing timelines as they become available. <p>Actions:</p> <ul style="list-style-type: none"> - Continued updates on financial scrutiny and integration progress. - Ongoing collaboration between Medical Education and Clinical Divisions to ensure seamless delivery of educational commitments. - Setting up meetings to address specific concerns raised during the discussion. |
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| 2.2 | Indranil Chakravorty (DME) update: |
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| | <p>1. Faculty Support Modules:</p> <ul style="list-style-type: none"> - New modules are being developed to help faculty refresh their skills in providing constructive and informative feedback. These modules will be added to the existing Summit course for Faculty. <p>2. Quality of Induction:</p> <ul style="list-style-type: none"> - Efforts are underway to standardize Local Induction processes across all departments. - Documentation and discussion of feedback from Trainees and Junior Doctors are being emphasized to ensure organizational oversight and appropriate response. <p>3. Educational Appraisals:</p> <ul style="list-style-type: none"> - Elizabeth Rhodes, in collaboration with Duncan Tennent, is working on setting minimum standards and timelines for Educational Appraisals. The goal is to complete this process quickly to improve the overall Educational Appraisal system. <p>4. Physician Associates:</p> <ul style="list-style-type: none"> - There is a national discussion regarding PAs, with a GMC consultation ongoing. - A local negotiating committee conducted a survey among Junior Doctors and Consultants, identifying 3 main issues: <ul style="list-style-type: none"> ✓ Supervision: How PAs are supervised and their integration into rosters. ✓ Impact on Training: Concerns particularly in surgical or procedure-based specialties. |
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| | <p>✓ Governance Document: Mikaela is working on a governance document addressing supervision, scope of practice, and future prescribing protocols for PAs. This document is currently out for consultation and will be presented soon.</p> <p>Actions:</p> <ul style="list-style-type: none"> - Follow up on the completion and implementation of the new faculty support modules. - Monitor the progress of the induction standardization project. - Expedite the completion of the educational appraisal standards. - Review and provide feedback on the governance document for Physician Associates. |
| 2.3 | Finance update: |
| | <p>1. Educational Contract Changes:</p> <ul style="list-style-type: none"> - AL updated the Faculty Group about changes in the Education Contract, now termed the "Education Funding Agreement," effective from April 2024. This agreement emphasizes the accountability in utilizing the funds provided by NHSE for training students and supporting faculty. <p>2. Funding Allocation and Income/Expenditure Reporting:</p> <ul style="list-style-type: none"> - The Trust received 25% of its full-year funding for 2023-2024 based on previous year's activity. For Postgraduate placements, they received £5.1 million, and for Undergraduate Education, they received £3.2 million for the first quarter. - AL emphasized the need for a more detailed breakdown of income and expenditure to ensure transparency and proper utilization of funds. She proposed moving away from consultant headcount-based funding distribution to a more session-based allocation to accurately reflect teaching activities and their costs. <p>3. Financial Challenges:</p> <ul style="list-style-type: none"> - MA, Head of Finance, discussed the difficulties in managing education funding due to the fluctuating nature of quarterly payments. They need to create detailed schedules that consider both income and associated costs to avoid causing additional financial pressures. - LE and HC emphasized the need for a clear understanding of how education-related activities are accounted for in job plans. The transparency in tracking activities like OSCE examinations and teaching would help in fair resource allocation and ensuring accountability. <p>4. Strategic Focus:</p> <ul style="list-style-type: none"> - IC highlighted the importance of transparency in funding allocation to help Care Group Leaders manage their resources better. He also updated the group on the expansion of Foundation Doctor posts and the challenges related to workforce planning and funding. - The need for better alignment between NHSE workforce planning and the Trust's financial and operational capacities was underscored. The inability to take additional Foundation posts without corresponding service needs and funding was a significant concern. <p>Actions:</p> <ul style="list-style-type: none"> - Develop a system to track income and expenditure related to educational activities in more detail to ensure transparency and proper resource allocation. - Ensure job plans accurately reflect educational activities and their associated funding, particularly for teaching and exam-related tasks. - Collaborate with NHSE to ensure workforce planning aligns with the trust's capacity and funding, addressing the challenge of integrating new foundation posts without additional financial strain. |
| 2.4 | SGUL Leads update: |
| | <p>1. Transparency and Accountability:</p> <ul style="list-style-type: none"> - HC raised concerns about financial transparency related to undergraduate tariff expenditures. - LE and HC agreed on the necessity for ongoing, timely, and responsive work rather than waiting for quality assurance visits. |

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| | <p>2. City and St George's University Merger Update:</p> <ul style="list-style-type: none"> - HC confirmed the formal engagement of City and St George's University with a planned merger date of 01/08/2024. Transfer of Undertakings for Protection of Employment (TUPE) has started. All staff, including honorary postholders, will move to new contracts with City, St. George's as of 01/08/2024. - The new leadership includes Sir Anthony Finkelstein as President, and positions for Chief Operating Officer and Vice President have been filled. External advertisements for roles such as Executive Dean of the new School of Health Sciences are ongoing. - Initial year focus will be on defining the new School of Health Sciences' structure and aligning existing structures. Current academic year operations will follow existing St. George's regulations and frameworks. - City University acknowledges their limited experience with medical programmes, emphasizing their reliance on the existing strong relationships and systems at St George's. <p>3. Addressing Staff Concerns and Anxiety:</p> <ul style="list-style-type: none"> - RN noted the anxiety among staff regarding job security and changes. Reassured that most staff will see little change in the next year. A portal with updated merger information is available for staff. - HC highlighted the unique nature of clinical academics and the importance of communicating this to City University leadership. Meetings are being set up with Sir Anthony Finkelstein to discuss these specific needs. <p>4. Collaboration and Continued Engagement:</p> <ul style="list-style-type: none"> - IC reaffirmed the Trust's willingness to support the integration process as the largest placement provider. Confirmed participation in upcoming discussions with the NIHR and academic groups. - HC Confirmed ongoing engagement with key individuals for transition discussions and roundtable meetings. - IC and LE expressed gratitude for HC leadership and commitment to supporting the transition process. Acknowledged the challenges inherent in such a significant merger. <p>Actions:</p> <ul style="list-style-type: none"> - Continued readiness to proceed with integration upon approval - Ongoing updates and reassurance for staff regarding job security and changes. - Scheduled meetings with City University leadership to address clinical academic concerns and other transitional issues. - Improving the Trust's management of Clinical Academics through better record-keeping, appraisal, and job planning processes. |
| 2.5 | <p>Physician Associates update:</p> |
| | <p>1. Bullying and Undermining Behaviour:</p> <ul style="list-style-type: none"> - LE shared insights from a recent event aimed at Physician Associates to discuss issues highlighted by JDF and LNC surveys. She expressed concerns about bullying and negative online experiences faced by PAs. Trust is committed to addressing these issues and upholding its values against such behaviours. - HC noted that some negative online comments originated from medical students. The University and Trust have issued statements to address this, emphasizing professional behaviour and the unacceptability of bullying. <p>2. Support and Communication Strategies:</p> <ul style="list-style-type: none"> - The Trust's Comms team will highlight positive stories about PAs and promote their roles on social media and internal platforms. - NG suggested involving Junior Doctors' Forum (JDF) and Chloe Miller in the communication efforts, aligning these with broader educational initiatives. IC supported NG suggestion and stressed the importance of integrating PAs into educational programs to emphasize their value. - LE reassured that the Trust is committed to constructive dialogue and addressing concerns from various surveys. <p>3. Educational Initiatives:</p> <ul style="list-style-type: none"> - Plans to include PAs in Simulation Centre training to foster better understanding and integration into the healthcare team. - LE emphasized the importance of integrating PAs within the multidisciplinary team and ensuring clear communication of their roles and value. |

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| | <p>- ADP expressed gratitude for the support and stressed the need for ongoing education about the PA curriculum and their role, addressing misconceptions.</p> <p>4. Student Placement Concerns:</p> <ul style="list-style-type: none"> - ADP and TC requested support for increasing PA student placements. - IC suggested working with Undergraduate Leads and JP's team to identify opportunities and ensure quality training for both medical and PA students. - JP suggested a thorough review of the current training environment to balance the needs of medical and PA students. - AP mentioned the need to define the scope of practice for PAs in different specialties to address concerns and improve clarity. <p>5. Prescribing and Investigation Orders:</p> <ul style="list-style-type: none"> - IC raised concerns from GP trainees about being asked to prescribe or order investigations for patients they have not seen, which should be the responsibility of supervising Consultants or Senior Registrars. <p>Actions:</p> <ul style="list-style-type: none"> - ADP and TC to link up with JP for detailed planning of PA student placements. - KL to circulate to Faculty group members GESH Placement Proposal document. - Comms Team to roll out the planned communications strategy. - Regular updates and feedback to be shared in the Education Committee meetings. |
| 2.6 | Educational Leads reports/update |
| | 15 Educational Lead reports and other supportive documents have been distributed prior this meeting for review and discussion. |
| 3 | ANY OTHER BUSINESS |
| 3.1 | Quality and Financial Task Force: |
| | <ul style="list-style-type: none"> - NG reassured that a significant portion of the self-assessment and MBBS quality assurance work has been completed, thanks to university leverage. - A financial task force will be established to regularly review income, expenditure, and value for money. |
| 3.2 | GMC Survey Results: |
| | <ul style="list-style-type: none"> - Historically, there has been a high completion rate of 95%. Current trends indicate a decline in these numbers. - RB will monitor the upcoming GMC survey results (early July 2024) and address any issues related to feedback on bullying, undermining, or patient safety. |
| 3.3. | Summary: |
| | - IC concluded by expressing gratitude for everyone's efforts in providing excellent educational experiences and encouraged ongoing support and improvement in training programs. |
| 4 | DATE OF NEXT MEETING |
| | TBA via MsTeams (September 2024) |