

## Cover Sheet

Trust Board Meeting in Public: Wednesday 12 March 2025

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**Title:** Medical Education Annual Report

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**Status:** For Information

**History:** Annual report to TME

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**Board Lead:** Chief Medical Officer

**Author:** Miss Deborah Harrington, Director of Medical Education (DME)

**Confidential:** No

**Key Purpose:** Assurance

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## Executive Summary

- 1. Educational Administration and Governance:** The Director of Medical Education (DME) reports to the Board through the Chief Medical Officer (CMO), and to the PG Dean for educational governance and Quality Assurance issues around the learning environment. A risk register is maintained and includes concerns raised in the GMC National Training Survey and NHSE National Education and Training Survey (NETS), as well as those raised via local networks and Trust feedback processes, including FTSU Guardian.
- 2. Numbers of OUH Resident Doctors in Training:** There are 1011 doctors in training at OUH whose training is subject to quality management by the local office of NHS England – Directorate of Workforce, Training & Education (NHSE-WTE). In addition, there are approximately 70 SAS doctors and 400 Locally Employed Doctors (LEDs).
- 3. Trainers & Trainer Development:** Every resident in training in a Deanery recognised post has a named Educational Supervisor (ES). The ES is responsible for the overall supervision and management of a resident's educational progress during their placement(s). They help manage study leave and exception reporting against the 2016 contract. They also have an important supportive and pastoral role. We identify, train and appraise all ESs to meet GMC requirements for recognition of the role. The DME strongly recommends this should also be in place for all LEDs.
- 4. Funding:** In 2023-24 OUH received approximately £32m under the National NHS Education Funding Agreement to support postgraduate medical education and approximately £10m to support undergraduate medical education.
- 5. GMC Annual Report on State of Medical Education and Practice.** In 2024 the GMC produced two reports: [The state of medical education and practice in the UK - GMC](#). **Workplace Experiences 2024** report found that doctors in training are more likely to be at high risk of burnout than any other group. They are also the most likely to be considering leaving the UK. Issues around rotas and frequent placement changes are disrupting family life and undermining a sense of belonging. If we fail to address these factors we risk demoralising the newest generation of doctors at the start of their careers. The **Workforce Report 2024** highlighted from 2022-23 over two thirds of new joiners to the GMC register were non-UK graduates. Across most specialties there are more applicants than spaces available on postgraduate training programmes. Rather than entering formal training programmes, doctors are increasingly working in LED roles, which are often poorly defined with limited opportunities for progression.
- 6. Supporting Medical Learners:** Resident doctors have a range of active groups and fora and are represented on the Medical Education Governance Group and Resident Doctors Forum as well as in local departmental forums. There are teaching, QI and leadership opportunities and programmes available for residents

and trainers. We have a Supported Return to Training Champion and a Flexible Working Champion.

7. **Induction and SMT:** All trainees are offered Trust and department induction. All FY1 doctors have a hybrid induction of at least 1 week, including clinical skills sessions, statutory mandatory training (SMT), and shadowing the outgoing post. This is funded in part by NHSE-WTE. OUH provides enhanced induction and support programme for International Medical Graduates (IMGs).
8. **Training Survey Results:** There are ongoing challenges to the training environment at OUH within the wider context of workload and workforce pressures within the NHS. However, OUH has only one area of 'red rated' concern on the NHSE TV education risk register (Ophthalmology). Progress has been made in 2024 to address the challenges to delivery of training in cataract surgery supported by the division. Ongoing monitoring is in place.
9. **Simulation and Technology Enhanced Learning (STEL):** We have a comprehensive Simulation-Based Education (SBE) programme which is run in partnership with OxSTaR and routinely receives outstanding feedback. Significant investment has been received from NHSE for STEL equipment, courses and training. There is a STEL Tutor post whose remit is to ensure we can meet the GMC requirements being introduced across all medical training curriculums.
10. **Undergraduate Medicine:** In 2024-25 there are 526 undergraduate medical students from year 4 to year 6 rotating through clinical placements at OUH. The Placement Provider is responsible for management and delivery of the clinical sections of the undergraduate medical curriculum as set out in the Tripartite Agreement for Undergraduate Medical Education within the NHS Education Contract. We work closely with the Education Provider (University of Oxford Medical School) to ensure the meeting of all quality assurance requirements.
11. **Conclusions:** This report provides a description of the current situation of the undergraduate and postgraduate medical education training programmes at OUH and an overview of performance against the requirements of NHSE-WTE and GMC.

## Recommendations

12. The Trust Board is asked to note this paper for information.

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## Medical Education Annual Report

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### 1. Purpose

- 1.1. This paper provides an annual report on Medical Education activities at Oxford University Hospitals (OUH) NHS Foundation Trust. These encompass postgraduate medical and dental education, undergraduate medical education (student placements within OUH), and a small number of undergraduate (student) placements for Physician Associate students.
- 1.2. The one page OUH Medical Education Strategy 2021-25 is provided at Appendix 1.
- 1.3. Education Objectives 2025-26 are provided in Appendix 2.

### 2. Education Administration and Governance Arrangements

- 2.1. Key leadership roles at OUH are Director of Medical Education (DME) and Deputy Director of Medical Education (DDME) and Directors of Undergraduate Education (DUMEs). There are two education centres (George Pickering Centre at the JR site and Terence Mortimer Centre at the Horton site), run by a Medical Education Manager (MEM), supported by administrative staff across the two sites. A list of contacts is provided at Appendix 3.
- 2.2. The DME, supported by the MEM and other Directors, monitors issues arising from local processes and intelligence as well as the GMC National Training Survey (NTS) and NETs Surveys. They work together with Trust teams and with Deanery Heads of School, Training Programme Directors, the Medical School and other University partners, and local tutors to manage concerns and issues as they arise.
- 2.3. The DME reports educational governance and QA issues around the learning environment and support of trainees to the Board through the Chief Medical Officer (CMO) and to the PG Dean.
- 2.4. The Medical Education Governance Group (MEGG) is chaired by DME. Its remit is to discuss medical education governance matters affecting medical postgraduate and undergraduate learners.
- 2.5. Almost a quarter of our resident doctors in training are Foundation doctors - there is a separate Foundation Governance Group (FoGG).
- 2.6. A risk register is held of education issues. National Training Survey (NTS) results are described in the next section. We also encourage and monitor local feedback so issues can be raised and addressed as they arise and not only in the national surveys. In response to local and GMC NTS

feedback, we are currently monitoring and supporting delivery of training in several areas across the Trust.

- 2.7. We do not currently have any areas under GMC Enhanced Monitoring.

### **3. Number of OUH Resident Doctors in Training**

- 3.1. There are 1,011 residents in training at OUH in 2024-25. 773 (76%) are full time and 238 (24%) are less than full time. The majority are tariff-funded by the NHSE Thames Valley Deanery where OUH receives a salary contribution and a placement fee. 22% of training posts are Trust funded, and these do not receive an external funding contribution.
- 3.2. 151 doctors who rotate through OUH are part of the Integrated Academic Training (IAT) programme. This includes 57 Academic Specialised Foundation Programme (ASFP) doctors, 50 Academic Clinical Fellows (43 National Institute for Health and Care Research [NIHR] funded) and 44 Clinical Lecturers (25 NIHR funded). These doctors have dedicated time to undertake academic training and research to develop as future clinician-scientists.
- 3.3. In addition, there are approximately 70 Specialty, Specialist and Associate Specialist (SAS) doctors and 400 Locally Employed Doctors (LEDs) who are not in posts formally recognised for training. These posts and doctors in them do not receive salary or tariff funding from the Deanery, but still have development and supervision needs. The Directors of Medical Education and Medical Workforce work together with the SAS Tutor to support this group of doctors.
- 3.4. OUH has around 10 doctors annually from overseas working on short-term (up to 2 year) sponsored Medical Training Initiative (MTI) posts. This is a national scheme sponsored by the royal colleges which allows doctors to enter the UK from overseas for a maximum of 24 months so that they can benefit from training and development in NHS services before returning to their home countries. These are often experienced and relatively senior doctors coming to Oxford to develop specific areas of higher training. Over time we have built up relationships with doctors from Sri Lanka coming to Acute General Medicine and from India to Paediatrics. These doctors continue to make an important contribution to the clinical services that OUH provides.
- 3.5. There has been a moderate national expansion of training posts in 2024-25 to provide training opportunities for the increased number of UK Medical School graduates and to meet the NHS Longterm Workforce Plan. There has also been redistribution of posts between regions. At OUH for 2024-25 there are 16 new or redistributed Specialty Training posts and 22

new Foundation Year 1 posts. We are currently reviewing expansion of training post opportunities for 2025-26 by identifying, where appropriate, conversion of LED posts into training posts with accompanying salary contribution and placement fee from NHSE Thames Valley Deanery.

#### **4. Trainers and Trainer Development**

- 4.1. It is a condition of GMC recognition of training that every resident doctor in training has a named Educational Supervisor (ES) who is appropriately trained to be responsible for the overall supervision and management of a resident's educational progress during their placement(s). They also have an important supportive and pastoral role.
- 4.2. The DME keeps a regularly updated list of those supervisors who have completed their required training and are recognised as a trained ES within OUH. An Educational Supervisor is a GMC recognised role. The GMC removed the requirement for a separate revalidation process for trainers in 2024. Education roles are reviewed as part of full scope of practice in the annual appraisal process including education specific CPD.
- 4.3. Funding for the ES role comes from NHSE-WTE tariff which allows for payment, via recognition within job plans, of ES work. ESs are pivotal in supporting trainees in navigating their educational development and provide an important pastoral and mentoring role. We have gradually increased the number of GMC recognised trainers over the past 3 years and now have approximately 650 trained ESs at OUH. Whilst it is not mandatory for doctors in locally employed Trust posts to have an ES, it is educationally and pastorally good practice for them to have an appropriately trained supervisor.
- 4.4. OUH provides a Faculty Development Programme for Educators with regular Educational Supervisor Update days, Q&A sessions, courses, an online resource library and monthly newsletter. These meet the ongoing professional development needs of educators and promote a peer network of educators. This continues to receive excellent feedback.
- 4.5. We were successful in applying for national funding from NHSE-WTE for 2 education projects to support International Medical Graduate (IMG) and SAS doctors at OUH for 2025. One is to create commissioned videos to support induction for international medical graduates. The second project will increase the educational development offering to SAS and LED doctors including a 2 day Effective Teaching Skills workshop for 30 doctors. For those wishing to further their career development as an education leader there are 6 bursaries including full funding for 2 SAS doctors for a 1-year Faculty of Medical Leadership and Management

(FMLM) accredited SAS Leadership programme through the RCP. This will include a SAS related Trust QI project.

- 4.6. For 2025 Medical Education and QI Teams have worked together to develop knowledge and practice of QI in education. An OUH Educators QI Programme has started with several participants already having submissions accepted at national conference.

## 5. Funding

- 5.1. In 2024-25 OUH received approximately £32m from NHSE under the NHS Education Contract to support postgraduate medical education and approximately £10m to support undergraduate medical education.
- 5.2. Recent changes to the Education Contract require greater accountability and transparency for the use of placement funding for Medical and Non-medical Education. At a Corporate Performance Review in 2023, it was agreed that Divisional Directors will work with the Divisional Directors of Finance to collate the education activity data (for all professions) so that income can be assigned to appropriate cost centres and provide transparency. This work is still to be completed.
- 5.3. The Department of Medical Education, in conjunction with the Deanery support the approval and funding of study leave for resident doctors. 2,235 applications were approved by the Department of Medical Education with approved funding from NHSE-WTE to support these claims totalling £888,970.78. From January 2025 resident doctors will be able to claim reimbursement of course fees in advance of the course. This is in line with the initiative Improving the Working Lives of Doctors in Training: [NHS England » Improving the working lives of doctors in training](#)
- 5.4. Study Leave for doctors in other posts (LEDs, SAS and consultants) is managed by the Divisions.

## 6. GMC Annual Report on State of Medical Education and Practice

- 6.1. The GMC produce an annual Report on State of Education and Practice (SOMEPE), based on findings from their national data. In 2024 they produced two reports: [The state of medical education and practice in the UK - GMC](#)
  - **Workplace Experiences 2024** report found that doctors in training are more likely to be at high risk of burnout than any other group. They are also the most likely to be considering leaving the UK. Issues around rotas and frequent placement changes are disrupting family life and undermining a sense of belonging needed for a long and

happy career. 75% of 2022 FY2 cohort did not enter core or specialty training in 2023. The 2 most cited reasons were needing to take a break from the training environment and seeking to improve health and wellbeing. If we fail to address these factors, we risk demoralising the newest generation of doctors when they have scarcely begun.

- **Workforce Report 2024** highlighted from 2022-23 the number of licenced doctors grew at the fastest rate ever recorded and over two thirds of new joiners were non-UK graduates. Doctors career paths are changing. Across most specialties there are more applicants than spaces available on postgraduate training programmes. Rather than entering formal training programmes, doctors are increasingly working in LED roles which are often poorly defined with limited opportunities for progression.

- 6.2. The DME is working with the Director of Medical Workforce (DMW) to see what opportunities this present to us as an organisation, in particular how we can support LED development. OUH is an outlier in the very high ratio of LEDs to SAS doctors.
- 6.3. We have LED and SAS Tutor roles. The LED Tutor post is currently vacant and the role is being re-designed as a Development Lead to address some of these issues and opportunities.

## 7. Supporting Medical Learners at OUH

- 7.1. There are many well established Trainee Representative Groups in OUH. These include regular forums representing various grades, e.g. Foundation Education Leads (FELs). Their group meetings are supported by Postgraduate staff and Tutors.
- 7.2. Resident Doctors, the Directors of Medical Education and Medical Workforce, are members of the Resident Doctors Forum which is chaired by the Guardian of Safe Working Hours (GSWH) and was established as part of the 2016 contract.
- 7.3. Exception Reporting by residents including LEDs on mirror contracts is encouraged against work schedules and education opportunities. In 2024 concerns with the exception reporting software used were escalated to the Trust risk register. A new system is currently being trialled.
- 7.4. The GSWH reported 81 education exception reports between April–December 2024 (Q1 14, Q2 37, Q3 30). Final quarter data (January–March 2025) are not yet available.
- 7.5. The OUH QI Hub supports resident doctors as well as other grades of doctor and professional groups in QI projects. Foundation Doctors all have access to a QI programme run in conjunction with OxStar.

- 7.6. We encourage trainers and trainees to communicate with and feedback to each other. We have a Trainer Recognition award and encourage the use of Reporting Excellence. The Department of Medical Education runs an extensive programme of courses for trainees and trainers which are free to our staff.
- 7.7. In 2024-25, the Department of Medical Education has worked on having its own intranet pages to complement information on the OUH website. The intranet pages will include information for and on the following areas: resident doctors, educational supervisors, undergraduate medical education, governance, STEL, courses and events.
- 7.8. The DME maintains links both informally and formally with Educators in other disciplines including Nursing, Midwifery, AHP, and the Clinical Medical School. Education committees include OUH Clinical Education & Training Committee (C- ETC) and the OUH-University of Oxford Medical School Joint Education & Training Committee (J-ETC).
- 7.9. The Deanery funds a formal Supported Return to Training programme (SuppoRTT) for residents starting in, or returning to, an approved training post after being out of training for 3 months or more, or those who are new to the NHS. Educational supervisors have a vital role in this support programme, being the key point of contact with the trainee: [Supported Return to Training - Working across Thames Valley](#) This funding is only available for residents in training but some of the resources developed are useful and accessible to doctors who are not trainees but are new to the NHS.
- 7.10. The **Supported Return to Training Champion** provides support and guidance for residents and medical educators navigating more than 3 months out of training. It includes practical help including loan of a trust laptop, deanery funded supernumerary time, coaching and mentoring, simulation and other educational courses and a bespoke return to training plan. Each year around 160 residents return to training at OUH. We contact all of these and provide extra support in around 20% of cases.
- 7.11. The **Flexible Working Champion** provides support and guidance for resident doctors in training, medical educators and departments regarding flexible working. This includes addressing rota queries, dealing with pay concerns and ensuring training equity. Flexible training refers to any resident who works less than 40 hours/week for reasons including caring responsibilities, health and research commitments. There are currently 238 residents working LTFT at OUH.
- 7.12. We are also supporting medical learners by growing new roles as part of our future workforce. In 2024-25 we have increased the number of

Physician Associate Student placements from New Buckinghamshire, Reading and Worcester Universities.

### **Foundation Doctors**

- 7.13. Almost a quarter (244) of OUH residents in training are foundation doctors. From 2024 the UK Foundation Programme moved to Preference Informed Allocation (PIA) where each applicant is given a computer-generated ranking replacing allocation based on a rank derived from the applicant's Education Performance Measure combined with their Situation Judgment Test. PIA is designed to give as many applicants as possible their first choice of Foundation School.
- 7.14. There were fewer Oxford Medical School graduates and in line with national trends OUH welcomed an increased number of IMG FY1 residents new to the UK this year compared to previous years. This has highlighted a need for additional support in familiarising with the NHS and in practical skills training. The ALERT course has been reintroduced for all foundation doctors from August 2024. From August 2025 we have increased the capacity for clinical skills training during induction for foundation doctors.
- 7.15. We have increased the number of Foundation Programme Directors (FTPDs), funded through NHSE, to support the increased intake of FY1 doctors in 2024. Responsibilities include induction, foundation teaching programme, interim reviews, supporting residents requiring additional support, quality assurance, Annual Review of Competence Progression (ARCP) and education governance.

### **Integrated Academic Training**

- 7.16. The Trust benefits from a research-active culture, hosting 151 Integrated Academic Trainees (AIT) who are supported and managed by the Oxford University Clinical Academic Graduate School (OUCAGS). IAT posts are highly competitive and attract talented, motivated doctors, many of whom continue their careers locally. As of 2024, 77 OUCAGS-supported residents are now Principal Investigators at the University of Oxford with cumulative grant income of around £750 million, OUH benefitting from their clinical expertise and wider scientific contribution (see Royal College of Physicians report: <https://www.rcp.ac.uk/media/4pba0n0c/benefiting-from-the-research-effect-the-case-for-trusts-supporting-clinicians-to-become-more-research-active-and-innovative.pdf>).
- 7.17. OUCAGS is actively exploring how it may support the academic potential and development of residents in training outside the formal IAT programme, including IMG and those seeking the Specialist Registration

via the Portfolio Pathway. The DME will work with OUCAGS to increase the offering in Medical Education research.

- 7.18. OUCAGS hosts an academic forum which takes place 6 times per year. This includes a plenary session by a senior academic, presentations from IAT, networking sessions and is open to all OUH staff.
- 7.19. Oxford University has reconfigured the Doctor of Medicine (DM) degree which is now open to all doctors employed in the NHS locally or by the University. This is a flexible, variable intensity, clinical research-based doctorate that can be undertaken over a period of between 2 and 8 years. Doctors undertaking this degree may be at any stage from ST1 onwards. They pursue research that is in synergy with their medical practice. The degree will provide candidates with research skills, in-depth knowledge, understanding and expertise in their chosen field or research and is academically equivalent to the DPhil.

## 8. Induction & Statutory and Mandatory Training

- 8.1. Trust induction is provided for all new employees. There are specific issues for rotating resident doctors in training around induction as they move between trusts as frequently as every 12 months. Work is ongoing to define what is the minimum induction needed and how time can be made available within work schedules to complete all the required induction and SMT (see: [NHS England » Improving the working lives of doctors in training](#)).
- 8.2. All departments have local induction for residents in place with a designated lead. For each placement residents are required to discuss with their supervisor and document in their portfolio that induction has taken place.
- 8.3. In 2024, 40% of FY1 doctors across the UK reported feeling inadequately prepared for their first foundation post in the GMC National Training Survey. At OUH, new FY1 residents starting in August receive a week of targeted induction, and a shadowing contract (which is separate to their main contract with us and is largely funded by NHS-WTE). This week is co-curated by the current foundation cohort and welcomes FYs to the start of their professional career and to OUH. Most of our new Foundation Doctors will not have studied locally, in contrast to the historical situation. The week includes interactive and simulated modules to introduce them to practice and several days shadowing the outgoing FY1 in the post they are about to start. The following is included in the FY1 week:
  - Welcome
  - Clinical skills training

- Hour on Call
  - Work shadowing
- 8.4. Statutory and Mandatory Training for the FY1 starters is included within the Introductory week. For all other doctors it is within the Trust induction programme, overseen by Learning and Development.
- 8.5. The ES role is separate from the line manager for the resident unless a local departmental agreement has been made which ensures sufficient time to manage the extra role and a plan to manage any conflict of interest that may arise between the line management and the ES roles. Responsibility for overseeing SMT for doctors remains with their line manager but ESs can remind and support trainees to complete it. Non-completion may affect the granting of study leave or of successful end of year sign-off at ARCP.

## 9. National Training Survey Results

- 9.1. The GMC national training survey is the largest annual survey of doctors across the UK. It is well supported with 70,000 residents in training (76%) completing the survey in 2024 and gives the most comprehensive picture of how workplace experiences are impacting those in training and their trainers. Despite the pressures across the NHS, overall, 86% of doctors in training were positive about their clinical supervision and 83% had a good experience in their post.
- 9.2. Despite these positives, the GMC data highlights some troubling trends in doctors' training experiences. More than a fifth of doctors in training across the UK are now at high risk of burnout. These issues are especially acute in certain specialties, with more negative responses from trainees in emergency medicine, obstetrics and gynaecology and surgery.
- 9.3. A strong, well supported and valued trainer workforce is essential to ambitious medical workforce expansion plans and underpins the development of the future senior medical workforce and clinical leadership capability required. The GMC NTS found that while trainers enjoy their role, more than half reported they were not always able to use the time allocated for training. Although challenges inevitably arise when the system is under extreme pressure, training must be seen as a priority – ringfencing time is essential if standards are to be maintained.
- 9.4. The detailed survey responses can be explored using the online tool: [National training surveys - GMC](#). This gives access to data about individual trusts and placements and can be searched in different ways, e.g., by site, speciality, and programme.

- 9.5. Cumulative years data for OUH demonstrate improvements in many areas. Many specialities are national exemplars with positive outliers in multiple domains. For 2024, these include for Foundation: emergency medicine, general practice and paediatric and child health and for Specialty Programme Training: cardiology, cardiothoracic surgery, combined infection training, gastroenterology, neurosurgery and sport and exercise medicine.
- 9.6. Feedback from GMC NTS, NETs and local reporting mechanisms are used to identify areas where improvement is needed and to monitor the response to actions taken. All but one of the Thames Valley Deanery external educational risk register items for OUH in 2023-2024 were closed by NHSE Thames Valley Quality Committee in response to the measures put in place by OUH and resident feedback.
- 9.7. A small number of areas have been added to the external TV Deanery education risk register for 2024-25 in response to feedback in the 2024 GMC survey. All new risk register items have been categorised by TV as category 1 - minor concerns. The DME has been working with department clinical and educational leads, and residents to address the concerns raised. Actions have been put in place to support training and ongoing monitoring is in progress and will be reviewed at the Annual TV Quality Review visit to OUH in March 2025.
- 9.8. Ophthalmology training remains OUH only amber/red (significant concerns) risk on the TV education risk register. This has primarily been due to insufficient access to cataract surgery to cover the curriculum requirements for ST1 and ST2 residents at OUH but sits within a national context of challenges to provision of adequate cataract surgery training. Other training provision at OUH including specialist surgery and eye casualty is rated as excellent by residents in training.
- 9.9. To address the shortfall in cataract surgery in the short-term, the school of ophthalmology temporarily reallocated three OUH ST1/2 posts to Bucks Healthcare Trust from August 2023. However, this is not a viable or desirable long-term solution. Additional theatre capacity and consequently referrals for cataract surgery have significantly increased in the last 6 months. There are now 5 designated cataract training lists weekly. From August 2025 two more training lists will be available in the private sector. An audit of training provision is currently underway in preparation for the Annual TV Quality Review in March. It is anticipated that the risk will be downgraded.
- 9.10. **NETS survey:** Health Education England (now NHSE-WTE) introduced their own 6-monthly survey in 2019 called the National Education and Training Survey (NETS). This is available for learners in all disciplines and

professional groups, including doctors in training. It is not mandatory. The most recent NETS took place in late 2024 and results, when available, will be evaluated with the other clinical education leads. The results and analysis will be reported to the Clinical Education & Training Committee (C-ETC).

- 9.11. OUH reported to NHS-WTE on educational matters in the multi-professional self-assessment exercise 2024, and we await feedback.

## 10. Simulation and Technology Enhanced Learning (STEL)

- 10.1. The role of STEL Tutor for OUH was created to ensure we meet our contractual requirement as a placement provider against the new curriculum requirements for all our medical undergraduate and postgraduate clinical placements.
- 10.2. The role of simulation and technology enhanced learning has accelerated over recent years and the Royal Colleges have been recognising the need to incorporate STEL into training requirements (e.g. Point-of-Care Ultrasound [POCUS] training that has been mandated as a requirement by the RCP for all acute internal medicine residents).
- 10.3. The STEL Tutor links together educators across 34 surgical and medical specialties and promotes interdisciplinary teaching. In 2024-25 this work has included:
- Scoping resources and mapping STEL provision across each department in OUH.
  - Gap analysis of provision against future need.
  - Establishment of a bimonthly education grand round with the aim of creating a community of practice and showcasing medical education research and innovation.
  - Collaboration with OxSTaR to deliver multidisciplinary training to respond to specific safety concerns within the Trust.
  - Supporting training in simulation for trainers.
- 10.4. In the next year the focus will be on:
- Updating STEL Strategy for Training Programmes.
  - Setting standards and best practice to quality assure against.
  - Roll out of simulation-based e-learning training to trainers across the Trust.

## 11. Undergraduate Medicine

- 11.1. In 2024-25 there are 526 undergraduate clinical medical students from year 4 to year 6 rotating through clinical placements at OUH. OUH received approximately £10million under the 2021-24 Education Contract to deliver on the 'Placement Provider' responsibilities of the Tripartite Agreement for Undergraduate Medical Education (TPA UGME).
- 11.2. The Trust responsibilities are set out in the NHS Education Contract. The Placement Provider role, in essence, is to meet the management and delivery of the clinical sections of the undergraduate medical curriculum in an appropriate environment, to develop educators within the Trust to deliver this teaching/assessment and to work closely with the Education Provider (University of Oxford Medical School) to ensure the meeting of all quality assurance requirements. Payment for these deliverables is part of the Medical Undergraduate Tariff and is paid to the Trust via NHSE.
- 11.3. A strategy to deliver these requirements has been developed within the wider education framework of the OUH Education Strategy (2021-2025). The priorities for 2024 have included developing resources, improving the student experience and improving the transparency and deliverables of NHSE funding (Medical Undergraduate Tariff, see below).
- 11.4. Since December 2022, strategic oversight of delivery of OUH placement provider responsibilities is provided by the Director of Undergraduate Medical Education (DUME) role supported with a full-time administrator who provides administrative support for the UGME priorities and is a point of contact for students within the George Pickering Education Centre.
- 11.5. Medical Undergraduate Tariff (MUT): There is ongoing work to improve the accountability of the MUT allocation and better link this to education delivery at OUH. The DUME is working with the Corporate Finance team to collate the education activity data for UGME so that income can be assigned to appropriate cost centres and provide greater transparency and understanding around education finance flows. This work is still to be completed. The MUT Accountability Return is submitted to NHSE annually.
- 11.6. The OUH-University of Oxford Medical School Joint Education and Training Committee (JETC) provides a forum for partnership between OUH, NHSE and Oxford University Medical School and is chaired in rotation by the DUME or University Director of Clinical Studies.
- 11.7. In collaboration with NHSE the OUH hosted the inaugural South East UGME in secondary care Conference at Exeter College, Oxford in October 2024. The aim of the conference was to explore the role of secondary care in undergraduate medical education. It was attended by delegates from

across the South East region. The next conference will be hosted by Kent, Surrey and Sussex Deanery.

### **Supporting Undergraduate medicine**

- 11.8. There is a comprehensive induction provided jointly by the Department of Medical Education and University of Oxford Medical School for students starting clinical placements at the start of year 4. All students are given access to My Learning Hub and must complete bespoke SMT prior to commencement of clinical placement.
- 11.9. Year 6 students complete a compulsory student assistantship programme with the aim of bridging the gap in moving from student to foundation doctor. We run six cohorts, each lasting 3 weeks between February and June.
- 11.10. We introduced the Associate Teaching Fellows programme to provide a faculty of teachers (mainly foundation doctors but open to all residents) to deliver regular bedside teaching for medical students. The associate teaching fellows are provided with an induction, regular training sessions and on-line resources. 85 residents took part in 2024 delivering over 300 hours of teaching. A similar number have applied for 2025. Feedback from both students and residents has been positive.
- 11.11. Following the success of the first meeting in 2023-24, we will run an annual Regional UGME Teaching Meeting for associate teaching fellows, medical students and UG educators with invited speakers and breakout sessions.
- 11.12. Renovation of the Robb Smith Centre, an undergraduate space at the Churchill Site, was completed in 2024. Funding from the Nuffield Hospital Fund provided lockers, a new seating area and tables and chairs for small group teaching.
- 11.13. The strategic priorities for undergraduate education in the year ahead include:
- Ongoing building of resources for students within the Trust, in particular the appointment of Clinical Teaching Fellows who will oversee teaching within specialty departments.
  - Continue to work with corporate and divisional finance to better understand the flow of MUT in the Trust and how it can best be utilised to fulfil the obligations of the TPA.

## 12. Conclusion

- 12.1. This report provides a description of the current situation of undergraduate and postgraduate medical education training programmes at OUH and an overview of performance against requirements of NHSE and GMC. We have many excellent programmes and inspirational trainers and this should be celebrated. Some concerns remain in a small number of programmes and action plans are in place in each case.
- 12.2. We had a successful 2024 Provider Self-assessment Annual Return against requirements in the 2021-2024 NHS Education Contract. The Corporate Finance team are working with the Divisional Teams towards greater transparency and understanding around education finance flows.
- 12.3. Workforce experiences were the focus of the Annual GMC State of Medical Education and Practice (SOMEPE) report in 2024 and employers are urged to support the delivery of high quality training as a priority.

## 13. Recommendations

- 13.1. The Trust Board is asked to note this paper for information.

**Appendix 1: OUH Medical Education Strategy 2021-25**



# OUH Postgraduate Medical Education Strategy 2021-2025

OUH will use 8 themes, underpinned by our Trust Values, to guide our development as an organisation that educates, trains, and develops all its medical staff to reach their full potential; and to be able to recruit and retain a workforce who understand and live out our trust values, and deliver the best care for patients.



**Learning | Respect | Delivery | Excellence | Compassion | Improvement**

Postgraduate Medical Education at OUH - OMI 79490

**Appendix 2: Education Objectives 2025-26**

Theme	In 2024-25 we did:	In 2025-26 we will:
<b>1. Engagement</b>	<p><b>Focussed on our learners by:</b></p> <ul style="list-style-type: none"> <li>• Piloted Local Faculty Groups to improve the learner environment</li> <li>• Ran resident network events at The George Pickering and Terrance Mortimer postgraduate education centres</li> </ul>	<ul style="list-style-type: none"> <li>• Write a 5 Year Joint Undergraduate and Postgraduate Medical Education Strategy</li> <li>• Support expansion of Local Faculty Groups in areas where concerns have been raised through the GMC NTS</li> </ul>
<b>2. Faculty Development</b>	<ul style="list-style-type: none"> <li>• A second cohort of 10+ OUH educators completed an Educational Leadership in Training programme (ELiT)</li> <li>• We provided a comprehensive programme to meet GMC requirements and support development of our 650 Educational Supervisors</li> </ul>	<ul style="list-style-type: none"> <li>• We will offer 5 Education Leadership bursaries to promote development in education leadership to support staff to take on senior education leadership roles at OUH and within postgraduate specialty schools.</li> <li>• We will support SAS and LED career development through initiatives funded through a successful application to NHSE</li> </ul>
<b>3. Finance Governance</b>	<ul style="list-style-type: none"> <li>• Completed the 2024 NHSE Education Self-Assessment providing assurance against the 2021-2024 Education Contract</li> <li>• Finance teams are working with divisions to provide greater transparency and understanding around education finance flows</li> </ul>	<p><b>Support Financial Governance by:</b></p> <ul style="list-style-type: none"> <li>• continuing to scope educational resources provided by the Trust, and map against NHSE – WTE funding and standards set by Deanery, GMC, and NHS Education Contract</li> </ul>

<b>4. Excellence in Education</b>	<ul style="list-style-type: none"> <li>• Successful NHSE TV Quality Review visit to OUH in March 2024. All external education risk registers items closed with the exception of ophthalmology</li> <li>• Shared and celebrated success across medical education including acknowledgment of exemplars on the GMC NTS, and trainer recognition awards</li> </ul>	<ul style="list-style-type: none"> <li>• Develop standards for Divisions to report against</li> <li>• Champion education and training at every level and as part of OUH core business</li> </ul>
<b>5. Communication</b>	<p><b>We have increased our accessibility and presence by:</b></p> <ul style="list-style-type: none"> <li>• Development of a Department of Medical Education intranet page to complement information on OUH Trust intranet</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to build a medical education community for educators, medical students and residents in training at OUH</li> </ul>
<b>6. Transformation</b>	<ul style="list-style-type: none"> <li>• We have expanded the number of PA student placements across the Trust to 14 in 2024-25</li> </ul>	<p><b>We will support MAPs by:</b></p> <ul style="list-style-type: none"> <li>• Monitoring national debate and ensuring we provide safe training, engaging trainers as well as learners</li> </ul>
<b>7. Technology &amp; Innovation</b>	<ul style="list-style-type: none"> <li>• Started a bi-monthly Education Grand round open to all professions</li> <li>• Trained new faculty in SIM and point of care ultrasound (POCUS) to facilitate delivery of curriculum requirements to residents at OUH</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of STEL strategy for training programmes</li> <li>• Setting standards and best practice to quality assure against</li> </ul>
<b>8. Safety &amp; Wellbeing</b>	<ul style="list-style-type: none"> <li>• Hosted network events for SRTT and flexible training open to residents</li> <li>• Offered ES additional training resources, signposting and advice to support residents requiring additional support</li> </ul>	<p><b>Support employer's actions that address issues outlined in:</b></p> <ul style="list-style-type: none"> <li>• Improving the Working Lives of Doctors in Training initiative</li> <li>• Sexual Safety in Healthcare Chart</li> </ul>

### **Appendix 3: Contacts**

Director of Medical Education: Dr Deborah Harrington

Deputy Director of Medical Education: Mr Stephen Boyce in post from 17.03.25

Directors of Undergraduate Medical Education: Professor Monique Andersson and Dr Sahana Rao

Medical Education Manager: Ms Chantal Vermenitch

STEL Tutor: Dr Luke Solomons

SAS Tutor: Dr Anna Watkinson

Interim Supported Return to Training Champion: Dr Catherine Ashton

Champion of Flexible Working: Dr Laura Oakley

Lead Foundation Training Programme Director: Dr Shvaita Ralhan

LED Tutor: post currently vacant