

Cover Sheet

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Title: Medical Education Annual Report

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Board Lead: Chief Medical Officer

Author: Dr Claire Pulford, Director of Medical Education (DME)
Miss Deborah Harrington, Deputy DME

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Executive Summary

- 1. Educational Administration and Governance:** The DME reports to the Board through the Chief Medical Officer (CMO); and the PG Dean for educational governance and QA 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, as well as those raised via local networks and Trust feedback processes, including FTSU Guardian.
- 2. Numbers of OUH Postgraduate Doctors in Training (PGDiTs):** There are 936 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 or ‘the Deanery’; formerly Health Education England (HEE)). In addition, there are approximately 70 SAS doctors and 400 Locally Employed Doctors (LEDs).
- 3. Trainers & Trainer Development:** Every PGDiT in a Deanery recognised post has a named Educational Supervisor (ES). The ES is responsible for the overall supervision and management of a trainee’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. A SAS Tutor and an LED Tutor provide support and signposting to resources.
- 4. Funding:** In 2023-24 OUH received approximately £32m under the National NHS Education Contract to support postgraduate medical education and approximately £10m to support undergraduate medical education.
- 5. Training Recovery:** Training time lost to Covid, workforce and rota gaps and now industrial action has impacted many aspects of working and training for PGDiT. The impact of the pandemic on training continues to improve. Royal Colleges have removed curriculum derogations introduced during the pandemic and NHSE have removed Covid ARCP outcomes. There is increasing recognition by NHSE and Royal Colleges of additional educational support being required to address a confidence-competence gap for some PGDiT approaching CCT. This includes extension of training where appropriate, and the need for employers to support new consultants.
- 6. GMC Annual Report on State of Medical Education and Practice.** In 2023 the GMC produced two reports. *Workplace Experiences 2023* reported that doctors’ working environment is increasingly challenging, that support is key to reducing burnout and increasing satisfaction, and that urgent action is needed by employers. The *Workforce Report 2023* highlighted that even with the expansion of medical school places, continuing to attract skilled and experienced IMGs will be crucial, that the number of LEDs is growing much faster than the number of SAS Doctors,

and that pathways through speciality training are less linear and rigid - which has advantages for healthcare systems and doctors.

7. **Supporting Medical Learners:** Junior doctors have a range of active groups and fora and are represented on the Medical Education Governance Group and Junior Doctors Forum as well as in local departmental forums. There are teaching, QI and leadership opportunities and programmes available for trainees and trainers. We have a Supported Return to Training Champion and a Flexible Working Champion.
8. **Induction and SMT:** All trainees are offered Trust and department induction. All FY1 doctors have a hybrid induction of at least 1 week, including practical sessions, statutory mandatory training (SMT), and shadowing the outgoing post. This is funded in part by NHSE-WTE. An enhanced induction and support programme for International Medical Graduates (IMGs) was developed and piloted in 2023.
9. **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, currently there is only one area of 'red rated' concern on the NHSE TV education risk register (Ophthalmology). Progress has been made in 2023 to address the challenges to delivery of training in cataract surgery supported by the medical and divisional directors and DME and ongoing monitoring is in place.
10. **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.
11. **Undergraduate Medicine:** With the appointment in late 2022 into a new Director of Undergraduate Medical Education role, oversight of both Undergraduate and Postgraduate Medical education has now been brought together under the Director of Medical Education. This is the first Annual Medical Education Report (replacing the previous annual Update on Postgraduate Medical Education).
12. **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.

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Annual Update on Postgraduate Medical Education 2022-23

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 'on a page' OUH Postgraduate Medical Education Strategy 2021-2025 is provided at Appendix 1.
- 1.3. Education Objectives 2024-25 are provided at Appendix 2.

2. Educational Administration and Governance Arrangements

- 2.1. Key leadership roles at OUH are Director of Medical Education (DME), 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. Oxford Hospitals Education Centre (OxHEC) opened in April 2023 and is a Trust wide training centre used for educational and training events and is available for all to use. OxHEC has its own administrative team who report to the Chief Nursing Officer.
- 2.3. The DME, supported by the MEM and other Directors, monitors issues arising from local processes and intelligence as well as the GMC 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.
- 2.4. 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.
- 2.5. 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.
- 2.6. Almost a quarter of our trainees are Foundation doctors - there is a separate Foundation Governance Group (FoGG).

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

3. Number of OUH Trainees

- 3.1. There are approximately 936 PGDiT at OUH in 2023-24. The majority are tariff-funded by the NHSE Thames Valley Deanery. OUH receives a salary contribution and a placement fee for most Deanery recognised postgraduate training posts. In addition, there are some Trust funded training posts and these do not receive an external funding contribution.
- 3.2. Current Number of Doctors in Training are provided in table 1, below.

Table 1: Current Number of Doctors in Training (accurate at 16.02.24)

	Total
Foundation FY1	95
Foundation FY2	127
Core Trainees including ST1 & 2	159
Speciality Trainees ST3+	490
GPVTS Trainees	34
Public Health Trainees	26
Dental Trainees	5
Total Doctors in Training	936

- 3.3. In addition, there are approximately 70 SAS grade 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 LED Tutor and 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.

- 3.5. There has been a modest national expansion of training posts to provide training opportunities for the increased number of UK Medical School graduates. There has also been redistribution of posts between regions. The total number of confirmed new or redistributed posts for OUH from 2024 at Higher Training Level is 16, and we are currently reviewing Foundation expansion opportunities.

4. Trainers & Trainer Development

- 4.1. It is a condition of GMC recognition of training that every PGDiT has a named Educational Supervisor (ES) who is appropriately trained to be responsible for the overall supervision and management of a trainee'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 and a new requirement of revalidation specific to this role has now been introduced. We are working with the Deanery and the local revalidation team to ensure a smooth process for revalidation of GMC recognised ESs.
- 4.3. Funding for the ES role comes from NHS-WTE tariff. There is a tripartite agreement between HEE / OUH / ESs which allows for payment, via recognition within job plans, of ES work. ESs are pivotal in supporting trainees in navigating their educational development and have provided an important pastoral role during and post Covid. We have gradually increased the number of trainers over the past 2 years and now have approximately 640 recognised 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 an acclaimed Faculty Development Programme for Educators with regular Educational Supervisor Update days, Q&A sessions, and an online resource library. These meet the ongoing professional development needs of educators and promote a peer network of educators. This continues to receive excellent feedback.
- 4.5. For those who wish to further their career development as an educator, the DME team have introduced new resources including the FMLM-accredited Education Leaders in Training (ELiT). This new programme started in

November 2022 and is now in its second cohort. Funding for this initiative was through a successful business case to HEETV (now NHSE-WTE).

- 4.6. The OUH Medical Education and QI Teams have worked together to develop knowledge and practice of QI in education. An OUH Educators QI Programme will start its first cohort with several participants already having submissions accepted at national conference.

5. Funding

- 5.1. In 2023-24 OUH received approximately £32m from NHSE under the National NHS Education Contract to support postgraduate medical education and approximately £10m to support undergraduate medical education.
- 5.2. At a Corporate Performance Review in Jan 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 progressing.
- 5.3. The Department of Medical Education, in conjunction with the Deanery support the approval and funding of study leave for PGDiT. 1,706 applications were approved by the Department of Medical Education with approved funding from NHSE-WTE to support these claims totalling £666,630.79.
- 5.4. Study Leave for doctors in other posts (LEDs, SAS and consultants) is managed by the Divisions.

6. Training Recovery

- 6.1. Changes in working practices, sickness absence rates, workforce and operational pressures, rota gaps and high workload, together with ongoing industrial action, continues to impact many aspects of working and training lives.
- 6.2. The impact of the pandemic on training continues to improve with a higher percentage of doctors reporting they were on course to gain enough operative/practical procedures needed for their stage of training compared to 2022. Royal Colleges have removed curriculum derogations introduced during the pandemic and NHSE have removed Covid ARCP outcomes. There is increasing recognition by NHSE and Royal Colleges of additional educational support being required to address a confidence-competence gap for some PGDiT approaching CCT. This includes extension of training where appropriate, and the need for employers to support new

consultants. There is no impact on the number of trainees at OUH, but it may delay completion of training and increase demand for curriculum opportunities for some trainees particularly in craft specialties such as surgery and obstetrics and gynaecology.

- 6.3. Training in the craft specialties is being supported in several ways including working with ESs to support individualised training needs, increased access to simulation-based training and attendance of courses, and extending training where required.
- 6.4. OUH is the site for a new Regional Endoscopy Academy. Now in its second year, which is supporting multiprofessional learners in gaining immersive experience in endoscopy skills.
- 6.5. A new regional Radiology Academy is supporting skills development.
- 6.6. NHSE-WTE is also supporting Critical Care Development with funding from the Education Contract Finance Schedule
- 6.7. OUH has increased the amount of Simulation based Education (SBE) we are offering by investing in both equipment and faculty, with significant NHS-WTE funding support.
- 6.8. In addition to Trust wellbeing resources there are also additional sources of support for trainees within the postgraduate education system, including their Educational Supervisors (ESs) and Training Programme Directors (TPDs). Educational supervisors already provide pastoral care and a continuity of relationship when trainees rotate between posts. Trainees and trainers can access a range of funded regional resources via NHSE-WTE Thames Valley Professional Support and Wellbeing Unit: [Professional Support & Wellbeing Service - Working across Thames Valley \(hee.nhs.uk\)](https://www.nhs.uk/healthcare-professionals/education-and-training/education-supervisors/).

7. GMC Annual Report on State of Medical Education and Practice

- 7.1. The GMC produce an annual Report on State of Education and Practice (SOMEPE), based on findings from their national data. In 2023 they produced two reports:
 - **Workplace Experiences 2023** report found that doctors' working environment is increasingly challenging, that support is key to reducing burnout and increasing satisfaction, and that urgent action is needed by employers: https://www.gmc-uk.org/-/media/documents/somepe-workplace-experiences-2023-full-report_pdf-101653283.pdf.
 - **Workforce Report 2023** highlighted that even with the expansion of medical school places, continuing to attract skilled and experienced

IMGS will be crucial, that the number of locally employed doctors is growing much faster than the number of SAS Doctors, and that pathways through speciality training are less linear and rigid - which has advantages for healthcare systems and doctors: https://www.gmc-uk.org/-/media/documents/workforce-report-2023-full-report_pdf-103569478.pdf.

- 7.2. 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.
- 7.3. We have LED and SAS Tutor roles. The LED Tutor post is currently vacant and the role is being re-designed as a Development Director to address some of these issues and opportunities.

8. Supporting Medical Learners

- 8.1. There are many well established Trainee Representative Groups in OUH. These include regular forums representing various grades, e.g. Medical Registrars Group and the Foundation Education Leads (FELs). Their group meetings are supported by Postgraduate staff and Tutors.
- 8.2. Junior Doctors, the Directors of Medical Education and Medical Workforce, are members of the Junior Doctors Forum which is chaired by the Guardian of Safe Working Hours (GSWH) and was established as part of the 2016 contract.
- 8.3. Exception Reporting by junior doctors continues against work schedules and education opportunities. We are also working towards the possibility of LEDs exception reporting.
- 8.4. GSWH have reported 72 education exception reports between April–December 2023. 1st quarter = 16, 2nd quarter = 16, and 3rd quarter = 39. Final quarter report covering January–March 2024 figures are not yet available.
- 8.5. The OUH QI Hub supports trainee 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.
- 8.6. Oxford University Clinical Academic Graduate School (OUCAGS) has introduced from 2024 the Doctor of Medicine (DM) degree which is 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. Students pursue research that is in synergy with their medical practice. The degree will provide research skills, in-depth knowledge, understanding and expertise

in their chosen field of research and is academically equivalent to the DPhil.

- 8.7. We encourage trainers and trainees to communicate with and feedback to each other. We have a Trainer of the Month 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.
- 8.8. The DME maintains links both informally and formally with Educators in other disciplines including Nursing, Midwifery, AHP, and the Clinical Medical School, and co-chairs the multiprofessional OUH Clinical Education & Training Committee (C- ETC) and the OUH – University of Oxford Medical School Joint Education & Training Committee (J-ETC).
- 8.9. The Deanery funds a formal Supported Return to Training programme (SuppoRTT) for trainees 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. ESs have a vital role in this support programme, being the key point of contact with the trainee: <https://www.hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out>. This funding is only available for PGDiTs but some of the resources developed are useful and accessible to doctors who are not trainees but are new to the NHS.
- 8.10. The **Supported Return to Training Champion** provides support and guidance for trainees and medical educators navigating more than 3 months out of training. It includes deanery funded supernumerary time, coaching and mentoring, simulation and other educational courses and a bespoke return to training plan. Each year around 160 trainees return to training at OUH – we contact all of these and provide extra support in around 20% of cases.
- 8.11. The **Flexible Working Champion** provides support and guidance for PGDiTs, medical educators and departments regarding flexible working. This will include assistance for individual queries and proactive work to engage and educate learners and trainers in order to reduce the frequency of concerns/complaints and enhance the experience of flexible working at OUH.
- 8.12. We are also supporting medical learners by growing new roles as part of our future workforce. We have increased the number of Physician Associate Student placements from 1 student from a single university in 2021, to 14 in 2023-24, from New Buckinghamshire, Reading and Worcester Universities.

9. Induction and Statutory & Mandatory Training

- 9.1. Trust induction has moved largely online since Covid but is under review as more events return to 'in person' delivery. There are specific issues for rotating PGDiTs around induction as they may move between trusts as frequently as every 12 months. Work is ongoing to define what is the minimum induction they need and how time can be made available in their work schedules to complete all the required induction and SMT. This is a broader employer responsibility, but DME Teams feedback issues raised by PGDiTs.
- 9.2. All departments have local induction for trainees in place with a designated lead. For each placement trainees are required to discuss with their supervisor and document in their portfolio that induction has taken place.
- 9.3. New FY1 doctors 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 trainees and welcome FYs to the start of their professional career and to OUH. The majority of our new Foundation Doctors will not have studied locally. 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
- 9.4. 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.
- 9.5. The ES role is separate from the line manager for the trainee 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 Annual Review of Competence Progression (ARCP).

10. National Training Survey Results

- 10.1. The GMC carries out an annual survey of Trainees and Trainers in the UK. It is no longer compulsory for either trainees or trainers but is well

supported with 70,000 doctors in training (74%) completing the survey in 2023 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 the 2023 GMC NTS found 86% of doctors in training were positive about their clinical supervision and 83% had a good experience in their post.

- 10.2. Despite these positives, the GMC data highlights some troubling trends in doctors' training experiences. Two thirds of doctors in training across the UK are now at high or moderate risk of burnout, the highest level since questions from the Copenhagen Burnout Inventory were introduced in 2018. There is also evidence that doctors in the early stages of their careers are experiencing negative behaviours more than their senior colleagues. One in five foundation trainees said they had been blamed for something they did not do in their current post, compared to one in ten on specialty or core programmes. These issues are especially acute in certain specialties, with more negative responses from trainees in surgery, obstetrics and gynaecology and emergency medicine.
- 10.3. In 2021, the GMC NTS introduced new questions to track the ongoing impact of the pandemic on training, and to explore if new approaches and processes to support training recovery were being effective. Innovations introduced during the pandemic are viewed increasingly positively, with an increase of 21 percentage points in the proportion of trainees agreeing that simulation facilities and/or simulation exercises are being used effectively to support their training in 2023.
- 10.4. The creation and appointment of a simulation and technology enhanced learning (STEL) tutor at OUH in 2021 (see section 11 below) has provided additional support for training at all stages of training and across specialties at OUH.
- 10.5. The detailed survey responses can be explored using the online tool: [National training surveys - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/national-training-surveys). This gives access to data about individual trusts and placements and can be searched in different ways, e.g., by site, speciality, and programme.
- 10.6. Cumulative years data for OUH demonstrate improvements in many areas. Many specialities are exemplars with positive outliers in multiple domains. For 2023, these include F1 medicine, F1 surgery, GPVTS trainees in paediatrics and child health, respiratory medicine, dermatology, infectious disease and sports and exercise medicine.
- 10.7. New for 2023 is the relocation of ST1 training in histopathology to OUH from Buckinghamshire Healthcare Trust. The move has been highly successful. Additional funds were provided for equipment and resources and there has been an increase in formal teaching and supervision. A

former Thames Valley trainee took up a consultant post at OUH and was appointed as the ST1 training lead. The ST1 school now has a dedicated teaching lead, pastoral support and mentorship support, including a buddy system where junior trainees are paired with senior trainees. The training provision for ST1s has been highly commended by trainees. The Thames Valley Histopathology programme was ranked 3rd out of 15 nationally for overall satisfaction and received no negative outliers on the GMC survey 2023.

- 10.8. All but one of the Thames Valley Deanery external educational risk register items for OUH in 2022-2023 have been closed by NHSE Thames Valley Quality Committee in response to the measures put in place by OUH and recent trainee feedback. This includes neonatology, oncology, medicine (AIM/GIM/IMT), oral and maxillo-facial surgery and renal medicine. This is a notable achievement and in all these areas there has been a sustained response by clinical and educational leads working with doctors in training within the departments supported by the DME team.
- 10.9. 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. A small number of areas have been added to the external TV Deanery education risk register for 2023-24 in response to feedback in the 2023 GMC survey. All new risk register items have been categorised by TV as minor concerns. Most of the issues raised are due to workforce gaps combined with increased workload. Actions have been put in place to support training and ongoing monitoring is in progress and will be reviewed at the TV Quality Committee visit to OUH in March 2024.
- 10.10. Currently ophthalmology training at OUH is the only area of serious 'red rated' concern on the HEE TV education risk register. This is primarily due to insufficient access to cataract surgery to cover the curriculum requirements for ST1 and ST2 doctors in training at OUH but sits within a national context of challenges to provision of adequate cataract surgery training. To address this shortfall in the short-term, the school of ophthalmology reallocated three OUH ST1/2 posts to Bucks Healthcare Trust in 2023-24 where there are sufficient case numbers for training. However, this is not a viable or desirable long-term solution if training numbers are to be maintained at OUH. Private sector training provision has been identified and is being supported by the Divisional Medical Director, Divisional Director and DME.
- 10.11. **NETS survey:** HEE 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 2023 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).

- 10.12. OUH reported to NHS-WTE on educational matters in the multi-professional Self Assurance Exercise 2023, and we await feedback.

11. Simulation and Technology Enhanced Learning (STEL)

- 11.1. The role of STEL Tutor for OUH was created 2021 to ensure that we can meet our contractual requirement as a placement provider against the new curriculum requirements for all our medical undergraduate and postgraduate clinical placements.
- 11.2. The role of simulation and technology enhanced learning has accelerated over the last few years and the Royal Colleges have been recognising the need to incorporate STEL into training requirements (e.g. POCUS training that has been mandated as a requirement by the RCP for all acute internal medicine trainees). Covid-19 put enormous pressure on care delivery and training systems but has also provided a stimulus for STEL training. Pressures, workforce shortages and strikes have created difficulties across the health system in delivering clinical care, which has direct impacts on the ability to deliver training.
- 11.3. Simulation based education is already provided for medical students, trainees and all staff in the OUH, with the trust benefitting from strong links and expertise from OxStar. However, STEL programmes have developed organically and within departments. Some departments such as O&G, anaesthetics and ED have established programmes, there also are foundation skills training which are set up and run each year.
- 11.4. The STEL Tutor links together educators across specialties and promotes interdisciplinary teaching. In 2023-24 this work has included:
- Initiating the process of mapping STEL provision across each department in OUH.
 - Stakeholder discussions with NHSE-WTE (contact has been made with the TPDs and heads of school) as a start to the process.
 - Supporting a project group in the 2nd Cohort of our Leadership Programme (ELIT) on a STEL Project sponsored by NHS-WTE Associate Dean for STEL.
 - Planning a new monthly education grand round from April 2024 with the aim of creating a community of practice and showcasing medical education research and innovation.
 - Roll out of simulation-based training e-learning to trainers across the Trust and plan to run a F2F workshop in Oxford later in 2024.

11.5. In the next year the focus will be on:

- Updating STEL Strategy for Training Programmes.
- Scoping resources.
- Gap analysis of provision against future need.
- Setting standards and best practice to quality assure against.

12. Undergraduate Medicine

- 12.1. The Director of Undergraduate Medicine (DUME) is a new post in the Trust, held jointly by two consultants who took up role in December 2022. Its vision is to ensure that all our Medical and Physician Associate students have an outstanding experience in their placements at OUH. Its purpose is to ensure that the Trust delivers on the 'Placement Provider' responsibilities of the Tripartite Agreement (TPA (UGME) in the Education Contract 2021-24. At the time of writing this report the Contract for 2024-25 has not yet been agreed.
- 12.2. The Trust responsibilities of this contract 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.
- 12.3. A strategy to deliver these requirements has been developed within the wider education framework of the OUH Education Strategy (2021-2025). The priorities for this first year have included developing resources, improving the student experience and improving the transparency and deliverables of NHSE funding (MUT).
- 12.4. The role is supported with a full-time DUME administrator who provides important administrative support for the UGME priorities and is a point of contact for students within the George Pickering Education Centre.
- 12.5. Underpinning the work is the development of relationships with the Trust Education Team, the University of Oxford Medical School and teachers and tutors within University Colleges and the Trust. Meetings with these stakeholders, both formal and informal, has been critical to the delivery of the DUME objectives during this first year.

- 12.6. A forum for Directors of Undergraduate Medical Education across the Thames Valley has been established with its first meeting in December 2023 and with further meetings planned for the coming year.
- 12.7. **Preparing to Learn and Teach in Oxford (PLTO)** is an education programme under development to provide training for medical educators within the Trust.
- 12.8. **Associate Teaching Fellows** is a programme of linking foundation doctors to students to pilot bedside teaching which has been trialled in the Trust and will be re-run in 2024. 85 doctors have been recruited to teach as part of this programme.
- 12.9. **Improving University of Oxford Medical Student Experience:** A number of specific projects were completed during 2023 to improve the experience of medical students. Students who feel welcome and part of a team are more likely to be engaged, have a better learning experience and make a meaningful contribution to patient care.
- 12.10. **Formal Trust Induction Sessions** were held for the fourth-year students (1st clinical year) and graduate entry students for the first time this year. The session provided information about the Trust structure and a session on key information for medical students, presented by two foundation doctors. Freedom to Speak Up and IPC representatives presented the essentials for new students. The session also included a tour of the John Radcliffe Hospital site delivered by final year medical students, foundation doctors, registrars and GPEC staff.
- 12.11. The **Student Assistantships** were run from February to June 2023. This is an opportunity for students to shadow foundation doctors and learn the practical aspects of being a doctor. Feedback from foundation doctors (N=26) and medical students (N=60) was collected at the end of the assistantship. It showed students found the experience very useful to their preparation for starting as foundation doctors (83% rated the experience $\geq 7/10$) and 70% of Foundation Doctors who replied to the survey rated the experience extremely useful/very useful for students. The improvements suggested by last year's cohort have been implemented for the 2024 cohort.
- 12.12. **Scrubs for medical students** were delivered in December 2023. Our medical students are now identifiable with specific-coloured scrubs. Feedback has been good and is part of a wider strategy to improve student engagement in clinical placements in the Trust.
- 12.13. Through funding from Nuffield Hospital Fund there is an ongoing project to provide significant **improvement to the Robb Smith Centre**, a student space at the Churchill Site. Updating lockers, providing new seating space, ensuring frequent servicing of the space and providing

tables for teaching in small groups is underway. The project is due to complete in May 2024.

- 12.14. **Medical Undergraduate Tariff (MUT):** There is ongoing work to improve the transparency of the MUT allocation and better link this to education delivery. Monthly meetings take place with NHSE, the Education Finance Director, the DUME and DUME administrator. The MUT Accountability Return is submitted to NHSE annually.
- 12.15. 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 the firms, and ongoing work with Associate Teaching Fellows with formalisation of the role.
 - Collaboration with the Finance directors to better understand the distribution of the MUT in the Trust and how it can best be utilised to fulfil the obligations of the TPA.
 - Hosting a regional UGME conference in collaboration with NHSE planned for Spring 2024.
 - Establishing UGME education research in collaboration with academics from the University of Oxford in 2024/2025.

13. Conclusion

- 13.1. 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 the requirements of NHSE and GMC. We have many excellent programmes, and this should be celebrated. We have no areas on GMC enhanced monitoring. Some concerns remain in a small number of programmes and action plans are in place.
- 13.2. The current Education Contract is in its final year, and we have had a successful self-assessment return against its requirements. The Corporate Finance team are working with the Divisional Teams towards greater transparency and understanding around education finance flows.
- 13.3. At the time of preparation of this report the contractual arrangements with NHSE for 2024-25 have not been agreed.
- 13.4. Workforce experiences were the focus of the Annual GMC State of Medical Education and Practice (SOMEPE) Report in 2023 and employers are urged to take urgent action.

14. Recommendations

14.1. The Trust Board is asked to note the paper.

Appendix 1 – OUH Postgraduate Medical Education Strategy 2021-2025



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 2024-25

Theme	In 2023-24 we did	In 2024-25 we will
1. Engagement	<ul style="list-style-type: none"> Started to engage with Divisional Leadership Teams to understand their education provision and needs and to set Divisional targets for delivery of Education Strategy 	Focus on our learners by: <ul style="list-style-type: none"> Scoping and supporting Local Faculty Groups in Divisions running at least 2 trainee network events
2. Faculty Development	<ul style="list-style-type: none"> Had 15+ OUH educators completing in an Educational Leadership in Training (ELiT) programme Cohort 1 Successfully bid for a ELiT Cohort 2 in 2023-24 Offered a bespoke QI programme to our learners/ educators 	Support our faculty by: <ul style="list-style-type: none"> Commissioning ongoing mentorship programmes for ‘graduates’ of our QI and leadership programmes Running senior faculty away days
3. Financial Governance	<ul style="list-style-type: none"> Completed the HEE Self- Assessment Return, providing assurance against the HEE National Education Contract Finance team have started work to collate the education activity data so that income can be assigned to appropriate cost centres and provide transparency, as agreed at Corporate Performance Review 	Support good financial governance by: <ul style="list-style-type: none"> Continuing to scope educational resources provided by Trust, and map against NHS-WTE funding and standards set by Deanery, GMC & Education Contract
4. Excellence in Education	<ul style="list-style-type: none"> Develop an Undergraduate Medical Education Strategy that dovetails with the Postgraduate Medical Education Strategy objectives Share and celebrate excellence and success across medical education in a number of ways 	Seek and celebrate excellence in education by: <ul style="list-style-type: none"> Developing standards for Divisions to report against

	including having a Good Educational Practice case study on GMC website; educator events	<ul style="list-style-type: none"> • Hosting an Education Event in 2024-25 to celebrate good practice
5. Communication	<ul style="list-style-type: none"> • Run Network events for trainees informing them about Supported Return to Training, Flexible Training • DUMEs have run education events for learners and teachers 	<p>Increase our accessibility and presence online by:</p> <ul style="list-style-type: none"> • Developing new OUH Education webpages and resources
6. Transformation	<ul style="list-style-type: none"> • Developed a placement programme for PA students at Horton Hospital • Increased overall PA student placements in OUH to 14 / year 	<p>We will support our MAPS by:</p> <ul style="list-style-type: none"> • Monitoring national debate and ensuring we provide safe training, engaging trainers as well as learners
7. Technology and Innovation	<ul style="list-style-type: none"> • Develop more OUH resources and trained new faculty in SIM (including Human Factors, VR) and in Point of Care Ultrasound (POCUS). Improved facilities in existing Education Centres with new AV equipment, funded by NHS-WTE 	<p>Continue to build on success by:</p> <ul style="list-style-type: none"> • Updating STEL Strategy for Training Programmes • Scoping resources • Gap analysis of provision against future need
8. Safety & Wellbeing	<ul style="list-style-type: none"> • Hosted network events for SRTT and Flexible Training open to trainees, med students and Clinical Leads • Offered ES additional training resources to help them support supervisees who are in difficulty 	<p>Support employers' actions that address issues outlined in:</p> <ul style="list-style-type: none"> • Sexual Safety in Healthcare Charter • SOMEPE Workplace experiences 2023

Appendix 3 – Contacts

Director of Medical Education: Dr Claire Pulford

Deputy Director of Medical Education: Dr Deborah Harrington

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

Medical Education Manager: Ms Chantal Vermenitch

STEL Tutor: Dr Luke Solomons

SAS Tutor: Dr Helen Jones

LED Tutor: currently vacant

Supported Return to Training Champion: Dr Sarah Millette

Champion of Flexible Working: Dr Laura Oakley