

## Cover Sheet

Trust Board Meeting in Public: Wednesday 8 March 2023

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**Title:** Annual Update on Postgraduate Medical Education 2022-23

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**Status:** For Information

**History:** Annual update

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**Board Lead:** Chief Medical Officer

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

**Confidential:** No

**Key Purpose:** Assurance

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## Executive Summary

- 1.1. **COVID and Training Recovery:** The COVID pandemic continues to impact many aspects of working and training lives. A significant percentage of trainees still require additional training time or curriculum-aligned training opportunities in order to complete their programmes, especially in 'craft' specialties. Generic competences, confidence and wellbeing are all areas highlighted as needing support. Extensive industrial action in the public sector, including NHS staff and the recently announced junior doctors action, is a further challenge compounding existing workforce and workload pressures and causing further disruption to training, with impacts on learning, confidence and risk of moral injury.
- 1.2. **Numbers of OUH posts:** There are 1186 trainee posts at OUH whose training is subject to quality management by the local office of Health Education England (HEE). In addition, there are approximately 60 SAS doctors and 400 Locally Employed Doctors (LEDs). There is a SAS Tutor and an LED Tutor in post to offer support and signposting to resources.
- 1.3. **Trainers:** Every trainee in an HEE-recognised post 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 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.
- 1.4. **Funding:** In 2022-3 OUH received approximately £32M from HEE under the National NHS Education Contract to support postgraduate medical education. As part of the governance procedure around the funding we completed a multiprofessional self-assurance return to HEE in 2022.
- 1.5. **Supporting Medical Learners:** Junior doctors have a range of active groups and fora and are represented on Education Governance Group, Junior Doctors Forum and Medical Workforce Group. There are teaching, QI and leadership opportunities and programmes available for trainees and trainers.
- 1.6. **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, required SMT, and shadowing the outgoing post. An enhanced induction and support programme for International Medical Graduates (IMGs) is being developed for 2023.
- 1.7. **Educational Administration and Governance:** The DME reports to the Board through the CMO and also reports to the PG Dean for educational governance and QA issues around the learning environment and support of trainees. A risk register is kept which includes concerns raised in the GMC National Training Survey and HEE National Education and Training Survey as well as those raised via local networks and trust feedback processes including FTSU Guardian.

- 1.8. **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. Currently there are 2 areas of 'red rated' concern on the HEE TV education risks (Ophthalmology and Neonatal). There are robust plans in place with support from the relevant medical and divisional directors, chief nurse and DME with ongoing monitoring of progress.
- 1.9. **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 HEE for STEL equipment, course and training.
- 1.10. **Undergraduate Medicine:** in 2022 Dr Sahana Rao and Dr Monique Andersson were appointed jointly to the position of joint Directors of Undergraduate Education. This brings Undergraduate and Postgraduate Medical education oversight into the same medical education team. From 2024 we propose that they report jointly to Board in an Annual Medical Education Report.
- 1.11. **Conclusions:** This report provides a description of the current situation of the postgraduate medical education training programmes at OUHFT and an overview of performance against the requirements of HEE and GMC.

**Postgraduate Medical Education Strategy**



# 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

### Implementation Updates

Postgraduate Medical Education Strategic Themes	In 2022-3 we have:	In 2023-4 we will:
<b>1. ENGAGEMENT</b>	<ul style="list-style-type: none"> <li>- Revised ToR of our Postgraduate Medical Education Groups to ensure they include Junior Doctor representation.</li> <li>- Met at least annually with each HoS to discuss specialty and OUH specific issues. (this is in addition to formal programme of deanery meetings)</li> <li>- Met regularly with other DMEs both regionally and nationally to share knowledge.</li> <li>- Worked closely with other professional education leads locally and regionally</li> </ul>	<ul style="list-style-type: none"> <li>- Engage regularly with Divisional Leadership Teams to understand their Education provision and needs and to set Divisional targets for delivery of Education Strategy.</li> </ul>
<b>2. FACULTY DEVELOPMENT</b>	<ul style="list-style-type: none"> <li>- Increased numbers of trained ES to almost 600 so there is now sufficient capacity for most supervisors to have no more than 2 trainees</li> <li>- Provided an extremely well received OUH ES Faculty Development programme with events free to attend. QI training has been offered as part of this programme</li> <li>- Co-commissioned a FMLM-accredited Leadership development programme for 'Education Leaders in Training' (ELiT) which started in November 2022</li> </ul>	<ul style="list-style-type: none"> <li>- Have at least 15 OUH educators completing ELiT Cohort 1</li> <li>- Support these alumni and other educators in further professional development by offering follow up / peer support network.</li> <li>- Bid for a ELiT Cohort 2 in 2023-4</li> <li>- Offer a bespoke QI mentorship Programme to at least 20 trainers / learners</li> </ul>
<b>3. FINANCIAL GOVERNANCE</b>	<ul style="list-style-type: none"> <li>- Completed the HEE Self-Assessment Return, providing assurance against the HEE National Education Contract</li> </ul>	<ul style="list-style-type: none"> <li>- Support Divisional Directors to work with the Divisional Directors of Finance 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</li> </ul>
<b>4. EXCELLENCE IN EDUCATION</b>	<ul style="list-style-type: none"> <li>- Been recognised in the HEE National Education &amp; Training Survey (NETS) as a national positive outlier for all 4 overarching Quality domains, including Learning Environment &amp; Culture, Educational Governance &amp; Leadership, Supporting &amp; Empowering Learners, Delivering Assessments &amp; Curricula</li> </ul>	<ul style="list-style-type: none"> <li>- Develop an Undergraduate Medical Education Strategy that dovetails with the Postgraduate Medical Education Strategy objectives</li> <li>- Share and celebrate excellence and success across medical education in a number of ways including:               <ul style="list-style-type: none"> <li>o Good Educational Practice case studies in relevant internal and external publications</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Appointed to a new Director of Undergraduate Medical Education role (DUME), working in close strategic partnership with OU, whose Medical School is an internationally recognised exemplar of medical education</li> </ul>	<ul style="list-style-type: none"> <li>o Network events for educators</li> <li>o Host a conference / colloquium in 2024</li> </ul>
<b>5. COMMUNICATION</b>	<ul style="list-style-type: none"> <li>- Maintained regular updates by newsletter for all our ESs</li> <li>- Cascaded educational information to trainees both directly and through their supervisors and trainee groups</li> </ul>	<ul style="list-style-type: none"> <li>- Run at least 2 Network events for trainees informing them about Supported Return to Training, Flexible Training</li> <li>- Develop an Educator Peer Network event for teachers and learners across undergraduate and postgraduate medicine with at least 2 events</li> </ul>
<b>6. TRANSFORMATION</b>	<ul style="list-style-type: none"> <li>- Increased numbers of places for Physician Associate (PA) students coming to OUH from ad hoc placements to 6-8 coming on a regular basis, and developed relationships with 3 HEIs</li> </ul>	<ul style="list-style-type: none"> <li>- Develop a 6-12 month placement programme for PA students at Horton Hospital</li> <li>- Increase overall PA student placements in OUH to at least 12 / year</li> </ul>
<b>7. TECHNOLOGY &amp; INNOVATION</b>	<ul style="list-style-type: none"> <li>- Worked with HEE to fund and development of Simulation faculty and provide new equipment.</li> <li>- Offered innovative VR teaching to all Foundation doctors</li> <li>- Opened an HEE supported Regional Endoscopy Academy to provide immersive training and experience to endoscopists (multiprofessional)</li> </ul>	<ul style="list-style-type: none"> <li>- Develop more OUH resources and train at least 10 new faculty in SIM (including Human Factors, VR) and in Point of Care Ultrasound (POCUS)</li> <li>- Improve facilities in existing Education Centres with new AV equipment</li> <li>- Deliver more training with SIM elements in the new Level 5 Education Centre</li> </ul>
<b>8. SAFETY &amp; WELLBEING</b>	<ul style="list-style-type: none"> <li>- Furnished a breastfeeding Room at JR site with HEE Supported Return to Training (SRTT) funds</li> <li>- Offered bespoke support for trainees wishing to work flexibly or returning from time out of training. This includes laptop loan, name badges and welcome pack, funding for some supernumerary time if needed</li> </ul>	<ul style="list-style-type: none"> <li>- Host at least 2 network events for SRTT and Flexible Training open to trainees, med students and Clinical Leads</li> <li>- Offer ES additional training resources to help them support supervisees who are in difficulty</li> </ul>

## Recommendations

1.12. The Trust Management Executive is asked to:

- Receive this paper for information
- Note that from 2024 this report will be a Medical Education Report that covers both undergraduate and postgraduate matters.

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## Annual Update on Postgraduate Medical Education 2022-23

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### 2. Purpose

- 2.1. This paper provides a summary of Postgraduate Medical Education at Oxford University Hospitals (OUH) NHS Foundation Trust.

### 3. Background

- 3.1. Postgraduate Medical Education at OUH is led by the Director of Medical Education (DME). Historically the focus of the DME and of this report has been on postgraduate medical education.
- 3.2. Two Joint Directors of Undergraduate Medical Education were appointed to this new role in December 2022. From 2024 this report will be a Medical Education Report that covers both undergraduate and postgraduate matters

### 4. COVID and Training Recovery

- 4.1. The COVID pandemic continues to impact many aspects of working and training lives. In 2022 the disruption and uncertainty related to COVID were due to work intensity and workforce shortages with high staff absence levels, leading to unpredictable rota gaps, with an increasing backlog of elective work.
- 4.2. In late 2022 there has been additional pressure from industrial action in the public sector including NHS staff and nursing. As well as causing ongoing disruption and uncertainty there is associated and moral injury. Junior doctors have recently voted in favour of industrial action and this will put further pressure on workload, rotas and training. HEE and DME team are working with the trust to try to maintain training and pastoral support of junior doctors at this time, and ensure we adhere to national guidance, whilst working to keep our patients safe.
- 4.3. Nationally 7% of trainees anticipate requiring additional training time or curriculum-aligned training opportunities in order to complete their programmes, especially in 'craft' specialties, such as surgery, anaesthetics and gynaecology. The percentage of trainees requiring additional training time in the Thames Valley Deanery in 2021 went up by 2% overall compared to pre-pandemic. 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.
- 4.4. Training in the craft specialities 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.

- 4.5. OUH is the site for a new Regional Endoscopy Academy which will support multiprofessional learners in gaining immersive experience in endoscopy skills.
- 4.6. We have already increased the amount of Simulation based Education (SBE) we are offering by investing in both equipment and faculty, with significant HEE Funding support.
- 4.7. We are also providing Training Recovery support targeted at generic professional competences, and for peer support & wellbeing. An OUH 'Becoming a Consultant' programme for senior Trainees launched in 2022.
- 4.8. 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. In addition to the Trust resources, trainees and trainers can access a range of funded regional HEE resources including trainee-trainee peer support groups, classes and workshops, coaching and a range of online resources, hosted by the HEE Thames Valley Professional Support and Wellbeing Unit. [Professional Support & Wellbeing Service - Working across Thames Valley \(hee.nhs.uk\)](https://www.hee.nhs.uk).

## 5. Number of OUH posts

- 5.1. There are approximately 1186 trainee doctor posts at OUH in 2022-23. The majority are tariff-funded by Health Education England (HEE). We receive a salary contribution and a placement fee for most of the posts that are recognised for training by HEE, but a significant proportion are Trust funded.

### Current post numbers:

Training Grade WTE posts	Total in Each
Foundation FY1	101
Foundation FY2	154 (69 of which are trust funded)
Core trainees including ST 1 / 2	270 (13 of which are trust-funded)
Specialty Trainees ST3+	573 (135 of which are trust-funded)
GPVTS Trainees	47 (6 of which are trust-funded)
Public Health Trainees	34
Dental Trainees	7

- 5.2. In addition, there are approximately 60 SAS grade doctors and 400 Locally Employed Doctors (LEDs) who are not in posts formally recognised for training and who do not receive salary or tariff funding from HEE 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.

- 5.3. OUH has 6-10 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 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 trainees from Sri Lanka coming to Acute General Medicine and from India to Paediatrics.
- 5.4. There is a proposed national expansion of training posts to provide training opportunities for the increased number of UK Medical School graduates. There will also be regional redistribution of posts between regions. The total number of new or redistributed HEE posts predicted for OUH will be less than 5% of our total training posts and we have recommended at a recent corporate performance review that the Trust will take a positive approach to supporting these posts, which will be part-funded by HEE.

## 6. Trainers

- 6.1. Every trainee in an HEE-recognised post 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.
- 6.2. An Educational Supervisor is a GMC recognised role. The DME keeps a regularly updated list of those supervisors who have completed their required training.
- 6.3. Funding for the ES role comes from HEE tariff and there is a tripartite agreement between HEE / OUH / ESs which allows for payment, via recognition within job plans, of ES role. ESs are pivotal in supporting trainees in navigating their educational development and have provided an important pastoral role during COVID. We have gradually increased the number of trainers over the past 2 years and now have close to 600 recognised ESs. It is mandatory for ESs who supervise HEE trainees to have completed training and be on trust list of recognised trainers. It is not mandatory for non-trainees / Trust posts to have an ES, but it is good practice for those who are supervising locally employed junior doctors to have been trained and recognised in this role.
- 6.4. OUH provides a Faculty Development Programme for Educators with regular Educational Supervisor Update days, Q&A sessions, and an online resource library. These meet the ongoing CPD needs of educators, and promote a peer network of educators. This continues to receive excellent feedback.

- 6.5. For those who wish further career development as an educator the DME team have introduced new resources including the FMLM-accredited Education Leaders in Training (ELiT). This new programme commenced in November 2022 and will run through 2023. Funding for this initiative was through a successful business case to HEETV.
- 6.6. The OUH Medical Education and QI Teams have worked together to develop knowledge and practice of QI in education. Approximately 70 ESs attended a half day QI training session in 2022, and we have offered further opportunities for those who are interested in undertaking QSIR training. An OUH Educators QI Programme will start its first cohort in April 2023.

## **7. Funding**

- 7.1. In 2022-23 OUH received approximately £32M from HEE under the National NHS Education Contract to support postgraduate medical education.
- 7.2. At a Recent Corporate Performance Review, 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.

## **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, Internal Medical Trainees Group and several Foundation Doctors groups including the Foundation Education Leads (FELs) and Oxford Foundation Trainee Group (OFTRG). 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. The GSWH and DME report regularly to the JDF and the Board on this. Since March 2022 there have been 86 Exception Reports relating to missed educational opportunities, and 1146 Exception Reports relating to hours / rest. This is a significant increase from last year when the figures were 52 and 525 respectively. This is in part because we have actively supported exception reporting to facilitate the Guardian of Safe Working Hours, the DME and the Board having oversight of issues affecting junior doctors. We are also working towards the possibility of LEDs exception reporting. The OUH QI Hub supports trainee doctors as well as other disciplines and grades of doctor in QI projects. Foundation Doctors all have access to a QI programme run in conjunction with OxStar.

- 8.4. 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 Postgraduate Medical Education runs an extensive programme of courses for trainees and trainers which are free to our staff.
- 8.5. 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).
- 8.6. HEE 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 HEE trainees but some of the resources developed are useful and accessible to doctors who are not trainees but are new to the NHS.
- 8.7. We are 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 16 planned in 2023-24, from Buckinghamshire, Reading and Worcester Universities. As a Trust we also have a new OUH pre-registration nursing programme with approximately 30 learners this year.
- 8.8. The GMC produce an annual State of Education and Practice report (SOMEPE) Workforce report 2022 - GMC ([gmc-uk.org](http://gmc-uk.org)) The focus of the 2022 report was workforce. Key findings include a rapid increase in numbers of SAS and LEDs on the GMC register driven largely by doctors coming from overseas. UK graduates joining the workforce rose by 2% from 2017 compared with 121% rise in International Medical Graduates (IMG). Organisations must therefore provide more structured support for their growing numbers of IMG doctors as they adjust to life and work in the UK. A project group from the ELiT educational leadership programme, sponsored by the Directors of Medical Workforce & Medical Education, is working to deliver an enhanced induction and support programme for IMG doctors in training at OUH in 2023.

## 9. Induction and Statutory & Mandatory Training

- 9.1. Trust induction has moved largely online which has been well received and enables it to be delivered more flexibly and in a COVID secure way.
- 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 including hybrid learning with a mix of virtual and in person sessions to welcome them to OUH. This 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.
- 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 & Development. 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. Educational Administration and Governance Arrangements**

- 10.1. There are two education centres (George Pickering Centre at the JR site and Terence Mortimer Centre at the Horton site). These are run by a Medical Education Manager (MEM), supported by administrative staff across the two sites.
- 10.2. The DME, supported by the MEM, 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, and local Tutors to manage concerns and issues as they arise.
- 10.3. The DME reports educational governance and QA issues around the learning environment and support of trainees to the Board through the CMO and to the PG Dean for Educational.
- 10.4. The Postgraduate Medical Education Governance Group (PMEGG) is chaired by DME. The remit is to discuss medical education governance matters affecting postgraduate trainees.
- 10.5. Almost a quarter of our trainees are Foundation doctors there is a separate Foundation Governance Group (FoGG).
- 10.6. A risk register is held of education issues. National Training Survey 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 feedback, we are currently monitoring and supporting several areas, including the Neonatal Unit, Neurosurgery, Clinical and Medical Oncology, Ophthalmology and Surgical Emergency Unit.
- 10.7. GMC Enhanced Monitoring: We do not currently have any areas under enhanced GMC monitoring.

## **11. National Training Survey Results**

- 11.1. The GMC carries out an annual survey of Trainees and Trainers. It is no longer compulsory for either trainees or trainers, but it is well supported and had a 76% UK

return rate in both 2021 and 2022. The reports and a results tool are available online in the public domain.

- 11.2. The GMC National Training Survey 2022 reported over half of trainers and nearly two thirds of trainees are now at moderate or high risk of burnout, the highest level since questions from the Copenhagen Burnout Inventory were introduced in 2018.
- 11.3. 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. Nationally, the NTS showed that a substantial number of trainees remain concerned that they still had not had sufficient 'catch-up experience' to meet their required competences. This remains particularly high in the craft specialties. For example, only 31% trainees in obstetrics and gynaecology and 28% of trainees in surgery agreed they had been able to compensate for any loss of training opportunities through transferable skills gained through other aspects of their training compared with 47% overall.
- 11.4. This has placed extra requirements on us as a training provider to individualise experiential learning in placements, and to facilitate extensions or alternate placements where needed.
- 11.5. Simulation opportunities and virtual learning environments have expanded and been well received nationally.
- 11.6. 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.
- 11.7. Cumulative years data for OUH demonstrate improvements in many areas with multiple positive outliers.
- 11.8. Many specialties are exemplars with positive outliers in multiple domains. These include cardiology, vascular surgery, immunology, infectious disease, interventional radiology, rehabilitation medicine, rheumatology, sports and exercise medicine, clinical neurophysiology, chemical pathology, core surgical training and GP trainees placed in O and G.
- 11.9. However, compared with 2021-2 there has been an increase in the number of negative (red) outliers in some specialties at OUH. Of concern, IMT, AIM and AGM had several negative outliers for the first time. This was largely due to workforce gaps combined with an increased workload. A robust plan including planned investment in workforce expansion has been implemented. Other actions to support training and ongoing monitoring are in place to assess sustainability.
- 11.10. In the areas where there have been repeated negative outliers, such as oncology and neurosurgery, encouragingly the NTS showed improvement in 2022. These areas remain on the education risk register.

- 11.11. 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. Currently there are 2 areas of 'red rated' concern on the HEE TV education risks. These are Ophthalmology and Neonatal Medicine. There are robust plans in place with support from the relevant medical and divisional directors, chief nurse and DME with ongoing monitoring of progress.
- 11.12. 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, but not limited to, trainee doctors. It is not mandatory. The most recent NETS took place in late 2022 and results have just been released (Feb 23) and we are evaluating them with the other clinical profession education leads and will report results and analysis to the Clinical Education & Training Committee (C-ETC).

## **12. Simulation and Technology Enabled Learning (STEL)**

- 12.1. We have a comprehensive Simulation-Based Education (SBE) programme which is run in partnership with OxSTaR and routinely receives outstanding feedback. Simulation based education is provided for medical students, trainees and all staff in the OUH and the focus on interprofessional education is a cornerstone of the programmes offered. Work has included:
- Design of a strategy for effective delivery of SBE for medical students and trainees in line with curricular requirements for undergraduate teaching and all the postgraduate schools.
  - Use of novel learning technologies to support our students, trainees and all staff including:
    - Innovative online courses in human factors (at introductory and more advanced levels) with real time electronic voting and feedback to increase participant engagement
    - Expansion of the award-winning virtual reality (VR) programme to include over 95 scenarios from a diverse range of clinical contexts to support learning in a safe environment. Expansion of the use of VR for part task training including bronchoscopy, management of difficult airways and point of care ultrasound.
  - The formation of an oversight committee for the delivery of SBE for trainees and all staff in OUH
  - A scoping project to understand the facilitators and barriers to the delivery of SBE/TEL and to determine the range of equipment for SBE and the educational estate or clinical areas where it is used. This project has revealed that increased support for faculty development is essential. Courses have been adapted and expanded to support staff

from all areas in developing their skills in SBE/TEL

- Membership of a Regionwide SBE working group to develop a strategy for the effective delivery of SBE across Thames Valley

### **13. Undergraduate Medicine**

- 13.1. Dr Sahana Rao and Dr Monique Andersson were appointed to the position of joint Directors of Undergraduate Education (DUMEs) and took up post in December 2022. The primary focus of the role will be to improve the educational opportunities and experience of the University of Oxford medical students and Physician Associates within the Trust. Over the next year they will work closely with university colleagues to develop a network of educators within the Trust including Consultant Educators, Clinical Teaching Fellows and Associate Clinical Fellows who will provide medical student clinical teaching, and opportunities for training and development.
- 13.2. The DUMEs will also be working with the Divisions to ensure greater transparency of the Medical Undergraduate Tariff (MUT) funding to comply with the increasing levels of accountability expected by Health Education England/NHSE. They are piloting the Associate Teaching Fellow Post during February and March 2023 and will, with Trust support, be appointing the first Clinical Teaching Fellows in Spring 2023. Funding has been applied for from the Nuffield Oxford Hospitals Fund to develop the Robb Smith Centre at the Churchill site for medical students.
- 13.3. We propose that from 2024 the Undergraduate and Postgraduate Medical Education report jointly to Board in an Annual Medical Education Report

## 14. Conclusion

- 14.1. This report provides a description of the current situation of the postgraduate medical education training programmes at OUH and an overview of performance against the requirements of HEE and GMC. Overall OUH continues to improve year on year. 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.
- 14.2. The New Education Contract is in its second 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.
- 14.3. Workforce is a key area locally and nationally and was the focus of the Annual GMC State of Medical Education and Practice (SOMEPE) Report in 2022.
- 14.4. OUH is committed to improving the support and development of IMGs, beginning with a specific induction and support programme.
- 14.5. With the appointments of 2 Directors of Undergraduate Medicine (DUMEs), both undergraduate and postgraduate medical education now come under the same team in OUH and will report jointly in future.

## 15. Recommendations

- 15.1. The Trust Management Executive is asked to:
  - Receive this paper for information
  - Note that from 2024 this report will be a Medical Education Report that covers both undergraduate and postgraduate matters