Site:	North Middlesex
Date:	29th November 2018
Attendees:	UCL: NMUH:

1. Discussion points identified prior to visit:

a) Review of action points from last visit on 22nd November 2017

b) Good practice:

- Teaching by CTF
- Good SEQ feedback for medicine, Surgery, LTC & preparation for practice placements
- Bespoke small-group teaching on communications skills and prescribing by CTF
- Good mock OSCE
- Accommodation good

c) Areas for discussion

- Emergency medicine update:
    - Discussion over placement feedback (Overall rating of 67% in rotation A and 50% in rotation C)

  HEE visited again a couple of weeks ago and say they are now happy with the situation in A&E. Some Royal Free A&E Consultants were long-term seconded to the North Middlesex as well as managers. Educational supervision of F2s in A&E increased drastically, with the ESs no longer being A&E doctors. There were weekly, now monthly, catch-ups with the juniors. The students seem to have been fine throughout.
- Inductions and timetables for each placement: thought this was happening. Overall induction was clearly not enough as students were not aware who does what and who to approach when in a new department. Could a brief set of slides be developed that one doctor in charge could easily deliver (if on a rota of three, only once per year) to each new group of students to a department? Would also outline the expectations and goals of each placement and where to find help, if needed, to meet them.
- Supervision in clinical areas (rated as 67% in rotation A and 50% in rotation B). Also low rating in PfP: see notes in 'SEQ' below.
- Low ratings for "attachment as an educational/clinical experience): see notes in 'SEQ' below.
- Access to IT – very low ratings on SEQ for all 3 rotations; printing, wifi and logins: see notes in 'Library and IT facilities' below.
- Bedside teaching: it is possible that student may not always recognise when this is happening if it is not always formalised. Maybe make this clearer in the introduction to the attachment and on the timetables ('Ward round – will include some bedside teaching'). Dr xx wants to address this as a Faculty development issue and to make sure that more of it takes place also.
- Follow up of action points – sign off of visit report.
    - SEQ feedback session at the end of placements: CTF put on a 'pizza feedback party' once last year, which helped with response rates. The plan is to do this again, hopefully twice in the year to coincide with SEQ completion dates.
    - The £90 deposit for locker keys is now £20.
    - Preparation for Practice: to be addressed as standard agenda item.
    - Clarification of application for accommodation process: this is now on Moodle.

2. Issues to be discussed during the visit:

• SEQ	**Emergency Medicine**: The SEQ rating for A&E was a bit low (and especially took a dip in rotation C). This was unusual compared to other sites. Improvement is expected here after A&E has been reorganised and reinvigorated after several HEE inspections. Dr xx considers it a priority to

	discuss teaching with A&E colleagues and would like to set up a working group with AMU and A&E. **Clinical Experience and Supervision:** These were rated low and the introduction of placement inductions may help to resolve the issues. Dr xx plans to address this through some Training To Teach-type sessions, emphasising easy ways to improve teaching methods in the clinical environment. This would also allow him to better identify the keen teachers from those who were not so eager to get involved.
• Accommodation	Students seemed very happy with the accommodation. There were no major complaints about student behaviour either, from the point of view of the Trust, although there were plans to introduce regular inspections of the accommodation to check for damage.
• Library and IT facilities	It was proving difficult for Ms x to obtain logins for the students from the IT department. Dr xx will investigate. If this appears difficult, Dr yy would be happy to write to the Chief Executive explaining that the students' experience on site is being compromised due to IT problems. (See IT section in 'Issues raised by students').
• Mock OSCEs & New Finals format 2018-19	Mock OSCEs had taken place for half the cohort already and had gone well. Finals in March 2019: the venue had been booked from the afternoon before and until the morning after the exam this year, which will make setting up and taking everything down much less stressful and rushed. An equipment list including what we expect each site to have (number of beds and hand gels for instance) will be sent in mid-January. A more detailed list (showing what will be provided by the Medical School) will follow closer to the exam. The recruitment of finals examiners has started.
• Any local site issues	The plans to merge with the Royal Free group had been voted against, although the Trusts planned to cooperate on specific clinical aspects. A new administrator has been appointed and is due to start on 17th December. Dr xx has been appointed as the new Undergraduate Site Lead. There is a lack of clarity about the Long Term Conditions module from one of the COOP Consultants and further guidance would be appreciated.
• Curriculum update from UCL	The 2018 edition of Outcomes for Graduates needs to be taken into account: there is more of an emphasis on long term conditions and chronic care as well as community care, professionalism and dealing with ambiguity. UCLMS is mapping its curriculum and this will help highlight where some deficiencies might be. There is the prospect of the introduction of the Medical Licensing Assessment by the GMC.
• Issues raised by students	35 students attended, which was much appreciated. (Approximately 8 of these were from Year 5. The Year 6 visiting team spent only a short time gathering their feedback, hence the short report below). **<u>Year 5 students</u>** **Paediatrics** – It was a bit difficult to get involved. They were not allowed to examine on their own and were usually asked to leave rather than being allowed to stay during consultations due to safeguarding issues.

	It was not ideal being on the same firm as students from St George's who were only in their first clinical year as the UCL students felt they were being held back in terms of what was being discussed/done due to the other students' less advanced level of knowledge. The split was about half and half on the firms. One doctor (whom they had on clinic week) received particular praise. It was rare to see the same team on consecutive days, which made it difficult to get feedback. **O&G** – The tutorial system wasn't working so well. There were numerous cancellations, the timetable frequently mentioned 'Teaching TBC', which then didn't materialise. Teaching was also scheduled during central UCL teaching times (CPP sessions). **<u>Year 6 students</u>** **Medicine** – This was a variable experience depending on which team one was with, especially on how keen the Consultant was on teaching/engaging with the students. Some students felt it was restrictive being on the same ward for four weeks, although they acknowledged that it was good to get to know the foundation doctors. They suggested rotating after two weeks to get experience on two wards. Timetables given at the start of the placement didn't reflect what happened in terms of bedside teaching. **Surgery** – Orthopaedics was rated highly. Breast and Endocrine seemed to have too small a number of patients to provide sufficient experience. The one-hour Friday surgical teaching was often cancelled. Students on the colorectal firm felt ignored. **Long Term Conditions** – Students said that the week on the Acute Stroke Unit was good and the geriatrics wards were useful for exposure to general medical patients. They felt they were rotating around too frequently. Could they be based on the same ward for at least two weeks? If they knew who was interested in teaching, they would feel they knew where to go to try to get involved in clinical activities. **A&E** – A very busy department and so good for experience. Teaching was timetabled every day at 12 but had actually happened twice in four weeks. Please could the timetable be amended to be more realistic in this regard (nicer to have less teaching promised but for it to take place as scheduled). Teaching space was a problem in the department. One doctor was great. **Mock OSCE** – Very useful and very much appreciated. Felt like a thorough bedside teaching session afterwards during the feedback. **Summative History** – Very useful also and valuable feedback received. **IT** – Logins are a real problem. They were provided a month after the start of the placement and if they worked (not the case for everyone), they didn't give the required level of access. They could only see patients' test results if junior doctors showed these to them. **Accommodation** – Very nice. Having to make a new wifi account every 24 hours seemed inefficient and the wifi was very slow. A social room would be nice if possible so that students could get together more easily; they felt a bit isolated.

	Being escorted to one's flat by a security guard after dark was advertised as being a possibility on the accommodation information given before the placement, but had been refused when requested by one of the students on one occasion. **General** – The students were impressed by the quantity and quality of the teaching provided by the Clinical Teaching Fellow and praised them highly. The Pharmacy and twilight teaching were very good, but the latter was held from 5-7pm one evening, which was too much after a day on the wards. Students asked whether the teaching could be for one hour on two evenings.

Agreed action points

Action	Action for
Send the North Middlesex team the module structure information about the Long Term Conditions module	UCLMS – Year 6 team
Organise 'pizza feedback parties' to help with SEQ response rates	North Middlesex team
Look into organising some Faculty development for A&E colleagues and others	North Middlesex team
Investigate how the issues relating to student logins can be solved (includes timely delivery of working logins and useful access being granted through these)	North Middlesex team
Investigate the frequent cancellation of teaching sessions in A&E and Surgery	North Middlesex team
Ensure firms know when students are due to be at central teaching as both Year 5 and Year 6 students raised this issue (local teaching was being scheduled during UCL anchor days or CPP)	North Middlesex team
Look into the provision of being escorted to the accommodation after dark on request as it was understood this should still be available	North Middlesex team