**Summary of discussion**

**Student Staff Liaison Group**

**8 November 2023/Hybrid**

**Placements:**

**Can more be done to standardise scheduled teaching placements across different hospitals? Some regional placements have no scheduled teaching at all for certain blocks, whereas those same blocks in other regional hospitals or at Addenbrookes/Papworth have a lot of teaching sessions.**

* We detail to placements and students what the minimum core teaching is for all Y4 and Y6 placements on aide memoires. Students need to inform regional sub-deans if they are not receiving this.
* Faculty and students agreed we should continue not to set a maximum, so keen teachers are free to deliver extra teaching sessions; while this means placements are not equal, it does mean all students should benefit from some ‘extra’ teaching over their three years.
* Students advised to report if they are not receiving core teaching from clinical supervisors.
* There are specific instructions and pathways for escalation given during induction.
* Letting the Clinical School know is also part of the quality assurance for students’ education.
* Students should encourage colleagues to fill out feedback on clinical supervisors.

**Often departments/ teams/consultants running clinics have not been informed that there will be medical students joining them, and we are sent away. Proposal for placement leads to submit schedules for approval; comparisons with other universities’ practices:**

* Departments should be informed about medical students joining clinics.
* Improvement in communication is needed to prevent students being turned away.
* If this happens, students need to inform hospital sub-deans so this can be rectified.
* It is important to detail these problems in end-of-placement evaluation forms.
* The Quality Assurance visits, and the end of placement evaluations help the Clinical School have these discussions with the Trusts.

**Can they address the fact that hospital accommodation in several regional placement hospitals is unacceptable? Issues include pests, mould, undrinkable water, and safety concerns.**

* There is a set of minimum accommodation standards for regional placements.
* School is aware of problems at one hospital with recurrent problems which the clinical school are supporting a trust in trying to improve accommodation provided by an external company. At this placement there was a problem recently, which was escalated and students were provided with alternative accommodation or commuting costs.
* Problems arose due to lack of communication between the hospital and the provider.
* Again, please escalate/inform administrators/Subdeans if problems arise.

**Can we have timetables before the day before placement? While we are expected to have Monday-Friday 9am – 5pm, many timetables start earlier and end later than that. A lot of timetables include weekend shifts or supervisions which can’t be planned for if we only know 2 days before.**

* We recognise the need for timely information on placement timetables. However, requests for timetables to be available far in advance of placements is not feasible because clinician schedules (leave, etc.) can change quickly.
* There are two issues to consider: students knowing *when* to be there and knowing *what you will do* every half day.
* A general guidance is that students should be at placement Monday to Friday and accept clinical teams may not limit work to 9-5; if students are expected to arrive earlier on the first day, this will be communicated by the Trust.
* Trusts are asked to provide timetables of weekend 6 weeks in advance; and ideally to give good notice for night shifts.
* Let the Clinical School know if this is not happening; at one hospital once a problem was identified with students not being able to park when they arrived early, the problems was solved.
* Some hospitals provide accommodation the night before when students start early.
* The Clinical School can check that the timings of first day inductions are consistent.

**Why are sports exemptions no longer important enough to accommodate for placement? Even a graded system based on distance whereby sports players can be in the closest regional placements, if health/welfare applicants take all the central Cambridge spots, would make a huge difference to their ability to travel back and forth to training and matches.**

* The school has large numbers of students asking for placements in Cambridge. We therefore prioritise students with welfare needs and caring responsibilities; and we ensure all students get some placements in Cambridge.
* Due to recent increases in total student numbers and increases in students with mental health problems, it is no longer possible to prioritise students with other requests for being in Cambridge
* We considered a graded system of closeness/needs, but in practice, it is difficult to say which sports or other extracurricular activities are more ‘deserving’ of placements near Cambridge.
* There are several considerations: increased student numbers, limited placements, and capacity constraints; and balancing different needs (all students having one placement in Cambridge, gender balance, welfare requirements, need to keep some students apart); there is little flexibility in the system.
* The School tries to accommodate when students ask to be placed in a specific regional hospital (i.e., if there is close family nearby, etc...) but preference forms must be completed in advance for all such requests.
* The School has prioritised one change this year – trying to get all students with at least one other student from their college in the same out-of-Cambridge placement, although this again has not been possible every time.
* While the School acknowledges there can be anxiety of being away from one’s support system, they are working with regional Subdeans to make sure support is also in place in the regions and moving away from the idea that Cambridge is the only place to get support. The availability on online support from university and NHS services makes being out of Cambridge less of a problem for receiving support than in the past.

**Curriculum:**

**Can a talk focussed on electives be scheduled for the first R&I week, rather than the one in October? We were told in some of the introductory talks that we should be organising electives now which has been incredibly stressful given that we have no information on how to do so.**

* More signposting to existing information on MedEd is needed; the electives handbook is accessible on MedEd to students at the start of the academic year.
* Students would like more information on practicalities of organizing electives.
* There was a discussion about recording elective-related talks, explicitly around practical aspects and what students should get out of it, etc…
* Dr Lillicrap took the matter up with Miss O’Connor who informed in a follow-up message after the meeting that she is aware of the concerns some students have raised and would be happy to do an earlier talk if it was useful. Slides of this year’s talk, attended by about 50 percent of students, are available on MedEd. More updates are planned. This includes regular mentions in the newsletter about deadlines, bursaries...
* Miss O’Connor also mentioned she has “plans for f2f and on-line drop-in sessions for students in early 2024 to help them with applications.”

**Can CCS sessions be made shorter? It's hard to concentrate for 3.5 hours - it becomes ineffective to learn this way and it feels like there's a lot of things that could be condensed. Maybe instead of 3.5 hours with 6 students do 1.5 hours with 3 students?**

* It was agreed that this was something that needs review. Dr Lillicrap has already picked this up with Dr Pal.

**Admin and expenses:**

**Response times from the admin team are slow. Issues of admin replies were raised in 2020. What is being done to improve slow responses and travel reimbursements?**

* It is not satisfactory for there to be such delays and the School is committed to improving the process.
* Some mitigations have included restructuring the team/tasks and adding extra staff support to help deal with huge volume of email traffic.
* The School has also created an online system to streamline expenses and manage the request so things should go more smoothly without the ping pong of emails.

**Why hasn't the clinical school told student finance and the NHS that our course in 5th and 6th year starts in August not September? This means that students have a month without any student finance support (and as the summer is so short, there is not enough time to work to earn money to support ourselves for this month).**

* The Clinical School does tell student Finance and the NHS Bursary and has done all that is possible there.
* NHS Bursary term dates are 1 September to 31 August; this is fixed, and the Clinical School cannot change this.
* As the medical course starts in August for Year 5 and 6, more money is disbursed in the summer before the start to make up for the discrepancy in dates.

**Can we claim any travel expenses through the NHS bursary? What about the option of trusts reimbursing commute costs instead of accommodation. What about reimbursement for weekend travel and necessary mid-week trips for medical appointments?**

* Dr Wilkinson explained the sources of funding for medical students are student fees, top-up to universities from Dept for Education and NHS tariff support to NHS trusts (for when students are on placement)
* There is an agreement as to which costs are the responsibility of universities and which costs are the responsibility of NHS Trusts
* Students’ essential excess costs for being on placement are the responsibility of NHS trusts. Trusts can choose whether this is accommodation plus transport at the start and end of placement, or daily commute. Trusts are not obliged to pay for travel home at weekends. This was confirmed by the GMC at a recent visit when students brought this up.
* Most trusts choose to provide accommodation as this is cheaper than a daily commute. In addition, this accommodation is either already built or bought as a bulk contract – so they cannot give each student a choice.
* This was discussed with NHS trust sub-deans a couple of years ago and it was agreed that the current policy does need to remain. We shall discuss it again at our next meeting, but we do not foresee trusts agreeing to spend extra money they are not obliged to.
* Travel expenses are refunded by the Clinical School as that is easier for students than getting on each trust’s payment system and doing a claim for each trust. The trusts then refund the clinical school. But it is still NHS Trust money.
* PW has looked at the Clinical School reimbursing weekend travel, given student welfare concerns. However, this would be 11% of teaching budget and that is not possible.
* PW asked NHS Health Education England if our medical students could claim travel expenses from the NHS Bursary – he was told that must not happen, as the NHS already pay for accommodation/travel in NHS tariff to trusts; so extra claims would mean double payment. The NHS Bursary scheme is designed for other healthcare students, where trusts are given less money directly. Medical students can still use this bursary for elective costs.

**Topics brought by the Deanery Team**

* Dr Wilkinson would like to create a frequently asked questions document for students that addresses the issues that are raised each year.
* Support for MLA exam preparation in January.

Dr Lillicrap discussed offering refresher sessions to support students in the fortnight ahead of sitting the national MLA exam, out of recognition of student stress from this new national exam; and as some topics (which are more in the exam than in our old internal final year exam) may not have been covered since early in Year 5. These will focus on specific areas: paediatrics, O&G, and psychiatry. The idea is to organize remotely delivered sessions during the first week of exam preparation to help guide students' review. Students who were present were positive about this idea.

In a follow-up message, Dr Lillicrap provided details for the proposal for four 1-hour sessions:

1. Session 1: An overview of the MLA session, explaining its format, linking revision to clinical presentations, MLA blueprinting, and sharing useful resources. Possibly scheduled for Tuesday AM, January 2, 2024.
2. Session 2: Refresher on core topics in child health, possibly planned for Tuesday PM, January 2, 2024.
3. Session 3: Refresher session on core topics in O&G, possibly planned for Wednesday PM, January 3, 2024.
4. Session 4: Refresher session on core topics in mental health/psychiatry, possibly also on Wednesday PM, January 3, 2024.

Dr Lillicrap is seeking input from students on preferences regarding the timing and scheduling of these sessions; whether they prefer them over two days or spread throughout the first week; whether daytime or early evening sessions are more convenient, and whether students would find these sessions helpful or would prefer not to have them at all. If this is to go forward, facilitators would need to be recruited and concrete plans would need to be put in place.

* Student feedback: How can we address low response rates to student feedback forms?

There was a discussion about the importance of feedback but also about feedback fatigue and the student perception that not much is done with the feedback that is provided.

There was a suggestion that centralising feedback channels might make it easier for students to provide feedback (i.e., having a link to all the forms on one page on MedEd).

Encouraging students to complete feedback forms and a system to register whether they had done so was also mentioned as sometimes students aren’t sure what they have filled out and what they have not.

There was also a proposal to use posters to promote what we have done with student feedback. This will be done once we have received results from the National Student Survey and done an action plan from this.