

**SERVICE AGREEMENT FOR MEDICAL UNDERGRADUATE TEACHING
FACILITIES AND PLACEMENTS PROVIDED BY [ENTER TRUST]**

1 INTRODUCTION

- 1.1 This Agreement is made between East Midlands Strategic Health Authority, known hereafter as “the EMSHA” and the University of Leicester, known hereafter as “the University”, who together constitute the purchaser, and [enter trust], known hereafter as “the Trust” for the provision of facilities and clinical placements in meeting the requirement for undergraduate medical teaching.
- 1.2 The EMSHA and the University endorse the Ten Key Principles for joint working between the Universities and the NHS, reproduced in Appendix A, and these form the basis of this agreement.
- 1.3 The Agreement is for the period 1 April 2010 to 31 March 2011.

2 PURPOSE AND AIMS

- 2.1 The purpose of this Agreement is to specify the agreed facilities and clinical placements to be provided by the Trust for the education of undergraduate medical students.
- 2.2 The purchase of these facilities and clinical placements will be from the Multi Professional Education & Training (SIFT) allocation, which is a resource available to compensate NHS providers for their excess service costs associated with undergraduate medical education. MPET (SIFT) should be accounted for separately and applied to support the demonstrated service costs associated with undergraduate medical education.
- 2.3 The EMSHA and the Trust confirm that a primary aim of undergraduate education for medicine, dentistry, nursing and the allied health professions is to produce practitioners who are ready for a career of service which meets the nation’s present and future health and social care needs. To this end, professional staff should be educated in an atmosphere which combines high quality clinical service delivery and high professional standards (set by the statutory regulatory bodies) with a spirit of intellectual enquiry and innovation based on active research and development programmes.

3 SERVICES TO BE PROVIDED

The Trust will provide the clinical placements specified in Appendix C and the services required for teaching undergraduate medical students specified in Appendix B.

4 EDUCATIONAL REQUIREMENTS

The duties of the Trust to support undergraduate teaching are specified in Appendix B.

5 SUB CONTRACTING

The provider will only be allowed to sub contract work for clinical reasons and with the express agreement of the purchaser. This arrangement will not be prejudicial to the requirements of the students or quality standards.

6 VALUE OF SERVICE AGREEMENT

East Midlands Strategic Health Authority
 Leicester Medical School
 2010-2011 SIFT Contract – [enter trust]

	Inflation	Student Weeks	Rate Per Student Week £	Placements £'000s	Hub Costs £'000s	Facilities £'000s	Total £'000s
2010-2011 Opening Baseline Allocation							
Student Weeks Adjustment for 2009-10							
Inflation Uplift at	1.70%						
2010-2011 Pace of Change Reduction – Year 3							
2010-2011 Opening Contract							

7 MONITORING

- 7.1 The Trust will ensure that the teaching delivery and quality detailed in Appendix B are met and will provide the EMSHA and University with six monthly written reports. The EMSHA and University will meet with the Trust following receipt of these reports to enable compliance of such to be monitored.
- 7.2 The University and EMSHA will meet with the Trust to confirm that support and facilities for undergraduate education are satisfactory. Where the monitoring results are deemed to be unsatisfactory by the EMSHA and / or University an agreed course of action will be discussed so that improvements can be made. The progress of these improvements will then be monitored on a monthly basis.
- 7.3 Failure to comply with the requirements will result in the EMSHA withholding payment until such time as an acceptable standard is reached. This will equate to 5% of the agreed annual value, or £50,000 whichever is the least.
- 7.4 The contact point for the monitoring of this contract are as follows :
- SHA : Director of Workforce and Education Commissioning, EMSHA
University : Dean
Trust : Chief Executive

8 STUDENTS

- 8.1 Students will be required to comply with the Trust's administrative procedures and standards as appropriate, e.g. Health and Safety, Confidentiality, Information Technology, Induction Courses plus No Smoking policy and those laid down in the circular "Medical Students in Hospitals", April 1991 Department of Health HC (91) 18.
- 8.2 The University will co-ordinate basic training for students in the moving and handling of patients, phlebotomy and "sharps" practice. They will also receive the necessary immunisations, and be issued with written guidelines based on "Medical Students in Hospitals".

9 ANNUAL REPORT

The provider shall produce an Accountability Report that will be submitted to the purchaser by 31st July 2010. A report template will be provided to capture performance against the service specification and to demonstrate how the funding has been applied to meet the excess service costs associated with undergraduate medical education.

10 PAYMENT TERMS

The EMSHA will provide funds under this agreement in monthly instalments on receipt of invoices raised by the Trusts on the first day of the month.

11 LIABILITY

- 11.1 The Trust will ensure that the students are closely supervised at all times with regard to their involvement in clinical work and receive the necessary training in basic procedures by Trust employed staff to ensure the risk of injury is minimised. The University cannot be held liable for accidents, personal injury or damages to property by students whilst on Trust premises whilst in the course of their studies or associated activities.

11.2 Neither the EMSHA nor the University can be held liable for any acts or wilful damage caused by students on Trust premises. Any actions for redress by the Trust, as a result of wilful damage, may only be taken against the individual concerned.

12 VARIATION

The terms of this agreement may be subject to amendment providing that written notice has been served at least six months in advance.

13 ARBITRATION

All parties agree to implement this agreement and abide by its terms and conditions. It will be the aim of the parties to work together to resolve difficulties and define a solution to problems that may arise. In the event of any unresolved dispute between the parties arising out of or connected with this agreement, such a dispute may be referred to an independent arbitrator, mutually agreed by both parties. The decision made by such an arbitrator shall be final and binding upon the parties.

14 AGREEMENT

Signed By:

EMSHA

Director of Workforce and Education Commissioning:

Date :

University of Leicester

Head of Education :

Date :

[enter trust]

Chief Executive :

Date :

The Ten Key Principles for joint working between the Universities and the NHS

Proposals from The Council of Heads of Medical Schools, Council of Deans of Dental Schools, The Council of Deans for Nursing and Health Professions, and the Association of UK University Hospitals on the principles that should underpin the relationship between Health and Education across Education, Research and Service delivery. The principles were endorsed by the Strategic Learning and Research Advisory Group (StLaR) at its meeting on 10th November 2004.

Preamble

Higher Education institutions and the NHS, seek to deliver high quality pre-registration professional education, high quality postgraduate education and training, and life long professional development. High quality laboratory and clinical research with translation of the resulting knowledge to the Health Service and / or industry for the benefit of patients is an equally important joint role.

Centres that combine the best of University academic endeavour are often also the focus of the delivery of specialist and general clinical services of the highest quality. Clinical service and leadership, whether provided by University or NHS employees, are critical to the future development of the NHS.

It is the responsibility of the Secretary of State for Health to make available, in premises provided by him by virtue of the National Health Service Act 1977, as amended by subsequent legislation, such facilities as he considers are reasonably required by any institution in connection with clinical education and research. The Secretary of State for Education and Skills has a similar responsibility to ensure that institutes of Higher Education are providing the resources required to deliver their core objectives and are doing so in the context of effective collaboration between the Health and Education sectors.

Strategic Principles

- i. A primary aim of undergraduate education for medicine, dentistry, nursing and the allied health professions is to produce practitioners who are ready for a career of service which meets the nation's present and future health and social care needs. To this end, professional staff should be educated in an atmosphere which combines high quality clinical service delivery and high professional standards (set by the statutory regulatory bodies) with a spirit of intellectual enquiry and innovation based on active research and development programmes;
- ii. The objectives of research in the field of health care are :
 - The advancement of the understanding of basic biomedical, clinical and relevant social sciences, knowledge of which is crucial to interpreting the nature of disease.
 - The development of the evidence base required to facilitate the provision of high quality, safe and effective patient focused health promotion and health care delivery.
- iii. Institutions of Higher Education and the NHS have a shared responsibility for ensuring that high standards are achieved and maintained in education and training as well as in research and in service delivery for the benefit of patients.

Operational Principles

- iv. The provision of education, research and associated clinical service, guided by defined and co-ordinated national policies, must be supported by joint planning and working at both the local and national level.
- v. Higher Education Institutions and NHS Bodies should work closely together, share relevant information, consult one another about their plans for education, research and clinical service and develop those plans together. Policies and plans should be owned by stakeholders, implemented co-operatively and reviewed regularly.
- vi. NHS organisations and Higher Education Institutions should consult one another about workforce planning to ensure that the special interests, contribution to service, teaching and research of appointees to either organisation accord with the requirements of the two sectors working in partnership. They should develop job plans together along Follett principles. Clinical and research governance principles and accountabilities will be adhered to. Management accountability for compliance with policies and procedures will be to the organisation with lead accountability for that aspect of service, education or research regardless of which organisation is the employing authority.
- vii. Where agreement cannot be reached locally, the Chief Executive of the relevant NHS Body and the Vice Chancellor or Chief Executive of the Higher Education Institution should confer and agree a way forward.

Funding Principles

- viii. The NHS and Higher Education Institutions should collaborate to ensure that education and research for health care and service delivery are undertaken efficiently and cost-effectively and in line with available resources.
- ix. The Higher Education Institutions and NHS should work closely together in funding research and development within the NHS.
- x. NHS funding of education and research should be allocated on the basis of mutually agreed plans. Funding for improvements in service delivery and the provision of associated clinical facilities is primarily a matter for NHS bodies but the education sector should be consulted, especially where service changes that might impact on education or research are envisaged. Higher and Further Education Institutions and NHS bodies should be joint signatories to those contracts relevant to the functioning of both organisations.

**SERVICE SPECIFICATION – [ENTER TRUST]
2010 – 2011**

The Medical School has specified the overall aims and learning outcomes of the Undergraduate Medical Curriculum in line with the requirements of the General Medical Council. The Trust will provide clinical teachers, administrative support and appropriate educational facilities for students to achieve those outcomes in specified parts of the medical course, and staff and facilities for assessments and examinations to test student attainment.

Specifically, the Trust will provide teaching for :

- Clinical components of modules in Phase 1 of the curriculum
- The hospital-based component of the Consultations Skills Foundation Course in Phase 1
- The following core blocks in Phase 2
 - Perioperative Care
 - Musculoskeletal Care
 - Cardio Respiratory Care
 - Gastrointestinal Care
 - Acute Care
 - Chronic & Elderly Care
 - Cancer Care
 - Special Senses
 - Reproductive Health
 - Child Health
- Student selected components in Phases 1 and 2
- Clinical Skills training associated with the above

According to the schedule of student numbers in the Appendix, the Trust will provide staffing and facilities for :

- Assessments within each of the components specified above
- The Phase 1 Clinical Examination
- The Intermediate Professional Examination
- The Final Professional Examination

Clinical Teachers

Sufficient clinical teachers shall be provided for each student to access the learning opportunities and achieve the detailed learning outcomes specified in the course documentation for each part of the curriculum listed above.

This will include, as a minimum :

- Appropriately qualified clinical staff to deliver didactic teaching (seminars etc) specified for each part of the course.

- At least two sessions of consultant-led teaching in the clinical environment each week for each student attached to the Trust. Clinical workload should be appropriate to the conduct of effective teaching alongside clinical service, and it is expected that the teaching of undergraduate medical students should be included as part of Direct Patient Care Programmed Activities in consultant work plans.
- Sufficient protected time in consultant work plans for each student to have a minimum of one hour, individual dedicated teaching time each week in addition to teaching alongside clinical work.
- Such additional teaching from consultants, junior medical staff and other health professionals as is necessary to achieve the course outcomes.

Clinical Learning Opportunities

Students should have good access to a sufficient variety of patients in a sufficient variety of clinical environments to complete the learning tasks specified in the course documentation. This must include :

- Access to in-patients both informally and during ward rounds by various clinical staff.
- Attendance at out-patient clinics organised in such a way that students may talk to and examine patients and discuss the case with a clinical teacher.
- Opportunities to observe appropriate surgical procedures, and where appropriate to scrub and assist in ways compatible with their level of competence.
- Opportunities to observe, and where appropriate assist with investigations.
- Opportunities to take part in appropriate clinical meetings, such as Multidisciplinary team meetings, radiology meetings etc.

Clinical Skills Education

The Trust will provide :

- Appropriate staff and running resources for a clinical skills unit of sufficient capacity to serve the students on site and ensure that they are able to attain and be assessed in the range of clinical skills prescribed by the General Medical Council and the Medical School.
- A suitable range of clinical skills training opportunities to ensure that students can achieve and be assessed upon clinical skills specified in relevant course documentation whilst on attachment at the Trust.

Educational Leadership

- The Trust will provide a senior consultant with at least three programmed activities in their work plan to oversee the provision of medical education across the Trust, and to work with the Medical School to ensure educational quality and promote educational developments.
- The Trust will provide 10 programmed activities of consultant time for the educational leadership of each clinical block in Phase 2 delivered by the Trust according to the Code of Practice for Management of the Curricula, published by the Medical School. The relevant section is reproduced below.

Educational Management

The Trust will provide :

- Appropriate staffing to ensure that all parts of the curriculum delivered by the Trust are administered according to the 'Code of Practice for the Management of the Curricula'. This will include :
 - Each clinical block in Phase 2 will be serviced by a Medical Curriculum Administrator, responsible for all aspects of administration of that block according to the Code of Practice for Management of the Curricula. The relevant section is reproduced below. A single Medical Curriculum Administrator may not service more than four blocks simultaneously.
 - Appropriate line-management of the work of the Medical Curriculum Administrators.

Assessment of Students

The Trust will ensure :

- Students in each block are assessed in the ways that are specified in the Block workbook, and that the results of those assessments are returned to the Medical School within two weeks of the end of the block.
- Examiners are provided for the major summative assessments of all students in Phase 2; the Intermediate Professional Examination and the Final Professional Examination.
- Administrative support is provided for assessments across the curriculum.

Facilities

The Trust will provide the facilities necessary for students to achieve the learning outcomes specified by the Medical School in course documentation. This will include :

- Appropriate learning space for students in the clinical environment.
- Adequate seminar room space for formal and informal teaching on all blocks.
- Library facilities across all sites.
- Clothing and consumables that medical students need in the course of their work in the clinical environment.
- Bleeps for students who need them.
- Adequate on-call accommodation for students, provided to the standards defined nationally for junior doctor accommodation.
- Suitable living accommodation provided free of charge for students whose normal residence is more than 10 miles from the hospital. This should conform to the agreed national standards, and include cooking facilities, adequate security and provision of internal telephone connections.
- Suitable catering and rest room facilities.
- Students who are provided with accommodation should have the same access to car parking as junior doctors resident on site, with any charges proportionate to student income.

- Where students may have to move between sites, free access should be provided to transport facilities available to other hospital staff.

Role Descriptions

Clinical Block Leaders

Each block in Phase 2 is the responsibility of a team of clinical education leads and clinical teachers, led by a Clinical Block Leader.

The specific responsibilities of the Clinical Block Leader are to :

- Ensure that the clinical block, as described in the course document is delivered effectively to all students across all clinical sites providing that block.
- Work with the medical curriculum administrator allocated to that block to ensure effective day to day organisation of clinical education.
- Co-ordinate the production of relevant curriculum materials, including course document entries and workbooks.
- Liaise with clinical education leads in appropriate clinical directorates and sites to ensure that clinical and other staff are available to deliver the block as described in a broadly equivalent way for all students.
- Work with other clinical block leads to ensure co-ordination and integration of curriculum outcomes, content and delivery.
- Monitor the progress of students through the block and oversee the maintenance of appropriate records of student attendance and performance.
- Ensure, with the support of the medical curriculum administrator allocated to the block that, at the end of each block the Medical Education Office receives a list of students who have :
 - Attended satisfactorily during the block.
 - Completed satisfactorily appropriate assignments and assessments, including clinical skills.
 - Behaved in a consistently professional manner.
- Provide at the end of the block a list of students who have not completed the block satisfactorily, together with a specification of weaknesses that they must address during later remediation.
- Report to the Phase 2 co-ordinator and the Medical Education Office any student in difficulties during the module so that appropriate action may be taken quickly.
- Lead continuing discussion with the block team for further development of the block and present proposals for change to the Phase 2 Management Group and Curriculum Committee.
- Monitor delivery of the block formally and informally and deal with problems as they arise.
- Receive and respond to formal student evaluation of the block and report actions taken to the Phase 2 Management Group.
- Facilitate dissemination of good practice across the curriculum through formal and informal discussions with other block leaders.

- Liaise with appropriate NHS Trust Management to ensure resources are available for delivery of the block across sites.

Medical Curriculum Administrators

The Medical Curriculum Administrators are NHS staff who assist the Clinical Block Leaders with the delivery of clinical education and assessment across multiple clinical sites.

The specific responsibilities of the post are to :

- Support the Clinical Block Leaders for one or more clinical blocks in the day to day operation of clinical block.
- Co-ordinate teaching timetables and liaise with the Block Leader and Clinical Education Leads to ensure that scheduled teaching events are delivered effectively.
- Ensure that appropriate physical resources, such as rooms, av etc are available for all scheduled teaching sessions in the block.
- Co-ordinate clinical placements within blocks across multiple sites.
- Produce, in liaison with the block leader and the Department of Medical & Social Care Education appropriate course documentation, including block workbooks and log books.
- Maintain accurate records of student attendance at all scheduled teaching events and clinical placements.
- Co-ordinate assessment activities including scrutiny of workbooks and records of completion of specified activities and assignments and collation of reports on student performance to be provided to the Department of Medical & Social Care Education within two weeks of the end of each block.
- Liaise on a day to day basis with students and be the first point of contact to resolve issues as they arise.
- Organise any formative assessments associated with the block.
- Work with other curriculum administrators to co-ordinate summative clinical assessments, including the Intermediate Clinical and Final professional examinations.

