EAST MIDLANDS STRATEGIC HEALTH AUTHORITY and THE UNIVERSITY OF NOTTINGHAM

SERVICE INCREMENT FOR TEACHING (SIFT)

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Service Agreement with the [ENTER NAME OF TRUST] for the provision of undergraduate medical teaching

This agreement is made between East Midlands Strategic Health Authority, known hereafter as "the SHA", The University of Nottingham, known hereafter as "the University", who together constitute the purchaser, and the [ENTER NAME OF TRUST], known hereafter as "the Trust" for the provision of facilities and clinical placements in meeting the requirements for undergraduate medical teaching.

Agreement Period: 1st April 2011 to 31st March 2012

Service Agreement for Medical Undergraduate Teaching Facilities and Placements provided by the [ENTER NAME OF TRUST]

1. INTRODUCTION

1.1 This agreement is made between East Midlands Strategic Health Authority, known hereafter as "the SHA", The University of Nottingham, known hereafter as "the University", who together constitute the purchaser, and [ENTER NAME OF 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 SHA and University endorse the Ten Key Principles set out in the Finance Report and these form the basis of this agreement.

1.3 **The Agreement is for the period 1st April 2011 to 31st March 2012**

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 placements will be from the Service Increment for Teaching (SIFT).

3. SERVICES TO BE PROVIDED

The Trust will provide the clinical placements specified in Schedule A and the service facilities required for teaching undergraduate medical students specified in Schedules B, C and D.

4. EDUCATIONAL REQUIREMENTS

The duties of the NHS to support undergraduate teaching are specified in Schedule B, C and D.

5. SUB CONTRACTING

The Trust will only be allowed to sub contract work **for reasons of clinical necessity** 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

6.1 The total value of the 2011-2012 agreement is £XXX. The detail is shown at Schedule A.

6.2 The SHA shall provide funds under this agreement in twelve equal instalments by the 15th of each month upon return of the signed service level agreement by the Trust and submission of a monthly invoice by the 1st day of each month.

6.3 To maintain and enhance the quality of teaching, all clinical teaching.

7. QUALITY ASSURANCE

7.1 The University is obliged to assure quality and will wish to monitor provision by adopting the measures at Schedule D below.

7.2 The Trust will ensure that the educational specifications detailed at Schedules B, C and D are met. Staff will be expected to participate in staff training and development schemes designed for medical educators where available. Specifically, the Teaching and Assessment of Clinical Skills (TACS) Course will be undertaken by medical staff with responsibilities for teaching undergraduate medical students :

a) within their first 6 months for all new appointees
b) every 5 years for existing teachers

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8. STUDENTS

8.1 Students will be required to comply with **all** the Trust's administrative procedures and standards as appropriate and those laid down in the circular "Medical Students in Hospitals", April 1991 Department of Health HC (91) 18.

8.2 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.

8.3 The University will ensure that students attached to the Trust will have received necessary immunisations.

8.4 In the event of a needlestick injury to a student, he/she will in the first instance be subject to those procedures applying to Trust staff. The Trust having dealt with the incident will complete its accident recording documentation and immediately provide a copy to the University. The University Health Service will undertake appropriate secondary or follow up action and advise the Trust Occupational Health Service accordingly.

9. ANNUAL REPORT

The Trust shall produce a detailed Annual Report that will be submitted to the SHA and the University by 31st July 2011 in respect of the previous NHS financial year. The report should contain both financial and non-financial information. The non-financial information will comprise a detailed narrative of what educational activities were supported by SIFT income.

10. LIABILITY

10.1 The Trust agrees to abide by all relevant statutory/legal regulations governing the provision and operation of services which are currently in force, and to employ the necessary qualified staff.

10.2 The Trust will also provide and maintain an environment safe and suitable for patients, staff and students. For the avoidance of doubt, it is agreed that the University/SHA shall have no liability in rights of the aforesaid patients, staff and students.

10.3 The Trust shall carry appropriate Public Liability Insurance, Employer Liability Insurance and Professional Indemnity Insurance as necessary and in appropriate amounts.

11. VARIATION

The terms of this agreement may be subject to amendment providing that written notice has been served at least six months in advance. A minimum of 12 months notice is expected for items of major change.

12. PLANNING

All parties will jointly commit to the ethos of the Department of Health/HEFCE Report 99/62, developing a joint University/NHS planning culture and develop effective liaison arrangements at all levels to facilitate the exchange of information and joint management of the higher education/NHS interface.

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 decision shall be final and binding upon the parties.

14. MANAGEMENT OF CONTRACT

14.1 The planning for the use of SIFT will be overseen by the SIFT Steering Group. The detailed planning and agreement over allocation of student numbers will take

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place annually in the autumn. Once the allocation of student numbers is agreed at these meetings then they represent binding agreements. The MEU will undertake independent 6 monthly reviews with each Acute Trust to review progress and problems. Each Trust should establish Teaching Quality Review Groups (to interpret implementation of the curriculum, review delivery of modules 'in-house', consider feedback and its implications, share curriculum issues, review and agree resourcing of staff and equipment). This could be the same as the SIFT Review Group (see below).

14.2 There are two mechanisms whereby the SIFT contract and activity are reviewed :

a) A SIFT Review Group (SRG) in each Trust. The purpose of this group is to regularly review the use of SIFT income by each directorate or division and to ensure that all the SIFT income is being used and used for undergraduate medical education. If the SIFT monies are not being used completely then the SRG has the power to vire money from one directorate to another. Also if the SIFT income is being used for purposes other than undergraduate medical education, then the SRG has the power to remove that amount from that directorate and move it to another directorate who have a valid need for more resources to teach undergraduate medical students. The Trust will appoint a senior person to be the Budget Holder for delivery of the SIFT Programme. That person will be responsible for producing an annual plan outlining how the Programme aims will be achieved and the funds deployed. They will also produce an annual accountability report comprising two sections :

   i. A detailed narrative section signed off by the SIFT Clinical Lead and the Medical Director
   ii. A summary expenditure report signed off by the Finance Director
   iii. Narrative and expenditure report to be returned to East Midlands Strategic Health Authority by 31st July 2010.

b) It is anticipated that the Trust SRG will be able to resolve the great majority of these issues. However, if they fail to do so then the SIFT Steering Group will have to resolve the issue. First, they will try and do this with the Trust concerned. However, in the end they do have the ultimate sanction of transferring that sum of money to another Trust.

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15. AGREEMENT

Signed by:

SHA

Director of Workforce and HR .....

Date .....

University

Associate Dean for Medical Education .....
Professor James Lowe

Date .....

ENTER NAME OF TRUST

Chief Executive .....

Date .....

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SCHEDULE A – FINANCIAL DETAILS 2011-2012 SIFT Contract – [ENTER NAME OF TRUST]

	Inflation	Student Weeks	Rate Per Student Week £	Placements £'000s	Facilities £'000s	Total £'000s
20xx-20xx Opening Baseline Allocation		xxx	xxx	xxx	xxx	xxx
Student Weeks Adjustment for 20xx-20xx		xxx		xxx	xxx	xxx
Inflation Uplift at	xx%		xxx	xxx	xxx	xxx
20xx-20xx Pace of Change Increase year 4			(xxx)	(xxx)	xxx	xxx
20xx-20xx Opening Contract		xxx	xxx	xxx	xxx	xxx

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SCHEDULE B – STUDENT PLACEMENTS – EXAMPLE [TRUST SPECIFIC]

BMBS students in Clinical Phases 1, 2 & 3 (the last three years of their course)

1. The Trust takes responsibility for delivering the clinical curriculum and contributing to its assessment. It will demonstrate all the learning (teaching and assessment) activity which takes place to this end. This will include, where appropriate, student attendance at routine clinical service sessions.
2. Students attend the Trust throughout the year for clinical teaching experience in the following Clinical Modules :

   - **MODULES BEING NEGOTIATED WITH UNIVERSITY**

3. Details of the Teaching and Assessment they will receive are described in the Module Programme Specification. NHS Staff will contribute to both teaching and assessment of modules (see sections 5 and 6, below).
4. The number of student weeks is stated below for each attachment or session (fractional numbers of students are due to odd numbers of students on firms and attachments during the year) :

Clinical Phase 1 (3rd Year students + GEM year 2 students) (March 2009 – June 2009)

NUMBERS BEING NEGOTIATED BY UNIVERSITY

Clinical Phase 2 (4th Year students + GEM year 3 students) (July 2009 – May 2010)

NUMBERS BEING NEGOTIATED BY UNIVERSITY

Clinical Phase 3 (5th Year students + GEM year 4 students) (June 2009 – March 2010)

NUMBERS BEING NEGOTIATED BY UNIVERSITY

5. Teaching :
   a. For attachments that last 4 or more weeks the following formula is a guideline for organisation of clinical teaching. The 10 session student working week should comprise :
      i. No more than the equivalent of 2 sessions in total of formal teaching (i.e. in a non-clinical setting)
      ii. No more than the equivalent of 2 sessions in total of clinical teaching ward rounds
      iii. The remainder should comprise clinical experience and apprenticeship (wards, clinics, theatres etc). As a guide it is suggested that there should be at least one clinic per week and one theatre session per week if on a surgical firm. The remaining time should be spent in the form of clinical apprenticeship on the wards where a series of objectives should be met (including developing and practising clinical skills, case presentation, discussion of cases with medical and nursing staff)
   b. To help Trusts calculate the average weekly sessional commitments of NHS teachers for the purposes of SIFT allocation the following formulae are suggested :
      i. 'Pure Teaching' : Direct teaching of students (e.g. student-only teaching ward rounds, seminars, tutorials) is counted as actual time
      ii. 'Service Teaching' : Teaching students during other clinical activities where the teaching only constitutes some of the time (e.g. working ward rounds, clinics, theatre sessions) is counted at a rate of 20% of actual time.

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c. During clinical teaching, students will as necessary also receive experience in and teaching from other specialties. Students will, under the supervision and with the support and encouragement of clinical and nursing and other staff, require experience of the full range of clinical facilities including wards, outpatient departments and operating theatres.
d. The Trust recognises that junior staff, below the grade of Consultant, will regularly, with the agreement of Consultants, provide a valuable contribution to teaching students. This is an important facet of a medical undergraduate teaching environment which will continue to be valued. It is anticipated that at least 50% of the formal teaching will be undertaken by consultant staff.
e. The Trust agrees that the support and tuition provided by nursing, midwifery and other health professionals is an essential part of the undergraduate clinical experience which should continue undiminished.
f. The participation of clinical teachers in the teaching and assessment of medical undergraduate students will have some implications for the workload of clinical teachers' secretarial staff who, as directed by clinical teachers, will be involved in correspondence about the performance of clinical students and other duties connected with the medical course.
g. The Trust notes :
    i. All cancelled teaching sessions should be reinstated or alternative means found to compensate student learning
    ii. If it is known that designated teachers will be absent through illness, holidays, conferences or retirement during an attachment then arrangements must be made to provide suitable cover for their teaching.
    iii. Firms that know in advance they will have unavoidable staffing problems for an attachment should inform the relevant undergraduate teaching co-ordinator and the University Medical Course Office prior to the allocation of students to firms so that, if necessary, alternative arrangements can be made with other firms or in other Trusts.

6. Assessment
    a. The Trust undertakes to provide all facilities required for the conduct of examinations and assessments as determined by the University. Clinical teachers will contribute to formative and summative assessment and appraisal of students. This includes the setting of exams as well as participating in clinical exams (e.g OSCEs & OSLERs). For this purpose the following formulae will apply :
        i. Clinical teachers, especially lead consultants and teaching fellows, will provide questions annually for the end of course exam
        ii. Each consultant who teaches students will participate in Student Portfolio Appraisal
        iii. Each consultant who teaches students will make themselves available for clinical assessments (competency testing, OSCEs and OSLERs)
    b. Formal examinations may take place on wards. Where necessary, there will be provision of a decanted ward for formal clinical examinations, with the assistance of nursing and portering staff. When the conduct of a clinical examination is likely to affect the clinical service, the University agrees that at least 6 months notice will be given of the timing, nature of the event and the number of students to the Chief Executive or his/her representative as appropriate.

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7. Resit courses and re-assessments
The Trust will participate in offering resit programmes and assessments in all clinical modules.

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SCHEDULE C – FACILITIES – EXAMPLE [TRUST SPECIFIC]

Assistant Clinical Sub-Dean (ACSD)

The Trust will appoint an Assistant Clinical Sub-Dean (responsible to a Trust nominee) who will be responsible for :

- Provision of guidance and advice to students.
- Liaison with clinical teachers.
- Making recommendations on curriculum issues to the Director of Medical Education.
- Provision of advice on the implementation of the SIFT contract.

Undergraduate teaching co-ordinator / Clinical Education Manager

The Trust will employ undergraduate teaching co-ordinators (UGC). One co-ordinator will be employed for approximately every xxx student weeks of student teaching delivered by the Trust (the minimum is one UGC). The UGCs will, under the overall direction of the ACSD :

- Act as a liaison between the Medical School and the Trust's clinical teachers.
- Ensure :
  - that day-to-day problems with the teaching and organisation of the clinical course are dealt with promptly,
  - that students have timetables, log-books and other relevant information,
  - that teaching sessions occur on time,
  - that arrangements for assessments and examinations are organised, that cancelled teaching sessions are rearranged,
  - that all students receive feedback and that all students provide feedback.
- Act as a point of reference for all student enquiries about their attachment and domestic issues.
- The Trust will pay the full salary costs for this post and the running expenses of office facilities including computer support, heating, lighting and maintenance.

Space and student accommodation

- The Trust agrees to provide all necessary accommodation and associated facilities (e.g. heating and lighting) for undergraduate teaching purposes in connection with this agreement.
- Agreement between these parties will also be required before any changes are made to accommodation currently available to students, for example for on-call purposes.
- Residential accommodation for students who are unable to travel daily from their homes should be made available in accordance with the recommendations contained in 'Safety and Security for Medical Students Resident in Hospitals – MSGC Recommended Standards' issues by the BMA Medical Students' Group. In Derby where students are required to stay for their clinical activities beyond 22:00hrs the Trust undertakes to provide taxi transport back to their place of residence when requested to do so. Except in exceptional circumstances students will not be required to stay overnight. When this is a requirement rest accommodation will be provided as appropriate. Specifically accommodation will be provided for the following attachments : All Clinical Phase 1 (Clinical Practice), Clinical Phase 2 and Clinical Phase 3 attachments based in [Trust] managed attachments.
- There should be adequate catering provision for students' meals during their attachment to the Trust, including the availability of hot meals at night.
- There should be a rest room / common room available for students during their attachment.
- Students should have a locker provided for their personal belongings during an attachment.

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Use of pathology services

- SIFT will be used to cover pathology costs arising from teaching medical undergraduate students (e.g. diagnostic services, mortuary, pathology museum).

Linen and laundry service

- The Service Agreement will cover the cost of theatre clothing and similar items which undergraduate students require in the normal course of their clinical work.

Case-mix

- As the ability of the Trust to define and monitor changes in its case mix improves, consideration will be given to the question of whether the needs of undergraduate teaching in respect of case-mix can and should be defined in detail.
- The contracting parties agree that joint (SHA, University and Trust) monitoring of possible changes in case-mix will take place at least annually.
- If the SHA is considering whether to bring about a significant reallocation of resources between Trusts in a given specialty or specialties, the University will be given adequate advance notice of the possibility of such a reallocation and discussion will take place between the SHA, Trust and University of any implication for teaching.
- If the Trust is considering changing the pattern of its clinical activity in a manner which will affect the case-mix for teaching, the Trust will discuss the educational implications with the Chief Executive, Director of Medical Education and/or the Head of the appropriate academic department as long as possible in advance of any changes.
- If changes are made to the general case mix so that it can no longer meet the teaching needs of medical undergraduates, it may prove necessary to transfer medical students and SIFT monies to another Trust.

Medical Library

- The Trust undertakes to provide library facilities for use by medical students on the clinical course.
- Appropriate texts will be provided as advised by the relevant Course Management Committees.
- SIFT monies will be used to support library facilities for students on the clinical course.

Audio Visual Services and Teaching Equipment

- SIFT monies will be used by the Trust to defray the costs borne by the Trust of the educational services provided to Clinical Teachers.
- SIFT monies will be used by the Trust to purchase teaching equipment for undergraduate medical education.
- The Trust will undertake to ensure that budgeting for these costs is as accurate as possible and that the actual costs are agreed as soon as possible after year end.

Web and Networked Learning Environment (NLE) Access

- The Medical School will provide appropriate access to the web and the NLE for both clinical students and clinical teachers to access and upload teaching material.

Life Support Courses

- Clinical Phase 3 students will receive appropriate life support training provided by the Trust. All students will receive 1 days mandatory simulation training. Funding for the latter will be allocated centrally out of the overall SIFT budget.
- All students on the Pre-Foundation House Officer Shadowing course will attend an Advanced Life Support (ALS) Course funded by the Trust if such extra training is deemed by the Trust necessary for a F1 doctor.

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SCHEDULE D – EDUCATIONAL SPECIFICATION – EXAMPLE [TRUST SPECIFIC]

PREAMBLE

This agreement between the medical school and the Trust specifies the contribution, including teaching, resources and the relevant curriculum outcomes, and how these contributions combine to satisfy the requirements set out in the GMC 2009 edition of Tomorrow's Doctors (Compliance TD para 157)

The four UK health departments have the role of ensuring that NHS organisations work with medical schools so that students receive appropriate clinical training

The four UK health departments have a duty to make facilities in NHS hospitals and other premises available for students to receive clinical training. Resources that contribute to the delivery of the curriculum will be covered in this agreement between medical schools and the Trust.

The agreement will set out the process by which the medical schools can be clear about the allocation of the financial resources received to support undergraduate medical education (Compliance TD para 165)

It must be specified who is responsible for the day-to-day management of students on the placement, and how those responsible report to higher management levels in the Trust (Compliance TD para 156)

NHS staff funded through SIFT will be released and supported to participate in committee and management roles underpinning the wider delivery of the curriculum and such roles will be reflected in the job plan of the individuals. (Compliance TD para 152 and 153 and 156)

Staff involved in undergraduate medical education will undertake training. A compliance report will be sent annually to the Medical School Curriculum Policy Group (CPG). (Compliance TD para 58)

All staff who are involved with interacting with undergraduate medical students will be made aware of the University Concerns Form procedure. In using this procedure, any concern about a student that may have a bearing upon patient safety will be immediately reported to the Trust Associate Clinical Sub Dean and the University Associate Dean for Medical Education (Compliance TD para 30)

The Trust will ensure that all staff who are engaged in delivery of undergraduate medical education are committed to principles of equality and diversity and are fully aware of the guidance in Tomorrow's Doctors 2009 (Compliance TD para 72 and 148)

Students must have opportunities to develop and improve their clinical and practical skills in an appropriate environment (where they are supported by teachers) before they use these skills in clinical situations. The Trust will provide appropriate skills laboratories and centres with teaching staff support proportionate to the needs of the attachment. (Compliance TD para 167)

Trusts will provide learning and assessment opportunities so that students can demonstrate competency in diagnostic and therapeutic procedures specified in the learning outcomes for the attachment (Compliance TD Appendix 1).

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All clinical teachers will be trained in the context of their contact with medical students, including a clear specification of the level of the student, the limitations of the students, and the learning outcomes that are to be met on the placement. (Compliance TD para 29-31)

All clinical teachers who participate in assessment will be trained have a wide understanding of the principles and place of assessment in the curriculum. Trusts will monitor compliance and report annually to CPG (Compliance TD para 120)

Doctors with particular responsibility for teaching students must show evidence through appraisal that they are developing the skills and practices of a competent teacher (Compliance TD para 149)

Although medical students may not be directly observed or supervised during all contact with patients or the public while on the placement systems should be in place to deliver a general oversight of students on placement to ensure patient safety. Systems should be in place, with clearly specified lines of responsibility, to ensure that closer supervision will be provided when students are at lower levels of competence, ensuring that they are not put in situations where they are asked to work beyond their current competence without appropriate support. (Compliance TD para 29-31)

Doctors with particular responsibility for teaching students must show evidence through appraisal that they take steps to make sure that students are properly supervised (Compliance TD para 149)

Clinical tutors and supervisors must make honest and objective judgements when appraising or assessing the performance of students, including those they have supervised or trained. Patients may be put at risk if a student is described as competent without having reached or maintained a satisfactory standard. Systems must be in place to ensure that staffs are made aware of their responsibilities and that their contact with students puts them in a position to make reliable judgements. (Compliance TD para 35)

Clinicians responsible for supervising students must provide meaningful feedback on the performance of students on placements using the logbooks to record this information. (Compliance TD para 85)

The Trust should ensure that every doctor who comes into contact with medical students recognises the importance of role models in developing appropriate behaviours towards patients, colleagues and others. (Compliance TD para 149)

Associate Clinical Subdeans and undergraduate teaching coordinators will provide academic and pastoral support for students while on placements, working closely with staff in the Medical Course Office and the Clinical Sub Deans. (Compliance TD para 122 and 131)

All doctors, other health workers, patients and carers who come into contact with the student should have an opportunity to provide constructive feedback about their performance (Compliance TD para 111)

The Medical School, through the Curriculum Policy Group, will monitor the quality of teaching and facilities on placements by specifying components of feedback and by making site visits which will be facilitated by Trust staff. (Compliance TD para 41)

Trusts will respond to feedback considerations derived from University Annual Module Review referred from the Curriculum Policy Group with a written action plan (Compliance TD para 42)

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The Trust will provide quality assurance information to the Curriculum Policy group including feedback about resources. This will include feedback from patients. (Compliance TD para 43)

The Trust will include an item on undergraduate teaching in the formal appraisal of staff who are involved in delivery of undergraduate medical education and will provide a report on this to the Curriculum Policy Group each year. A template for completion in the appraisal process will be provided by CPG (Compliance TD para 51)

The Trust will ensure that staff involved in the delivery of teaching is involved in a formal peer review of teaching programme. A report on compliance will be provided annually to CPG (Compliance TD para 51)

The Trust will respond to requests to make changes to facilities use to deliver UG medical education with a written action plan to CPG (Compliance TD para 53)

The medical schools will review with the Trust the allocation of the financial resources received to support undergraduate medical education on an annual basis and a report will be presented to the Deanery (Compliance TD para 165)

Aims and Objectives (Learning Outcomes)

- All students undergoing clinical teaching on a specific attachment or firm will be provided with written Aims and Learning Objectives as defined by the Module Co-ordination Committee.
- The Aims and Learning Objectives will include a core list of conditions, diseases, signs, symptoms, procedures and observations etc. which the student will be expected to engage with as part of the learning on the attachment.
- The Learning Objectives will specify the knowledge, skills and attitudes expected to be learned during the attachment and, within the restraints of the clinical situation, should be seen as a core learning entitlement for all students.
- All clinical teachers involved in teaching undergraduates on a specific attachment will be expected to be familiar with and supportive of the aims and objectives of that attachment, the assessment criteria and the use of Log Books and Portfolios.
- The Medical School will provide access to electronic versions of all Learning Objectives and Log Books / Portfolios.
- All clinical teachers should be actively supportive of the ethos of medical education in the General Medical Council's document 'Tomorrow's Doctors'.

Assessment of students and student Log Book / Portfolio

- All students undergoing clinical teaching on a specific attachment or firm will be provided with a Log Book / Portfolio compiled by the appropriate University-based Module Co-ordination Committee.
- The Log Book / Portfolio will contain a list of conditions, diseases, signs, symptoms, procedures and observations etc which the student will be expected to engage with as part of the learning on the attachment.
- The Log Book / Portfolio will be filled in by the student and, if required, countersigned by a specified member of staff.
- The Log Book / Portfolio will contribute towards assessment procedures designed for that attachment.
- With the exception of students in the 'Specials' Module in Clinical Phase 2, all students will be allocated an educational supervisor for that attachment. Students must normally meet their educational supervisor on three occasions in the attachment – in the first week, in the second week and in the final week. Review of the student's progress will be made using the Log Book / Portfolio.

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Evaluation of attachments

- As part of the teaching quality monitoring procedures all students will be expected to fill in two questionnaires evaluating the effectiveness of the teaching on the attachment.
    - One will be for the Trust and the other will be for the Medical Education Unit
    - These will include questions concerned with teaching quality, adherence to time-tabled sessions and the provision of feedback
    - The data obtained from the two questionnaires will be processed by the Trust and Medical Education Unit respectively
    - The results of such monitoring will be provided to the Director of Medical Education of the Faculty of Medicine and Health Sciences and Module Co-ordinators and will be discussed at Contract Review meetings between the University, SHA and the Provider Trust Managers as well as by Module Co-ordination and other relevant Faculty Committees.
- The University will make available to the Trust the full results of all surveys of teaching quality and compliance with teaching duties.

Staff Training and Development

- In order to ensure the quality of clinical teaching, all staff involved, such as Consultants and Specialist Registrars, should have the opportunity to attend a basic teacher training skills course (the TIPS course) provided by the Medical Education Unit. Specifically, the Clinical TACS Course will be undertaken by medical staff with responsibilities for teaching undergraduate medical students :
    a. within their first 6 months for all new appointees
    b. every 5 years for existing teachers

Maintaining clinical teaching quality – further guidance and recommendations

Each Trust should ensure that :

General

- All students should have an identified education co-ordinator
- All students should be welcomed and orientated on the first morning of their attachment
- There should be an explicitly time-tabled weekly teaching programme
- The learning objectives of the attachment should be met and with appropriate staff available to sign for specified procedures and activities
- Mechanisms should be in place to ensure individual student progress is discussed and feedback provided through the Logbook / Portfolio review process at both midpoint and end of attachments
- Teaching Quality Review Groups in each Trust should monitor the delivery and quality of student teaching
- Where feasible there should be a rotation of students on firms to provide variety of clinical experience
- Clinical teachers should direct complaints to either the UGCs or the appropriate Assistant Clinical Sub-Dean for their Trust, who in turn may make representation to the Medical School
- The numbers of students on firms (including SSM and elective students) should be strictly controlled and monitored to ensure that teaching quality is not impaired
- All consultants whose names appear on the list of teachers given to Faculty Office for the purposes of allocating students should teach (and assess)
- All students should have access to the whole range of clinical experiences provided by the firm to whom they are attached
- All clinical teaching staff should have the opportunity for clinical teacher training

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Delivery of teaching

- Surveillance should be maintained to ensure that teaching occurs at the designated times and that cancelled sessions are repeated if necessary
- Where possible, provision of ward-based, clinic or theatre teaching should not clash with centrally provided teaching in, for example, pathology or radiology
- The Undergraduate Teaching Co-ordinator / Clinical Education Manager in part ensures that problems are dealt with
- All clinical teachers should participate in student teaching, assessment, and ongoing review of student progress. Clinical teachers should familiarise themselves with the assessment and portfolio criteria
- Teaching should be carried out sensitively and with due consideration for the abilities of students, avoiding 'teaching by humiliation', bullying and patronising students
- Cancelled teaching
    - As far as possible all cancelled teaching sessions should be reinstated or alternative means found to resource student learning.
    - If it is known that designated teachers will be absent through illness, holidays, conferences or retirement during an attachment then arrangements must be made to provide suitable cover for their teaching.
    - Firms that know in advance they will have unavoidable staffing problems for an attachment should inform the relevant undergraduate teaching co-ordinator and the University Medical Course Office prior to the allocation of students to firms so that, if necessary, alternative arrangements can be made with other firms or at other Trusts.

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