

Medical Education Services: Educational Governance Structure 2015

1. Introduction

The purpose of educational governance is to embed quality, accountability, and a culture of continuous improvement within Medical Education Services.

Medical Education Services, as the Local Education Provider (LEP) for Health Education North West (HENW), has overall responsibility for the delivery and quality of medical education within Blackpool Teaching Hospitals NHS Foundation Trust. Internally, it is accountable to the Trust Board whilst externally it is accountable to the General Medical Council (GMC) and HENW. It is also responsible for implementing the Department's Education/Quality Strategy and for ensuring that education translates into a better trained medical workforce.

For quality control purposes, the Quality/Education Strategy will be reviewed annually to ensure fitness for purpose, particularly within the context of a rapidly changing environment and shifting organisational priorities.

1. Educational Governance Strategic Objectives:

- To create a learning environment that attracts and retains a high calibre medical workforce
- To provide a learning environment that delivers safe effective patient care
- To support the development of research skills in the medical workforce
- To create an environment in which educational innovation thrives
- To ensure adequate financial resources for education and accountability
- To significantly enhance the profile of medical education
- To develop strategic partnerships and enhance the reputation of the Department as an education provider

2. Educational Governance Structure:

The following committees and forums are attended by the Medical Education Senior Management Team:

Medical Education Committee	Local Education Provider Committee	Medical Education Quality Assurance Committee	Education Senior Management Team	Clinical Policy Forum	Workforce Board Committee	Operational Workforce Committee	Strategic Workforce Committee	Senior Medical Leaders Meeting	Foundation Board	Medical Education Research Committee
Attended by: DME ADME HME QAM SIL	Attended by: DME ADME HME QAM SIL	Attended by: DME ADME HME QAM PGEM SIL	Attended by: DME ADME HME	Attended by: DME	Attended by: QAM HDME	Attended by: DME HDME	Attended by: ADME	Attended by: DME	Attended by: DME HME FYPDs	Attended by: DME ADME QAM SIL

Key:

- DME: Director of Medical Education
- ADME: Associate Director of Medical Education
- HME: Head of Medical Education
- QAM: Quality Assurance Manager
- FYPD: Foundation Programme Director
- SIL: Service Improvement Lead
- PGEM: Postgraduate Education Manager

3. Governance Meetings

There are currently four principal management meetings held internally within the Medical Education Services Department:

- The **Senior Management Team (SMT)** has an operational focus and is concerned with how the medical education agenda will be managed

- The **Local Education Provider (LEP)** has a strategic focus and sets the direction for how the medical education agenda will be delivered
- The **Medical Education Committee (MEC)** has an operational focus and assesses the quality control outcomes attendant upon service delivery and the trainee experience
- The **Quality Assurance Committee (QAC)** meets monthly and discusses strategic and operational issues regarding quality control, risk management, policy development, and educational governance

Medical Education senior leads additionally attend other strategic groups to ensure that Medical Education feeds into the corporate agenda of the Trust and that its qualitative and operational priorities are aligned with those of the organisation.

- Feedback from the MEC meeting, plus internal QA reports, are shared at the Workforce Board Committee
- Feedback from the LEP meeting, plus external QA reports, are shared at the Operational Workforce Committee
- The Foundation Board meets quarterly to address issues around quality, Doctors in Difficulty, and any items which require input from – or escalation to – the DME

The remainder of this document outlines the Quality Assurance programme of the Department and the structure of the educational governance meetings.

4. Quality Assurance Programme

The Francis, Keogh and Berwick Reports (2013) all place medical education at the heart of the patient safety agenda. It is indeed becoming increasingly necessary to embed robust quality assurance processes in all areas of education and staff development to ensure a more fully skilled workforce and to enhance patient outcomes.

Monitoring and Measuring Quality

Quality is a multi-dimensional concept. In order to ensure consistency in how quality is measured, it is necessary to establish priorities, standards and agreed benchmarks.

- For quality assurance purposes, it is necessary to set standards, such as Key Performance Indicators, and to measure performance and monitor achievement against those standards

- For quality improvement purposes, it is necessary to identify and share best practice and to embed a culture of continual improvement in all quality assurance and educational governance processes. Moreover, learning outcomes must be aligned with the quality assurance measures stipulated by the GMC.

For consistency in terms of the way in which qualitative and quantitative data is collated, reported, and disseminated it is necessary for internal and external processes to be aligned, principally by linking all internal feedback mechanisms – surveys and focus groups, for example – to the four principal themes or ‘domains’ of the GMC:

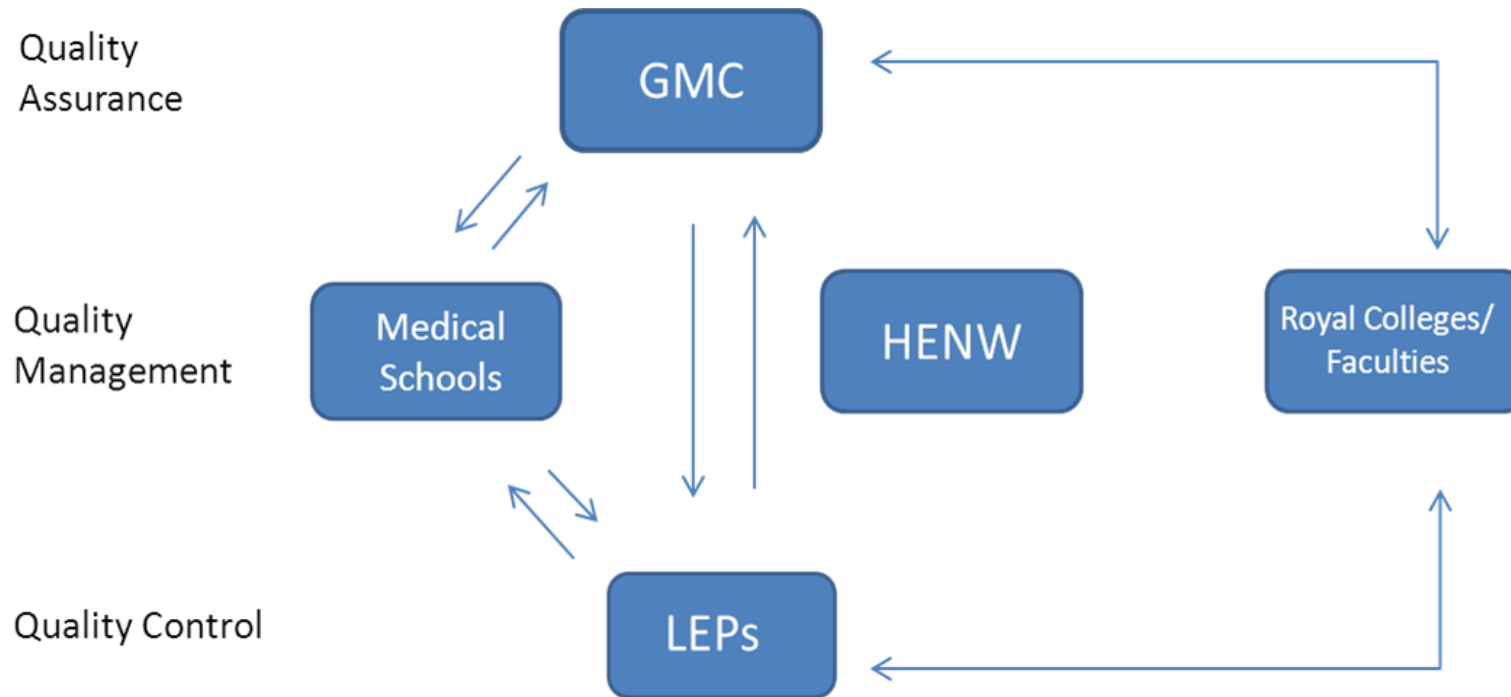
- Learning Environment and Culture
- Educational Governance
- Supporting Learners and Trainers
- Developing and Delivering Curricula and Assessment

The Medical Education Services Department will develop existing mechanisms to enhance the efficacy of monitoring quality output. This will be achieved through evidence-based practice in monitoring the quality of medical education, best use of existing intelligence, sharing best practice, and the development of performance dashboards for dissemination to training leads. This activity will be managed by the Quality Assurance Manager in collaboration with the Head of Medical Education, and will be overseen by the Associate Director of Medical Education.

External Quality Assurance

The GMC, HENW, and Local Education Provider (LEP) fulfil a Quality Assurance, Quality Management, and Quality Control function respectively.

As the LEP for Blackpool Teaching Hospitals, Medical Education Services fulfils a statutory role in Quality Control, namely ensuring that medical students and postgraduate medical trainees receive education and training that meets the local, national, and professional standards set by the GMC. The fulfilment of these standards is overseen by HENW, the Local Education and Training Board (LETB) for the North West of England. The formal relationship between the GMC, HENW, and the Medical Education Department as an LEP is delineated in the diagram below:



Internal Quality Assurance

There are three key internal feedback mechanisms which underpin the Quality Assurance Programme at Blackpool Teaching Hospitals:

- **Focus groups**, held twice yearly for each trainee group, provide rich data to inform the SMT, LEP and the MEC of areas of good practice for dissemination, as well as areas of concern where action plans will be developed to improve the quality and standards of medical education
- **End of placement surveys**, undertaken each quarter, provide a benchmark across the organisation around areas of compliance and non-compliance in order to target areas for improvement

- **A general survey**, undertaken annually, informs us of the trainees' overall experience and helps us to understand why trainees have chosen Blackpool Teaching Hospitals to undergo their training. The survey also highlights those who did not choose Blackpool and enables us to understand their reasons why. The insights from this survey help to improve the Department's recruitment and retention strategy

Benchmarks

For the Annual Survey and Evaluation of Placement surveys, an internal benchmark of 80% positive responses has been established; however, certain indicators require 100% positive response, namely:

- Induction
- Handover
- Supervision
- Bullying and Harassment

Analysis of the internal quality assurance programme

The data collated from these sources will, in the first instance, be analysed by the Quality Assurance Manager and subsequently by the Trust Specialty Training Lead (TSTL). It will then be presented and ratified at the LEP meeting. Actions will be identified to address key issues arising and they will then be shared with the TSTL and College Tutors prior to the MEC. It is the responsibility of the TSTL/College Tutor, along with the Head of Department, to formulate an action plan. The TSTL/College Tutors will be required to present an update on their action plans at future MEC meetings. The data analysis from the End of Placement survey and generic surveys will be available to the TSTL/College Tutor, along with the focus group data for their specialty/department, via the shared drive.

A central database containing all the key themes and actions extracted from both internal and external quality control mechanisms will also be accessible via the shared drive.

Escalation requiring Action Plan

It is necessary to establish a benchmark for the implementation of action plans. For the End of Placement feedback, an action may be formulated per analysis (a certain percentage will indicate the need for an action), or it may be that actions are requested from the TSTL/College Tutor only when two analyses have been completed. The same is applicable for the generic surveys. Focus groups are the most effective mechanism through which to gain full

insight into issues around medical education and training, and therefore subsequent actions will need to be decided by the Associate Director of Medical Education (the focus group facilitator).

Dissemination of information

There are three alternative means by which data outcomes are disseminated and by which action plans are subsequently developed:

- The data is discussed at the LEP meeting where it will then be decided which actions can be taken as a group in response to recurring problems. Positive and negative feedback from the surveys will then be presented at the MEC meeting for action by the TSTL/College Tutor
- A synopsis of data outcomes is presented at both the LEP and MEC meetings, but recurring themes will be identified at the former. It is then the responsibility of the TSTL/College Tutor to identify specific issues from the data provided in the performance dashboards, and to subsequently action plans. The issues identified could be prioritised according to a RAG rating system, and discussions could be restricted to matters that fall within the Red or Amber category to ensure areas for improvement are prioritised
- As part of the Patient Safety and Critical Incident reporting at the LEP, any escalated Serious Untoward Incidents and recurring themes involving trainees will be discussed and, where appropriate, will be addressed with the Simulation User Group for lessons learned.

Information from the GMC report, the Deanery report, and internal survey reports will be made available to Training Leads and TSTL/College Tutor via the shared drive. A summary of these reports will be provided in quarterly performance dashboards sent out to the Heads of Department and TSTL/College Tutor. An annual report will be available to all staff members, including trainees, on the OneHR website.

Information from surveys, focus groups, and any other feedback mechanism may be disseminated to individuals where the sharing of information is relevant, appropriate, and compliant with Trust Information Governance protocol.

Additional engagement through the dissemination of outcomes includes:

- In addition to the minutes from the LEP meeting, a summary of the GMC/HENW reports and an annual report (where relevant) will be disseminated at the bi-monthly Operational Workforce Committee meeting
- Quality assurance will be given against GMC standards at the bi-monthly Strategic Workforce Committee
- A summary of any quality or performance-related issues will be shared at the bi-monthly Workforce Board meeting
- An annual report will be produced and will be shared internally via the Medical Education page of the OneHR website

5. Risk Management

A departmental Risk Register outlines the potential risk factors that impact upon Postgraduate Education, Undergraduate Education, and the wider Medical Education team (including Knowledge and Library Services, Resuscitation, and Clinical Skills).

The Francis, Keogh, and Berwick Reports all suggest the key to patient safety is to learn from – and act upon – incidents, complaints, and near misses as part of an open and transparent culture. Indeed, ‘organisational learning’ is linked to the Quality Control processes described above in the respect that they enable the identification of potential patient safety risks. Moreover, incidents involving trainees are reported on twice yearly; and going forward, the Quality Assurance programme will link in with Complaints Management to act upon any concerns raised involving trainees.

6. Policy Development

Policies and procedures are developed to provide operational guidance and to ensure compliance with quality standards. It is therefore linked to the Quality Assurance Programme. From a governance perspective, it is necessary for both new and revised policies to be ratified by the appropriate committee, the protocol for which is as follows:

- Medical staff HR procedures are to be ratified by the Joint Local Negotiating Committee
- Medical Education clinical procedures are to be ratified at the Clinical Policy Forum (a sub-committee of the Quality Committee)
- Any other Medical Education and/or Library procedures are to be ratified at the Joint Local Negotiating Committee

7. Research and Development

The Medical Education Research and Development function serves as a focus to support primary developments within the field as well as the development of capacity of all health education research to allow significant output at a local, national, and international level. At its core the function comprises of the DM, the ADME, the QAM, and a Research Consultant (RC).

Scope:

- The creation of a culture of health education research awareness and excellence amongst individuals, institutions and national bodies with a healthcare or health education remit
- The production of educational research which present relevant findings to professionals and that can impact care

- Support for clinicians, teachers and other stakeholders in adopting a high quality approach to their educational research
- Delivery of methodological teaching within all areas of health education research

Strategic Vision:

- To provide leadership in developing a vision of health education research within the Trust, bring together the work and expertise of local colleagues
- To stimulate and engage research within health education
- To strive to enhance Blackpool’s profile internationally and within evidence synthesis
- To support undergraduate, postgraduate and PhD students within the Trust
- To support production of research that supports translation of findings from research into day-to-day practice in teaching and clinical practice
- To support capacity building contributing to courses, events, and conferences relating to education within Blackpool and internationally
- To explore opportunities to generate funding to support primary research works and methodological developments
- To perform primary research through research works of students completing postgraduate studies

Administration Framework

All new ideas for research projects are to be submitted using the ‘Administration Framework’ guidance. Please see Appendix 1.

Education Research Committee

A Medical Education Research Committee meets monthly to discuss new and ongoing research proposals. Core membership of this group comprises of the ADME, the QAM, and the RC. The terms of reference for this committee are provided in Appendix 2.

8. Terms of Reference

It is also necessary to review the terms of reference of the LEP and MEC meetings going forward to determine their frequency, function, and to ensure that the Quality Assurance programme remains at the heart of the governance agenda.

The Local Education Provider (LEP) Meeting

1	Constitution:
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	The Medical Education Management Group hereby resolves to establish a sub-committee to known as the Local Education Provider group
2	<p>Membership:</p> <p>The group shall comprise of:</p> <ul style="list-style-type: none"> • Director of Medical Education • Associate Director of Medical Education • Patch Dean • Head of Medical Education • SAS Lead • Quality Assurance Manager • Medical Director • Trust Specialty Training Lead • Foundation Programme Director • Lead for years 4 and 5 • Administrator • A layperson
2.1	Sub-committee Offices
2.1.1	<p>Chair and Vice-Chair:</p> <ul style="list-style-type: none"> • Director of Medical Education (or Associate Director of Medical Education as deputy) • Associate Director of Medical Education (or Head of Medical Education as deputy) • TSTL
2.1.2	<p>Sub-committee Support:</p> <p>The group will be supported by an administrator from the Education Centre</p>
3	Quorum:

	<ul style="list-style-type: none"> • Director of Medical Education or Associate Director of Medical Education • Head of Medical Education • A minimum of three Training Leads/clinical representatives • Administrator
4	<p>Attendance:</p> <p>All members are expected to attend the majority of meetings and where they are unable to attend, send a nominated deputy</p> <p>The group may require the attendance of any Trust employee to assist in achieving its objectives</p>
5	<p>Frequency:</p> <p>Meetings are to be held bi-monthly</p>
6	<p>Review:</p> <p>The terms of reference of the group will be reviewed annually as part of the Educational Governance Structure review</p>
7	<p>Authority:</p>
8	<p>Reporting:</p> <p>The minutes of the meetings shall be formally recorded and submitted to the Medical Education Committee. If study leave is on the agenda of the meeting then the minutes will be shared with the Foundation School.</p> <p>The Chair of the committee will refer any serious concerns on operational issues or on aspects of Medical Education to the Medical Education Management Group</p>
9	<p>Purpose:</p> <ul style="list-style-type: none"> • To provide a forum in which to discuss the strategic delivery of quality and standards of medical education and training

10	<p>Standing Agenda Items:</p> <ul style="list-style-type: none"> • Attendees • Apologies • Minutes to the previous meeting • GMC Survey • Highlights from the Deanery Report and Actions • Internal Quality Assurance Programme • Dashboards • Other sources of feedback (for example training programmes and patient surveys) • LEP Report • SAS report (and use of funding) • Patient Safety and Critical Incidents (where relevant) • Any Other Business • Date and Time of Next Meeting
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The Medical Education Committee (MEC) Meeting

1	<p>Constitution:</p> <p>The Medical Education Management Group hereby resolves to establish a sub-committee to known as the Medical Education Committee</p>
2	<p>Membership:</p> <p>The group shall comprise of:</p> <ul style="list-style-type: none"> • Director of Medical Education • Associate Director of Medical Education • Head of Medical Education



	<ul style="list-style-type: none"> • Quality Assurance Manager • TSTL • SAS Lead • All Clinical Tutors • Foundation Programme Director • Knowledge and Library Services Manager • Trainee representatives (Foundation Year, GP, and ST) • Medical Staffing • Administrator
2.1	Sub-committee Offices
2.1.1	Chair and Vice-Chair: <ul style="list-style-type: none"> • Director of Medical Education • Associate Director of Medical Education • TSTL
2.1.2	Sub-committee Support: The group will be supported by an administrator from the Education Centre
3	Quorum: <ul style="list-style-type: none"> • Director of Medical Education (or Associate Director of Medical Education as deputy) • Head of Medical Education and/or Quality Assurance Manager • A minimum of three Training Leads/clinical representatives • Administrator
4	Attendance: All members are expected to attend the majority of meetings and where they are unable to attend, send a nominated deputy

	<p>The group may require the attendance of any Trust employee to assist in achieving its objectives</p> <p>Attendance will be reviewed subsequent to each meeting. In the event that a member of staff misses two consecutive meetings with no departmental representative allocated, the Director of Medical Education will write to the TSTL/College Tutor for remedial action</p> <p>Consistent non-attendance will be escalated to the Head of Department</p> <p>Only departments that regularly attend the MEC meeting and provide actions for their departments can be graded as having no operational issues. This should be shared with the departments at the first MEC meeting</p>
5	<p>Frequency:</p> <p>Meetings are to be held bi-monthly</p>
6	<p>Review:</p> <p>The terms of reference of the group will be reviewed annually as part of the Educational Governance Structure review</p>
7	<p>Authority:</p>
8	<p>Reporting:</p> <p>The minutes of the meetings shall be formally recorded and submitted to the Medical Education Committee.</p> <p>The Chair of the committee will refer any serious concerns on operational issues or on aspects of Medical Education Committee</p>
9	<p>Purpose:</p> <ul style="list-style-type: none"> To provide a forum in which to discuss the operational delivery of quality and standards in medical education and training
10	<p>Standing Agenda Items:</p>

Agenda items are to be set at the monthly team meeting by the Director of Medical Education and/or the Associate Director of Medical Education and the Medical Education Manager, with contributions from the Clinical Tutor

- Attendees
- Apologies
- Minutes to the previous meeting
- Quality Assurance
- Update from Clinical Tutor (action plan and outcomes)
- Dashboard/Overview of the Deanery Report and Actions
- Dashboard/Overview of GMC Report and actions
- Dashboard/internal quality assurance programme and actions
- SAS update
- Service issues affecting trainers, trainees, and delivery of medical education
- Library and Clinical Librarian Service
- Any Other Business
- Date and Time of Next Meeting

9. Timetable for Quality Assurance Programme 2015

Changeover					Changeover									
														
August	September	October	November	Results analysed	December	January	February	March		April	May	June	July	Results analysed
								GMC Survey Opens			GMC Survey Results			
End of Placement survey Q1 sent to all trainees leaving/rotating during this period.					End of Placement survey Q2 sent to all trainees leaving/rotating during this period.				End of Placement survey Q3 sent to all trainees leaving/rotating during this period.					
					Full Survey To be sent to all trainees									

Focus Group Date				Dashboards		
Jan 2015		June 2015		Quarter /Content	Distributed	MEC
FY1	TBC	FY1	11 June, 12pm – 1pm (Room 2)	Q1 EOP Aug – Nov /Survey/ Deans Report Domain 2-9	January 2015	5 February 2015
FY2	TBC	FY2	9 June 2015 12 – 1pm (Room 2)		2 April 2015	
GPST	28 January 2015 1 – 2pm (Room 3)	GPST	17 June 1 – 2pm (Room 6)		Q2 EOP Dec – March / Focus Group – February	April 2015
ST	TBC	ST	16 June 2015 12.00-1.00 (Room 3)	Q3 EOP April – June/ Focus Group - June	August 2015	3 September 2015 22 October 2015

Element	Data collection period	Analysed	Presented to LEP	MEC
End of Placements	August to November	December	8 January 2015	5 February 2015
	December to March	April	7 May 2015	18 June 2015

	April to July	August	10 September 2015	22 October 2015
Survey	December	January	5 March 2015	2 April 2015
Focus Groups	January	February	7 May 2015	18 June 2015
	June	July	10 September 2015	22 October 2015

Appendices

Appendix 1: Medical Education Research Function Management Framework

Introduction

Through its research function, the Medical Education Department at Blackpool Teaching Hospitals NHS Foundation Trust aims to develop excellence in education and training through the production of high quality evidence-based research outputs.

The objectives of this function are:

- To create a culture of research awareness and excellence amongst individuals, institutions and national bodies within a medical education remit
- To produce educational research which present relevant findings to professionals and that can impact care
- To support clinicians, teachers and other stakeholders in adopting a high quality approach to their educational research
- To deliver methodological teaching within all areas of health education research

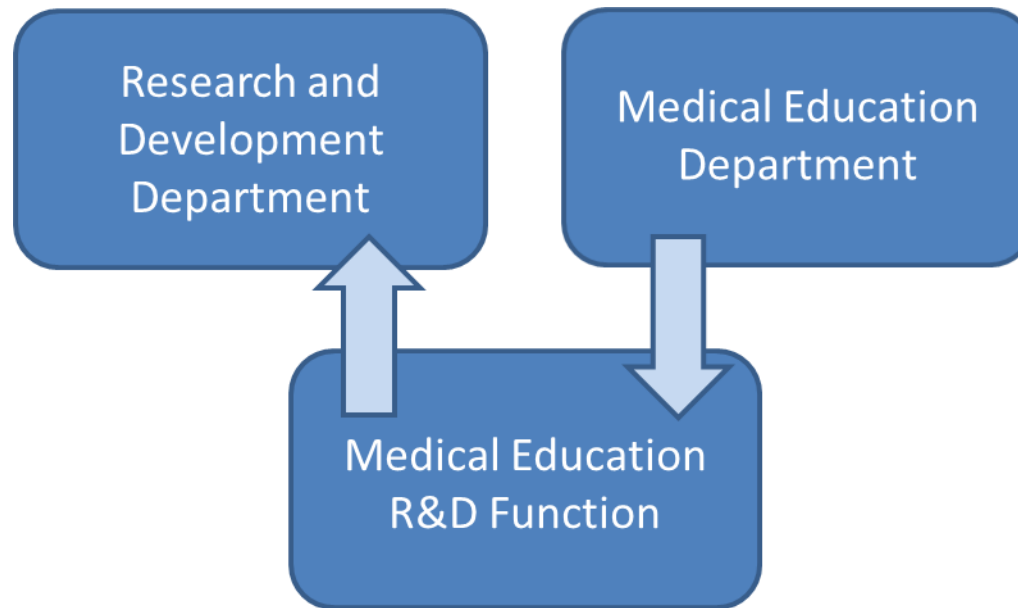
And its strategic vision is to:

- Stimulate and engage research within health education
- Strive to enhance the local, national, and international profile of Blackpool Teaching Hospitals NHS Foundation Trust within the area of evidence synthesis
- Support undergraduate, postgraduate and PhD students within the Trust
- Support the production of research that supports the translation of research output into practicable outcomes, both in terms of teaching and clinical practice
- Support capacity building by contributing to courses, events, and conferences relating to education locally, nationally, and internationally
- Explore opportunities to generate funding to support primary research works and methodological developments
- Perform primary research through work undertaken by students completing postgraduate studies

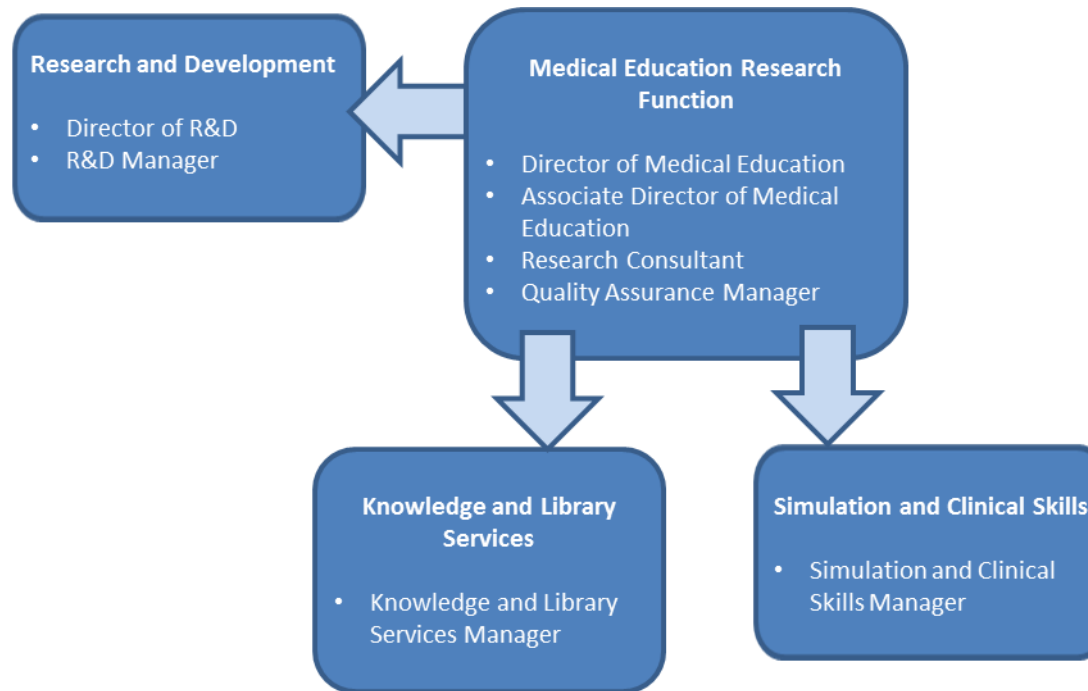
The following Management Framework outlines the process to be followed for new studies that fall within the remit of the Medical Education department. This process does not circumnavigate or replace the governance processes currently in place within the Trust-wide R&D Department; but rather provides

guidance for submitting proposals for new studies (including design, feasibility, and funding arrangements) expressly linked to the Medical Education research function as a sub-group of the Trust-wide R&D Department.

The relationship between the Trust R&D Department, the Medical Education Department, and its research function is illustrated below:



The governance structure of the Medical Education R&D function, and the departments it links in to, is illustrated below:



Administration process for new studies

Scope and inclusion criteria

The Medical Education Research function does not directly fund research projects. Rather, its aim is to:

- Provide governance inclusion and therefore support for new projects
- Provide support in terms of research capacity, where possible
- Provide support in accessing external funds

The most efficacious way to ensure that medical education research is as inclusive as possible is to focus on thematic clusters of research. Within each cluster, research that is theory, teaching or medical speciality led can co-exist thereby ensuring a richness of activity and the best use of existing capacity, as well as building new capacity amongst peers.

There are four principal thematic clusters within the medical education research function:

- Patient safety
- Simulation-based education
- Evidence synthesis
- Quality assurance

New studies are to fall within the remit of one or more of the above clusters; although project themes which fall outside of these clusters may be considered if assessed and felt to be in line with the objectives of the education research function and of the Trust.

Submission of ideas and expressions of interest:

Proposals for new studies are to be sent in writing to the Quality Assurance and Research Development Manager (QAM) in the first instance. Using the appropriate pro forma, the following information is to be provided at this stage:

- **Type of study:** research project, service evaluation, systematic review
- **Theme:** to which of the four principal themes does the proposal belong
- **Capacity:** proposed participants in the study including a named Principal Investigator (PI)
- Proposed **methodology** and outcomes
- Proposed **sponsorship/funding** and the amount required/requested
- Whether **ethical approval** is required

The QAM will subsequently share the idea with the Associate Director of Medical Education (ADME) and/or the Research Consultant (RC) for information. *Please note that a minimum of two of the following persons must be involved in the duration of the administration process from the outset:*

- Associate Director of Medical Education (ADME)
- Quality Assurance and Research Development Manager (QAM)
- Research Consultant (RC)

Review of proposals:

The feasibility of the study will be reviewed at the Medical Education Research Committee (MERC) and a decision as to whether to proceed with it will be made. The meeting will be attended by:

- RC/Chair
- ADME/Deputy Chair
- QAM/Secretary
- Bid applicant
- The proposed PI, if different to the applicant
- A representative from the Trust R&D Department (R&D Director or R&D Manager)
- Any other relevant stakeholders: for example the Library Manager, a representative from collaborating Universities, a member of the Finance team

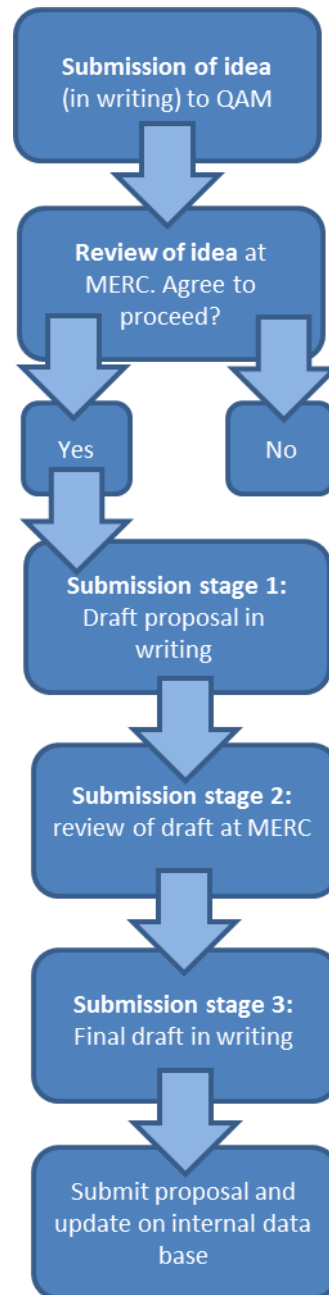
Submissions of proposals:

- If consensus is met to proceed with the proposal, then a draft is to be written in the first instance and is to be shared with the ADME, QAM, RC and the PI (if different to the applicant)
- The proposal will be reviewed at the subsequent MERC and a final draft of the proposal will be worked towards. Input and approval from the Trust R&D faculty will be enlisted at this stage to advise on feasibility, ethical issues (if relevant), and Full Economic Costing
- A final draft will then be shared via email with all parties including the ADME, QAM, RC, and the PI (if different to the applicant). The draft will also be shared at the Trust-wide R&D Committee
- Once all parties are satisfied and have confirmed in writing, the proposal can be submitted

Registration:

- Once submitted, the proposal will be registered on the Trust Research and Development central data base
- Any information pertaining to the project should also be included on the internal Medical Education Research and Development data base (please see 'Administration process for new and existing projects' below)

The following flow chart illustrates the above process:



Monitoring:

- The project lead or nominated person must produce a GANNT or progress chart which captures the key milestones for the duration of the project. Progress is to be monitored using a RAG rating system
- The progress of the project will be reviewed, as per the stated milestones, on a monthly basis at the MERC. In the interim it is the responsibility of the PI or nominated person to inform the ADME and QAM on a regular basis of progress updates – or to highlight any issues – for monitoring purposes. In addition to the MERC, a separate meeting may be co-ordinated in exceptional circumstances
- Any documents pertaining to the project are to be saved in the Medical Education Research and Development folder as per the process below

Completion of the study:

- On completion of the study the core group including the ADME, QAM, RC, the PI and any relevant stakeholders will meet to review its success and to highlight any opportunities for future improvement
- Dissemination of outcomes through publications and conference presentations will also be agreed
- The R&D Committee will also be informed of outcomes and updated on their dissemination

Administration process for new and ongoing studies

- All information relating to new and ongoing studies – including bids, posters, abstracts, papers etc – is to be stored in the Medical Education Research and Development folder on the 'S' Drive
- It is the responsibility of the project lead or nominated person to ensure that the folder contains all relevant and up to date information

Budgetary Management

One of the functions of the MERC is to identify funding streams to support on-going or future research initiatives. Guidance and support will be offered to staff investigating research funding opportunities either through internal funding or externally through research grants.

At the initial draft stage it is expected that financial arrangements will be made – on a provisional basis – and the monetary implications for all new bids will be forecasted: it should be identified as to whether the research project is seeking internal or external funding; and forecasting should include (where applicable):

Monies required for completion of the project:

- Salary of new and existing staff including on-costs
- Salary required for researchers, including Master’s and PhD students
- Monies required for resources including the use of office space, PCs and so on
- Monies required to support patient and public involvement (PPI), where applicable
- Monies required for travel (to meetings, conferences and so on) and subsistence

Income generated by the project:

- Income generated through outsourcing of resources
- Income generated through the provision of training

The financial feasibility of the project will be discussed at the initial MERC meeting. Once the proposal has been approved in principle by the committee, it is the responsibility of the PI to ascertain the precise costs (including Full Economic Costing) for review at the subsequent MERC meeting. It is expected that the PI will liaise directly with the Research and Development Finance Officer to ascertain the necessary information.

Management and monitoring of finances

The research funding allocation for the Department will be managed by the QAM using an individual Cost Centre number for Medical Education R&D. A financial review will be given by the QAM as a standard item on the MERC agenda.

It is expected that the PI will inform the QAM of any ongoing expenditure during the course of the project and any concerns relating to the financial management of the study, such as the incurrence of additional or unforeseeable costs, must be escalated to the QAM.

Appendix 2: Medical Education Research Committee Terms of Reference

Aim	The Medical Education Department at Blackpool Teaching Hospitals NHS Foundation Trust is committed to providing the best possible education and training programmes to its students and trainee doctors. The research function of the Department is a principal means by which advances can be made in analysing and improving upon the quality of educational delivery. It is also a means by which the Department is enabled to build a robust portfolio in research – specifically in the areas of patient safety, evidence synthesis, quality assurance, and simulation. The Medical Education Research Committee (MERC) is a vital component of the governance of the Medical
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	Education research function.
Objectives	<p>The role of the MERC is to:</p> <ul style="list-style-type: none"> • To provide leadership in developing a vision of health education research within the Trust, linking in with the organisational R&D strategy, and consolidating the work and expertise of local colleagues • To stimulate and engage research within health education • To strive to enhance the local, national, and international profile of Blackpool Teaching Hospitals NHS Foundation Trust within the area of evidence synthesis • To support undergraduate, postgraduate and PhD students within the Trust • To support the production of research that supports the translation of research output into practicable outcomes, both in terms of teaching and clinical practice • To support capacity building by contributing to courses, events, and conferences relating to education locally, nationally, and internationally • To explore opportunities to generate funding to support primary research works and methodological developments • To perform primary research through work undertaken by students completing postgraduate studies • To ensure the quality and financial feasibility of new and ongoing research projects
Review of TOR	The Terms of Reference for this group will be reviewed annually to coincide with the fiscal year. The Local Education Provider (LEP) committee will be required to establish, from a strategic perspective, whether the terms of reference from the preceding year have been met
Core membership	<ul style="list-style-type: none"> • Research Consultant/Chair (RC) • Director of Medical Education (DME) • Associate Director of Medical Education/Deputy Chair (ADME) • Service Improvement Lead (SIL) • Quality Assurance Manager/Secretary (QAM) • Director of Research and Development and/or Research and Development Manager • Members of the Blackpool/UCLan BEME International Collaboration Centre • Library and Knowledge Services Manager • Head of Clinical Skills and Simulation • Administration support
Additional membership	<ul style="list-style-type: none"> • New study applicant (where relevant) • The proposed Principal Investigator, if different to the applicant (where relevant) • Any other relevant stakeholders: for example a representative from collaborating Universities, a member of the Finance team
Attendance	Members are expected to attend a minimum of 50% of the meetings held in a year. If members are not able to attend they may

	<p>substitute a deputy; however the person attending must be fully briefed and able to contribute fully to the discussion and decision making process on behalf of their area.</p> <p>Other staff members may be required to attend on an invitation only basis.</p> <p>Attendance will be monitored on a quarterly basis. Action will be taken by the Chairperson to address poor attendance.</p>
Quorum	In order for the group to be quorate a minimum of 3 core members must be present. This must include either: the RC, the DME, ADME, or QAM.
Accountability	<ul style="list-style-type: none"> • The group reports to the LEP Committee internally • The DME has accountability for this group • The administration support will distribute minutes, papers, and an agenda at least one week prior to the meeting date
Meeting frequency	Meeting are held bi-monthly.
Agenda setting, minute production, and document distribution	The QAM is responsible for setting the monthly agenda in consultation with the RC, DME, and ADME. The administration support is responsible for the timely production and distribution of the minutes.
Document tracking and control	<p>Documents submitted to the committee should be identifiable with the following information:</p> <ul style="list-style-type: none"> • Trust logo if appropriate • Committee name • Date • Author (must include professional title) • Pagination <p>All tracking and sharing of information must conform to Information Governance policy: confidentiality must remain within the core membership of the committee; and any information that is shared must be done so with the appropriate persons only.</p>