

## Cover Sheet

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**Title:** Medical Education Annual Report

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**Board Lead:** Chief Medical Officer

**Presenter:** Miss Deborah Harrington, Director of Medical Education

**Author:** Miss Deborah Harrington, Director of Medical Education

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## Executive Summary

- 1. Educational Administration and Governance:** The Director of Medical Education (DME) reports to the Board through the Chief Medical Officer (CMO), and to the Postgraduate Locality Dean for Thames Valley for educational and governance and Quality Assurance issues around the learning environment. A risk register is maintained and includes concerns raised in the GMC National Training Survey (NTS) and NHSE National Education and Training Survey (NETS), as well as those raised via local networks and Trust feedback processes, including the FTSU Guardian.
- 2. Numbers of OUH Residents Doctors in Training:** There are 1056 doctors in training at OUH whose training is subject to quality management by the local office of NHS England – Directorate of Workforce Training and Education (NHSE-WTE). In addition, there are 64 SAS doctors and around 400 Locally Employed Doctors (LEDs).
- 3. Trainers and Trainer Development:** Every resident in training has a named Educational Supervisor (ES). The ES is responsible for the overall supervision and management of a resident's educational progress during their placement(s) and take part in the Annual Review of Competence Progression (ARCP) process. They also have an important supportive and pastoral role.
- 4. Funding:** In 2025-26 OUH received approximately £36 million under the NHS Education Funding Agreement to support postgraduate medical and dental education and approximately £11.1 million Medical Undergraduate Tariff to support undergraduate medical education.
- 5. National Context:** In 2025 we delivered training and education against a backdrop of significant change and innovation in the landscape of postgraduate medical education including repeated rounds of industrial action by resident doctors, the NHSE 10 Point Plan and Phase 1 of the Medical Training Review lead by Professor Sir Chris Whitty and Professor Sir Stephen Powis. Several themes raised in the Medical Training Review were reflected in the 2025 GMC NTS including high burnout and unsustainable workloads, training quality compromised by rota gaps and service pressures, deep rooted cultural and equity problems, inconsistent supervision and lack of protected education time, rigid outdated training structures misaligned with training need and rotation instability and poor continuity.
- 6. GMC National Training Survey Results 2025:** the 2025 NTS results reflect a training environment that remains resilient and committed to excellence despite significant national pressures. While systemic challenges such as rota fragility, workload intensity and variability in access to teaching continue to influence the learning experience, OUH demonstrated stability across most quality indicators and clear strengths in supervision, departmental induction and supportive culture.

These foundations continue to underpin the Trust's ability to provide high quality postgraduate training even within an overstretched system.

7. **Supporting Medical Learners:** Resident doctors have a range of active groups and fora and are represented on the Medical Education Governance Group and Resident Doctors Forum as well as in local departmental fora. There are teaching, QI and leadership opportunities and programmes available for residents and trainers. Work continues at pace to deliver on the NHSE10 Point Plan with the Resident Doctor Peer Lead playing a pivotal role. We have a Supported Return to Training Champion and a Flexible Working Champion.
8. **Undergraduate Medicine:** In 2025-26 there are 541 undergraduate clinical medical students from Year 4/Graduate Entry 2 to Year 6/GE4 rotating through clinical placements at OUH. Trust responsibilities are set out in the NHS Education Funding Agreement. The Placement Provider role is to meet the management and delivery of the clinical sections of the undergraduate medical curriculum in an appropriate environment, to develop educators within the Trust to deliver this teaching/assessment and to work closely with the Education Provider (University of Oxford Medical School) to ensure the meeting of all quality assurance requirements.
9. **Conclusion:** This report provides a description of the current situation of the undergraduate and postgraduate medical education training programmes at OUH and an overview of performance against the requirements of NHSE-WTE and GMC.

## Recommendations

10. The Trust Board is asked to note this paper for information.

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## Medical Education Annual Report

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### 1. Purpose

- 1.1. This paper provides an annual report on Medical Education activities at Oxford University Hospitals (OUH) NHS Foundation Trust. These encompass postgraduate medical and dental education, undergraduate medical education (student placements within OUH), and a small number of undergraduate (student) placements for Physician Associate students.

### 2. Education Administration and Governance Arrangements

- 2.1. Key leadership roles at OUH are Director of Medical Education (DME) and Deputy Director of Medical Education (DDME) and Directors of Undergraduate Education (DUMEs). There are three education centres (George Pickering Centre at the JR site, Terence Mortimer Centre at the Horton site and Robb-Smith Centre at the Churchill) run by a Medical Education Manager (MEM), supported by administrative staff across the two sites.
- 2.2. The DME, supported by the MEM and other Directors, monitors issues arising from local processes and intelligence as well as the GMC National Training Survey (NTS) and National Education and Training Survey (NETS). They work together with Trust teams and with Deanery Heads of School, Training Programme Directors, the University of Oxford Medical School and other University partners, and local tutors to manage concerns and issues as they arise.
- 2.3. The DME reports educational governance and QA issues around the learning environment and support of trainees to the Board through the Chief Medical Officer (CMO) and to the PG Dean.
- 2.4. The Medical Education Governance Group (MEGG) is chaired by DME. Its remit is to discuss medical education governance matters affecting medical postgraduate and undergraduate learners.
- 2.5. Almost a quarter of our resident doctors in training are Foundation doctors - there is a separate Foundation Governance Group (FoGG).
- 2.6. A risk register is held of education issues. GMC NTS and NETS results are described in the next section. We also encourage and monitor local feedback so issues can be raised and addressed as they arise and not only in the national surveys. In response to local and GMC NTS feedback, we are currently monitoring and supporting delivery of training in several areas across the Trust.

- 2.7. There are currently 2 areas on the Deanery Postgraduate Education Risk Register for OUH, both graded Intensive Support Framework (ISF) category 1 (minor concerns).

### **3. Number of OUH Resident Doctors in Training**

- 3.1. There are 1,056 residents in training at OUH in 2025-26. 793 (75%) are full time and 263 (25%) are less than full time. The majority are tariff-funded by the NHSE Thames Valley Deanery where OUH receives a salary contribution and an education placement payment to cover education and training costs. 18% of training posts are Trust funded, and these do not receive an external salary contribution.
- 3.2. 183 doctors who rotate through OUH are part of the Integrated Academic Training (IAT) programme. This includes 60 Academic Specialised Foundation Programme (ASFP) doctors, 73 Academic Clinical Fellows (60 National Institute for Health and Care Research [NIHR] funded) and 50 Clinical Lecturers (28 NIHR funded). These doctors have dedicated time to undertake academic training and research to develop as future clinician-scientists.
- 3.3. In addition, there are approximately 64 Specialty, Specialist and Associate Specialist (SAS) doctors and around 400 Locally Employed Doctors (LEDs) who are not in posts formally recognised for training. These posts and doctors in them do not receive salary or tariff funding from the Deanery but still have development and supervision needs. The Directors of Medical Education and Medical Workforce work together with the SAS Tutor to support this group of doctors.
- 3.4. OUH has around 10 doctors annually from overseas working on short-term (up to 2 year) sponsored Medical Training Initiative (MTI) posts. This is a national scheme sponsored by the Royal Colleges which allows doctors to enter the UK from overseas for a maximum of 24 months so that they can benefit from training and development in NHS services before returning to their home countries. These are often experienced and relatively senior doctors coming to Oxford to develop specific areas of higher training. Over time we have built up relationships with doctors from Sri Lanka coming to Acute General Medicine and from India to Paediatrics. These doctors continue to make an important contribution to the clinical services that OUH provides.
- 3.5. There was another moderate national expansion of postgraduate training posts in 2025-26 but insufficient to keep pace with the expansion in UK medical school places and oversees recruitment. At OUH for 2025-26 there are 19 new training posts: 10 Foundation Year 2, 2 GPVTS and 7 Specialty Training posts. 13 of these new posts are NHSE Tariff posts, 2

are 100% funded as priority specialties and 4 Trust funded. These have all been implemented without additional cost pressures to OUH and are cost neutral or cost saving due to replacing LED posts.

- 3.6. In February 2026, NHSE announced a second round of recruitment for an additional 1000 Specialty Training Posts for August 2026. Negotiations with resident doctors to end industrial action have outlined the intention to create a further 3000 Specialty Training posts over the next 3 years to address the growing bottleneck into Foundation and between Foundation and Specialty Training.
- 3.7. Training Programmes offer both residents and the Trust advantages of additional resources, structured progression to Certificate of Completion of Training (CTT) and quality assurance of training programmes when compared with LED posts. We are currently reviewing expansion of training post opportunities for 2026-27 by identifying, where appropriate, conversion of LED posts into training posts. We have created 8 new FY2 posts and are working to create 3-4 additional Core Training posts for August 2026 whilst adhering to budgetary constraints.

#### **4. Trainers and Trainer Development**

- 4.1. It is a condition of GMC recognition of training that every resident doctor in training has a named Educational Supervisor (ES) who is appropriately trained to be responsible for the overall supervision and management of a resident's educational progress during their placement(s). Educational supervisors are required to take part in the Annual Review of Competence Progression (ARCP) process. They also have an important supportive and pastoral role.
- 4.2. The DME keeps a regularly updated list of those supervisors who have completed their required training and are recognised as a trained ES within OUH. An Educational Supervisor is a GMC recognised role. The GMC removed the requirement for a separate revalidation process for trainers in 2024. Education roles are reviewed as part of full scope of practice in the annual appraisal process including education specific CPD. To support this the Education Team have devised an electronic form on SARD to record educational activity.
- 4.3. Funding for the ES role comes from NHSE-WTE tariff which allows for payment, via recognition within job plans, of ES work. ESs are pivotal in supporting trainees in navigating their educational development and provide an important pastoral and mentoring role. We have gradually increased the number of GMC recognised trainers over the past 5 years and now have approximately 687 trained ESs at OUH. Whilst it is not mandatory for doctors in locally employed Trust posts to have an ES, it is

educationally and pastorally good practice for them to have an appropriately trained supervisor.

- 4.4. OUH provides a Faculty Development Programme for Educators with regular Educational Supervisor Update days, Q&A sessions, courses, an online resource library and monthly newsletter. There is a dedicated Medical Education page on the intranet which we continue to build to host useful resources. Education QI and research are presented at the joint Medical and Non-medical Education Grand Round. These meet the ongoing professional development needs of educators and promote a peer network of educators.
- 4.5. Courses run in 2025:
  - Improving Trainees performance
  - Supporting Resident Doctors with Incidents
  - The Wellbeing and Mental Health of Resident Doctors
  - Enhanced Supervision for International Medical Graduate (IMG) and LED Resident Doctors
  - Remote Educational and Clinical Supervision
  - Supporting Doctors Returning to Less Than Full Time Training
  - Unconscious Bias in Education and Clinical Supervision
  - Neurodiversity Awareness for Supervisors
  - Differential Attainment
  - Foundation Educational Supervisor's course
  - Advanced Supervision for Complex Return to Work Scenarios
  - Managing the Expectation Gap
- 4.6 We were successful in applying for national funding from NHSE-WTE to support SAS doctors wishing to further their career development as an education leader funding 6 education bursaries. 2 SAS doctors are undertaking a 1-year Faculty of Medical Leadership and Management (FMLM) accredited Leadership programme through the RCP. This will include a SAS related QI project.

## 5. Funding

- 5.1. In 2025-26 OUH received approximately £36m from NHSE to provide postgraduate medical education and training (£26m salary contribution and £10m education placement payment) and approximately £11.1m in

Medical Undergraduate Tariff (MUT) to deliver undergraduate medical education.

- 5.2. Recent changes to the NHS Education Funding Agreement require greater accountability and transparency for the use of education and placement tariff for undergraduate and postgraduate medical education and training. Work is needed to strengthen education and training financial governance. This is more straightforward with new income. The uplift in education placement income as a result of increasing numbers of undergraduates and the expansion of postgraduate training posts at OUH provides an opportunity for greater transparency in the use of education placement tariff. In the longer term a bottom-up approach is required to collate education activity data so that education funding can be assigned to appropriate cost centres. This will require additional resources.
- 5.3. Medical Education, in conjunction with the Deanery support the approval and funding of study leave for resident doctors. In 2025 the Medical Education team approved 2487 applications with funding from NHSE-WTE to support these claims totalling £658,122. As part of Improving the Working Lives of Doctors in Training initiative from January 2025 resident doctors at OUH have been able to claim reimbursement of course fees in advance of the course. In addition, a new expenses software system is being introduced in 2026 to ensure study leave expenses will be reimbursed in a timely manner and in line with expectations set out in the 10 point plan: [NHS England » 10 Point Plan to improve resident doctors' working lives](#).
- 5.4. Study Leave for doctors in other posts (LEDs, SAS and consultants) is managed by the Divisions.

## 6. National Context

- 6.1. In 2025 we delivered training and education against a backdrop of significant change and innovation in the landscape of postgraduate medical education including repeated rounds of industrial action by resident doctors, the NHSE 10 Point Plan and Phase 1 of the Medical Training Review lead by Professor Sir Chris Whitty and Professor Sir Stephen Powis.
- 6.2. Phase 1 of the Medical Training Review concluded that while UK postgraduate medical training retains many strengths – such as nationally consistent curricula, robust quality-assurance systems, and extensive supervised clinical experience, its overall quality is increasingly threatened by systemic pressures and growing inconsistency across providers. Although many residents, particularly IMG praise the quality of UK training, the review highlights that service demands frequently override educational

activity, with clinics, theatre lists and teaching regularly cancelled. Additionally, 65% of residents report a lack of protected development time, undermining the depth and reliability of training experience.

- 6.3. The review described a marked variation between departments, trusts and regions with some units offering excellent supervision and others providing minimal feedback or educational engagement. Educator capacity is a major concern: supervisors often lack protected time, face rising bureaucracy and experience burnout, further eroding the quality and consistency of training oversight. In procedural and craft specialties, training quality is diminishing due to reduced access to operative opportunities and the outsourcing of simpler cases to the independent sector. LED and SAS doctors experience particularly poor quality training, often receiving little supervision or structured development despite carrying substantial service responsibilities. Together, these pressures have created an environment in which high quality training still exists but is increasingly uneven, fragile and overshadowed by service pressures that compromise resident's ability to develop skills required for safe and effective practice.
- 6.4. Several themes raised in the Medical Training Review were also reflected in the 2025 GMC NTS:
- High burnout and unsustainable workloads
  - Training quality compromised by rota gaps and service pressures
  - Deep rooted cultural and equity problems
  - Inconsistent supervision and lack of protected educational time
  - Rigid outdated training structures misaligned with training need
  - Rotation instability and poor continuity

## 7. GMC National Training Survey Results 2025

- 7.1. OUH NTS results when placed alongside the national picture described in the GMC training survey 2025 report, depict a training environment that is broadly stable with areas of strength, but also one that reflects many of the systemic pressures seen across the UK.
- 7.2. The detailed survey responses can be explored using the online tool: [National training surveys - GMC](#). This gives access to data about individual trusts and placements and can be searched in different ways, e.g., by site, speciality, and programme.
- 7.3. Positive highlights this year are Cardiology, Trauma and Orthopaedics (JR), Sport and Exercise Medicine, Renal Medicine and Vascular Surgery

which are national exemplars with positive outliers in multiple domains. Rheumatology and Vascular Surgery both ranked in the top 3 training programmes for satisfaction nationally.

- 7.4. Of the 1,427 comparable indicators between 2024 and 2025, 390 (27%) improved and 362 (25%) declined, with substantial stability across the remaining 48% measures. Within OUH, supervisor metrics – clinical and educational – remain among the strongest performers and are testimony to the hard work of our educators and supervisors.
- 7.5. There is a decline in measures relating to workload, access to local and regional teaching reflecting similar national themes that workload intensity, rota gaps and burnout are persistent system-wide issues. Nationally 61% of residents are at moderate or high risk of burnout, with half reporting high emotional exhaustion, and heavy workloads most pronounced in acute specialties such as emergency medicine and obstetrics and gynaecology. Similar patterns appear locally: trainees in high pressure specialties showed more negative movement compared with those in clinical support specialties though there are notable positive exceptions such as cardiology.
- 7.6. The *national* NTS report highlights concerning levels of escalation hesitancy, inappropriate behaviours and persistent disparities across protected characteristics. These specific indicators are **not** seen in OUH dataset. There are some downward movement in supportive environment, feedback or fairness metrics within certain specialities and we will continue to monitor closely.
- 7.7. The Trust comparison with national training data shows strength in core training fundamentals, particularly supervision and supportive culture present across many programmes. However the areas where OUH has deteriorated – workload, rota related pressures and teaching delivery – mirror the priority concerns in the national 2025 survey. This alignment demonstrates that although OUH continues to perform strongly in several domains, strategic focus is needed to safeguard training quality in the context of rising demand, rota fragility, and increasing wellbeing pressures.
- 7.8. The GMC NTS survey informs Thames Valley Deanery Education Risk Register. Where concerns have been highlighted, we work with departments to mitigate risk and agree an action plan for recovery.
- 7.9. This year we closed a long-standing item on the Deanery Risk Register. Ophthalmology had been assessed as ‘significant concerns’ primarily due to lack of opportunities for training in cataract surgery. Working with department leads and private providers, a sustainable model of delivery of training in the private sector has been a great success.

- 7.10. Currently there are only 2 areas on the Deanery Education Risk Register. both graded Intensive Support Framework (ISF) category 1 (minor concerns) related to workload and rota issues. We are working with the relevant departments to address the concerns raised and hope for both to be closed at the upcoming Annual Thames Valley Quality Review of OUH Medical Education in May.
- 7.11. In addition to the GMC survey, we monitor closely the results of the National Education and Training Survey (NETS). The results of the 2025 Survey are due to be released shortly. Notably OUH achieved the highest response rate for postgraduate medical education across the South East, an increase of 20% compared with 2024 response rates.

## **8. Supporting Medical Learners at OUH**

- 8.1. New for 2025-26 is the work to deliver on the NHSE 10 Point Plan to improve the working lives for residents in training at OUH. Medical Education is working alongside the Director of Medical Workforce, the Resident Doctor Peer Lead (RDPL) and Guardian for Safe Working Hours (GSWH) to support the work to deliver on this important project.
- 8.2. Working with the Foundation Resident Representative, the RDPL and GSWH in 2025, we carried out a Deep Dive of Resident Doctor Experience at OUH. The project coincided with the launch of the 10 Point Plan and proved timely and informative to the work that has followed. The findings were presented to the Integrated Assurance Committee in October 2025. Several quality improvement projects have been implemented as a result of the findings including improvements to FY1 induction and the introduction of a new FY2 induction programme planned for August 2026.
- 8.3. There are many well established Trainee Representative Groups in OUH. These include regular forums representing various grades, e.g. Foundation Education Leads (FELs) supported by Postgraduate staff and FTPDs
- 8.4. Resident Doctors, the Directors of Medical Education and Director of Medical Workforce, are members of the Resident Doctors Forum which is chaired by the Guardian of Safe Working Hours (GSWH) and was established as part of the 2016 resident doctor contract.
- 8.5. Exception Reporting by residents including LEDs on mirror contracts is encouraged against work schedules and education opportunities. We have worked with the GSWH and HR to produce a SOP aligned to national guidance to support the new exception reporting system launched in February 2026. New terms and conditions for resident doctors have

changed the way education exception reports are managed. In future all education exception reports will be sent directly to the DME and not the residents educational supervisor. We await to see the impact on this change on workload.

- 8.6. The GSWH reported 44 education exception reports between April–December 2025 (Q1:18, Q2:11 Q3:15). Final quarter data (January–March 2025) are not yet available. The small number is likely to be a considerable underestimate and a reflection of the challenge of the old DRS4 system whereby exceptions were logged rather than a true representation of the number of education exceptions.
- 8.7. The OUH QI Hub supports resident doctors as well as other grades of doctor and professional groups in QI projects. Foundation Doctors all have access to a QI programme run in conjunction with Oxford Simulation, Teaching and Research (OxSTaR) team.
- 8.8. We encourage trainers and trainees to communicate with and feedback to each other. We have a Trainer Recognition award and encourage the use of Reporting Excellence. The Department of Medical Education runs an extensive programme of courses for trainees and trainers which are free to our staff.
- 8.9. The DME maintains links both informally and formally with Educators in other disciplines including Nursing, Midwifery, AHP, and the Clinical Medical School. Education committees include OUH Clinical Education & Training Committee (C- ETC) and the OUH-University of Oxford Medical School Joint Education & Training Committee (J-ETC).
- 8.10. The Deanery funds a formal Supported Return to Training programme (SuppoRTT) for residents starting in, or returning to, an approved training post after being out of training for 3 months or more, or those who are new to the NHS. Educational supervisors have a vital role in this support programme, being the key point of contact with the trainee: [Supported Return to Training - Working across Thames Valley](#) This funding is only available for residents in training but some of the resources developed are useful and accessible to doctors who are not on a NHSE training programme and are new to the NHS.
- 8.11. The **Supported Return to Training Champion** provides support and guidance for residents and medical educators navigating more than 3 months out of training. This includes practical help including loan of a trust laptop if required, deanery funded supernumerary time, coaching and mentoring, simulation and other educational courses and a bespoke return to training plan. Each year around 160 residents return to training at OUH. We contact all of these and provide extra support in around 20% of cases.

- 8.12. The **Flexible Working Champion** provides support and guidance for resident doctors in training, medical educators and departments regarding flexible working. This includes addressing rota queries, dealing with pay concerns and ensuring training equity. Flexible training refers to any resident who works less than 40 hours/week for reasons including caring responsibilities, health and research commitments. There are currently 263 residents working LTFT at OUH.
- 8.13. We are also supporting medical learners by growing new roles as part of our future workforce. In 2025-26 we have supported 8 Physician Associate Student placements from Buckinghamshire New University and Reading University.

### **Foundation Doctors**

- 8.14. Almost a quarter (254) of OUH residents in training are foundation doctors. High demand for Thames Valley Deanery means that only applicants ranking Thames Valley as their first choice will have any chance of being allocated to OUH with preference informed allocation.
- 8.15. Over the last 2 years we have increased the number of foundation posts at OUH by 32 (22 FY1 in 2024-25 and 10 FY2 in 2025-26).
- 8.16. In line with national trends OUH welcomed an increased number of International Medical Graduate (IMG) Foundation doctors new to the UK over the past 2 years compared to previous years. This has highlighted a need for additional support in familiarising with the NHS and in practical skills training. The ALERT course has been reintroduced for all foundation doctors from August 2024. From August 2025 we have increased the capacity for clinical skills training during induction for foundation doctors.
- 8.17. Over the past year we have focussed on key areas to support foundation doctors. Notable achievements include:
- Expansion of Foundation Programme capacity, within budget constraints, by conversion of LED posts into NHSE tariff funded Foundation posts.
  - Supporting IMG foundation doctors with strengthened support through priority access to August clinical skills sessions, early allocation of peer support through the buddy scheme and a Foundation Training Programme Director (FTPD) to lead on IMG-related matters.
  - Growth of the FTPD team funded by NHSE to support Foundation Programme expansion including creation of a lead FTPD role and development of a structured local induction programme and handbook for new FTPDs.

- Implementation of targeted improvements to foundation induction, including plans for a new F2 induction programme from August 2026.
  - The Foundation Education Leads (FELS) group continues to grow delivering impactful projects on foundation education and contributing to Foundation Education Governance.
  - Training for educators on sexual safety in the workplace and how to signpost to support and reporting regarding support residents.
- 8.18. There are areas of challenge. There is a steady increase in the proportion of foundation doctors needing additional educational support. Similar trends have been reported elsewhere and nationally. Consequently, there are growing demands on the educational leadership team due to more complex and out-of-sync ARCPs, driven by flexible training, extension to training and time out of training. There are challenges to securing facilitators for mandatory teaching and we are looking at innovative ways to ensure we continue to deliver educational sessions. There are rising numbers of foundation doctors with neurodivergence or mental health needs, requiring more time from their supervisors and need for enhanced training and support from FTPDs.

### **Integrated Academic Training**

- 8.19. The Trust benefits from a research-active culture, hosting 183 Integrated Academic Trainees (IAT) in 2025-26 who are supported and managed by the Oxford University Clinical Academic Graduate School (OUCAGS). IAT posts are highly competitive and attract talented, motivated doctors, many of whom continue their careers locally, OUH benefitting from their clinical expertise and wider scientific contribution (see Royal College of Physicians report: <https://www.rcp.ac.uk/media/4pba0n0c/benefiting-from-the-research-effect-the-case-for-trusts-supporting-clinicians-to-become-more-research-active-and-innovative.pdf>). Further, support of IAT directly aligns with OUH's vision to deliver exemplary healthcare 'enabled by the highest levels of research and innovation'.
- 8.20. Over the past year, OUCAGS has actively focused on key issues facing the clinical academic workforce, especially those deemed of relevance to the local environment. These include:
- Exploring how to support the academic potential and development of residents in training outside the formal IAT programme, including IMG and those seeking the Specialist Registration via the Portfolio Pathway.
  - Broadening our remit and building capacity to support academic inquiry into medical education, medical leadership and human factors research.

- Developing and supporting Non-medical Allied Health Professionals (NMAHP) as clinical academics, working in co-ordination with the NIHR BRC to establish both a local Clinical Lecturer programme and a NMAHP Academic TPD to mentor these individuals.
- Building links with regional partners across the South East Deanery.
- Looking to support historically and locally under-represented groups in clinical-academia and those with additional caring responsibilities, especially at transition points, to help secure their progression. This is exemplified by our recent MRC Regional Accounts for Clinical Researchers bid developed in partnership with Institutions across the Southeast.

8.21. Key successes include the OUCAGS bid for NIHR support of our IAT programmes being ranked first in the country, securing the highest quantum of funding, as well as multiple individual accolades including papers published, grants awarded, DPhils undertaken, and Fellowships conferred. This includes current OUCAGS members securing Wellcome Early Career Awards, Wellcome Career Development Fellowships, the Sir Jules Thorn Award for Biomedical Research, CRIS Cancer Career Fellowships and being named one of Time Magazine's "Next 100" innovators. Recent alumni have additionally been appointed to senior academic positions including the University of Oxford Chair of Clinical Transplantation, and the Chief Medical Officer of the Ellison Institute of Technology in Oxford.

8.22. OUCAGS hosts an academic forum which takes place 6 times per year. This includes a plenary session by a senior academic, presentations from IAT, networking sessions and is open to all OUH staff.

8.23. Oxford University continues to offer the reconfigured Doctor of Medicine (DM) degree which is open to all doctors employed in the NHS locally or by the University. This is a flexible, variable intensity, clinical research-based doctorate that can be undertaken over a period of between 2 and 8 years. Doctors undertaking this degree may be at any stage from ST1 onwards. They pursue research that is in synergy with their medical practice. The degree will provide candidates with research skills, in-depth knowledge, understanding and expertise in their chosen field or research and is academically equivalent to the DPhil.

## 9. Undergraduate Medicine

9.1. In 2025-26 there are 541 undergraduate clinical medical students from Year 4/Graduate Entry 2 to Year 6/GE4 rotating through clinical

placements at OUH. This is an increase of 15 students compared with 2024-25. A further increase of 20 students is planned by 2027-28.

- 9.2. OUH received approximately £11.1 million Medical Undergraduate Tariff for 2025-26 to deliver on the 'Placement Provider' responsibilities set out in the Tripartite Agreement for Undergraduate Medical Education. This is an uplift of £600,000 compared with 2024-25.
- 9.3. Trust responsibilities are set out in the NHS Education Funding Agreement. The Placement Provider role, in essence, is to meet the management and delivery of the clinical sections of the undergraduate medical curriculum in an appropriate environment, to develop educators within the Trust to deliver this teaching/assessment and to work closely with the Education Provider (University of Oxford Medical School) to ensure the meeting of all quality assurance requirements.
- 9.4. A strategy to deliver these requirements has been developed within the wider education framework of the OUH Education Strategy. The priorities for 2025-26 have included developing resources, developing relationships with stakeholders to improve the student experience and improving the transparency and deliverables of NHSE funding (Medical Undergraduate Tariff, see below).
- 9.5. Since December 2022, strategic oversight of delivery of OUH placement provider responsibilities is provided by the Director of Undergraduate Medical Education (DUME) role supported with a full-time administrator who provides administrative support for the UGME priorities and is a point of contact for students within the George Pickering Education Centre. Core activities in 2025-26 include:
  - Support for students across academic and wellbeing domains
  - Induction and on-boarding of all medical students across Trust sites
  - Provision of final year mock OSCE examinations
  - Provision of Year 4/GE2 mock OSCE examinations (new in 2025)
  - Provision of GMC mandated Student Assistantship programme
  - Delivery of Associate Teaching Fellow programme
  - Oversight for students on placement across the Trust including acting as line manager for occupational health input.
  - Undergraduate themed Educator Development workshop
  - Regional Undergraduate Medical Education Meeting
- 9.6. **Medical Undergraduate Tariff (MUT):** There is ongoing work to improve the accountability of the MUT allocation and better link this to education

delivery at OUH. The DUME is working with the Corporate Finance team to collate the education activity data for UGME so that income can be assigned to appropriate cost centres and provide greater transparency and understanding around education finance flows. This work is ongoing.

- 9.7. OUH-University of Oxford Medical School Joint Education and Training Committee (JETC) provides a forum for partnership between OUH, NHSE and Oxford University Medical School and is chaired in rotation by the DUME or University Director of Clinical Studies

### **Supporting Undergraduate Medicine**

- 9.8. There is a comprehensive on-boarding and induction provided jointly by the Department of Medical Education and University of Oxford Medical School for students starting clinical placements at the start of year 4/GE2 students. All students are given access to My Learning Hub and must complete bespoke SMT prior to commencement of clinical placement. Shorter bespoke inductions are provided for year 5/GE3 and year 6/GE4.
- 9.9. Year 6/GE4 students complete a compulsory student assistantship programme with the aim of facilitating the transition from final year student to FY1 pre-registration foundation doctor. We run six cohorts across the Trust each lasting 3 weeks between February and June.
- 9.10. We introduced the Associate Teaching Fellows programme to provide a faculty of teachers (mainly foundation doctors but open to all residents) to deliver regular bedside teaching for medical students. The associate teaching fellows are provided with an induction, regular training sessions and on-line resources. 85 residents took part in 2025 delivering over 300 hours of teaching. They also contribute to induction and provide faculty for Mock OSCEs and simulation training. Feedback from both students and residents has been positive.
- 9.11. Renovation of the student's Osler Mess at the JR site was completed in late 2025 and a bid has been submitted for funding to improve amenities for students.
- 9.12. We again hosted a Regional UGME Teaching Meeting for associate teaching fellows, medical students and UG educators with invited speakers and breakout sessions.
- 9.13. The strategic priorities for undergraduate education in the year ahead include:
  - Ongoing building of resources for students within the Trust, in particular the appointment of Clinical Teaching Fellows who will oversee teaching within specialty departments.

- Continue to work with corporate and divisional finance to better understand the flow of MUT in the Trust and how it can best be utilised to fulfil the obligations of the TPA.

## **10. Conclusion**

10.1. This report provides a description of the current situation of undergraduate and postgraduate medical education training programmes at OUH and an overview of performance against requirements of NHSE and GMC. We have many excellent programmes and inspirational trainers, and this should be celebrated. Some concerns remain in a small number of programmes and action plans are in place in each case.

## **11. Recommendations**

11.1. The Trust Board is asked to note this paper for information.