

## **Additional information (unique identifier 4139251725)**

### **General Comments**

This response to the consultation is provided on behalf of Keele University's Faculty of Health and represents a synthesis of the views of the senior leadership comprising the Dean (Prof Garner), Heads of the four professional Schools of Medicine (Prof Wass), Nursing & Midwifery (Ms Walsh), Pharmacy (Prof Ratcliffe) and Physiotherapy (Dr Bucher), Director of Undergraduate Studies in the Medical School ((Prof Hassell) and the Directors of the two Research Institutes (Prof Hay and El Haj). The Schools are responsible for undergraduate and postgraduate education across Staffordshire and beyond while the two Institutes undertake applied research of international quality in the fields of Primary Care and Biomedical Sciences.

The proposed restructuring is likely to have a major impact on the design and delivery of undergraduate teaching, particularly in medicine, in the various branches of nursing and in midwifery. One is tempted to ask what, if any, provision has been made for this in NHS commissioning budgets that support the education of future clinicians in this area of the West Midlands. At present we are already trying to cope with a 34% reduction in funding for medical undergraduate clinical teaching from about £10.6 to £7 million as a result of the new SIFT tariff that supports clinical placements for Keele medical students.

The School of Nursing & Midwifery uses UHNS as its principle clinical partner for placement of undergraduate students and does not use Mid Staffs hospital. Mid Staffs does however serve as one of two DGHs for students on nursing courses at Staffordshire University. Transfer and/or downsizing of clinical services at Mid Staffs is likely to impact on placement capacity for Staffs University students resulting in more demand for placements at UHNS, something which happened to a limited extent following the Francis Enquires. As such, it seems likely that significant reorganisation of courses, curricula and placement programmes will be required on the part of the two universities, with potential to impact on the number of student places commissioned by the WM-LETB and the design of the experiential part of nurse training spent in clinical practice. The Staffordshire & Shropshire LETC brings nursing workforce commissioning, NHS providers of healthcare services and the two Universities together providing a forum to plan the provision of an integrated workforce.

The issues for Medicine are in many ways even more significant, particularly since many of the questions posed by the Consultation relate to consultant-led services. The Medical School at Keele which was established just 10 years ago is performing well as evidenced by its position in the top third of the various league tables for UK medical schools, including 2<sup>nd</sup> place in the latest NSS. Continued development of the School and in particular the retention of graduates in Staffordshire, is absolutely vital as part of the long term solution to the problems of healthcare in this part of the country. At present retention is adversely affected by the perception that postgraduate training in this area would result in appearance of MSFT on future CVs. In reality the quality of the UG experience of Keele students who have spent time at Mid Staffs hospital has been good as stated in evidence to the Francis Enquiry. We continue to diligently monitor the quality of UG placements as described in detail in our written response to the draft Francis report. Nevertheless, dissolution of the

Mid Staffs NHS Trust as recommended in the Consultation and hence the name 'Mid Staffs' is to be welcomed. Indeed use of 'Staffs' in any form of hospital name is to be discouraged given its associations and the fact that clinical academic colleagues outside of the immediate area frequently fail to discriminate between UHNS and MSFT!

## **Medical School**

The Medical School educates 130 medical students per year over a 5-year course with its first graduates starting as Foundation Year 1 doctors in 2012. Commissioning of medical UG student numbers is undertaken centrally by HEFCE/GMC rather than regionally by the LETB/C as for other health courses. The Keele medical curriculum is new, innovative and fit-for-purpose as evidenced in national surveys and feedback from accreditors. During their 5-years spent in medical school, students spend approximately 100 weeks in clinical placements, including 23 weeks in general practice. University Hospital of North Staffs is our main teaching hospital with students spending most of their third year and parts of their fourth and fifth years there. This hospital must continue its development as a major tertiary care centre in order to sustain the specialist services that underpin its status as a University Teaching hospital for UG teaching and PG training as well as a centre for clinical research including NIHR trials.

Currently we have students in their third, fourth and fifth years placed at Stafford and Cannock Chase hospitals. In their third year, 48 students complete a 1-month medicine (not surgery) block at MSFT. During the final two years of the undergraduate course, all students spend one year at University Hospital of North Staffordshire (UHNS) and one year in a DGH setting, the latter at either Shrewsbury or Stafford. Approximately 18 fourth year students currently spend the whole year at Stafford and Cannock, with placements in medicine, surgery, obstetrics & gynaecology and in paediatrics. Approximately 18 final (5<sup>th</sup>) year students complete a 15-week student assistantship at MSFT, including placements in medicine, surgery and in the acute care settings (A&E, AMU, ICU).

We continuously monitor the educational experience of our students, including students' performance and their feedback. Feedback from our students on our programme at graduation and three months later indicates that they feel well prepared for practice as Foundation doctors and that they value the mixture of experiences they get from a year in a DGH in addition to the two years spent largely at UHNS alongside their time in GP placements.

If the TSA's draft recommendations are implemented as described it would have major implications for delivery of the Keele medical curriculum. Removal of deliveries, paediatric in-patient care and of the majority of non-day-case surgery from MSFT would mean that we could not place any students at MSFT for any part of the fourth year of the course. It would also severely reduce, if not abolish, final year student assistantships at Stafford. The School would have to develop fundamental changes to the medical curriculum unless we can find an alternative DGH for clinical placements, which looks unlikely given the obvious candidates such as Leighton or Burton already take students from other universities. We would thus have to abandon the principle of one year at UHNS and one year at another hospital in the final two years of the curriculum.

Whilst we may be able to accommodate obstetric placements at UHNS, the basis of some clinical placements, notably in paediatrics, would have to change since in the absence of any paediatric in-patient experience for fourth year students at MSFT. It would also be a major challenge to provide enough placements for final year secondary care assistantships. These assistantships have been a strong part of our curriculum, helping ensure our graduates are prepared for practice as newly qualified doctors. These changes will inevitably lead to additional costs, result in more student travel, necessitate establishing placements in new clinical areas, training staff and ensuring the appropriate infrastructure exists.

Notwithstanding the challenges that implementation of the draft recommendations would pose to the School of Medicine, there are some significant positives. The proposed retention of acute and in-patient medicine and daytime A&E at Stafford Hospital are all important for medical student learning. Indeed we have recognised that MSFT offers a good learning environment for more junior clinical students in general medicine. These largely 3<sup>rd</sup> year placements remain viable and, indeed, might be expanded. There may also be scope for some medical (but not surgical or critical care) final year assistantships at the newly configured hospital.

Finally, whilst recognising that difficulties over recruitment and retention of consultant staff may be temporary, the School is very concerned at the apparent effect that current reviews have on staff at MSFT, reflected by the disproportionately high number of locum doctors in the Trust. The impact of the recruitment crisis is twofold firstly, some of our clinical teachers are leaving the hospital to work elsewhere and secondly, we are concerned that the quality of care may become jeopardised in areas from which staff are leaving. If care was adversely impacted upon, clearly, we would not place students in such areas.