

## Barts and The London Student Staff Liaison Committee 2019-20

## **SSLC Meeting Summary & Action Plan**

**DATE:** Wednesday 29.07.2020, 1.30pm-2.30pm

**VENUE:** Microsoft Teams online meeting

PRESENT:

Staff Chair: Siobhan Cooke (SC)

Student Co-Chairs – Artemis Mantzavinou (AM) & Andreas Andreou (AA)

Secretariat: Andreas Andreou (AA)

Staff: Nimesh Patel (NP), Robert Sprott (RS), Cathrine Josiane Pascale Santucci, Fu Liang Ng (FLG), Jane Deayton (JD), Shahrar Ali (SA), Tom Schindler (TS), Will Spiring (WS), Dan

Burke (DB)

3<sup>rd</sup> Year Reps: Andreas Andreou (AA),

4<sup>th</sup> Year Reps: Tom Longbottom (TL), Mahima Bhatt (MB)

5th year Reps:

BLSA: Mat Robathan (MR)

PA reps: -ID rep:

Malta: Ehsan Gauher (EG), Marie-Sophie Gomm (MSG)

<u>Item</u>	Summary	<u>Action</u>	Responsibility
Apologies			
Students chair minutes	Update from Dr Michael regarding external intercalations - AM: Dr Greg Michael raised this issue in the last Junior		

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	SSLC meeting and the pre-clinical course reps were strongly against the recommendation of preventing year 2 students from intercalating externally. Therefore, taking these onboard, the school will continue to allow 2 <sup>nd</sup> years to apply for external intercalation (same method as previous years), despite the very small number of 2 <sup>nd</sup> year students who are allowed to intercalate externally (around 10% of 2 <sup>nd</sup> year students are successful)  Formative/summative ICA report feedback from cohort  - AM: MA updated AM regarding the ICA questionnaire that was asking student feedback on the format of ICAs. MA is still analyzing the data of the questionnaire and will raise the relevant points to MAC once she is done.	
Year 3 working groups	-	-
Year 4 working groups	Update on year 5 timetable  - DB & WS: The new revised block timetable has just been approved yesterday and has been uploaded on QM+. An email with the revised block timetable will also be send to all medical students by the end of the meeting. There has been good progress in regard to placement availability, and it appears that every final year medical student will be able to start his/her placement in one of our trusts. Dr Spiring will also be sending a risk assessment form to final year medical students and they will be required to complete and return it as swiftly as possible. This will allow the university to complete the placement allocation process while ensuring the safety of all medical students. The importance of completing the risk	

assessment form as swiftly as possible is also emphasized by SC, as students identified at being at a higher risk may need to contact occupational health for support, something that might slightly delay the process. The date for the introductory week starts with the end of year 4 formative assessment on Monday, followed by online synchronous and asynchronous material. Finally, WS emphasized the importance of using QM+ at a greater extend this year especially by medical students, given the fact that a lot of activities are happening electronically, and technology is affecting our education at a greater extend. **Electives update** NP: The medical school is currently revising the handbook for next year. The information on electives is the same as explained in last meeting: no international electives will be allowed for students except for non-UK students who will be allowed to arrange an elective in their home country (provided that they will be able to undergo risk assessment as part of the application process successfully). WS: The minimum requirements for the elective have been reduced to 4 weeks (from 6 weeks); however, students have the option to extend their elective for up to a maximum of 8 weeks (4+4). Alternatively, students can use the final 4 weeks of the 8-week block allocated to elective to visit their families abroad or take a break. However, students need to be mindful of the compulsory FY1 shadowing that takes place at the end of July (all FPAS application doctors need to complete), and that foundation year starts in August. Year 5 working groups

MAC	-		
MEC	-		
Student support meeting	-		
Student office items	-		
General academic items	-	-	
Malta items	No communication regarding September finals  - NP: The emails of Malta medical students were included in the original email sent by Dr Patel and should have received the email. Since they haven't, Dr Patel will forward his email to Lorette asking her to circulate it to all Malta medical students.  Left-over SSC titles from London – when will Malta students be able to choose from these?  - NP: The school is currently waiting for the selforganize forms to come in, something that will release more titles, since a small number of students who receive titles from the school decide to self-organize. There is also the possibility of expanding the titles list. Dr Patel is expecting to release the list of SSC titles in early September.		
PA items	-		
Library items	-		
Intercalated items	-	-	

Other items	Decisions on EPM not yet finalized
	School's priority was ensuring enough placement slots for
	medical students so that their education is not disrupted
	from September moving onwards.
	Quarantine issues
	- NP: The most sensible approach, and what the
	majority of medical schools are doing, is for students
	to follow UK government advice and guidance – if they
	have to quarantine/self-isolate then they will do so.
	Therefore, the students have to ensure that they
	arrive 2 weeks before of the start of the academic
	year if they have to.
	- MR: If the official stance of the medical school is to
	ask students to get back 2 weeks in advance then
	there needs to be clearer communication from the
	medical school explicitly explaining that. What is the
	school currently doing to ensure that this information
	is communicated effectively?
	<ul> <li>WS: In the school's previous email</li> </ul>
	communication it has been stated that
	students will have to take the necessary
	measures to ensure that they arrive for the
	start of the academic year in good time in case
	they need to self-isolate if they are coming
	from a country that has been identified by the
	UK government as high risk (e.g. Spain). If
	students are unable to arrive earlier but are
	required to self-isolate for 2 weeks, then they
	will have to discuss this with their supervisor

- and come up with a plan on how they will make up for the missed time.
- SC: If final year medical students have to selfisolate, then they will need to be back by the 17<sup>th</sup> of August 2020. The school has to be specific with dates to avoid confusion and ensure that all students are aware of these dates.
- o NP: Although students might not be able to physically attend their placements if they have to self-isolate during the term, these students will still be able to engage with the online activities available to them (such activities will be available to all students) this is true for students who will be self-isolating not only because of their travel hx, but also if they've been exposed to COVID or have symptoms.
- DB: the occupational health email (risk assessment) is ready to go can add some information for international students who might need to self-isolate for 14 days upon arrival to the UK. SA will add: "All returning students should take steps to check on any quarantine rules which may be in force on arrival in the UK."

## General timetabling in hospitals during the COVID pandemic

- TL: Will students be spending 2-3 days a week in hospital throughout the year, or will this change down the line when/if things get better?

- WS: Although the current plan is for students to spend some of their days in their physical placements and some of their days doing online synchronous and asynchronous activities, these online activities are still part of their medical education. The school will be constantly reviewing this – at the moment, most trusts will be able to accommodate students in hospitals for about ½ to 2/3 of the week and the rest of the week will be occupied by the online tutorials/activities.
- MR: Given the fact that some trusts might have the capacity to accommodate students in hospitals for a longer period throughout the week, how is the school ensuring that there are no variations between trusts and the experience the students receive?
  - WS: Although there may be variations in physical length of placements amongst the various trusts, the experience should be equivalent, since the online activities will still form part of their education.

Update from Mat Robathan (MR) regarding a group of 3<sup>rd</sup> year medical students who will be raising their concerns in regard to the fact that they will be starting their placements in January and are worried that their time in placement has been reduced.

- NP: Emphasized the fact that it is the local situation that has resulted in year 3 students starting their placements in January. Hence, students shouldn't and

can't compare the school's decision to what other	
medical schools are doing (since each location is	
affected at a different extend at a given time)	
- WS: comparisons between medical schools are hard to	
be made since a clinical placement in one medical	
school is not the same with a clinical placement in	
another medical school. For example, students at	
Barts have clinical exposure from year 1, as the school	
has shifted away from the traditional differentiation	
between pre-clinical and clinical years. Actually, the	
rearrangement of year 3 has actually ensured that all	
the teaching happens at the start of the year and	
clinical placements are not interrupted once they've	
started in January. What is important to note and	
communicate to the 3 <sup>rd</sup> year medical students is that	
placement amount (in terms of time) has not actually	
been reduced; it's just been moved further down the	
year (with intro weeks happening all together before	
the start of placements).	
- SC: added 2 reasons why it is beneficial and also a	
requirement for year 3 to start in January: (1) ensures	
that problems that might arise with clinical	
placements earlier in the year (with year 4 and 5	
students) are identified and resolved before the start	
of year 3; (2) allows for the trusts to have a clearer	
understanding of their capacity	