

Minutes of the Health Education England Education, Research and Innovation Committee

25 April 2017

Holiday Inn Leeds/Wakefield, WF5 9BE

In attendance: Peter Taylor (Chair), Alison Barlow, Ann Brown, Jon Cooper, Anne Devaney, Teresa Dorman, Louise Gardham, Lucy Hathaway, James Houston, Jacqui Lewis, Susan Michael, Kim Mills, Brenda Poller, David Rose, Matthew Sibley, Alasdair Strachan.

Apologies: Simon Frazer, Richard Firth, Brian Nattress, Richard Price, Trudy Wagstaff

Ref.	Item	Action
1	<p>Review of previous minutes – 20 January 2017</p> <p>The minutes were approved. Matters arising were dealt with as separate agenda items below.</p>	
2	<p>Human Factors</p> <p>JH outlined current efforts to develop a strategy for human factors training across all staff groups. This would follow a model of:</p> <ul style="list-style-type: none"> • an elearning package (on eLH so accessible and free to all) to provide a baseline of understanding • one day training for all staff interested in attending • two day training for all staff who wish to develop their skills further • training the trainers course <p>It was noted that this would be an offer to be combined with the other excellent pieces of work going on in LEPs across the region. JH to update on progress at the next meeting.</p> <p>HEE North Simulation Group is working on mapping the required competences for different levels of the workforce. LH will set up a webpage which can be a signposting for HEE and LEP work around HF.</p>	<p>JH</p> <p>LH</p>

3	<p>SCRIPT pilot for NMPS</p> <p>LH tabled a paper and updated the Committee on the results of the pilot which had been presented to the Medicines Optimisation Board. The outcomes showed that most participants would recommend SCRIPT as a helpful form of CPD although there were some issues with the time taken to complete the modules as well as some technical issues. There is a position statement on the School of Medicines Optimisation website which supports the use of SCRIPT and also outlines other freely available resources which NMPS could access to support their CPD.</p>	JL to circulate presentation with these notes
4	<p>Resilience Training for junior doctors</p> <p>TD had assessed existing provision. TD suggested the focus should be shifted from a half day session on “resilience training” to focus more on the underlying causes affecting the workforce. These could take the form of half-day workshops, for example:</p> <ul style="list-style-type: none"> • managing stress and fatigue, • managing conflicts in working life, • interpersonal skills (linked with human factors), • communication in the workplace, • mindfulness, • self-coaching, • preparing for professional exams. <p>It was suggested that there could be links with medical schools who are doing work on resilience. It is recognised that the needs of today’s trainees is different from previous cohorts.</p> <p>It was noted that these issues will not just be affecting junior doctors, but also other members of the workforce.</p> <p>PT to work with TD to develop a statement for discussion.</p>	TD/PT
5	<p>Trainer Accreditation</p> <p>A national meeting on the 16th May will discuss the national approaches to reaccreditation. The proposed YH solution is that trainers will either:</p> <ul style="list-style-type: none"> • repeat the face to face training or • ensure they have an annual educational appraisal, including educational ‘supporting information’ within their organisation as part of their revalidation appraisal process. <p>PT will write to MDs and DMEs after the national meeting with a view to outlining the responsibilities of Trusts to ensure that named supervisors will need to participate in educational appraisal to remain accredited.</p>	PT

6	<p>Research Capacity</p> <p>DR reported that efforts are underway to increase the number of academic GPs in training as these posts are oversubscribed. Five ACFs are being offered this year and 3 leadership fellows. More can be accommodated but funding can be an issue. DR to continue to work with CCGs to identify any further potential funding.</p>	DR
7	<p>Delivery Plan</p> <p>SM reported that physicians associates do not have a national governance structure in England although Wales do plus a code of practice. Within HEE national the focus of the role of PAs is in primary care, and ambassadors are being recruited to develop the role. Discussion continues regarding registration. There is a regional group for PAs. A preceptorship model being developed through LWABs and primary care groups could be used with a proposed bid for national transformation funding. This and other local bids may become Northern bids once following consideration by the local director. Leeds trust is developing advanced practitioner roles after liaison with under- and post-graduate leaders. It needs buy-in and work to get individual organisations to promote PA roles. Sometimes when analysed, what people want is upskilled existing staff rather than new ACPs as such appointments strip out ward cover, and create back-fill issues. Consideration needs to be given to asking if we providing the right materials, e-learning, and if we should be adapting existing staff for APs and ACPs. ACPs may need more bespoke training depending on where they work. Consideration is being given to the development of an ACP school, as a stand alone or to be mapped into current schools, for all advanced practitioners. NACT is looking into supervisory capacity which can be an issue for doctors. SM will continue to keep developments under review.</p>	SM
8	<p>Elearning proposals – objectives and ratification process</p> <p>LH reported that from 1 April 2017 there has been a transfer to a Northern model of support for eLearning (combining NW, NE and YH) provided by Yorkshire Ambulance Service. Work is ongoing to combine the previous NW and YH catalogues to create a Northern Catalogue. LH is meeting with NW and NE colleagues to agree how future new eLearning developments in the North will be commissioned. Schools have been engaged in reviewing some current modules which need refreshing.</p> <p>BP produced completion data on eLearning modules and will circulate to the group. It was noted that this does not give a complete picture as some trusts use their own learning management system instead of ESR. Low completion rates have been considered as part of the programme refresh work being done.</p>	LH BP

9	<p>ERIC Bids</p> <p>PT reported that the process had been reviewed after the December 2016 bid process and thanked scoring panel members. The vast majority of successful bids were from non-medical bidders. Some organisations did not bid and it may be that they were unaware of the process. The budget was fully utilised in 2016/17 with a proportion of bids falling below the required threshold and not being supported.</p> <p>There was discussion about outcomes, suggesting that successful bidders be asked if they spent the funds, on what, and what were the outcomes for HEE. KM undertook to pursue ERIC funding review through the Quality managers and when they meet trusts they will discuss their bids and ask for feedback. KM to feedback on the progress of this at the next meeting.</p> <p>The next round closes on 15 June.</p>	KM
10	<p>Sepsis</p> <p>A link to the module developed by Bradford was circulated after the previous meeting. The Committee was asked to feedback what changes should be made in line with national package update and does Sepsis warrant being part of local packages. If yes to the latter, what components of the e-learning could be removed?</p>	All/PT
11	<p>Clinical Skills and Simulation</p> <p>The current strategy document was circulated by AS. There was discussion on how to include a quality assessment process, given multiple regulators. The aim is to adapt the current YH resource (www.qaclinicalskills.co.uk) to be used across the whole of the north of England.</p>	
12	<p>e-ELCA update</p> <p>An update from eLfH on end of life care for all was circulated with the agenda. LH undertook to post updates such as these on the website with a signposting email once a month or two for interested parties to access.</p>	LH
13	<p>Research Award</p> <p>PT reported that Research falls under the remit of this Committee and is included in the HEE mandate. PT tabled a suggested process to be used in YH (noting that the national process allows for scope for there to be an additional local process). Funding is likely to be in the region of £5-10k although it must not be used for staffing costs. All clinical staff can apply. Comments on the process were sought and any further comments should be sent to PT by 19 May 2017. Consideration will be given to giving the process the same closing date as ERIC bids – 15 June if it can be publicised in time.</p>	All/PT
<p>Date and time of next meeting: Tuesday 4 July 2017, 1.30-4.00 Holiday Inn, Leeds/Wakefield</p>		