

Joint Education Board Report – Draft
March 2014

Reporting structures

The Education Board currently feeds into the Workforce and Education Committee and from there into the Trust Board. Concern has been raised that this may not always flag education issues robustly and that a more direct reporting route to Trust Board would strengthen the profile of education at the Board. Consequently it has been agreed that there will be an Education Report presented to Trust Board three times per year.

The terms of reference of the Education Board are currently under review to ensure appropriate representation.

Education Strategy

Progress on the trust's education strategy implementation plan for 13/14 has been reviewed by the Education Board. It was noted that a number of the detailed objectives have been completed; others however would be ongoing year on year. The 14/15 implementation plan is currently under development and will be presented to the next Education Board in June 2014.

Two high level actions have been identified for 14/15:

- Be a national leader in multi-professional training
- Develop new training pathways

The first of these was selected to reflect the successful HESL bid for development of case based learning in the clinical setting plus the continued development of multiprofessional simulation training. The second action reflects the imperative to develop models of training for junior doctors and undergraduates (multi-professional) in community settings.

PGME quality visit in November 2013

The formal report from the HESL quality visit (November 2013) has now been received into the trust. Overall the visit had been positive. There are a number of action plans under development to resolve issues raised by the team. The Associate Directors of Medical Education will be working with the Divisions to complete these.

Undergraduate education

Support for undergraduate medical education in the clinical Divisions requires strengthening to raise the quality of placements and improve feedback from students. A new role of Clinical Director for Undergraduate (medical) Education has been developed and advertised within each of the Divisions.

An informal quality review meeting took place in March 2015 in relation to medical students from SGUL. The formal feedback from the review meeting has not yet been received however there was a balance of positives and issues for development. A number of excellent models for supporting students in the clinical setting were identified and it was agreed that these should be shared amongst colleagues as a learning opportunity. It was reported that there was no co-ordinated approach from SGUL in the allocation of students to firms from across the three clinical years. This

was discussed in relation to student feedback on overcrowding in placements and limited learning opportunities. Non-medical placements are managed on an annual forecast basis and it was agreed that this approach would be useful for undergraduate medical education. Support is available from the non-medical placements team within the trust.

SGUL is to receive funding to start work on the identification of clinical placements within community settings. It has been flagged that this work needs to be undertaken in collaboration with the clinical service teams to ensure that opportunities are shared across the multi-professional student groups.

Physician Associate Governance

The number of Physician Associate (PA) roles within the trust has grown considerably over the last 2-3 years and has highlighted the requirement to establish a clear governance structure that would feed up to Trust Board. A Physician Associate Board has been established with an inaugural meeting taking place at the end of February 2014. It was agreed that whilst supervision is provided by medical consultants, in terms of oversight of the role and CPD there is a non-medical fit. The Head of Professional Support and Development, a new role within the Education and Development department, will maintain an overview of the role. The PA Board will meet three times per year and will feed into the Joint Education Board.

As well as the governance structures, core competencies and development needs / opportunities will form the remit of the Board.

Work experience

The trust's policy and processes for work experience have been discussed at the Joint Education Board and the Workforce and Education Committee. There are some challenging issues to work through in relation to what is offered by the trust and the local and national fit. Work is on-going and will be raised to the Education Board again in June 2014.

Development of Mental Health nursing skills

There is an increasing demand for Adult nurses to have the knowledge and skills to care for people with mental health problems and/or intellectual disability in both acute and community settings. Many of these patients display challenging behaviours, the causes of which are often complex and may involve violence and aggression. Nurses therefore require a well developed set of assessment skills that will cover both behavioural aspects as well as physiological causes of behaviour change and need the competence and the confidence to provide high quality, safe and appropriate care for these patients. Currently, the majority of such care is provided by Registered Mental Health nurses on a 1:1 specialising arrangement or where not available by a Health care Assistant. Both of these options are extremely expensive for the trust. As one solution to the problem have successfully bid for money from HESL to develop a four module programme with King's College London to upskill our own nursing staff. This programme will commence in July 2014 and will include an eight week clinical placement at SWL and St George's Mental Health trust.