



National Association for Medical Education Management

NEWSLETTER *Winter* 2007

Happy New Year



Dear Friends

I DO hope you all survived the festivities of Christmas and New Year! Now down to earth with a bump and back to reality!

The thought of what lies ahead for us in the field of Medical Education in 2007 almost fills me with some fear and trepidation - even more than usual and that's saying something! It's the fear of the unknown - as usual - recruitment and selection, MTAS, Induction Day, PMETB visits, Deanery QA visits etc..... We are all facing such HUGE challenges and - with no safety net in sight!

Our daily accomplishments certainly make for interesting CVs: Juggler (doing 20 things at once), Psychic (of course I know exactly what you have come to the Centre for!), Balancing act (I know you all want your work done yesterday!), Contortionist (why do they put electric sockets in the most difficult place to reach??) Lion Tamer (when we have a new keen enthusiastic

Clinical Tutor who comes 'roaring' in!) and of course not to mention a Clown (well, some of us anyway!). All of this comes naturally in a days work - perhaps if we had listed these in our A4C paperwork we would all be on Band 9 (and if not we could always apply to Billy Smarts)!

Seriously though I am delighted that through all of this, plus the financial constraints facing some Trusts, our meetings have been well attended - even problems on the trains in December didn't deter you from getting to Manchester for the Winter meeting - which, incidentally evaluated extremely well.

I find it hard to believe that my term of office as Chair of NAMEM is already drawing to a close - NAMEM has come on leaps and bounds - I even got to wear my Chairmans 'jewel' in Manchester! - I know we can continue this momentum and offer support for one another.

As well as the challenges of life and work NAMEM also has plans for another interesting and informative year of events for you.

I do hope you are already looking into your flights to Jersey for our 2007 conference on 14 - 15 June - take advantage of booking early and benefit from the cheaper prices! - Mine's already booked!

Well done each and everyone - keep up the good work and here's to a healthy, happy and enjoyable year ahead! SEE YOU IN JERSEY !

S Sandcastle

NACT Report

by Liz Spencer

THANK YOU for asking me to contribute once again to your Newsletter.

It is a hectic time for us all at present with the MTAS Process. The recent SHA and Deanery reconfigurations have made the whole process even more challenging.

I am sure that you are all involved in the process and I wish you luck for the survival of March which is I think one of the most challenging things that PGME has had to do. It has demonstrated the need for robust lines of communication between Postgrad/Deanery/Medical Staffing Departments/Clinicians/ Non-Exec Directors, etc. etc. to get sufficient manpower together to get through this process.

I am sure that many of you have been and will be involved in comforting/supporting/counselling trainees who are extremely anxious about their future and the feeling that they are "guinea pigs" with this new selection process which could jeopardise their future career prospects. Unfortunately career advice is limited as there is so much uncertainty.

I am sure there will be tears but the numbers are looking hopeful and in fact it is proposed that there are sufficient Specialty Training jobs for all the applicants; however, it may not be in their preferred chosen Specialty.

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NACT Report

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Trainees will then have to decide whether to hope for a Trust job in their preferred Specialty and obtain Specialist status via Article 14 or whether to change their choice of Specialty.

The good news is that Foundation Programmes seem to be bedding-in and a named manager for the Foundation Programme has been identified in most places. There is no doubt that Foundation Programme Directors, Educational Supervisors and DMEs appreciate the significant administration required behind the Foundation Programme and the organisation that your members have done to ensure this more rigorous Educational Programme. Some areas are trialing the e-Portfolio with varying success but I fear that the e-Portfolio is the future. Although the transition maybe painful for Trainers/Trainees and administrators we need to continue with the change in mindset in order to come out the other end in a couple of years with e-Portfolios being the standard for all Trainees and for Consultants. We need your help supporting consultants with this culture change.

For most of us our SHO rebadging exercise on paper has been a success with all SHOs being rebadged into either a Specialty Programme or into the General Practice Programme. However, the case-mix is significantly altered and there is serious concern about service delivery in August 2007. I

hope that Specialty Programmes will be different to the existing SHO Rotations but I think we must respect the complex environment within which we are trying to introduce a new Training Programme and the speed with which we can expect our Consultant Colleagues, Educational and Clinical Supervisors to understand and implement the requirements of the new curriculum and assessment process.

My understanding is that the assessment process will be co-ordinated regionally via Postgraduate Schools but what this will mean for administration in the Trust is unclear. I am not sure that we have the resources within the Postgraduate Centres to support the Specialty Training Programmes in the same way as we have the Foundation Programmes which of course came with additional resources. There are 2 levels of Programmes; there are those which are Run-through from Foundation Programme and those that have a Core Common 2-year Programme before going into a Sub-Specialty. I think these 2 -year Programmes in most Trusts will be run locally and it may be that support for the Core Medical Training Programme and the Core Surgical Training Programme along with the VTS and ACCS could be provided locally but again this will need local discussion and negotiation.

How can I nominate an officer for NAMEM?

REGIONAL REPS should canvas there members for nominations to the posts of Chairman, Vice Chairman, Executive Treasurer, Executive Secretary and Assistant Secretary. Nominations will then be considered by council in January. Council will then put

the nominees to the membership at the AGM, prior to this the names will be published in the spring newsletter. Any views on the nominees may be expressed through the Regional Representative or direct with anyone of the executive officers.

NACT News

The majority of the NACT 2-day January Council was spent discussing the management structure of PGME locally. It has been proposed that each organisation should have a Director of Medical Education with Associates / Tutors as necessary, depending upon the size and complexity of the organisation. There will also need to be local Programme Tutors for the CMT, CST and ACCS Programmes which may be an alteration of the current roles of the College Tutors in these areas. A draft document and draft Job Description of the Director of Medical Education will be circulated to the relevant National bodies through the spring. I hope that you have all seen this document which has been cascaded throughout the NACT Membership and I would urge you to acquire and read the document and feedback directly to me your thoughts and comments on the proposals.

This is a very exciting time for Postgraduate Medical Education and the current challenges provide the opportunities for change, strengthening our current position and moving forward into a new era with greater accountability, responsibility, and professionalism in the delivery of Postgraduate Medical Education. For this, the DMEs, Programme Directors and Tutors rely upon your assistance to ensure that we can actually deliver what is expected of us. We are grateful to you all for your enthusiasm, energy and support particularly at this time of great change.

Liz Spencer
Chair, NACT

Nominations for executive officers for 2007/8

Chairman - Lynne Laver
Vice Chairman - Carol Paisley
Treasurer - Andrina Hardcastle
Secretary - Ruth Bycroft
Assistant Secretary - Susan Smith

Winter Meeting

Manchester
8 December 2006

DESPITE BRITISH Rail's best endeavours, the odd tornado and a lost conference centre around 50 of us arrived for the annual Winter Meeting in Manchester. Andrina opened the day, welcoming everyone to the meeting and proudly wearing the Association's new Chairman's badge of office.

Dr. Jo Buchanan was the first speaker from South Yorkshire Deanery told us how she believes we will be involved in career management for our trainees. Dr. Sarah Thomas then gave us a very useful presentation on

recruitment to specialty training. Kate Gregory and Ben Griffith gave us an update on GMC lines of responsibility and their QA structure.

After a quick coffee break Patricia LeRolland, Director of Quality for PMETB, spoke about the Trainee Survey and QA. Patricia thanked us all for our hard work for the survey. We will be doing it again!! Patricia also stayed for the remainder of the day to join in our lively discussions. Lunch was very pleasant, after which we had two very different speakers and topics. David

Fillingham, Chief Executive from Bolton, spoke of the LEAN way of working. Followed by Professor Janet Grant who gave an entertaining presentation about distance learning and how she sees it working for us.

Dinner back at the Thistle Hotel was very nice and about 20 delegates managed to stay to enjoy this. Next year's winter meeting will be a joint one with NACT and Lynne Laver is currently working on the programme with the Chair of NACT. Do make a note of the date in your diary . . .

NAMEM Training Programme Report 2007

I AM pleased to report that following the October 2006 assessment, three candidates had completed the Training Programme:

Judith Butcher – Princess Alexandra Hospital, Harlow
Susan Clark – Airedale General Hospital
Linda Ryan – Airedale General Hospital

Their portfolios have been submitted to Middlesex and we are awaiting the results of Middlesex University's Accreditation Panel. I'm sure they will be successful so many congratulations. We hope to be able to present them with their certificates at our Annual Conference in Jersey this year.

In 2006 we inducted 4 new candidates who have all been inducted using our Induction CD-rom. Having made the decision to undertake the programme and secure funding, candidates want to start immediately rather than waiting until we have sufficient candidates to hold an induction (usually a minimum of 4), and so far the CD-rom is proving invaluable.

Anne Troth from Airedale has joined the ranks of Assessors. Anne has a wealth of experience and we are pleased to welcome her.

Andrea Palmer

How can I become a regional representative for NAMEM?

THE ANSWER to this is simple. Regional Reps should be elected by the NAMEM membership for that region for a term of office of 3 years at which time the post holder can stand for re-election. A job description is available on request – email: jsharpe@southend.nhs.uk or you can find it on our website under regional representatives. The most important thing is to discuss what is involved with a serving council member.

Having served on council myself since 1994 in various capacities I have to say I have found it enormously rewarding – sharing good practice with colleagues, debating ways of coping with the vast amount of pressures on our lives and I really feel it has helped in my professional development. None of us have "spare time" just waiting to be filled but it is possible to fit in to our busy schedules this role and really have the opportunity to influence the way forward in medical education.

Diary Dates

14-15 June 2007
Annual Conference
Pomme D'Or Hotel, St. Helier, Jersey, Channel Islands

21 September 2007
Autumn Study Day
Newcastle

7 December 2007
Joint Winter Meeting
RCP, London

Annual Conference 2008
Edinburgh, Scotland

Report from NACT Council Meeting

Held on Thursday / Friday 11 – 12 January 2007

The following salient points were raised / discussed:

1. Some Trusts had appointed a lead for MMC which may not necessarily be the DPGME / CT – indeed where this is the case meetings have been held to discuss MMC and DPGME / CT have not even been involved!
2. Career advice is lacking for medical students particularly around MMC
3. Concerns re forthcoming recruitment. All Trusts should have established robust plans for service provision whilst the juniors attend interviews
4. Equal Opps and MTAS training to be available on line
5. Number of ST1 jobs have been reduced by 20% to allow for more FTSA posts and ST3 posts
6. Effective Clinical Tutor course has been reduced to 1 day and is more of an Induction (PtII has been abandoned)
7. PMETB are developing standards for Trainers
8. Patricia Le Rolland, Director of QA for PMETB, stated that if Trusts feel they will not meet specific elements of the standards it is acceptable to acknowledge the fact providing the Trust has produced robust action plans demonstrating commitment and how they will achieve the standard
9. She repeatedly mentioned Education Governance – question: Do we need a session at conference on Education Governance
10. Ashley Fraser – ex Clinical Tutor – now Chief Exec for NHS Employers – said he had met recently with Trust Chief Executives and asked the question whether it was necessary for the DPGME to be a medic?
11. Clinical Tutors / DPGMEs are obviously feeling unsettled and threatened – half a day was spent putting together a list of core responsibilities to draw up a new generic Job Description
12. Discussion on Junior Doctor Assessment – e.g. HCAT – concerns raised around who owns the data, no junior doctor had signed consent forms for their data to be stored – individuals can be identified and are identified in emails which also contain personal info and comments about juniors. The question was also raised as to how a junior who had passed all assessments could then go on to fail his / her programme?
13. Serious concerns re cuts in funding and impact of Study Leave
14. NAMEM needs to respond formally to the documents circulated – Drina to respond in writing by 19 January

Andrina Hardcastle

EXECUTIVE OFFICERS

Chairman - Mrs. Andrina Hardcastle, Bassetlaw Postgraduate Medical Centre, Blyth Road, Worksop, Notts, S81 OBD. **Tel:** 01909 502915. **email:** drina.hardcastle@dbh.nhs.uk

Vice Chairman - Lynne Laver, The Royal Hallamshire Hospital, Medical Education Office, 8 Beech Hill Road, Sheffield S10 2SB **Tel:** 0114 271 3486. **email:** lynne.laver@sth.nhs.uk

Treasurer - Andrea Thomson, Charles Hastings Postgraduate Centre, Worcester Royal Hospital, Charles Hastings Way, Worcester WR5 1DD. **email:** andrea.thomson@nhs.net

Secretary - Mrs. Ruth Bycroft, PO Box 375 York, YO10 3WQ. **Tel:** 01904 414832. **email:** ruth.bycroft@btinternet.com

Assistant Secretary - Susan Smith, Wansbeck General Hospital, Woodhorn Lane, Ashington, Northumberland NE63 9JJ. **Tel:** 01670 529668. **email:** susan.smith@northumbria.healthcare.nhs.uk

Training Programme Registrar - Andrea Palmer, John Turner PGMEC, Warwick Hospital, Lakin Road, Warwick CV34 5BW **Tel:** 01926 495321, extn 4921. **email:** andrea.palmer@swh.nhs.uk

Training Programme Bursar - All enquiries to the Training Programme Registrar.

Newsletter Editor - Judi Sharpe, Education Centre Southend Hospital NHS Trust, Westcliff on Sea, Essex SSO ORY. **Tel:** 01702 221083. **email:** jsharpe@southend.nhs.uk