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We are delighted to be back online after the period of purdah during the recent parliamentary elections. In this issue, we would like to highlight the ongoing changes to clinical education. There are new undergraduate medical places planned along with a significant expansion in Physician Associates, Nursing Associates and supporting nurses. The Nursing and Midwifery Council has embarked on a major revamp of continuing education and appraisal of nurses with the institution of revalidation but with some key differences.

Andrew Deane, Trust Liaison Dean for North Central London
Indranil Chakravorty, Trust Liaison Dean for North East London

Developing people for health and healthcare
www.hee.nhs.uk
Editorial

The role of healthcare professionals working shoulder-to-shoulder with colleagues in other emergency services has been exemplary. Ensuring that we continue to attract people to work in our health system and at the front line remains key. The results of the HEE Listening to Trainees document and subsequent consensus plans for improving junior doctors’ lives offer a positive approach.

Amongst all these challenges, AoMRC has published its guidance on the combination of reflection and feedback as an integral part of healthcare learning and encourages trainees and trainers to view each contact with a patient as an opportunity to reflect/feedback and enrich one’s learning. HEE is supporting NHS England’s mission to encourage take up of Genomics education for every trainee and is offering interested trainees to undertake a new Masters in Genomics. HEE’s mission in improving flexibility in healthcare education, support for LTFT training, alternative pathways of training, attention to work-life balance and accelerated return to training are some of the other highlights in this newsletter. As always we would be delighted to hear of your innovations and ideas for the newsletter. Contact either Andrew Deaner or Indranil Chakravorty by emailing michelle.hagan@hee.nhs.uk

NMC announces radical overhaul of nursing education

In addition to Enabling Professionalism in Nursing, NMC has embarked on a new education consultation giving patients, the public and healthcare professionals the opportunity to shape the future of nursing. From hospitals and schools to care homes and the workplace, over 650,000 nurses deliver high quality care to millions of people across the UK every week. With a changing population, more care in the community and advancing technology, care must be delivered differently. The Nursing and Midwifery Council (NMC) is seeking views on a review of the standards that UK trained nurses will need to meet before they can work as a registered nurse. The views of the public will be vital in helping to shape what nursing will look like in 2030.

The consultation also sets out proposals for a new education framework for nursing and midwifery education. The proposed framework details a range of new outcome focused standards for education institutions and practice placement partners. Over the next few weeks NMC want to hear from as wide a section of society as possible and will be running a series of events open to anyone who wants to hear more or share their views. Through the hosting online events, Twitter chats and workshops across the four countries of the UK, NMC will be discussing plans and listening to views. Get involved and join the conversation on social media using #nurse2030. The consultation on proposed pre-registration education standards for the future nurse runs from 13 June until 12 September.
AUGUST 2017

Lead Provider Transition

Angela Fletcher, Health Education Team (HET)

The February update outlined some consultation events that were being held to test the new models of working with trust representatives, trainers and trainees. A summary of those which were in the process of inclusion in forward plans were:

- Prepopulate the Form R with information from Intrepid
- LTFT forms have the ability to upload evidence fixing it to the LDA in real time, automatically sent on to the next person for authorisation sequentially, and receipted and referenced at each stage ensuring tracking functionality for Trust & Trainee
- Explore potential to fix programmes for longer
- Rotation grid to provide forward view to where the trainee is likely to be rotating next
- Explore the potential for Synapse networking so that trainees are able to see where their colleagues and peers are rotating next. Interactive system with an embedded twitter feed
- All travel expenses to be held in one place on a single system
- LPMDE website to be more of a prospectus, which sells the programme and region, showing an example of rotations and placements, detailing competition ratios, examples of what current trainees are doing in programme etc.
- Holistic view of the overarching regional training days across LaSE regional/local, including topics, and having transparency of attendance

- Request for ARCP outcomes and revalidation to appear on Trust Grids
- List of approved sites in LDA for trust
- Trust grids showing more than one rotation at a time where possible i.e. CMT

All regional training days will be advertised on Synapse with a link to the events system. HEE’s HET will be working with TPDs and trainee reps to get the information on Synapse into better shape and this will happen over the Summer and Autumn. All policies will be moved onto the publically accessible front end of Synapse.

Specialty Training Committees and School Boards

The governance arrangements for the School structures have now been agreed by HEE. Each School will have a Board that will meet 2-3 times per year and a number of Specialty Training Committees (STCs) that will report into the Board. The Boards will be chaired by a Head of School.

Head of Schools will determine the number of STCs required based on trainee numbers and geography with STCs being chaired by a Training Programme Director. The schedule of dates is being drawn up and current STC Chairs and TPDs will be included in setting future dates.

STCs will be held in Stewart House wherever possible, and we will work with TPDs where this isn’t the preferred model for practical reasons. Further information will be available from HETbusinesssupport.lase@hee.nhs.uk

The Tariff Guidance and FAQ documents referred to above can be found on the HEE website.

Revalidation for nurses and midwives is different

Revalidation is the new process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC. Initiated in April 2016, revalidation is straightforward and will help a nurse or midwife to demonstrate that they practise safely and effectively. It is designed to encourage reflection on the role of the Code in practice and demonstrate that nurses are ‘living’ the standards set out within it. This new process replaces the Prep requirements, and nurses will have to revalidate every three years to renew their registration.

Revalidation is owned by the individual, rather than being employer-led. Individuals take responsibility for meeting the requirements and choosing a confirmer. Revalidation takes place as part of an appraisal, if possible, whereas appraisal is mandatory for doctors.

In medical revalidation, a ‘responsible officer’ makes a recommendation that a doctor is fit to practise and should be revalidated. With revalidation for nurses and midwives a confirmer will check that the nurse or midwife has met the requirements of revalidation, but they will not be asked to declare them fit to practise. Revalidation is not about whether a nurse or midwife is fit to practise.
Improving Lives of Junior Doctors

**HEE Report, March 2017**

HEE recognises the current low morale of junior doctors, an issue that was starkly highlighted by the recent junior doctors’ dispute. Having carried out a listening exercise in late 2016 they published ‘Junior doctor morale: understanding best practice working environments’ in which they explored the issues leading to low morale but also looked at working and learning environments that have had a positive impact on junior doctors’ working lives. On March 14th 2017 HEE have published ‘Enhancing junior doctors’ lives’ in which they update us on steps taken so far.

Some of the key areas for action in this report were:

- valuing healthcare staff including junior doctors;
- reducing inequity in study leave ensuring that essential costs of training are not borne by junior doctors;
- creating more flexibility to doctors with regard to deployment which will benefit doctors with special circumstances who need to train in a certain area, and those who want to train in the same areas as their partner and those who want to move region; pilots planned to look at different ways to increase flexibility in training, optional reductions in hours, and allowing doctors to pursue less pressured training opportunities in parallel to standard training programmes;
- legal protection for juniors raising patient safety concerns.

**New Approach to Study Leave Management**

The working group has developed proposals for greater coordination and control of the study leave budget to ensure that all trainees receive the funding required to progress through their specialty curriculum, across the whole length of their programme.

This would replace the current system, where trainees generally receive a notional fixed annual allocation, which does not necessarily cover the required costs of meeting their curriculum requirements.
Letter from Burma 2

I’ve just returned from a second working trip to Myanmar. On this occasion I’d committed to clinics in the small town of Thanbyuzayat and interventional cardiology in the capital, Yangon and was accompanied by a cardiac physiologist, to do the echocardiograms. Over 5 days, I saw more than 250 patients and Katherine Hawes, my physiologist colleague, scanned 168 of them. The local physicians had done an effective job triaging patients, so the proportion with significant pathology was higher than at my previous visit. As before, I saw many with advanced valvular heart disease as well as some with congenital heart disease and many with coronary disease.

I was frustrated by the lack of awareness to anticoagulate patients with severe mitral stenosis, even if in atrial fibrillation. Several had already had strokes. The challenge appeared to be the cost of regular INR checks; my plan is to raise funds to purchase a hand held ‘Coagulochek’ machine plus a regular supply of reagent strips. In such a simple way, we could save lives.

Access to definitive treatment, whether it be percutaneous intervention or open heart surgery is mainly restricted to the few who can afford to pay. To try to facilitate greater access to treatment for those who cannot afford it, I had made contact with the cardiac units in Yangon. I arranged to spend a few days in the cardiac catheter lab at North Okkalapa General Hospital (NOGH), part of University Medical School 2. I was able to arrange for patients requiring coronary angiography and possible angioplasty to travel up to this unit, where treatment is free of charge. My colleague from Barts, Dr Mike Mullen who is an accomplished structural interventionist, flew in for two days and we were able to perform the unit’s first six Mitral Balloon Valvuloplasties whilst teaching the local consultants the technique. Teaching techniques is the key to developing sustainable local services.

We hope this is the beginning of a long association between Barts and NOGH. Furthermore, this could be the beginning of an effective cardiac network within Myanmar where patients away from the main cardiac centres are seen locally for initial assessment prior to being sent to Yangon for intervention.

Dr Deaner, centre, with the cardiac catheterisation laboratory team at North Okkalapa General Hospital (NGOH)
Geoff Hinchley

Geoff Hinchley, who sadly died last year aged 56, was a talented and much respected Head of London School of Emergency Medicine. He was personally responsible for many transformation projects improving the lives of patients in ED, providing excellence in PG training and increasing the attractiveness of Emergency Medicine for a generation of trainees.

Born in Barrow-in-Furness, Cumbria, Geoff went to Barrow boys’ grammar school, where he excelled academically and in sport. He then studied medicine at Charing Cross hospital, London. He was gregarious – running the student bar and compiling a notorious anthology of rugby songs – but always gentle and soft-spoken too.

He trained in Jersey, Charing Cross and Plymouth and as a ship’s doctor aboard the liner Ocean Pearl, during which he witnessed the aftermath of the Tiananmen Square massacre. The experience affected him deeply.

He trained as a Registrar at the Derbyshire Royal Infirmary. Geoff acquired a degree in medical law and volunteered with the Derby Friend LGBT helpline. He became a consultant at Chase Farm hospital in Enfield, north London in 1995, and was clinical director of emergency services there for 11 years. He remained with the trust – latterly at Barnet– until illness forced him to retire.

He was committed to the British Medical Association, serving on several committees and as a member of BMA council.

Geoff was a caring mentor to his junior colleagues but his passion for medical education took flight when in 2008 he became Head of London School of Emergency Medicine. He revolutionised the allocation of trainees across the capital, so that it was no longer based on historical precedent or old loyalties. As a tribute to his achievement, the London School has renamed its principal auditorium after him. HEE staff joined together on Tuesday 4 July to celebrate his life and contribution to healthcare education.

Your North Central and East London contacts

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To contribute your articles and views for the next edition of the newsletter please email Michelle.Hagan@hee.nhs.uk