

## Local Academic Board Meeting

Tuesday 25<sup>th</sup> June 2019 10am-12pm

Robert Hardwick Room, Maidstone Academic Centre  
Hermitage Lane, Maidstone, Kent, ME16 9PH

### Attendees

██████████ (DME) – Chair **AS**  
██████████ (County Dean) **AB**  
██████████ (Head of School) **AF**  
██████████ (Head of Library & Knowledge Services MTW) **EA**  
██████████ (Locality Tutor Medway) **ASar**  
██████████ (Leadership Lead) - **KS**  
██████████ (Higher Trainee TPD – Forensics) **SO**  
██████████ (Higher Trainee Rep) **ERB**  
██████████ (Medical Education Manager) **AP**  
██████████ (Medical Staffing) **JK**  
██████████ (Postgraduate Administrator – Minutes) **LEF**

### 1. Apologies

██████████ (Locality Tutor East Kent) **AI**  
██████████ (Higher Trainee representative) **VV**  
██████████ (Director ICT) **LM**  
██████████ (Locality Tutor –Maidstone) **LP**  
██████████ (Librarian)  
██████████ (Higher Trainee TPD) **TA**  
██████████ (Core Trainee representative) **JL**  
██████████ (Consultant) **RH**  
██████████ (Training Programme Director) **VD**  
██████████ (Consultant) **SH**  
██████████ (Deputy Medical Director) **CK**

### 2. Approval of minutes from previous LAB meeting 26<sup>th</sup> March 2019

#### Page 1

- EK ECT closure concerns: it was confirmed that the unit will continue running as the business case is still open. There is a possibility that both EK and WK ECT sites will stay open.
  - **ACTION:** AP continued monitoring.

#### Page 1

- St Martins Relocation schedule. Samphire Ward was schedule to move on 17<sup>th</sup> June 2019 but this was put forward by a week, so should have moved yesterday. Laurel House no longer moving to EACO. At the moment Medical Education is still due to move to Home Loan Store at end of year.
  - **ACTION:** AP/AS to stay up to date.

#### Page 2

- New Walkie/Talkies are at Dartford, but not in use yet as the protocol is still being finalised by trainees. Once finalised the protocol will be circulated. The switchboard team will hold the second walkie talkie during out of hours and there will be a named ward contact each day. There are no porters at any site and so often doctors are relying on Crisis Team staff to escort them. In Dartford the different units mean that doctors have to walk outside to get to them. In newer hospitals this isn't the case as all services are under one roof. Acute Trusts have security staff who can help. We need to keep in mind that Walkie Talkies are only for communication and to be used in an emergency, they are not a deterrent or prevention of any kind. We need data, scoping to get a fuller picture. We should not be just waiting for an incident to happen before we look into this.
  - **Action:** AP to inform trainees when the walkie/talkies are ready to use.
  - **Action:** Action for KS/AS to see if this project excites any trainee - to support/monitor travel between sites, incidents, measure risk and identify why we have a need for a porter.

#### Page 2

- Laptops for trainees: a new protocol has been written and circulated.

#### **Previous LFG Minutes from 8<sup>th</sup> Nov 2018 – Outstanding Action points recorded in LAB**

- Blood taking: no longer an issue in East Kent. Not an issue in Medway either. Some localities still need to talk to Matrons.
  - **Action:** AI still on the case and will continue monitoring.

#### Page 3

- Inpatients/Community exposure for trainees: locality tutors have been looking into this to see how this exposure can be improved going forward. AS has had conversations with tutors and AI is starting to implement this in East Kent but it will take time. We need to look at Job Descriptions and Timetables making adjustments to include community exposure. Hopefully things will be better for the August 2019 rotation. Job plans need to be clear so that clinical supervision is robust.
  - **Action:** Locality Tutors, AS and AP to continue looking into this.

#### Page 3

- Broadening Foundation: F1 should only spend 1 day a week back in the Acute Trust hospital to keep up to date with clinical skills. The exception would be if a Trust asks for their trainee can be released to shadow their next specialty in the acute Trust before they rotate. This is not mandatory and the decision needs to be made by the supervisor in consultation with Tutor/DME – reciprocity from the acute hospitals also expected.
  - **Action:** AB to make sure it is clear with Acute Trusts that it is only one day.

#### Page 4

- Dairy Card exercise has been restarted. There were not many responses so it is being repeated in the hope of gaining more responses.

#### Page 4

- Laptops: Currently for core/highers, their laptops are with them for 3-6 years, but GP/Foundation trainees are given laptops for 4 months and returned. The different practices for different grades have led to confusion. A new protocol has been agreed with IT for junior doctors and now laptops should stay in departments and get passed onto the new trainee on rotation. The new protocol has been circulated to the trainees and AP has

already received some questions. There are clearly some teething issues that will hopefully be overcome. The new protocol will be sent to new supervisors on each rotation.

#### Page 4

- SupportRTT: there is now a link to the SupportRTT programme on Medical Education Website.

#### Page 5

**HE KSS Report AF Amendment:** The second bullet point should read, "National Core Recruitment has improved nationally".

### **3. Approval of minutes from previous LFG meeting 23<sup>rd</sup> May 2019**

#### Page 1

- ECT East Kent: Already mentioned in LAB minutes.
- Bloods taking issue: Already mentioned in LAB minutes. LP is making sure that this is being actioned in Maidstone. AI has advised and spoken with Matrons in EK.
- Standing down protocol: AP chased and this has now been circulated for comments by Medical Staffing. In the last protocol, if a trainee was sick it was the responsibility of the consultant which the DME highlighted. Proposal is that it will now be the joint responsibility with the oncall manager. HST tier 2 supposed to step down and be paid £30ph. A query was raised about whether Core and HST are paid same. ERB contacted Medical Staffing to confirm payment is the same. Protocol also mentions Consultant covers if HST not available or unwilling to step down.

Comments:

- AB stated that one person shouldn't be asked to cover both Tiers. There should be two Tiers provided.
- There is a list of bank doctors with switchboard, but there aren't many doctors on this list.
- Colleagues need to comment on the protocol that has been sent out.
- **Action:** ERB to find out if HST are covering same duties as Core Trainees.

#### Page 2

- Discharge summaries needed for patients being sent to 136 suites. AP followed up with [REDACTED] and [REDACTED]. [REDACTED] has also contacted [REDACTED].
- **Action:** Update needed from [REDACTED].

#### Page 3

- Doctors' Room in Thanet, concerns over accessibility by other people who can access it using the key pad.
- **Action:** On-going, await report back from AI and [REDACTED]

#### Page 4

- Community and Inpatient exposure for GP trainees during 4 month rotation. A discussion was held about the possibility of a 2 month community with 2 month inpatient schedule but this was considered too disruptive and was dropped. AI is working on new timetables in EK to improve this situation.

Core feedback:

- Priority House swipe card issue has been resolved.
- AP to work with AS for standardizing doctors rooms across sites. There will be money coming from the deanery to use for this in Q2.
- **Action:** AP - on-going as site moves pending.

#### Foundation feedback:

- Laptop issue resolved, a new protocol has been emailed by AP to all supervisors.
- Consultants not being available. This issue has been taken up by the Clinical Leads.
- Fobs/Cards are often not ready for trainees at start of rotation. This has been resolved, correct contact identified and names of doctors for each rotation will be forwarded.
- Regarding Inductions, junior doctor input is very important. An action plan to incentivise the trainee giving induction talk about bleep cover etc. is being implemented.

#### GP Feedback:

- Undermining issues. These are being looked into [REDACTED] as clinical lead.

#### Page 5

- (Note: Action point listed in wrong location of minutes, should have been part of GP Feedback) DK action regarding undermining was done and currently being addressed as above.

#### Recruitment, selection and appointment.

For information: New self-funded posts; there will be four new core posts from August 2019. Three out of four of these core posts have been filled.

#### Library Report

AP circulated the link for the Maudsley Prescribing Guidelines in Psychiatry free trial.

#### 5. **Library Services Report**

- HEE have finalised and ratified the new Quality Standards document. Organisations will be far more involved as the emphasis has changed. There will be a requirement to submit evidence not only showing that an action was done, but also reporting on the impact and responses of/to that action. KMPT will be kept in the loop. Returns are due next year and there are 6 criteria.
- Library services have been involved in supporting the new Medical School establishment.
- There are still lots of books on approval in the library.
  - **Action:** EA to send list of the books on approval to AS.
  - **Action:** EA to build on report from other libraries (Darent Valley, Medway, East Kent) with KMPT.

#### 6. **Medical Director Report**

- AS reported that [REDACTED] is currently the Interim MD. Interviews were held and the person appointed will be taking up the post in a few months' time. The name of the person has not been officially announced.

#### 7. **Tutor Reports**

- Medway:  
ASar reported that things were positive in Medway. There is a new development with the Medway Community service and MIMHS moving to a new hub in Gillingham. The next meeting to discuss this move is in July. The DME has a written document with clear guidelines on what needs to be provided for trainees and trainers. The new building will contain many teams. The mid-term reviews went well, no new issues.  
AS: Two Consultants have left Medway due to retirement. Another is leaving after only 8 months in post.

AP: Ruby ward in Medway (and also Orchard Ward in Maidstone) are due to be refurbished; locality tutors have been made aware of this. Placements and OOH's cover is being reviewed to cover the dates of refurbishments.

- Dartford:  
AS reported nothing new arising. Mid-Term reviews took place. Laptop issues have been resolved. An issue with a trainee regarding tasters has also been resolved. At the Dartford local induction there was no junior doctor to give the talk – ██████████ covered some topics later.
- Maidstone:  
LP not present.  
AP: There has been an issue with locum cover on Chartwell Ward, LP has been covering site to resolve this situation. F1 currently placed there has been affected by the changes.  
AP: LP has proposed that the F1 in Liaison and the F1 in Chartwell share jobs to give both a better variety of exposure.
- East Kent: Not present.

## 8. IT Report

Apologies, LM not able to make it to the meeting, so no report.

## 9. HE KSS Report AB

- AB reported that the deanery is moving from LASE and creating its own identity. Support for visits much better.
- Quality is now based at Crawley and there have been improvements made to processes. Quality is a huge success at the moment.
- On the downside, many services have gravitated away from London. Some are still in London but are slipping.
- GMC due to publish results on 1<sup>st</sup> July 2019.
- Network meeting for SupportTT, ASar is attending this to represent KMPT.
- ██████████ was appointed 6 weeks ago as Simulation Lead and Human Factors lead. He is taking time to see how things are currently working and for where overlaps exist, then will look at building a strategy.
- Medical Humanities – was a conference in March.
- Regarding F1's, we need to make sure supervision is watertight and that they are not left on their own to do assessments.
- DME wrote the editorial for British Journal of Hospital Medicine with his FY trainees.

## HE KSS Report AF

- ARCPs will be held tomorrow and next Friday, 26<sup>th</sup> and 28<sup>th</sup> June 2019 in Crawley.
- Work on feedback reports for Supervisors will start tomorrow.
- As flagged in LFG, issue with Highers not being informed of placements. Part of the reason for this is that the IT system behind the Trainee Portal can't handle post information as a Psychiatry post may have many different site addresses. Acute Trusts don't have this issue as they are all based on one site. There is also an issue with posts for LTFT slot shares as the Trainee Portal does not recognise when 2 x LTFT trainees slot share but are placed in different posts. TPD's had to chase for information. Medical Education had to inform the trainees of their posts.  
AP: Unfortunately there is still information which is incorrect on the portal and emails have been sent with correct information.  
AB: Agreed that the quality of information is not good.
- Higher recruitment still a concern. Hopefully having more Core Trainees will in turn boost Higher recruitment in due time.

- CAMHS / Forensic recruitment is full in Sussex but not in KMPT. Vacancies in Kent.
- GA/OA not good in KMPT, but o.k. in Sussex.

#### 10. Trainee Updates:

CORE: VW – sent apologies and reported no new issues arising.

- AS and AP met with the Core trainees to discuss any issues and facilities.
- AS attended MRCPsych meeting. It was agreed that two of the MRCPsych teaching days will be held in Kent this year. Day 1 = research methods Day 2 = Liaison and Perinatal Psychiatry.
- AS: An E-Portfolio conference for supervisors was organised but very few came which was disappointing. TPD will be available at next Calman day for further questions.

HIGHERS: ERB

- Higher Trainees are happy with their August placements.
- Issues regarding ARCP notification as not enough time given to put portfolio together. There was also lack of clarity around which forms needed to be done and trainees struggling to find forms/information on Synapse. Guidance for ARCP is on Synapse and was produced by AF.
  - **Action:** ERB to email AF with list of what the trainees struggled to find on Synapse.

#### 11. Curriculum Issues

AS: no current issues within KMPT.

AS reported that VV is attending the RCPsych curriculum meetings and will report back. She also provides teaching sessions on the junior doctors teaching programmes.

#### 12. Leadership

KS is in the process of pulling together leadership programmes that are happening across the trust. There will be a new Leadership programme for Consultants led by Nigel Ashurst. We already have a programme for Higher which is facilitated by Sussex. However there is no structured program for Core or Foundation trainees. There is a programme in Medway called Medi-Lead which has been going for four years now. It is delivered by Medway Hospitals NHS Foundation Trust and has also been adopted by the East Kent University Hospital Foundation Trust. The programme runs from September to May and involves meeting once a month on average. It is aimed at both core and higher trainees. KS has liaised with [REDACTED] to discuss if KMPT trainees could attend. Medi-lead has a good programme with lectures, interesting sessions and QI project support. They have reported that trainees who engage feel more connected to Senior Management. KS would like to propose that we set up something similar within KMPT with links to this programme.

#### 13. AOB

- ASar: A Cricket match was played on Sunday 23<sup>rd</sup> June - Consultants Vs. Trainees. It was well organised with a good turnout including supporters. It was very competitive. There was one female player, another was expected but was unwell. The Consultants won (again). Special thanks to AP and her husband for help on the day.
- AS: A new Education Registrar will be joining Medical Education on secondment from the Medical Staffing team. Start date to be confirmed.
- AS: L&D in KMPT have started to charge in region of £75 when trainees DNA for mandatory training that they are booked on. This is a trust decision. The affected training relates to service provision requirements and is not a part of teaching/training or events provided by Medical Education. Med edu/DME should not be treated as line managers for

the trainees as they work in different service groups with different consultants which should address this.

AB: there is nothing in tariffs to say we should be paying for this.

- **Action:** AS/AP ongoing communication with L&D.
- **Action:** LEF/AP to remove the ambiguous Mandatory Training tick box from Study Leave form.
- AS/AP: Maidstone Academic Centre Office: we have been given 2 months notice to vacate the office. When we spoke to Medical Education MTW we learnt that they were not aware of this development. As we share trainees and work closely together on many issues this notice does not make good sense. The notice has come from L&D who wish to use the office for three or four new apprentices who they are in the process of recruiting.
  - **Action:** AS to write to Medical Director MTW Trust regarding this situation, copying in AB.

**Dates of Future LAB Meetings (2019):**

Date	Meeting	Time	Host Location	Host Room
<b>Tuesday</b> <b>10th Dec 2019</b> <small>(was Tue 3rd Dec 2019)</small>	<b>LAB</b>	10 - 1pm	Maidstone	Alan Pentecost Room - Academic Centre <b>Lunch Provided</b>