

Local Academic Board Meeting

Tuesday 10th Dec 2019 10am-12pm

Marie South Room, Maidstone Academic Centre
Hermitage Lane, Maidstone, Kent, ME16 9PH

Attendees

██████████ (DME) – Chair **AS**
██████████ (Head of School) **AF**
██████████ (Higher Trainee Rep) **ERB**
██████████ (Core Trainee representative) **JL**
██████████ (Head of Library & Knowledge Services MTW) **EA**
██████████ (Medical Education Manager) **AP**
██████████ (Education Registrar) **LMac**
██████████ (Postgraduate Administrator – Minutes) **LEF**

1. Apologies

██████████ (Locality Tutor East Kent) **AI**
██████████ (County Dean) **AB**
██████████ (Higher Trainee TPD – Forensics) **SO**
██████████ (Leadership Lead) - **KS**
██████████ (Higher Trainee representative) **VV**
██████████ (Locality Tutor Medway) **ASar**
██████████ (Director ICT) **LM**
██████████ (Locality Tutor –Maidstone) **LP**
██████████ (Higher Trainee TPD) **TA**
██████████ (Consultant) **RH**
██████████ (Training Programme Director) **VD**
██████████ (Deputy Medical Director) **CK**

2. Approval of minutes from previous LAB meeting 25th June 2019

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- EK ECT closure concerns: Update received 29/11/19 from ██████████ that from the 9th of Dec 2019 ECT will temporarily close to trial centralisation of the ECT service in Maidstone. We will therefore not be able to provide ECT visits in Margate.
- Cores will continue to manage their own ECT training. Most have been doing their training in Maidstone anyway as it's an easier location.
- We need to make sure ██████████ is aware that more trainees will be passing through the Maidstone ECT site. Will the Maidstone ECT suite be opening more frequently to accommodate higher numbers? Who is leading the changes?
 - **ACTION:** AP to request an update by email from ██████████ and continued monitoring.
- St Martins Relocation scheduled now for 21st/22nd January 2020, but there is a plan B to move on 14th Feb 2020 if January isn't achievable. AP is still clarifying some finer details. We have been told that each department has to pay for moving big furniture and new desks also need purchasing as the current ones don't meet requirements. On Call rooms will be moving to the ECAO in March, which is where the new doctor's resource room will also be located.
- Samphire Ward has now moved. Laurel House move details are still to be decided.
 - **ACTION:** AP/AS to stay up to date.

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- New Walkie/Talkies purchased for Dartford, but complications arose when trying to agree a protocol for their use. AP had agreed with Dartford switchboard that they would hold the stationary Walkie/Talkie and everything was ready to go, but then was informed via John Carey that the switchboard couldn't perform this duty as they take so many difficult calls and this new responsibility could conflict.
- AS has emailed the new MD regarding the update from the last LFG advising her of what has been happening so far with this.
- [REDACTED] has suggested that Nurse Lead should respond to Walkie/Talkie and will put this in an email so that we can close this action.
 - **Action:** AS and VW research project focusing on security in KMPT. This will also explore whether or not people feel a night porter would be useful.
 - **Action:** AP to email [REDACTED] for an update on the proposal of the Nurse Lead responding to the Walkie Talkie.

Previous LFG Minutes from 8th Nov 2018 – Outstanding Action points recorded in LAB

Page 1

- Blood taking: Both LP and AI have spoken with Matrons and Ward Managers.
VW: Still an issue on Ruby Ward as they rely on bank staff. VW will send a summary to AS.
Action closed.

Page 3

- Inpatients/Community exposure for trainees: Particularly for GP trainees; covered at last LFG. In EK still some issues due to gaps/part-time consultants. AI is rectifying this by swapping inpatient trainees with community trainees for one day a week so that they all get experience of both settings. This is going to take time as every effort is being made to make this work for those involved and minimise travel. EK TPD is about to start a 'Deep Dive' into Psychiatry and will be monitoring GP trainees community exposure. They do not want them to have to arrange their own community exposure themselves. AI will be attending the next EK LFG.
 - **Action:** AI to continue working on Community/Inpatient exposure for all EK GP trainees.

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- Broadening Foundation: F1 spend 1 day a week back in the Acute Trust hospital to keep up to date with clinical skills. This is clear in the South Thames Foundation Study guide. It should only happen during first rotation but does happen throughout the year.
- AF mentioned the Winter Pressures document. AP informed that we have seen the document but not received any requests for KMPT to support trainees.

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- Dairy Card exercise was restarted in Dartford. Did not go anywhere due to lack of responses despite having done it twice.
- SupportTT: Although this can be support for any return to work, this also links in with Differential Attainment and helping trainees from abroad. ASar was the lead for a brief time but has since become a Clinical Lead in Medway Community. [REDACTED] will be taking over after ASar has completed the February seminar.

Approval of minutes from previous LFG meeting 23rd May 2019

Page 1

- Standing down protocol:
ERB reported that a second draft was produced but it still lacks clarity; particularly around payments, responsibility, voluntary/mandatory choices. [REDACTED] (higher trainee) raised concerns at the last LNC. Most of the draft is o.k. however some key points still need addressing. The document needs to help consultants know what they are potentially asking

trainees to do. It was also noted that in reality the need to step down does not happen often. AS emphasised that the document is still a draft. AF said from a Medical Education perspective we need to make sure it doesn't affect training.

Page 2

- Discharge summaries needed for patients being sent to 136 suites. Locality Tutors will be discussing the issue with linked hospitals. This issue is being dealt with in LFGs and can be closed on the LAB minutes.

Page 3

- Doctors' Room in Thanet: on-going concerns raised over location, cleanliness and accessibility by other people resulting in trainees not wanting to use the room. Complaints were raised by trainees at the LFG. A new room has been assigned and we are waiting for delivery of a new sofa bed. This hasn't been communicated yet to the trainees as the room isn't ready. AP is going to visit the location on Wednesday 11th Dec 2019.
 - **Action:** AP - on-going.

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Core feedback:

- Standardizing doctors' rooms across sites. A list of furniture/equipment etc. has been shared with AF. Most items are already in place but other items will be ordered when rooms are ready. There will be a new Medway oncall Room which is slightly smaller. There are no longer KMPT services in the corridor leading to the oncall room so there was a suggestion that a doorbell extension be located in the oncall room, but this was considered unsatisfactory as it would lead to the oncall doctor having to answer everyone.
 - **Action:** AP – to visit Medway site to see what oncall room is like once furniture is in. Backup needs looking into if required.

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Library Services Report

- Library out of hour details for each site have been added to the Library Resources document used in induction packs.

Trainee updates

- Lack of clarity around which forms needed to be done for ARCP and trainees struggling to find forms/information on Synapse. ERB asked trainees what they couldn't find but didn't get very far; lack of response.

AOB

- L&D 'Did Not Attend' charges £75 are now being charged to the appropriate service provision line and not to Medical Education.
- LEF has removed the Mandatory Training tick box from the Core/Higher Study Leave form.

3. Matters Arising

These will be taken as we go through other agenda items.

SARD

AP was asked in a meeting about adding study leave to SARD for SAS and Consultants. AS has discussed this with tutors, leads and TPDs. The feedback was that:

1. Study Leave is the remit of medical education in all KSS and other trusts - this change would be a possible duplication and an override while med edu still do all the work.
2. No other Trust to our knowledge puts study leave on SARD - this is also not the practice in Surrey or East London.
3. Study Leave/CPD is probably the most popular area with consultants/SAS according to regular feedback we receive. This change without consulting them may have consequences for recruitment & retention we are already struggling with.

4. There was an issue with line-managers not knowing when a consultant took study leave. Med edu resolved that 18 months ago by adding to the study-leave form in bold letters that line-managers need to be informed before taking study leave and [REDACTED] was happy with it. Since that info is already there, the need for further regulation is not comprehensible.

5. There was a feeling that KMPT is perhaps the most regulated, meeting-heavy and policy-driven Trust without obvious benefits. If there is a problem with someone; that person needs to be managed rather than issuing a new policy/protocol/intervention for everyone.

6. We need to think carefully about 'innocent' interventions and their consequences before introducing those. Examples were highlighted.

It was advised that KMPT consider carefully before introducing study leave (or even annual leave) to SARD especially without consulting with the Consultant/SAS bodies and/or LNC.

- **Action:** AS – to email medical director to convey Medical Education views

4. Approval of LFG Minutes from 7th Nov 2019 (not yet approved by LFG)

Page 2

- ECT addressed and updated in LAB minutes above.

Page 3

- Bloods addressed and updated in LAB minutes above.
- Walkie/Talkies addressed and updated in LAB minutes above.
- Thanet oncall Room addressed and updated in LAB minutes above.

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- For the new Higher Trainee in Dartford who does oncalls in Maidstone, Medical Education Team will send name to Priority House so that a swipe card is arranged for February 2020.
- Higher trainees: EK Commutes during Oncall duties are still causing concerns. No one has been exception reporting, but they are now clear on reporting and are encouraged to do so. ERB read out an example of one trainee's night oncall experience followed by a 1pm commitment during the day-time, showing how difficult it could be. AP emphasised that there is an oncall room available if a trainee is too tired to travel. AS said there was a need to capture how busy the oncall is by doing a diary card exercise. ERB requested clarity from TPD's about only doing 1 EK post (6 mths). It is an unwritten rule that's not always adhered to, so clearer information is needed. ERB asked if vacancies in West Kent middle tier rota can be offered to East Kent trainees as swaps with locum cover being sought for EK. It was noted that EK is different as there are different tiers. Medical Staffing has previously negotiated with trainees regarding sites covered. LMac mentioned that Maidstone rota always filled out with locums and EK would not be difficult to fill with locums.

- **Action:** ERB – to suggest to Medical Staffing if they could cover WK rota and locums sought for EK.

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- CESR – Highers feeling worse off as they have less flexibility, less work life balance than trainees on CESR. It would be good to incentivise those choosing Higher Training with a reward/bonus for choosing training. ERB said that if HSTs didn't have to do EK post or travel/commute it would help. But, if SAS acting up – who is going to do SAS work?

- **Action:** ERB – to attend Recruitment and Retention meeting this week and raise issues.

- Medway trainees who haven't had a Dartford Induction: This is now being actioned.
- Medway ward based post concerns: reason for issues was that cover was needed for others who were sick, Dr Agada covering while Dr Umoh away.

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- F1's unhappy doing surgical oncalls: AP fed this back to MTW Trust but was told that they had recently received excellent feedback about this!

- **Action:** AP to contact MTW for outcome of what was discussed at their LFG regarding oncall Surgical cover.

5. Library Services Update

- Journal renewals process: Returned Journals and have added some new journals.
- Maudsley online prescribing guidelines trial version has been purchased. An Athens account is needed to access it. We have unlimited access, bookmarks can be used and it can also be downloaded for offline use. It can be printed 20% at a time. The platform can be set up in various ways and so we are looking at how best to do this.
- Looking into more e-books as this is more useful for Psychiatry since it is geographically spread out.

6. Medical Directors Report

Apology from the New Medical Director, [REDACTED], was given. AS has met with her and found her to be very supportive of Medical Education. She is currently focusing on getting to know various people in KMPT.

7. Tutor Reports

Apologies from locality Tutors. AS & AF have been interviewing for new Tutors as it has been a time of transition for three locations where three consultants with commitment to medical education have been in shadowing roles:

Dartford: [REDACTED] was acting as interim Tutor since Feb. She is now taking the role on after successful interview.

Maidstone: [REDACTED] will be stepping down as he is interested in another role. [REDACTED] has been shadowing him, was successful at the interview, and will take over in the New Year.

Medway: [REDACTED] located in Dartford but looking after a Medway ward has been shadowing [REDACTED]. She was successful in the interview and will take over in the new year.

- Mid-Term reviews have taken place. Feedback positive as usual but smaller issues are being dealt with: Dartford (security out of hours + a case recurring undermining), Medway (lack of substantive consultants + journal club/Balint group leads + Ruby ward in Dartford due to refurbishment), East Kent (projects taking place locally looking at Community/Inpatient timetables for GPs).

8. IT Update

Apologies from [REDACTED] who submitted the following report post-meeting:

- *We are updating all computers with Windows-10 at the moment so over the next few weeks everyone will receive an updated computer. Some of these will be new, some will be existing machines that have been rebuilt but everyone will get a machine that works well and I hope that starts more quickly than the one you have currently.*
- *The electronic observations project seems to be going well still so hopefully people "in the know" will be able to confirm that.*
- *We will be starting on two new projects in January; electronic prescribing and electronic referrals. There will be some communications coming out on these after Christmas I believe.*
- *Assuming the business case is approved, we will also be starting work in the New Year on developing the Kent Care Record which aims to develop a fully integrated record for every person in Kent (which we will be able to access through RiO).*
- *We are about to trial some software in the CRHT teams to facilitate working with RiO in the community and hopefully will be able to get approval, assuming it works well, to deploy this option across all community based services.*
- *Subject to funding we might also be looking to implement a bed management system next year.*

9. HEKSS Update

AF informed the meeting of the following points:

- It has not been possible to form a HEKSS deanery due to lack of funding. So they will remain linked to London. HET to continue for now but there are manpower problems. KSS is the junior partner as it is much smaller than London, and accounting for only 1/10 of trainees. It is a stressed service with most of its service dedicated to London.
- The MEMs/Tutors meetings will be combined 3 times a year.
- TIS – use of Higher Allocations still problematic as the system cannot cope with the amount of detail that ideally needs inputting. It can't hold the level of detail required by the Trust.

- GMC approved sites are in a muddle as closed sites have not been removed. A recent computer crash meant that not all trainees go their post details. AP mentioned that it's easier if the Trust sends out the post details particularly as the Trusts know both the GMC site name and actual base names of post locations which are often different. To do this we just need a copy of the TPD's final allocation grid.
- AF has been checking that Trusts have control on finances. This includes time for supervision which is included in the tariff.
- Core recruitment has improved.
- Higher recruitment is patchy, forensic is full, OA is weak and GA is vulnerable.
- There is a need to ensure adequate induction for February starters; they should be invited to the August Induction.
- AF is taking a keen interest in links to the KMMS Medical School.
- Two new Core TPD's appointed as the current TPD's 10 year tenure has ended. [REDACTED] and [REDACTED] have accepted the posts, to begin in the New Year. [REDACTED] will support Core Psychiatry doctors in Sussex Partnership (her own Trust, with more Core doctors) and [REDACTED] those in Surrey and Borders (where he works) and in Kent. Other responsibilities will be worked out in consultation.
- A new HOS has been interviewed and a changeover date is to be announced Feb/March 2020.
- Reminder that CAMHS run through is still a pilot but is likely to be continued into 2021 as it has been successful from a recruitment viewpoint. AP requested clarity about trainees coming to us as run-throughs as this needs to be clear. AP mentioned that at some point a discussion needs to be had about the possibility of changing a KMPT post to a run through post.

10. Trainee Updates

Higher Trainees – ERB

- Current posts well supported and happy with newly appointed posts.
- Request for ARCP tasks to be added to workplace schedule so that a dedicated time is available.
- CESR already discussed earlier.

Core Trainees – VW

- No complaints.
- Only one issue to feedback; some trainees are still having difficulty finding long case patients for psychotherapy in a timely manner. AS responded that he is trying to add another layer to our protocol where Consultants with psychotherapy experience will be supporting core trainees. Only problem is that most patients come from the community so accessing those patients by other consultants is difficult - trying to resolve this. Meanwhile all those having any difficulty should let him know as usual.

11. Curriculum Issues

AS announced that Dr Adam Kasperek will be the new Curriculum Lead.

12. Leadership

Apology. [REDACTED] is in touch with Cavita and the leadership programme which Higher Trainees can sign up to. It is also open to SAS going doing article 14.

13. AOB

- Next Kent Journal of Psychiatry coming out in New Year and will be on the new website.
- AP raised the issue of PA Payments for TIPD's/Tutors not getting paid. AP has raised this with Medical Staffing to make it clear that they are not being funded and AS has raised it with the new MD who will be looking into it.
- AP will be leaving his role in the new year. AS expressed deep thanks to AF for his role so well and willingness to share his wisdom and experience.
- AS also expressed his thanks to [REDACTED] for his work in the role of Core TPD.

Dates of Future LAB Meetings (2020):

Date	Meeting	Time	Host	Host Room
Tue 24th March 2020	LAB	10 - 1pm	Maidstone	Robert Hardwick, Academic Centre, Maidstone
Tue 23rd June 2020	LAB	10 - 1pm	Maidstone	Marie South, Academic Centre, Maidstone
Tue 8th Dec 2020	LAB	10 - 1pm	Maidstone	Robert Hardwick, Academic Centre, Maidstone