

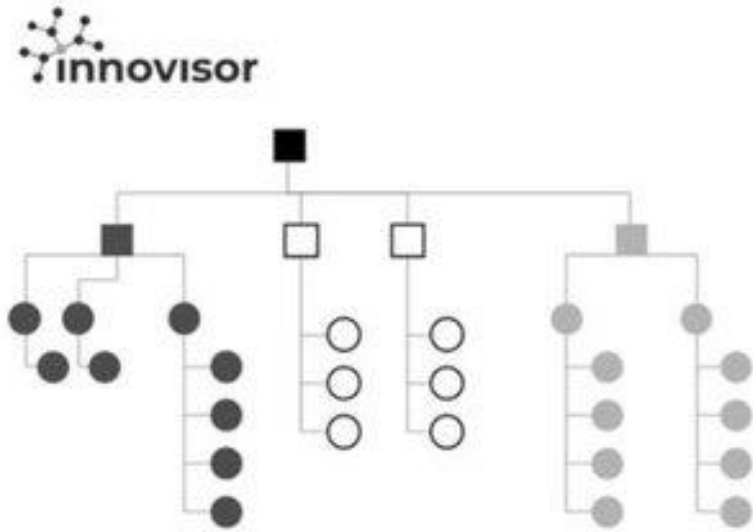


Stephen Lord 2024

Networking for LED and SAS doctors

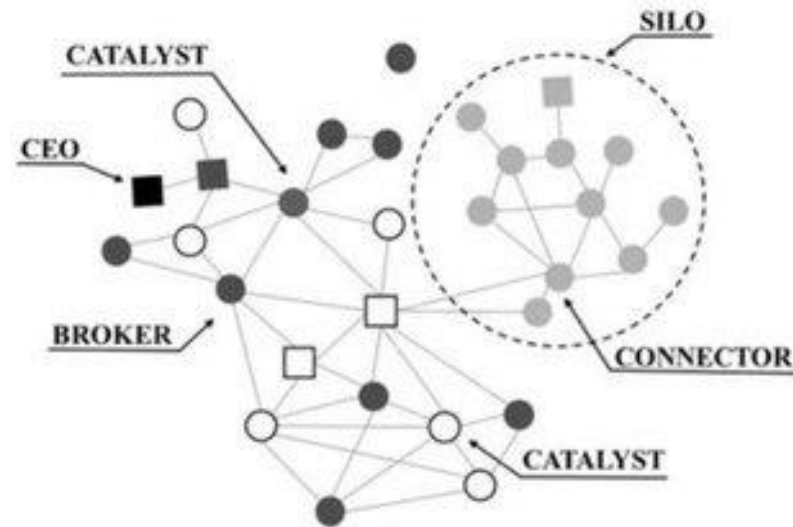


Networking



THE TRADITIONAL ORGANIZATIONAL CHART

THE ACTUAL ORGANIZATION



Loyalty....



Whose opinion matters...in education



Junior doctors' contract
The new 2016 contract



GUARDIAN OF SAFE WORKING
Safeguarding the working hours of doctors

The guardian of safe working has been introduced to protect patients and doctors by making sure doctors aren't working unsafe hours.



Finance Director

Free Certificate

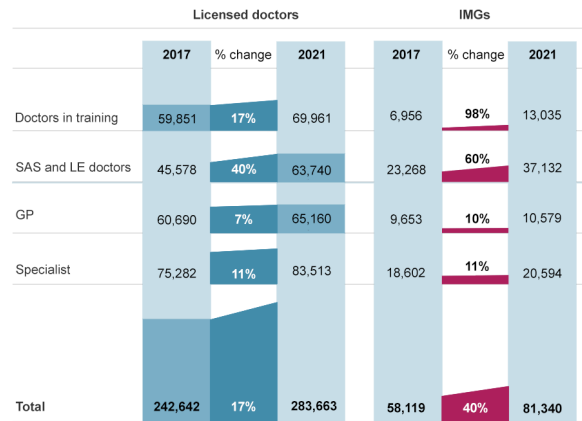


Medical
Education Service
Manager

Band 8a



...but whose opinion really matters...



THE DOCTORS

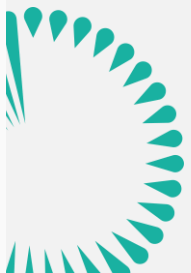
Educational
Supervisor

AND THEIR SUPERVISORS

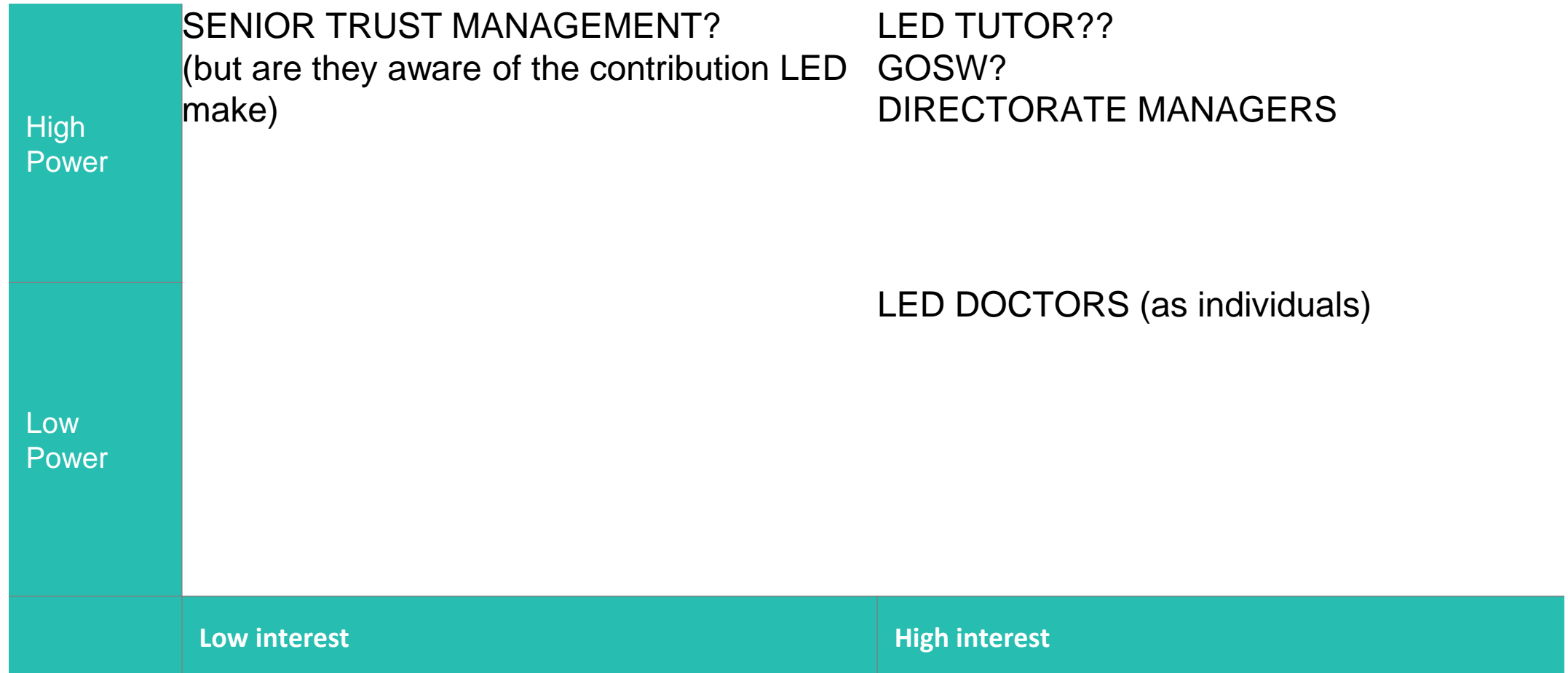


Stakeholders

High Power	Satisfy Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly.	Manage Key stakeholders who should be fully engaged through communication and consultation.
Low Power	Monitor This group may be ignored if time and resources are stretched.	Inform Patients often fall into this category. It may be helpful to take steps to increase their influence by organising them into groups or taking active consultative work.
	Low interest	High interest



Who's important for LEDs



National organisations

...contributes to postgraduate education and training at foundation and specialty level specialty and general practice. Our work feeds into developments in the way that the UK educates and trains our future doctors.

...work collaboratively with educators, learners, researchers and policy makers to promote scholarship and excellence in medical education to meet the changing needs of the future healthcare workforce.

...promotes international excellence in education in the health professions across the continuum of undergraduate, postgraduate and continuing education.

We help protect patients and improve UK medical education and practice by supporting students, doctors, educators and healthcare providers.

...provides a focus for those responsible for the strategic overview and operational delivery of postgraduate medical training in the four nations of the United Kingdom, and by ensuring excellent training, is a key player in maintaining quality of care and patient safety.

We are the UK's leading source of practical educational ideas and advice, supporting our members to learn and share across specialities, regions and countries.

...is the multiprofessional organisation for all those involved in medical education – the education and training of students and practitioners in medicine, dentistry and veterinary science.



General Medical Council



Picture Quiz



So...How can we help you to network?

FOUNDATION PROGRAMME SHARING EVENT

MARCH 25 @ 9:30 AM - 4:30 PM



SAS development
day (Oxford
September)

Spring Meeting
(Ascot May)
"supporting educators"



Who can join?

Anyone with a role in medical & dental education in any setting, whether undergraduate, postgraduate or CPD, is welcome. This includes:

1. Leaders e.g. Deans, Directors, Tutors, Faculty Leads etc.
2. Trainers e.g. Supervisors, trainers, teachers, skills/simulation trainers etc.
3. Managers e.g. Medical Education & Programme Managers, **Deanery / LETB staff etc.**
4. Support Services e.g. careers, support units, coaching & mentoring etc.



Reasons to join us

- We offer:
 - **Professional development opportunities to improve training, organisational and leadership skills**
 - **A network to learn from each other's challenges and experiences**
 - **A library of tools, resources and up to date information to enhance your work**
 - **A platform for members' views, concerns and achievements, amplifying their voices at all national educational committees**



Embark on a transformative journey with BLIME – the comprehensive leadership development programme meticulously designed for medical education leaders.

Over the span of seven enriching days, BLIME offers a deep dive into the essentials of leadership within the context of medical education, setting the stage for innovation, influence, and excellence.

Core Foundations with CorBLIME

The BLIME experience begins with CorBLIME, a two-day intensive residential that lays the groundwork for successful leadership. This core introduction equips you with the fundamental principles of educational leadership, setting a strong foundation for the specialised themes to follow.

Elevate Your Expertise with MorBLIME

Beyond the fundamentals, BLIME invites you to explore MorBLIME – a series of thematically focused sessions designed to hone specific areas of leadership:

MorBLIME Finance

Navigate the complexities of financial stewardship in medical education.

MorBLIME Teams and Influence

Learn how to cultivate high-performing teams and master the art of influence.

MorBLIME Coaching and Mentorship Skills

Enhance your ability to guide, inspire, and develop upcoming educators.

MorBLIME Quality & Performance

Focus on driving quality and maximising performance within educational settings.

MorBLIME Strategy and Change Management

Craft and implement strategies for impactful change and progressive development.

Each MorBLIME module is a blend of theory and practical application, ensuring you emerge with skills that can be immediately applied to your current role and beyond.



Resources

Supporting Educators

A practical approach to managing issues and concerns raised about individual educators

It is the diligent and the courageous who, by giving the difficult feedback, may find themselves challenged. The correct handling of these educators is key.

Jo Szram, immediate past Chair NACT UK





**MEDICAL
EDUCATION
LEADERS**
UK

Standards for best practice in valuing medical educators 2023

In response to the GMC 2023 State of training report Medical Education Leaders UK have developed the standards for best practice for valuing medical educators.

Organisations can use these standards to benchmark themselves and to monitor performance against delivering them.



RECOGNISING MEDICAL EDUCATORS

Statement 1

Education teams should have a programme for recognising and valuing medical educators.

PROFESSIONAL DEVELOPMENT

Statement 2a

Education teams should have a regular programme of professional development within the organisation for their medical educators.

To include:

- Regular faculty updates
- Access to a funding contribution for higher degrees in medical education
- Access to (additional) time to undertake these activities
- Educational lead away days
- Access to funded medical education leadership development
- Access to coaching/mentoring training

Statement 2b

People in educational leadership roles should have a role induction.

Statement 2c

People in education leadership roles should have an educational appraisal annually.

TIME FOR EDUCATION ROLES

Statement 3a

Education and supervision time should be appropriately recognised and remunerated.

Statement 3b

There should be a standard PA allocation for supervision in job planning guidance. This should equate to a minimum of 0.25PA, per doctor in training or LED to provide time for all their clinical and educational supervision needs (Local discretion to be applied for the split across the ES and/or CS roles).

Statement 3c

Educators should be given the recognised amount of SPA time in their job plans to recognise all their educational roles in accordance with job planning guidance in 3b.

Statement 3d

DMEs and Education teams have a responsibility to support educators to ensure they receive appropriate time in their job plan for supervision and education roles.

Statement 3e

Individuals involved in medical education have a responsibility to ensure they receive appropriate time for supervision and educational roles and to escalate any concerns to their local education team/DME.

MAINTAINING THE LEARNING ENVIRONMENT

Statement 4

Every department should have someone responsible for the oversight of the learning environment and this should be recognised and remunerated (Medical Education Leaders UK recommend 1PA for every 20 doctors.)

POSTGRADUATE MEDICAL EDUCATION SCHOLARSHIP

Statement 5a

Education teams should collaborate within regions or with appropriate tertiary centres to allow the development and support of medical education scholarship.

Statement 5b

Educational scholars should be supported to have time in their job plan to undertake educational research.

Statement 5c

Publication costs for high quality medical education scholarship should be supported.

Statement 5d

Education teams should work with a **Statements Poster** to develop the field of postgraduate education research.

Thank you

