

Dr Peter Fletcher, Deputy Dean writes:-

Dr Phil Davies, the Gloucestershire Academy Dean, has asked me to reflect on my time in post as Dean. The story actually begins some 15 years ago with the publication of *The NHS Plan*¹. The planned expansion in medical student numbers meant more students in more UK areas; so both new medical schools and the expansion of existing ones. The latter included at Bristol but the former, the development of the Peninsula Medical School, meant the loss of placements in Devon and Cornwall (~20%) despite Bristol needing more. Thus counties close to Bristol became Academies of the expanded Bristol Medical School.

Nursing and the Allied Health professions were to enjoy a similar expansion in numbers although that promise was quickly reneged on for nursing with the disastrous consequences NHS providers are now facing. Never the less the then strategic health authority liked what the University of Bristol was doing and tried to replicate it for our other 2 NHS student groups but without thinking through how. Deans were thus appointed for nursing and the allied health professions at the 7 academies. Yet despite the high calibre of the appointees what they were supposed to do remained vague and the money predictably dried up. Even so Higher Education and the NHS became closer than previously.

Meanwhile at the University of Bristol things were going in the opposite direction. The Faculty delivering the 5-year programme that trains our doctors split into 2 separate Faculties. This set the scene for the inevitable difficulties with communication, joined up thinking and curriculum delivery that were to follow; this was a university decision that made no sense to NHS colleagues in Gloucestershire trying to work out how to deliver this complex programme.

The University has struggled with the concept of the 7 NHS based Academies truly being University facilities. Sometimes university-based colleagues still refer to students as 'going out' to the Academies. Yet the brilliance of then Programme Director David Mumford's concept of the Academies² was that each Academy has a university-funded infrastructure. It is a university campus; so valuable on many levels but in particular for students' pastoral care.

My role as Dean has theoretically been split 50/50 between ensuring curriculum delivery and providing the last point of student pastoral care before referral back to the medical school. In reality the latter has hugely impinged on the former. This is partly because an army of talented, willing and hard-working colleagues have carried the curriculum delivery responsibilities with only the lightest of touch from me and partly because we have a steady stream of students with very real problems. Yet in a sense this has been the best bit of my job; half-dad, half-doctor, half-teacher, half-problem solver etc etc etc while the eyes and ears of our teachers and our admin team have been central to my ability to carry out this role. I cannot begin to tell you how much pleasure it gives me to see our students overcome often many faceted problems to graduate and register.

DATES FOR YOUR DIARY:-

**Tuesday 15th December
from 12.30pm @
Redwood Education
Centre – Annual
Educational Leads Study
Afternoon for Unit
Coordinators, Unit Tutors
& Element Leads**

**Year 3 Long Case
Exams w/c 14/12/15**

We are seeking examiners for the above Yr3 Long Case exams. If you are available and interested in examining please email angie.coulson@glos.nhs.uk

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Away from the medical school and the academy offices in the real world of the NHS services have changed. The Health & Social Care Act 2012³ has as with all policy lurches made providing patient-centred services even more challenging. Trying to explain how the NHS works to our students is even more challenging. However in the light of the Francis report 2013⁴, *showing* them how well our employees deliver health care in Gloucestershire has never been difficult.

Inevitably we have faced organisational problems as our services in Gloucestershire reconfigure as [usually] external forces buffet us. If specialty A is now based at CGH rather than CGH *and* GRH then our students can only see patients with problems managed by specialty A at CGH. Hence Gloucestershire students have had to follow our service reconfigurations. Our students are essentially treated as employees in terms of benefits etc (note they wear the same GHNHSFT name badge as we do) and the '99' bus has been a huge success in supporting our students in accessing their learning.

So what about curriculum content? Our patients are older, more likely to have multiple comorbidities and for all the best reasons (and sometimes the worst) are managed in community-centric or community facing services. As clinicians in Gloucestershire we recognise this and where there is wriggle room we have tweaked the curriculum to reflect the changing reality although more is needed.

Which leads me to curriculum review. This has been a review of what should be handed to our teachers to teach our students and as such the first issue is that it should reflect the reality of the clinical practice our students will face as doctors. The first conclusion for most of us involved is that as clinical practice *evolves* we need a proper process of curriculum evolution, rather than revolution after a decade or more. This is what our clinicians teaching on the ground tell me almost regardless of the specialty.

The involvement of curriculum experts from our Veterinary Science and Dentistry programmes has been invaluable. For me, seeing colleagues from these programmes cast fresh eyes on our programme has been inspiring. Moreover these are all professional programmes and without dismissing our other degree courses our students' coexistent [professional] registration at graduation makes these programmes different from others while having much in common with each other. Oh and we have not just reunited the 2 faculties so that one faculty spans our whole MB ChB programme but this is now as part of a mega-faculty with our colleagues in Dentistry and Veterinary Medicine. Result!

So what will Phil Davies inherit in terms of the way the curriculum will look in the prospectus published in 2016 for 2017 entry. It will certainly look very different to the first one I read as Dean, which was for 2004 entry. Case based learning (CBL), something clinicians do all the time will become the mainstay of learning throughout the course. CBL is a powerful tool as delivered correctly it can contain basic science, clinical practice and high-order workplace learning around professionalism and team working with the precise balance changing across the 5 years. I have no doubts over Gloucestershire Academy's team's ability to deliver the changes as elements, some borrowed from the Foundation Programme, are already coming into our current programme and specifically year 5. My mantra is that if it is good enough for the new curriculum it is good enough for the one that we are currently delivering.

So what does a student see in our academy that is different to the university's other 6. In terms of learning opportunities not much I hope; the basic curriculum and the delivered learning outcomes have to be the same in all 7 academies. In terms of teachers they mainly learn from consultant teachers for whom the norm is to achieve the certificate of medical education (or higher). They are taught by teaching fellows on the same certificate course who are also research-active asking properly thought through research questions, designing studies and presenting their work at conferences. In terms of facilities our education centres were built as part of the original academies project 15 years ago and continue to offer superb facilities including the recently purchased state of the art equipment used for simulation. We have an able, accessible and popular team of staff made up of doctors, nurses and admin colleagues plus our NHS staff behind them.

Clearly the most important issue is putting patients at the centre of all we do. For those of us in current clinical practice the importance of advanced nurse practitioners, prescribing pharmacists and physician associates make the NHS a very different place to 2000. We now take nurse students from the University of Worcester as well as UWE and pharmacy students from the University of Birmingham. This year for the first time we have physician associate students from the University of Worcester. The NHS has changed and is changing. In the Gloucestershire Academy we may finally be realising David Mumford's vision from 15 years ago of NHS-based shared learning.

1. http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4002960
 2. http://journals.lww.com/academicmedicine/Fulltext/2007/05000/Clinical_Academies_Innovative_School_Health.2.aspx#
 3. <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
 4. <http://www.midstaffspublicinquiry.com/report>
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