

Minutes for Education and Training Committee Tele-conference
Tuesday 19th April 2011 at 8.30 pm

Participants:

John Hartley Chairman (JH)

Rupert Pullen (RP)

Dermot Burke (DB)

Ann O'Mara (AOM)

Graham Williams (GW)

Harriet Owen (HO)

Austin Acheson (AA)

Agenda

1. Apologies

Apologies were received from Peter Sagar, Ian Botterill, Justin Davies, Humphrey Scott (HS).

2. Minutes of Last Meeting

Minutes of teleconference dated 17.1.11 had been circulated prior to the meeting. These were accepted without amendment.

3. Matters arising

Endoscopic ultrasound training

JH updated the Committee regarding dialogue with Andrew Williams on this subject. A group under Andrew Williams' direction has drawn up a syllabus for endoscopic ultrasound training. This was noted to be extremely comprehensive. The plan is that the group will develop a series of Powerpoint lectures covering the syllabus. It is these will be posted within the CME section of the Education and Training page of the ACP website in due course with approval from this Committee. In addition the group is developing an image bank of useful training ultrasound scans. The exact means of collating and posting these on the website is the source of ongoing discussion. The group agreed that this was a worthwhile venture and should be extended all possible support by the Committee.

Action

JH to feed back to Andrew Williams and discuss posting introductory information regarding ultrasound training on the Education and Training page in order to promote this project.

MDT training

Members of the Committee had yet to personally attend the workshop component of the LOREC programme which was recently held in Leeds. JH informed the Committee that core members of the Hull MDT had attended that meeting and that feedback had been positive. AO informed the group that the cadaveric element of training would be ongoing with a cadaveric extra levator AP training being held in Nottingham in June. AO sits on the Steering Group for LOREC and reported that the current programme is a pilot involving 28 MDTs around the country. The group suggested that if the pilot programme is to be continued then it would be worth exploring whether the workshop component of LOREC could be added on to the

Annual ACP Meeting next summer. It was felt that if this were possible it might be something of mutual benefit to both LOREC and the National Meeting.

E-Grand Rounds

JH reported that his venture appeared to be progressing. Cases since the last meeting had been submitted from Hull, Derby and Glasgow. The concept had been advertised through the Duke's Club. Members were encouraged to ensure that trainees were aware of this programme and to encourage submission of cases from their own Units. These were to be emailed to JH in the 1st instance (j.e.hartley@hull.ac.uk).

4. Current Provision of Coloproctology Training

HO updated the Committee in HS's absence. It was reported that the SpR working for HS had undertaken a mapping exercise of Deaneries against Chapters. Chapter representatives had been surveyed looking at various aspects of delivery of training in Coloproctology. Thus far responses had been received from 9 of 20 Chapter representatives. It appears evident on the basis on information collated thus far that SpR training in surgery is Deanery led rather than involving Chapter representatives. GW reported that the educational network for Specialist Registrars within the West Midlands continues to be well received. Hany Yousef has attempted to cover the coloproctology curriculum with 9 training days, with 3 days per year over a 3 year cycle. Sessions have been undertaken in Wolverhampton, Stoke and Heartlands, Birmingham. Typical attendance would be 40 SpRs. Industry sponsorship has been arranged by individual centres. These training days had been well received. It is understood that HS will be chasing up the Chapters that have yet to respond and it is hoped that this information will be available for formal presentation at the June meeting.

Action

JH to d/w HS regarding a paper summarising the above to be circulated prior to next Committee Meeting.

5. Fellowship Recognition process

14 of 23 centres currently advertising their Fellowship on the ACP website had replied to an invitation to submit information regarding their posts. JH had circulated an abbreviated information sheet including typical case numbers undertaken in a 12 month period and including colonoscopy, both therapeutic and diagnostic. In addition, information regarding contact details for previous holders of the Fellowship was also to be included. There was general agreement with the format of this information sheet and it was agreed that JH will transpose submitted information from the Individual Centres into this format to be posted on the website.

Action

JH to collate submitted information to be posted on the Education and Training web page.

6. Updates to Education and Training web page

AOM informed the group that revision of the ACP website had been put out to tender and that meetings in May in London had been scheduled in order to hear presentations from interested parties. It was anticipated therefore that the planned revision of the website as a whole would not be proceeding in the immediate future. It was agreed by the group that plans to improve the content of the Education and Training Web

page should proceed pending wider discussions about the re-vamping of the site as a whole.

There was general discussion about the individual components of the web page. It was felt that curriculum and assessment sections were satisfactory as stands. In terms of the courses and meetings section the “motorway courses” are currently posted on the site and it was agreed that the Coloproctology Courses at the RCS should be posted on the site with an appropriate link. In addition HO agreed to forward details of other courses of educational value that are currently promoted through the Duke’s Club so that these could be included.

The Fellowship Section would be updated as discussed above with information submitted by centres offering Fellowships to be posted on the website. DB suggested that information regarding Overseas Fellowships would be potentially useful to current trainees. There was discussion as to what information ought to be accrued regarding Overseas Fellowships. It was recognised that many of these postings offer attractions over and above training in Coloproctology and that some flavour of this ought to be reported. DB offered to liaise with his current trainee who had just returned from Sydney, and to produce a draft proforma for discussion at the next meeting. Thereafter members of the Committee would be asked to approach trainees within their own regions who have recently been abroad and ask them to provide information regarding their Fellowship experience.

The CME section is currently under development. JH reported that he had approached colleagues who had shown videos at the recent M62 Course and at least one of these had indicated that they would be happy for their video to be posted under the CME section of the website. He reported that discussion with Chris Macklin had indicated that this would be possible and he would be sending the information to Chris Macklin shortly. In addition JH reported to the group discussions with Riz Farouk, ACP Council Member, who had been working with the RCS on the surgical aspects of E learning for Health. Members of the group had had chance to examine the website for E-learning for Health prior to the meeting. RP shared his experience with E-learning in Endoscopy which had been found to be prohibitively expensive and led to premature closure of the project despite a large amount of work from the individual clinicians. It was felt that if the ACP were to be involved in E-learning, it would probably, at this stage, be best targeted at CCT level trainees. JH reported that he had received correspondence from the IT involved with the E-learning for health development. It did appear likely that the costs for such a programme would likely be prohibitively expensive. However the company had offered to set up a trial module free of charge in order that the committee might better consider the concept. JH, after discussion with the group, agreed to go ahead with this using some simple case presentations from the recent M62 meeting and to feed back to the group. In addition it was suggested that if tenders were in process for re-vamping the website, that it might be sensible to ensure that there was at least capacity for E-learning developments within any package.

The Unit recognition section is also under development and proposed content was discussed. It was agreed by the group that the criteria for Unit recognition as developed by this Committee in 2009 ought to be posted. The training units around the country had last been approached for information regarding recognition in 2004

and it had always been intended that certification would last for 5 years. Therefore it was felt that Colorectal Training Units around the country ought to be invited to apply for Unit recognition using the 2009 criteria and that this process should commence in September. GW suggested that Units ought to be fore-warned regarding the process. JH agreed to produce a short briefing paper to be sent to members as part of the forthcoming E- newsletter.

Action

- **HO to forward details of courses and meetings promoted by the Duke's Club to be posted under the Courses and Meetings section.**
- **DB to draft a proforma for information regarding Overseas Fellowships prior to the next meeting.**
- **JH to liaise with the E-learning advisors and provide material for a demonstration module for consideration by the committee**
- **JH to submit a briefing paper to AOM regarding Unit recognition to be part of the next E-newsletter.**

7. Colorectal Tutors update

DB updated the group regarding the successful Part 1 course that had been run again at the RCS in January with a good number of delegates and excellent feedback. The Part 2 course had been deferred because of low numbers of delegates. DB reported that the RCS are happy to support the Skills Based Coloproctology portfolio and are looking to expand the number of courses. Preliminary thoughts were around possible courses in assessment and treatment of functional bowel disorders, and some aspect of AP excision of the rectum with involvement of Plastic Surgeons for reconstruction in the hope that this would be a course that would attract both colorectal and plastic surgical trainees. In addition DB will explore regionalising the Specialty Skills in Coloproctology Part I, at the behest of the RCS.

Action

DB to develop these themes with the RCS and report back.

8. Any other business

RP updated the group regarding most recent developments in colonoscopy training, in particular the future requirement for assessment of therapeutic colonoscopy.

9. Date and time of next meeting

Likely a breakfast meeting at the Annual Meeting in Birmingham in June. Date and time to be confirmed.

John Hartley
Hull 20/4/2011