

## NBTC Education Working Group

Wednesday 30 November 2022  
10:30 – 12:00

### Approved Minutes and Action Points

**Present:** Suzy Morton (SM) Chair, Shruthi Narayan (SN), Anne Davidson (AD), Penny Wimbleton (PW), Fatts Chowdhury (FC), Ruth Evans (RE), Helen Witham (HW), Jane Graham (JG), Josephine McCullagh (JM), Dora Foukaneli (DF), Ade Adigun (AA - Minutes)

		ACTION
1	<b>Welcome and apologies</b>	
	Apologies noted as follows: Catherine Booth (CB), Lise Estcourt (LE), Peter Baker (PB), Melanie Harper (MH)	
2	<b>Minutes and Matters Arising</b>	
	<p>Minutes from the 25<sup>th</sup> of August 2022 were reviewed and accepted.</p> <p><b><u>Actions from the meeting:</u></b></p> <p><b>Item 3: The TOR was circulated as part of action above and JG has made couple of comments on them:</b></p> <ul style="list-style-type: none"><li>○ 5.1 – There is a reference to a work plan which is to be reviewed and updated every 6months. Unsure whether there is a work plan.</li></ul> <p><i>Action: PW to contact Lise Estcourt for clarification.</i></p> <p><b>Post meeting update:</b> SM contacted Lise; the minutes/agenda serve as the workplan; there is no separate document, and the work plan has historically been the actions from each meeting. <b>Action closed.</b></p> <ul style="list-style-type: none"><li>● 2.7 – A specific reference in the TOR that the EWG will continue to support LearnPro. SM suggested LearnPro should be changed to reference generic nationally supported mandatory training modules for hospitals. All agreed.</li></ul> <p><i>Action: SM to update TOR with the three changes and recirculate for everyone to vote by replying Yes if in agreement.</i></p> <p><b>Post meeting update:</b> LP circulated the TOR, and all agreed with the changes. AA sent to Andy Charlton and Cheng Hok. <b>Action closed.</b></p> <p><b>Item 4: Medical Education - monthly seminar for haematology trainees.</b></p> <p><i>Action 1: SM to introduce the idea through the BSH Education Committee with Andrew McGregor asking them for their support in terms of running the online sessions effectively and administrating them.</i></p> <p><b>Update:</b> Education committee were happy to support in principle.</p>	

Action 2: DF to contact Scotland, Northern Ireland, and Wales if they want to join.

DF

#### **Item 4: Medical Education - HEE application for the anaesthetic module**

Action: FC to complete paperwork and send to SM and discuss further. **Action Closed.**

FC – Positive feedback received from the SMT who were not aware of the project when the initial deadline was approaching. Gill has looked at the funding and worked out a way for it to be cheaper. First year will be aiming to provide training to all anaesthetic trainees. August 2023, there will not be ST3s as there are extending their core training. In the first year it will now be targeting ST4, 5, 6 and maybe 7. Subsequent years will be targeted at ST4. The costing has worked out a lot cheaper on all 6 modules, it is now half of the initial figure which was around £42,000/year.

#### **Item 4: Foundation doctors' transfusion education initiative/BSH (SM/JG/SN)**

Action: DF to send the foundation program curriculum to SM. SM to email the foundation program director, Mike Masding to let him know about the work and ask who the group should speak to about it.

SM – After reviewing the new foundation program curricula, it is extremely broad, they do not stipulate subject areas. There are 13 competencies, and each has no breakdown beyond the title. SM's opinion is that they will not agree to a detailed transfusion curriculum or list of things that they should or should not be doing, therefore did not email Dr Masding. **Action Closed**

#### **Item 4: Transfusion Training Checklist**

Action: DF to circulate the final PDF version of the guidance once approved by Annette Nicolle and everyone to publicise guidance once received.

DF - The guidance has been approved by the JRCPTB. DF to send as a PDF to be disseminated through the group to the NBTC, National blood Lab managers group, RE. It will be listed on the JRCPTB website alongside the curriculum.

**Action: Send guidance to be disseminated.**


DF

DF discussed at the JRCPTB meeting the issue around the discrepancy in access to basic transfusion training for all registrars across the country on SM's behalf and the group is happy to support. There is currently a movement of redistribution of haematology training numbers and move them from London to non- heavily urban areas. The proposal presented was to be able to bid and convert some of these numbers when they move out of London to transfusion posts ensuring that in each region, trainees will have at the minimum six weeks' attachment in transfusion and maximum three months (or more).

That leaves London unsupported because people are moving out of London and London is one of the areas where it has been highlighted as an area of concern. There will be meetings after Christmas to see how existing resources can be utilized and rename or change some of the posts.

	<p>SM stated application will be submitted through NHSBT to HEE for the funding to pay those registrars.</p> <p>A group will be created for educational leads for transfusion in each of the regions to support the trainers, teachers, educational supervisors responsible for this post. SM stated a faculty group meeting has been set up, which will be every six months, before the August intake and then halfway through the year to learn from each other and see whether there is benefit from sharing particularly online sessions and review whether any alignment would be beneficial.</p> <p><b>Item 9: Transfusion Education Requirements for Different Staff Groups</b></p> <p><i>Action: Transfusion Education Requirements for Different Staff Groups. SN to circulate before the next meeting. – update: SN to send after today’s meeting.</i></p> <p><b>- Ongoing</b></p> <p>SN - The document came about after it was raised that there are no uniform standards as to what the transfusion training should look like. The document lists the basic knowledge that is necessary for carrying out a “transfusion action” such as phlebotomy or administration or sample collection, and the skills that are needed, highlighting the relevant guidelines that are available and from a qualitative perspective, if should there be an audit and identifying relevant quality standards. It is a co-badged (SHOT, RC path SAC &amp; NBTC), UK wide transfusion framework.</p>	<b>SN</b>
<b>3</b>	<b>Medical Admin (SM)</b>	
	Nothing discussed.	
<b>4</b>	<b>Medical Education (SM/DF)</b>	
	<p><b>Transfusion in practice, education initiative/BSH (SM):</b> Course previously delivered for core medical trainees now being revamped through BSH and putting a lot of it online so that people can access interactive learning materials online and then do seminars with us. There has been a delay because of a change in personnel at BSH and a bit of realigning expectations of what was possible. Had a positive meeting with the new Comms Officer and due to meet again in a couple of weeks to put some timelines in place. It will probably be advertised for August to avoid the August changeover and providing assurance everything will be lined up in good time. Help of the group in advertising it when it is available will be required so we can reach ideal target groups – junior doctors and not necessarily haematology.</p> <p><b>Transfusion Training Curriculum Guidance (DF):</b></p> <p><b>Undergraduate Education:</b> The group discussed what can be done to improve standardisation of the transfusion curriculum.</p> <ul style="list-style-type: none"> <li>• Having an agreement stating the minimum that should be covered for all when approached by medical schools to teach transfusion, although this is likely to be influenced by the actual school that is asking.</li> <li>• Making a standard slide set available online and accessible to all around the country. Make it obvious, searchable, and downloadable.</li> <li>• Draw up a set of learning objectives agreed by a transfusion subset of people.</li> </ul>	

	<ul style="list-style-type: none"> <li>• There are materials on e-learning for health that could be the starting point for undergraduate students</li> <li>• Curriculum provided by British Society of Haematology is quite in-depth and can be collated with all other different ones (RCPath and GMC) and have them in one place. These can be used as the starting point to create resources for people teaching transfusion at undergraduate level on the website. Having the slide deck and link to the various curricula, YouTube videos and quizzes. Can also be put on Med Ed portal and people then need to reference who produced it.</li> <li>• Resources should not be region specific.</li> <li>• <a href="https://www.rcpath.org/uploads/assets/e23e33e9-0251-4f9f-bbf57427c1f68d1d/Pathology-Undergraduate-Curriculum.pdf">https://www.rcpath.org/uploads/assets/e23e33e9-0251-4f9f-bbf57427c1f68d1d/Pathology-Undergraduate-Curriculum.pdf</a> Page 13, Transfusion is embedded within the Haematological knowledge and skills.</li> <li>• To be developed through this group because this is where the discussion has come up. But then offer it out through the UK and Ireland BTN and if other people want to be involved, that can be explored.</li> </ul> <p><b>Action: JG to send some materials to SM.</b></p> <p><b>Action: SM to draft slide set and the group to review at next meeting and decide where it should be hosted.</b></p>	<p>JG</p> <p>SM/ALL</p>
5	<p><b>Haem SpR Courses (RE)</b></p>	
	<p>The HEE funded projects are going well. PW, JB and Liezl have made really good progress on their material. Team working on some other modules.</p> <p>Those involved in the medical course review group should have received a poll to choose a date for the meeting to review the medical courses. Which will be looking at the content to make sure it is still fit for purpose and the number of courses being delivered is right. Bid submitted for funding for only one more module for next year. The review will also help to decide what else can be created as digital that will not take away too much from the live teaching from real consultants. .</p> <p>The materials that have been created mostly have been well received, i.e., mix of working through some online materials and virtual classrooms has worked well. Focusing will be on what would be the best thing to do next year.</p> <p><b>Invites for teaching</b> - the intention is to send out invites for teaching spreadsheet for the whole year so people we can try and plan ahead rather than acting reactively.</p> <p>FC raised that it is worth reaching out to retired colleagues who are now doing bank to know if they are interested in teaching. When on bank contract, they can talk to their line manager about the sessions they want to do so there should not be a costing issue regarding their pay. RE stated it will be good to know those that are available to teach.</p>	
6	<p><b>Non-Medical Authorisation - Nursing and midwifery education (AD)</b></p>	
	<p>Question by JG: what is the ratio of request to places and how long do people tend to have to wait for a place before they get a spot? SM uncertain and stated about 6months but probably a bit longer. Running seven course courses per year</p>	

	<p>due to teacher and admin resource issues. There has been an increase in the number of people that can be accepted on the course to try and address some of those issues. There have been discussions around providing material that other people can deliver but at the moment the plan is to carry on as it is.</p> <p>PW stated there had been a big backlog of people but with a new process in place, requests are being managed more quickly.</p> <p>SM encouraged members who are in a hospital where people are struggling to get on it to send feedback as that will help to provide justification for more resource needed to run the course.</p> <p>RE stated with more HSSTs doing more teaching, it may reduce the burden a little bit more on the consultant medics because there are some sessions that can be done by either. There will be increasingly few that have to be a medical consultant. SM happy to deliver teaching to HSSTs on particular areas that are delivered on the NMA to strengthen their confidence in doing that if it will be helpful.</p>	
<b>7</b>	<b>Educational Resources and Apps (AD/RE)</b>	
	<p><b>Blood Transfusion Training (SM)</b> SM commended AD and Andrea for the enormous amount of work that they did to get all the modules up and running. Contract was terminated with LearnPro at very short notice. There was a huge amount of work to get the modules online very quickly. There was a short interruption to service for a couple of the modules, but the main four were up extremely quickly. It is believed that the transition from the old LearnPro modules to the new ones on e-learning for healthcare and accessible to everybody were seamless. They are now all up except for Anti-D which is awaiting the final stakeholder to sign off on it.</p> <p><b>Resources and Apps (RE)</b> In two or three weeks' time there will be a first release (alpha) of a new virtual reality crossmatching package after which it will be rolled out. The grouping one has been well received where they have been used.</p> <p>One of the things that should be reviewed is some of the resources that were created to be used within courses, whether some of those could be made available elsewhere for people to access separately as individual modules so they can be made more widely available to enable people to gain learning. RE will keep the group informed on how to support.</p> <p>FC - the Patient Blood Management and the Hazards of Transfusion modules would not require any adaptation in order to distribute widely. They could be sent to foundation trainees as standard to transfusion training. Could also send to the undergraduates' medical schools as standard training.</p> <p><b>Action: Find out who the author of Transfusion handbook on JPAC website is. Take to next PBM/components meeting.</b></p>	SM/FC
<b>8</b>	<b>Technical training and Higher Specialist Scientific Training (HSST) (RE)</b>	
	<p><b>HSST</b></p> <ul style="list-style-type: none"> <li>• There are 6 new HSSTs, 5 of which are external to NHSBT.</li> </ul>	

- AA has picked up the organising of the case calls from Sue Katic. The trainees will be split into 2 levels to make sure that the more advanced trainees are not dragged down.
- That could potentially mean more case calls for the consultants, but on average one in 18 months. Potentially the same case can be used for both levels but pitching the conversation at different levels.
- In the process of setting up group tutorial program where possible because for the external trainees to meet their curriculum they need to spend some time with NHSBT.
- RE noted that the HSSTs are making a difference, they are joining the on-call register, and another is due to join the register in the next month.

#### **Supporting scientific and technical training within hospitals**

- Going well. They have been well received.
- One thing to consider is that the hospitals are asking more about training people to become managers within a blood bank because many blood bank managers nationally are moving to other things. There is currently a module on Management of a Clinical Service in the MSc programme that can be accessed as a stand-alone module. The module takes a year, half a day a week over 2 semesters. SM stated it should also be publicised through the NBTC.

***Action: RE to send flyer. AA to send with Draft Minutes. All to circulate, particularly to potential managers.***

RE/AA/ALL

DF - To address the issues of lack of blood bank managers there is a need for a strategy and to develop more than one educational opportunity in a scaffolding level so people can go up to the level where there will come to the course.

There is a basic online monthly event for basic transfusion laboratory training. It is under the umbrella of NBTC. Proposal is to deliver it from the East of England twice or thrice a year (if other regions can help), training people to something slightly more complex in relation to the hospital transfusion activity beyond the ABO, something such as D variants in the context of Ro.

Also discussed in the East of England is the possibility of trialling one or two sessions per year on introduction of aspects of lab management, MHRA, etc. These activities can be as a kind of portfolio, so support is being offered in more than one way.

RE - For the CPD aspect, planning is ongoing to increase the amount of advanced transfusion masterclasses which are case study based and will cover D variants. They are a long half day that can be bought off the shelf.

For the management, doing some chargeable things as a course for new TPs can be explored. In terms of content, some of the subsets of the MSc, the QMS training on the MSc has been well received. This will make a big difference if there is a way to produce the resource and to fund it.

DF - There are people who cannot spare half a day, so maximum of 1 hour 30mins will be ideal to start with and then gradually moving to the next step.

	<p>The group agreed people need to be encouraged to climb the ladder from an earlier stage and need to be given direction and the way to go. JG suggested a recorded session that can be delivered to a larger group at a time will be better.</p> <p>RE stated the team was running what was called a TX Ed Talks internally with involvement of Julie Staves, Kerry Dowling and MHRA speaker and it is being considered if it should be offered externally. They were about an hour. Need to work out whether that is the right way to deliver something externally, which could be both science and management/quality.</p> <p>DF - people find apprenticeship valuable and possibly spending a day or two with more successful managers and networking. There should be options to either go to NHSBT or visit a big or slightly bigger hospital to the one that they currently operate in, to learn and open up lines of communication.</p> <p><b>MSc</b></p> <ul style="list-style-type: none"> <li>• Going well and well received by the hospitals.</li> <li>• Award from UWE for excellent student feedback, 92% overall satisfaction with the course on a national survey.</li> <li>• It is being tweaked a little bit, but it is going well.</li> <li>• Difficulty predicting number of international students. There were 29 international offer holders at one point but only 8 students started.</li> </ul>	
<b>9</b>	<b>Transfusion Education Requirements for Different Staff Groups (SN)</b>	
	No update.	
<b>10</b>	<b>AOB</b>	
	<ul style="list-style-type: none"> <li>• <b>RTC education events: feedback/update from NBTC (SM)</b></li> </ul> <p>Feedback about the way that the RTC education is being delivered and effectively a request for more coordinated approach nationally and secondly more appropriate platform for delivering the webinars that most RTCs are now delivering because it was recognized that they are quite clunky and difficult to manage.</p> <p>SM, Anne, and Danny met with the chair and with Stuart Cleland who was the person that had raised a lot of the issues. Anne and Danny are looking again at aligning the regional approach which was attempted post pandemic but at that time there was not a lot of uptakes from the RTCs to do that.</p> <p>About the platforms, AD has received quotes from various commercial companies for handling these sorts of events. It is in the region of 10s of thousands of pounds, which the NBTC do not have. This information has been shared with the group.</p> <ul style="list-style-type: none"> <li>• <b>Pathology Portal (SM/DF)</b></li> </ul> <p>New portal (already being used by other disciplines from the Royal College of Pathology) is being developed on the Royal College of Pathologists website whereby there is an ask for the SAC to work to make materials available for learning for transfusion. It will work as small bites, with resources like 10 – 15mins presentation slides, webinar, or materials listed elsewhere, provided they have similar quality standards.</p> <ul style="list-style-type: none"> <li>• <b>New NBTC website on JPAC (SM)</b></li> </ul>	

	<p>Suggestions already put forward for all the groups are:</p> <ul style="list-style-type: none"> <li>○ Who the chair is and how to contact them</li> <li>○ A list of meetings that have been had</li> <li>○ Somewhere to put any resources to be made available for people</li> <li>○ TOR</li> </ul> <p>Any more suggestions should be sent to SM.</p>	
<b>11</b>	<b>Next meeting</b>	
	Wednesday 8 February 2023, 14:00 – 15:30	

APPROVED