

**SUMMARY MINUTES OF THE MEETING ON THE PROMOTION OF SAFE
AND EFFECTIVE CARE – DEVELOPMENT OF UNDERGRADUATE
CURRICULA, MONDAY 6 MARCH 2006 AT 2.00PM, CASTLE BUILDINGS,
STORMONT**

Attendees:

Martin Bradley, CNO, DHSSPS
Christine Smyth, Inspector (SSI), DHSSPS
Noeleen Devaney, Medical Director, Down Lisburn Trust
Mary McColgan, Head of School of Sociology and Applied Social Studies, University of
Ulster
Patricia McClure, Associate Head of School of Health Sciences, University of Ulster
Mike Tomlinson, Head of School of Sociology, Social Policy and Social Work, Queens
University, Belfast
James C McElnay, Dean, Faculty of Medicine, Health and Life Sciences, Queens
University, Belfast
Mr H Kelly, Associate Head of School, School of Nursing, University of Ulster
Carmel Hughes, Professor of Primary Care, Pharmacy, Queens University, Belfast
Jean Orr, Head of School, Nursing and Midwifery, Queens University, Belfast
Professor Rod Hay, Head of School, Medicine and Dentistry, Queens University, Belfast
Dr N Morrow, CPO, DHSSPS
Dr I Carson, DCMO, DHSSPS
Dr M Briscoe, SMO, DHSSPS

Dr Carson welcomed colleagues to the meeting and outlined the background to the discussion on promoting safe and effective care within undergraduate curricula. He highlighted that there were a number of drivers, including deficiencies highlighted by the coroner, which necessitated consideration of further development of curricula.

General Discussion

A general discussion followed. Key points were:

- It was recognised that uni-professional core curricula were already overloaded without consideration of further additions; however, members considered that it was important to ensure that the modules taught promoted safe and effective care.
- It was noted that QUB had a Centre of Excellence which provided inter-professional teaching; this might provide a forum for addressing such issues.
- The place of the individual student in the “healthcare team” needed further consideration.
- There was a need to engage in dialogue on how best to communicate learning and adverse incident reporting to students.

- The Medicines Governance Team input into undergraduate medical, nursing and pharmacy curricula was considered to be an exemplary model, as was the teaching undertaken on child protection issues within social care courses.
- It was noted that Dr Devaney had already been in communication with the Medical School on development of the medical curriculum to include; – communication issues – failure to recognise – failure to act – to promote safe and effective clinical care.
- It was recognised that there was a need to have formal communication processes in place with the universities to ensure that relevant policy documents and issues, such as adverse incident reporting, fed directly into the undergraduate programmes.
- The continuum of learning was noted to be important. In the context of student education this encompassed two strands:
 - a. The academic content of modules; and
 - b. The practice element, where during direct practice supervision, it was highlighted that demonstration of quality and safety should be exemplary.
- There was a need to have high standards for mentoring and clinical supervision; further thought needed to be given as to how this might be promoted.
- Academic content of curricula was noted to be important; however, the attitudinal elements which were required to deliver safe and effective care and cultural change were more difficult to achieve. In this regard, clinical supervision and mentoring undertaken by individuals were noted to be very important.
- Students needed to know what their limitations were when providing care to patients.

Pathway Forward

Following the general discussion, members considered how best to take quality and safety forward within the relevant curricula. It was noted that, in addition to the Centre for Excellence, many faculties had a standing health and social care committee which could provide opportunities to discuss this issue. Further work was needed to join up undergraduate and postgraduate training programmes in addition to ensuring that clinical supervision and assessment processes were effective.

The Department highlighted important links with national standard setting organisations such as the National Patient Safety Agency and the National Institute for Health and Clinical Excellence. These organisations would provide a range of training, tools and guidance which could be fed into both uni-professional and multi-professional undergraduate training. Particular reference was made to a set of DVDs -“Delivering Patient Safety” which covered:

- Facing the facts;
- Changing the culture;
- Why things go wrong;
- Building resistance to error;
- Safer system;

- Users' guide and support material.

This product will be available under license from the NPSA.

Follow up action

Within the context of both universities, members agreed to document how "governance" was being taken forward within curricula in the context of skills, knowledge, and behaviour. It was recognised that there were two elements to documenting this:

- a. At uni-professional level; and
- b. Within multi-professional settings.

Action: Professors McElnay/Hay/Tomlinson/Hughes/Orr to co-ordinate a response across Faculty of Health and Life Sciences, Nursing and Midwifery, Pharmacy and Social Work in QUB. This should include both the uni-professional and multi-professional input. Further discussion to be held with Dr John Jenkins.

Action: Ms McColgan/Mrs McClure/Mr Kelly to co-ordinate a response from the University of Ulster to encompass Health Sciences, Nursing and Social Sciences, and at uniprofessional and multiprofessional levels.

Action: Responses should be sent to: Tracey.Walsh3 [REDACTED] within 6-8 weeks – i.e. before 1 May 2006

Action: Department to convene another meeting in June 2006 to invite attendees to discuss the current position and to identify gaps in educational content, how learning might be shared, and determine any future action.