



*Centre for the Advancement of  
Interprofessional Education*

## Welcome to the CAIPE Newsletter November 2018

[CAIPE.org](http://CAIPE.org)

If you would like to submit any material, events, opportunities or reports for the next newsletter please email to: [bulletin@caipe.org](mailto:bulletin@caipe.org)

### Contents

**Use these links to go directly to the news area of your choice.**

#### **CAIPE Activities**

[News](#)

[Events](#)

[Opportunities](#)

# CAIPE Activities



*Merry*

*Christmas!*

## **A Message From Santa!**

CAIPE Santa would like to send seasonal greetings to all CAIPE board members and thank them for their contributions to the development of interprofessional education and interprofessional collaborative practice over the last year. He would like to particularly see in the coming year the sharing of your developments in IPE/IPCP through the CAIPE Monthly Newsletter as he sees so many amazing initiatives going on during his restful periods of the year!

May you all have a restful and enjoyable time of the seasonal festivities.

---



## **Twitter Chat**

**The latest CAIPE twitter chat took place on Thursday 29th November 2018 #CAIPEchat. We are delighted by the fast-paced and high quality discussions taking place each month in the CAIPE Twitter Chat. In November we discussed "Values Based IPE and Interprofessional Practice"**

Twitter Chats will resume on the 31st January 2019.

---

# CAIPE Chair's Event

## Communicating IPE in a Digitalised World

Friday 30th November 2018  
10 am - 4 pm  
Friends House, Euston, London

Attendees at this year's event were engaged in an interactive programme(*insert*). The overall objective to explore how CAIPE should engage with digital technology in the development, teaching and research of interprofessional education and collaborative practice.

First was exposure to the CAIPE Digital Stories, an initiative of Richard Gray (CAIPE Honorary Fellow & previous Chair) and Elizabeth Howkins (previous CAIPE Chair & Treasurer). Richard and Elizabeth strongly believing stories help people make sense of experiences – their own and others. That they can be a particularly beneficial way for participants to process difficult, confusing or painful experiences, and to share those experiences with others. CAIPE members have, over the years, made frequent use of the Patient Voices'([www.patientvoices.org.uk](http://www.patientvoices.org.uk)) extensive collection of digital stories for their own work in promoting and teaching interprofessional education (IPE) and interprofessional collaborative practice. Although there are many digital stories addressing health and social care issues, there are few that specifically address and focus upon interprofessional education, interprofessional collaboration, or teamwork. CAIPE has now filled this gap with a collection of stories specifically relating to IPE. (<https://www.caipe.org/resources/digital-stories>).

Several CAIPE members have produced a rich and personal story of their journey to IPE and their continuing work in promoting the principles and values of IPE as a service user, practitioner, teacher, student or IPE leader. In addition to educational uses, the stories can be used for marketing and promoting CAIPE. The nine stories were themed into: Practice; Leadership; and Transitions and following each themed presentations there was Panel discussion facilitated by: James Munroe, Chief Executive of Care Opinion (<https://www.careopinion.org.uk/info/the-team>); Ruth Eley, TIDE Founder-Director and the Vice-Chair of Life Story Network (<http://www.tide.uk.net/about/>); and the storytellers.

### Reflections of the Development of CAIPE Digital Stories

Elizabeth Howkins and Richard Gray have driven the initiative to ensure that CAIPE had a new resource using protected funding from the 2016 ATBH

conference. Nine digital stories were produced in February 2018 with the guidance and support of Pip Hardy and Tony Sumner from Patient Voices

During the day the nine stories with underlying theme of IPE were presented in three groups under the titles of "Practice, Leadership and Transitions." Before watching each video, the author had the opportunity to introduce their own story. Small groups discussed the story addressing two significant questions:

**How do these stories connect with your own values and what matters to you?**

**How would you use these stories in educational and/or promotional contexts?**

These are some words that give a flavour of the feedback:

"Inspirational, moving, vulnerable, resilient, overcoming barriers, enhancing the values of IPE, real examples of IPE in practice, IPE does matter, awareness of the professionals' feelings, and hearing the patient's voice." All present were encouraged to use the digital stories on the CAIPE website and to complete the evaluation section that relates to how the stories were used. The authors were encouraged to write and publish an article based on their experiences.

Finally, do vote (and encourage friends and colleagues to vote) for our collection of digital stories that have been nominated for the National Film Charities Award. Public voting closes on 14/12/18. Our submission and link to voting can be directly accessed on <https://www.charityfilmawards.com/id/118133>. In order to be included in the short list for the award every vote at this stage counts.

James Munroe, Chief Executive of Care Opinion then shared with attendees the role Care Opinion has with 'Online patient feedback as a resource for interprofessional learning' ([view the presentation here](#)). As CEO James focuses on sharing Care Opinion's mission with people in health and social care, and with health professionals in training, emphasizing the importance of generosity, curiosity and reciprocity in their work. (Interesting fact: James once tried to explain how Care Opinion worked to the Queen).

This was a very thought provoking and provided insight on how CAIPE could use Care Opinion as a learning resource and as his final slide said, "Hear the patient voice at every level – even when that voice is a whisper" (Don Berwick August 2013).

**Chairs Summary**

The nine digital stories demonstrated feelings, emotional intelligence, experience and alignment with other areas of CAIPE activity, such as: values and the development of the Values Based Interprofessional Education and Practice Network (<https://valuesbasedpractice.org/what-do-we-do/networks/values-based-interprofessional-education-and-practice-network/>); professionalism and interprofessionalism through the workshop with the Education Inter-Regulatory Group (link to Report). However, we must consider the context they are used in and advise audiences of this otherwise they may focus on one specific area. Listening is important emphasising the need to listen for the story- mindfulness.

One of the main questions to emerge in the final discussion was “How do we use digital resources in our teaching, learning and research of interprofessional education and practice?”

- CAIPE in its project work with HEE South
- Melissa Owens from the University of Bradford shared that she had developed audio recordings of stories from her Service User and Carer Group and would now use one of the CAIPE Digital stories to enhance the presentation to students for their IPL.
- CAIPE will invite James Munroe, CEO Care Opinion to write an introduction to be posted on the CAIPE website with a link
- Laura Chalmers from the Robert Gordon University shared the development of a patient story through portraits of his journey of collaborative working when undergoing a heart transplant that CAIPE will post on the Digital Stories page
- CAIPE needs to consider the wider use of Twitter, FaceBook and LinkedIn in promoting learning, teaching, and research of interprofessional education and practice.

Richard Pitt, CAIPE Chair

---

## CAIPE Research Group

In September, the CAIPE research group met (virtually) connecting members of this task group from Qatar, Tokyo, Scotland and England. With a busy summer of various educational conferences and seminars, we were able to share and compare notes regarding the interesting developments in interprofessional research. The common theme of patient and service user

voice highlighted how important it is to include this voice in interprofessional research. The importance of celebrating achievements (no matter how small they may seem) in interprofessional research reinforced the need to keep momentum going.

The group were delighted to share news of important developments with the Global Confederation of Interprofessional Practice and Education (formally the World Coordinating Committee) and to hear that Doha, Qatar will host the next All Together Better Health (ATBH) in 2020. We are lucky to have Dr Alla El-Awaisi on our task group who is also part of the organising committee for ATBH 2020 and we look forward to supporting this conference.

In August, the CAIPE Student Committee hosted a twitter chat related to interprofessional research. Reviewing the storified version of the chat, the group agreed that the discussion around top tips for interprofessional research and practice was very interesting. With representation in our research group from service users, students, practitioners and educators, we have been inspired to consider how we might pull from our own perspectives and collate some useful tips for others undertaking interprofessional research. Watch this space...

Our research page on the CAIPE website <https://www.caipe.org/resources/research> is taking shape. A new and updated "meet the research group" area, an area to submit a question related to interprofessional research to the group, and an area to share research funding opportunities. We look forward to hearing from you with any interprofessional research questions for the group.

## **Education Inter-Regulatory Group Meeting 19th November 2018**

Richard Pitt as Chair of CAIPE attended this recent meeting of the Educational Leads for the Regulatory Bodies. The meeting in a workshop format explored:

- The various regulatory approaches applied to development of standards and outcomes, with reference to patient safety, service and support to trainees.
- How standards and outcomes are promoting professionalism and professional identity
- What research is telling us about the effect of service pressures on professionalism.

- Whether there is scope to develop a common regulatory narrative for educational standards and outcomes which reflects the multi-disciplinary environment in which training takes place.

Supporting materials were:

NMC update: Ambitious new education standards ([see PowerPoint](#))

An Audit of the teaching of professionalism in undergraduate medical education - a statistical report by the Point of Care Foundation commissioned by the GMC ([see attached Report](#))

The GMC Generic Professional Capabilities Framework ([see attached](#))

Summary of REP report on advancing medical professionalism ([see attached](#))

Schwartz Rounds <https://www.pointofcarefoundation.org.uk/our-work/schwartz-rounds/watch-schwartz-round/>

[Enabling Professionalism](#)

Richard will share the notes of the outcome of the workshop when received but the workshop was very positive and identified common areas for the Regulatory Bodies to collaborate on such as generic professionalism standards, inter professionalism and code of conduct.

[Return to Contents](#)

---

## News

---

**TheKingsFund**>



## **Our response to the 2018 Budget**



See our response to the 2018 Budget, and in a related blog Helen Gilbert sets out what the additional funding for mental health actually means and why it will take more than money to deliver parity of esteem between mental and physical health services.

[Read our statement](#)



[Read Helen's blog](#)

[Health inequalities and the NHS](#)

How can our health services help to reduce health inequalities? Victor Adebowale argues that involving communities and working holistically can help, while remembering the founding principles of the NHS.

[Read Victor's blog](#)

Mathew Mathai, Consultant Paediatrician at Bradford Teaching Hospitals NHS Foundation Trust, explains the concept of a 'virtual hospital' and how keeping patients out of hospital has helped to improve quality of care and reduce costs.

[Better value and a better night's sleep: keeping acutely unwell children and adults out of hospital](#)

[Read Mathew's blog](#)

---

## Newsletter - November 2018

### Contents

- Dublin 2019 Registration Open
- Call for themed papers from International Journal of Health Governance
- Special Issue of Health Policy
- Women Leaders in Global Health Conference
- EHFG 2018 Hackathon

Match Making Service for INHWE Members

---



[PAHO Health Systems and Services - Bulletin - October 2018](#)

---

# Health & Wellbeing Bulletin

## Health inequalities and the NHS

How can our health services help to reduce health inequalities? In this guest blog, Victor Adebowale argues that involving communities and working holistically can help, while remembering the founding principles of the NHS.

[Read it now.](#)

## Taking our health for granted: plugging the public health grant funding gap

**This briefing paper states that an additional £3.2 billion a year is required to reverse the impact of government cuts to the public health grant and ensure that it is re-allocated according to need. The grant enables local authorities to deliver vital public health services, such as obesity programmes, drug and alcohol services and sexual health services, but this paper finds that it has seen a £700 million real terms reduction in funding between 2014/15 and 2019/20 – a fall of almost a quarter (23.5 per cent) per person.**

[Report](#)

[The Health  
Foundation](#)

## Will population ageing spell the end of the welfare state?: a review of evidence and options

**This brief reviews the main evidence on the health and long-term care costs associated with ageing populations to better understand the expected cost pressures due to changing demographics. At the same time, it explores how older populations can and do contribute meaningfully both in economic and societal terms, particularly if they are able to remain healthy and active into later life. It concludes by reviewing selected policy areas that have been shown to either support the health and activity of older people or which**

**otherwise reinforce sustainable care systems more broadly in the context of population ageing.**

Report

World Health  
Organization

### **Tackling loneliness**

**This review is the first of its kind to establish what we know about loneliness and effective ways to tackle it. It is a first step to develop the evidence, revealing big gaps in the current evidence base. It is important to remember that these findings only cover the interventions included in the studies looked at by the review.**

Report

What Works Centre  
for Wellbeing

### **Protect against STIs campaign**

**Public Health England (PHE) are launching two new films as part of a campaign to highlight the increased likelihood of contracting a sexually transmitted infection if people have sex without using a condom. The campaign is targeting 16-24 year olds as latest figures from PHE show that a case of chlamydia or gonorrhoea is diagnosed in a young person every four minutes in England.**

Public Health  
England

### **Promoting healthy weight in children, young people and families**

**This resource is made up of briefings and practice examples to promote healthy weight for children, young people and families as part of a whole systems approach. The briefings help to make the case for taking action to reduce childhood obesity, give examples of actions that can be taken, and provide key documents that form the evidence base and other useful resources. Practice examples are also given to illustrate what local areas are doing.**

Public Health  
England

### **Cardiovascular disease prevention: cost-effective commissioning**

**This resource has been developed to help commissioners provide cost-effective interventions to prevent cardiovascular disease.**

Report

Public Health  
England

### **Managing malnutrition to improve lives and save money**

**This report explains why malnutrition costs so much and highlights the importance of identifying and appropriately managing malnutrition and the cost savings that can be achieved by better management of the condition.**

Report

British Association for  
Parental and Enteral  
Nutrition (BAPEN)

### **Flu vaccination programme in England**

This report examines the planning for the flu vaccination programme, how advice is formulated and cost-effectiveness issues are addressed, the reasons for different types of vaccines for different groups of the population, the effectiveness and take-up of the vaccination programme, and any plans for adjustments for the next flu season in terms of the vaccines uses and groups targeted.

Report

House of Commons  
Science and Technology  
Committee

### **Clearing the air: reducing air pollution in the West Midlands**

This report examines the scale of, consequences of and public attitudes towards air pollution in the West Midlands. It concludes by proposing new transport policies for the West Midlands Combined Authority (WMCA) and its seven constituent local authorities to adopt to reduce air pollution in the region.

Report

Bright Blue

**Changes in health in the countries of the UK and 150 English Local Authority areas 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016**

This paper presents updated Global Burden of Disease (GBD) estimates for the UK from 1990 to 2016 and, for the first time, includes results for England, Wales, Scotland, and Northern Ireland, and 150 upper-tier Local Authorities in England. These latest GBD results might help to explain the causes of the slowdown in the improvements in life expectancy since 2010, and will be a guide to rational priority setting for health and social policy, prevention policy, health service planning, and research at national and local levels.

The Lancet



International Journal  
of Integrated Care

**VOL 18**

April - June 2018



In this weeks email:  
[Conference Supplement](#)  
[Recently published](#)  
[News and events](#)  
[Contact and Follow](#)

The International Journal of Integrated Care (IJIC) is an online, open-access, peer-reviewed scientific journal that publishes original articles in the field of integrated care on a continuous basis. It gained an impact rating of 2.230 for the year 2016.

[www.ijic.org](http://www.ijic.org)

### **ICIC18 Conference Supplement has been published!**

The International Foundation of Integrated Care (IFIC) in partnership with RIVM and Vilans presented the 18th International conference on Integrated Care "**Value for People and Populations: Investing in**

**Integrated Care**” in The NBC Congrescentrum, Utrecht, Netherlands 23 – 25 May 2018. The conference brought together researchers, clinicians and managers from around the world who are engaged in the design and delivery of integrated health and social care.

The conference was kindly hosted by [Vilans](#) and the [National institute of public Health and the Environment \(RIVM\)](#) and supported by [ZonMw](#) and sponsored by [IBM Watson Health](#).

Conference presentations are available to download [here](#) and conference videos are available to watch [here](#).

## Download Supplement

## July - September 2018 - Volume 18 Issue 3

Co-Design and Co-Delivery: The Benefits of Integration From the Family Caregiver’s Perspective

### An Editorial

by Jodeme Goldhar

Taking the service user’s perspective is the guiding principle of integrated care, but putting it into practice still poses many challenges. It doesn’t suffice to see the services through the patients’ eyes. To develop an integrated care plan FOR the patient and caregiver, without inclusion of their ideas and those of their family does not constitute participatory care. What we need is a shift from “doing to” to “doing with”, from “thinking for them” to “designing together”.

### Read more

Understanding the Impact of Chronic Obstructive Pulmonary Disease and Intervening to Improve Self-Management in the Context of Multi-morbidity

### PhD Thesis Summary

by Sameera Ansari

Though the whole (multi-morbidity) is more than the sum of the parts (co-morbidities), it is sometimes necessary to consider a specific index

condition during patient-provider consultations. The index disease prioritised by patients depends on which chronic health condition is predominant in their lives at a given point of time. Chronic obstructive pulmonary disease (COPD) was the index condition studied in the context, or backdrop, of multi-morbidity in this thesis.

### **Read more**



Don't Blame the System; They've Chosen the Wrong One

### **Perspective Paper**

by Tony Brauer

While trying to represent patients in the design of integrated care, I have heard the words system, systemic and holism used frequently. Few of those using the words seem to be aware of the history of systems thinking, or its principles. Health interventions are instead designed using logic modelling, which is aholistic and disintegrative. This concern is illustrated in relation to the UK's Better Care Fund, which was an attempt to reduce hospital admissions by co-ordinating care. Systems thinking is then used to provide a possible distinction between three operating systems for the UK's National Health Service (NHS).

### **Read more**



Organizing Health Care Networks: Balancing Markets, Government and Civil Society

### **Perspective Paper**

by Kasper Raus, Eric Mortier and Kristof Eeckloo

Much is changing in health care organization today. A perspective or paradigm that is gaining ever increasing momentum is that of translational, extramural and integrated care. Current research suggests many potential benefits for integrated care and health care networks but the ethical issues are less frequently emphasized. Showing that integrated care can be beneficial, does not mean it is automatically ethically justified. We will argue for three ethical requirements such health care networks should meet.

### **Read more**





“Dealing with the Hospital has Become too Difficult for Us to Do Alone” – Developing an Integrated Care Program for Children with Medical Complexity (CMC)

### **Perspective Paper**

by Lisa Altman, Christie Breen, Joanne Ging, Sara Burrett, Tim Hoffmann, Emma Dickins, Kristen Brown, Yvonne Zurynski and Susan Woolfenden

Children with medical complexity (CMC) require highly specialised care, often from multiple providers and over many years. This paper describes the first 18 months of development of the Kids Guided Personalised Services (GPS) Integrated Care Program (the Program). This Program aims to improve health care experience; communication and to streamline provision of care.

### **Read more**



Preserving Care Delivery in Hard-to-Serve Regions: A Case Study of a Population Health System in the Swiss Lower Engadin

### **Integrated Care Cases**

by Matthias Mitterlechner, Céline Hollfelder and Joachim Koppenberg

Many countries report difficulties in preserving access to care in rural areas. This paper examines how hard-to-serve regions sustain care provision by transforming service delivery into population health systems.

### **Read more**



A Qualitative Study on Primary Care Integration into an Asian Immigrant-specific Behavioural Health Setting in the United States

### **Research and Theory**

by Kris Pui Kwan Ma and Anne Saw

Integrating primary care and behavioural health services improves access to services and health outcomes among individuals with serious mental illness. Integrated care is particularly promising for racial and ethnic minority individuals given higher rates of chronic illnesses and poorer access to and quality of care compared to Whites. However, little is known about integrated care implementation in non-White populations. The aim of this study is to identify facilitators and barriers to successful

implementation of primary care-behavioural health integration in a multilingual behavioural healthcare setting.

### **Read more**



Advancing a Systemic Perspective on Multidisciplinary Teams: A Comparative Case Study of Work Organisation in Four Multiple Sclerosis Hospitals

### **Research and Theory**

by Sam Pless, Geert Van Hoetegem and Ezra Dessers

Many care organisations claim to employ multidisciplinary teams, but the term is used to describe quite different forms of collaboration. A systemic view of the work organisation of care delivery is presented and applied in this article that allows to identify and understand often overlooked yet important differences regarding team composition, working relationships and therapeutic relationships.

### **Read more**



Multicultural Transitions: Caregiver Presence and Language-Concordance at Discharge

### **Research and Theory**

by Nosaiba Rayan-Gharra, Boaz Tadmor, Ran D. Balicer and Efrat Shadmi

Patients with low health literacy (HL) and minority patients encounter many challenges during hospital to community transitions. We assessed care transitions of minority patients with various HL levels and tested whether presence of caregivers and provision of language-concordant care are associated with better care transitions.

### **Read more**



The Core Dimensions of Integrated Care: A Literature Review to Support the Development of a Comprehensive Framework for Implementing Integrated Care

### **Research and Theory**

by Laura G. González-Ortiz, Stefano Calciolari, Nick Goodwin, Viktoria Stein

Community-based participatory approaches are valuable methods for improving outcomes and effectively integrating care among mental health communities. Trialogue is one such approach which uses Open Dialogue methods with groups of three or more people from different backgrounds who deal with mental health systems.

### **Read more**



Finding the Integrated Care Evidence Base in PubMed and Beyond: A Bibliometric Study of the Challenges

### **Research and Theory**

by Suzanne Lewis, Raechel A. Damarell, Jennifer J. Tieman and Camilla Trenerry

Integrated care research evidence should be optimally visible and accessible to stakeholders. This study examines the contribution of specific databases to the discovery of integrated care evidence, and tests the usefulness of Medical Subject Heading (MeSH) indexing of this literature within PubMed.

### **Read more**



Care coordination as imagined, care coordination as done: findings from a cross-national mental health systems study

### **Research and Theory**

by Ben Hannigan, Alan Simpson, Michael Coffey, Sally Barlow and Aled Jones

Care coordination is intended to ensure needs are met and integrated services are provided. Formalised processes for the coordination of mental health care arrived in the UK with the introduction of the care programme approach in the early 1990s. Since then the care coordinator role has become a central one within mental health systems.

### **Read more**



A Scoping Review of Facilitators of Multi-Professional Collaboration in Primary Care

## **Research and Theory**

by Monica Sørensen, Una Stenberg and Lisa Garnweidner-Holme

Multi-professional collaboration (MPC) is essential for the delivery of effective and comprehensive care services. As in other European countries, primary care in Norway is challenged by altered patient values and the increased expectations of health administrations to participate in team-based care. This scoping review reports on the organisational, processual, relational and contextual facilitators of collaboration between general practitioners (GP) and other healthcare professionals (HCPs) in primary care.

### **Read more**



Implementation of a Stepwise, Multidisciplinary Intervention for Pain and Challenging Behaviour in Dementia (STA OPI): A Process Evaluation

## **Research and Theory**

by Marjoleine J.C. Pieper, Wilco P. Achterberg, Jenny T. van der Steen and Anneke L. Francke

A stepwise, multidisciplinary and multicomponent intervention (called STA OPI) was implemented in Dutch nursing home units, which included a comprehensive multidisciplinary team training. A cluster-randomised controlled trial showed that the intervention reduced symptoms of pain and challenging behaviour.

### **Read more**



Policies Make Coherent Care Pathways a Personal Responsibility for Clinicians: A Discourse Analysis of Policy Documents about Coordinators in Hospitals

## **Policy Paper**

by Audhild Høyem, Deede Gammon, Gro Rosvold Berntsen and Aslak Steinsbekk

In response to increase of patients with complex conditions, policies prescribe measures for improving continuity of care. This study investigates policies introducing coordinator roles in Norwegian hospitals that have proven challenging to implement.

### **Read more**

## Integrated Care in Action: A Practical Guide for Health, Social Care and Housing Support

### **Book Review**

by Henriikka E. Laurola

This book, authored by Dr Robin Miller, Hilary Brown and Catherine Mangan of the University of Birmingham, sets out to examine the current academic and practical knowledge of integrated care in support of those who lead integration in health, social care and housing support. It specifically delves into the 'why', 'what' and 'how' of integrated care and explores how common challenges in all levels of service provision may be overcome. The book makes a clear contribution to integrated care by providing an all-in-one toolkit combining evidence, theory and practice pertaining to its design and implementation.

**Read more**



## Genomics Programme News



## Genomics Specialist Careers – Meet the experts

Ever wondered what a bioinformatician does? How a clinical geneticist investigates the genome? How a genetic counsellor helps patients make sense of a diagnosis? Learn about these specialist roles and how they are evolving as genomics is integrated into routine care in our new films.



### Talking Genomics - Free Podcasts

Did you know we have a short series of podcasts? Created for our genomics week of action 2018, our interviewees talk about personalised medicine, consent and ethics, and educating the healthcare workforce. Download and listen to the freepodcasts here.



### #GenomicsConversation Week of

### Action 2019

In preparation for our second annual genomics week of action 2019, we posted a Twitter poll to ask how many of you have heard about the new NHS Genomic Medicine Service. Thanks to everyone who took part, and be on the lookout for the next poll coming soon!



### Primer in Genetic Counselling

Develop your skills in genetic counselling at a funded one-day primer on 29 November, hosted by the University of Cambridge. The



### Free course - Bacterial Genomes:

### Disease Outbreaks

The rise in resistance of harmful bacteria to antibiotics is a major

day will focus on the essential genetics knowledge needed for genetic counselling and introduce basic counselling skills. To find out more or book your place, [email Gemma Chandratillake](#).

global threat to health. This new course, running in November, explores bacterial genomes and the use of genome sequencing to identify and track drug-resistant bacteria. The course is open to anyone and you can [find out more here](#).



### Next Steps for Genomic Medicine in the NHS

This half-day seminar in London on 20 November features contributions from NHS England chief scientific officer Professor Dame Sue Hill and Genomics England executive chair Sir John Chisholm, and will look at key issues for regulation, challenges for adoption, and priorities for research. To find out more or to book your place, please [click here](#).



### Event –The Future of Genomics in the NHS

Hear from thought leaders and learn what the future of genomics will look like in the NHS, in Birmingham on Wednesday 28 November 2018. Over the course of the day, the aim is to give attendees an insightful update on laboratory reconfiguration, the 100,000 Genomes Project and personalised medicine. Download the [agenda and book your place here](#).

**We're always on the lookout for new blog content. If you have an idea that will challenge our readers or bring a fresh perspective on genomics or personalised medicine, we would love to hear from you.**

[Write For Us](#)



**Please share with your colleagues**

---

**TheKingsFund**

**Leadership newsletter**

**A vision for population health: towards a healthier future**