Moorfields Education and Training Strategy

excellent education together with excellent research driving
excellent clinical outcomes and care

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1 Executive Summary

This document sets out the current education landscape in ophthalmology and explores what we will need to do if we are to develop education as a key component of the Moorfields strategy, “Our Vision of Excellence.”

Moorfields needs a focused strategy to guide the development of its education activity over the medium to long term, and to make considered decisions on where it wants to focus given the changes in the UK healthcare market and university sectors, and the global demand for eye education.

Teaching has been a core function at Moorfields for over two hundred years and is central to its vision to be “the leading international centre in the care and treatment of people with eye disorders, driven by excellence in research and education.”

Today, Moorfields delivers four education functions:

• We are the largest provider of NHS funded ophthalmology education and training, contracted through Health Education England (HEE) as a Local Education Provider (LEP)

• As an employer, we invest in the development of our employees including our leaders, managers and non-clinical staff as well as continuing to be pioneers in developing new ways of training our clinicians

• We supply education and training in the open market to healthcare professionals in the wider NHS, and independent learners from the UK and abroad

• We educate patients and their relatives about their eye conditions empowering them to identify problems and manage their conditions with our support

Our staff have a deeply embedded culture for sharing research, knowledge and specialist clinical expertise. Clinicians from all disciplines, and non-clinical experts, are proactively engaged in speaking at conferences and professional forums worldwide; in addition to working in and with some of the best universities in the UK and abroad and delivering our work in Ghana’s largest teaching hospital. This culture has and continues to contribute to raising the awareness of Moorfields’ distinctive name and brand, and the values that underpin them.

Our far-sighted and ambitious vision: “Anyone, anywhere in the world who wants to learn about eyes looks to Moorfields first,” coupled with our mission: “Excellent education, together with excellent research, driving excellent clinical outcomes and care,” demonstrates our commitment to building a unique learning culture with a global presence to claim our position as a world leader in ophthalmic education. We will seek to understand and shape ophthalmology education for all staff by developing and delivering an extraordinary, safe learning environment and learner experience. This means developing a deep understanding of the needs and expectations of each of our learner populations, delivering quality programmes co-
developed with our learners and driven by research that meet and exceed the expected regulatory standards, where applicable, as well as understanding our competitors and learning from them.

A series of workshops and interviews were held between September and December 2013. The output from these has shaped our vision and mission which will be delivered through a set of four strategic themes and goals.

- **Leadership and operational excellence**
  - We will use the opportunities presented by Moorfields’ unique position and reputation to shape eye education both now and in the future for the benefit of all
  - We will drive multi professional learning and improve access, quality production and sales processes through an integrated education function

- **Sustainability**
  - We will increase our understanding of our existing and potential markets and customers and their current and future needs
  - We will enhance the profile and reputation of education offered at Moorfields by meeting the needs of key learner populations and stakeholders, and celebrating success

- **Product innovation**
  - We will strengthen and grow Moorfields’ education offer by optimising the learning on offer for all staff groups
  - We will agree a position on investment in digital learning (scope, scale, timeline, budget)

- **Strategic partnerships**
  - We will develop a formal, strategic, but not necessarily exclusive, partnership with the Institute of Ophthalmology and University College London

In determining our strategy, we have analysed where and how we operate, defining two distinct markets, the NHS provider market and the open supplier market. Each market operates very differently. By understanding the risks and opportunities in each, based on patient demand, service transformation and our competitors, we can determine the best way to achieve our vision and mission.

Within the NHS provider market, as a Local Education Provider (LEP) for the three London Local Education and Training Boards (LETBs) working closely with the Specialist School of Ophthalmology, we will continue to train ophthalmologists to provide world class treatment for NHS patients. We will also work with the LETBs to ensure that the education and training offered to our non-medical clinicians is of the best quality and fit for purpose. The provider market acts as a closed market, driven by the funding and placements available which are determined by the Government. Our analysis indicates that we cannot assume a steady state or further growth, as we have in the recent past, given the current economic challenges and the greater focus on providing better value from the £4.9 billion education budget.
We currently supply a variety of programmes on the open market, competing with other suppliers of ophthalmology education. Our analysis indicates that this market is immature and is set to grow driven by changes in the economies of developing countries. We have a number of stakeholders we can engage with to stimulate and grow the national, international\textsuperscript{A} and transnational\textsuperscript{B} markets. These include NHS commissioners, our international networks and possible strategic partners. For example, in the international and transnational markets, the key demand is for cataract skills development. If we chose to increase our share within these market segments will require us to change the way in which we differentiate, develop and market our products. This would involve growing our offer initially in the UK with phased entry into the national and transnational markets as these will need further market testing, and we will need to grow our resource base to deliver them.

Our analysis estimates that the combined market opportunity across both markets could be worth over £9.4 million, with the greatest demand and growth in the supplier market international and transnational sectors. If we choose to optimise delivery in each of these market segments, we estimate that Moorfields could attract an income of £7.2 million over five years.

To be a leading and competitive education provider and supplier, we must increase our understanding and investment in technology which is transforming the way in which education is accessed and delivered, and learners are supported. Knowledge has moved out of the classroom and the libraries of select institutions and into our pockets via the web. Learners entering all medical specialities expect technology enabled learning as the norm and will seek it out. Ophthalmology organisations and societies have been early adopters of e-learning; many of the American ophthalmology education providers have their own learning portals and deliver weekly sessions via the web.

Technology is also driving greater access to learning in the developing world especially in the BRICS countries (Brazil, Russia, India, China and South Africa) countries. This is driving growth in the international and transnational markets providing greater choice for learners. Investing in digital education technology is a major decision and we will need to explore the best options for developing this as we grow our education offer.

We will also consider how we can best partner with academic institutions to meet our education vision. The change to fee based education is redefining the role of students as consumers. They expect a qualification that will enable them to secure good employment. The combination of the Moorfields reputation combined with that of a top London university is a potent one that will be highly attractive to international and transnational students and will compare favourably with the offer provided by the likes of Bascon Palmer, the Willis Eye Hospital, and the Wilmer Eye Institute.

Other benefits in developing a strategic partnership might include opportunities to draw on the best teaching and learning expertise to build new models of excellent

\textsuperscript{A} The international market is characterised by the supplier remaining in their home country
\textsuperscript{B} The transnational market is characterised by the supplier operating in countries outside their home country
education for tomorrow’s learner, co-investment in digital infrastructure and the technical teams who upgrade and maintain this, shared back office services and increased purchasing power through economies of scale and risk sharing.

Our strategy sets out our route to success, over the next five years. We will commit ourselves to the journey through diligent planning and execution to make our extraordinary learning culture a reality.
2 Introduction

Teaching has been a core function at Moorfields for over two hundred years and is central to its vision to be “the leading international centre in the care and treatment of people with eye disorders driven by excellence in research and education.”

Today, Moorfields delivers four education functions:

• We are the largest provider of NHS funded ophthalmology education and training, contracted through Health Education England (HEE) as a Local Education Provider (LEP)
• We supply education and training in the open market to healthcare professionals in the wider NHS, and independent learners from the UK and abroad
• As an employer, we invest in the development of our employees including our leaders, managers and non-clinical staff as well as continuing to be pioneers in developing new ways of training our clinicians
• We educate patients and their relatives about their eye conditions empowering them to identify problems and manage their conditions with our support

Each function serves a set of learner populations which can overlap.

Our staff have a deeply embedded culture for sharing research, knowledge and specialist clinical expertise. Clinicians from all disciplines, and non-clinical experts, are proactively engaged in speaking at conferences and professional forums worldwide, in addition to working in and with some of the best universities in the UK and abroad. In partnership with the Lions Clubs International, we have established a charity which is building a purpose-built eye unit and training facility at Ghana’s largest teaching hospital. Teaching and skills transfer for local staff is at the core of this venture. In London, our clinicians offer education and training events for professionals on demand throughout the year and arrange many additional individual learning experiences through established professional networks. This culture has and continues to contribute to raising the awareness of the distinctive Moorfields name and brand and the values that underpin them.

While there is a great deal of learning, training and knowledge sharing in place, Moorfields lacks a focused strategy to guide investment in and development of our education offer over the medium to long term. Wide reforms to the NHS education system are in train and we need to understand how these will affect the shape of our education offer and markets. As the largest specialist provider of eye care, we will engage and work with Health Education England (HEE) and the Local Education and Training Boards (LETBs) and others to shape education and training in ophthalmology. We need to understand and respond to the many world-wide requests we have for training in a planned way so that we can provide the extraordinary learning experience that we are committed to enhancing our reputation and brand in the field of education. Many of our staff recognise these challenges, and the changes needed, and have shared their thoughts in workshops, interviews and meeting between September and December 2013. The output of these activities has
shaped our vision and mission for extraordinary education at Moorfields which will be delivered through a set of strategic themes, directions and goals.
3 Moorfields education today

3.1 What we do

The majority of education activity undertaken is focused on NHS trainees and students. This includes delivering:

- Medical training for up to 1250 undergraduates
- Post graduate medical training for up to 56 trainees at ST3, ST6 and ST7 levels including six anaesthetist trainees
- Ophthalmic simulation, hosting the London programme, attracting over 150 active users and training trainers
- Supervision for fellows who continue to sub-specialise before they take up consultant posts
- Clinical placements for 12 pre-registration orthoptists for one month each
- Teaching on the ophthalmology programmes run by City University
- Commissioning non–medical education and training for over 135 placements at six universities and one foundation trust including Bachelor of Science and Master of Science degrees as well as stand-alone modules and study days
- Commissioning or directly providing over 30 statutory and mandatory training programmes including induction, personal and patient safety requirements, life support and infection control, medicines awareness, and information governance
- Supervised placements for four pre-registered optometrists a year, two pre-registered dispensing opticians a year, a two year clinical placement for two resident optometrists training to work as specialist optometrists, and two week observerships for pre-registration community optometrists at our St Georges site
- Up to 10 short courses on an annual or bi-annual basis for nurses and optometrists in Moorfields and in the wider professional community. These include ophthalmic emergencies, health care assistants’ and technicians’ updates, biometry, glaucoma, theatre and cataract study days, ophthalmic pharmacology and nurse prescribing, slit lamp workshops and presentation and writing skills for publication
- Internal clinical courses on medical retina (seven of these), cornea, A&E and primary care, refractive surgery, vitreo-retinal, neuro-ophthalmology and post graduate sessions
- Externally focused courses run annually including paediatric ophthalmology, clinical practice and scientific foundations, clinical electrophysiology of vision, ophthalmology for GPs, LASIK and VR in a day
- A range of leadership and management programmes including skills development, masterclasses, coaching and team development
- Comprehensive IT training covering clinical systems, non-clinical systems and office applications.

3.2 How we deliver

Our learners are exposed to a wide variety of teaching and learning techniques at Moorfields, through the courses we deliver on behalf of the LETBs, and through those we deliver or commission in the wider education market for our staff. These include, traditional delivery methods, such as didactic lectures, experiential
learning or work based learning; technology enabled learning, including simulations for cataracts and cardio–pulmonary resuscitation; e learning for some mandatory training; laboratory skills based learning for dissection (wetlab) and coaching and mentoring for our managers and senior clinicians.

The delivery mechanisms for our medical trainees, conforms to the requirements set down by the Royal College of Ophthalmologists. For example, for post graduate medical training, it recommends a ratio of 43%:57% “off the job,” training to “on the job,” training. “Off the job,” training can include:

- College courses: such as basic and advanced microsurgical skills, training the trainers, annual congress
- Attendance at regional and national sub-specialty meetings
- Examination preparation courses
- Private study

Local post graduate meetings might cover:

- Case presentations
- Research and audit projects
- Lectures and small group teaching
- Clinical skills demonstrations and teaching
- Critical appraisal and evidence based medicine and journal clubs
- Joint specialty meetings e.g. neurology, radiology, pathology, rheumatology

Recommended teaching interventions can include:

- Sub-specialty teaching in a clinical environment from a recognised specialist
- Basic life support teaching from a recognised CPR trainer in a hospital.
- Basic and advanced microsurgical skills teaching in the College (or other) “wet-lab” from a Faculty member.
- Refraction skills taught by an optometrist
- Ocular motility skills taught by an orthoptists

### 3.3 Income and investment in education and training

We have two education and training income streams. The first is from the national NHS Multi-Professional Education and Training levy (MPET) which we receive through contract agreements with the NHS LETBs. In 2013/14, our training income is just under £2.8 million\(^3\). Around 72% of this is funding is for education services and placements we provide for NHS medical trainees as a LEP. The remaining 28% is allocated to the non medical workforce development. NHS funding is based on an historical allocation which may not reflect the true cost of training. Moorfields is working closely with Health Education England (HEE) in a national exercise to establish true cost baselines.
As a supplier of education we operate in the open education and training market generating income from independent customers. This includes, for example, the delivery of conferences and symposia such as a bespoke two day programme for Chinese delegates and the 6th Annual Moorfields International Glaucoma Symposium. In 2011/12, we secured an income of £212,000. The income we generate as a supplier of education is much smaller than the funding we receive from the NHS, accounting for just under of 8% of our MPET income.

In addition, Moorfields and our Trustees invest over £680,000 per annum in training for our staff. We currently commission thirty-one statutory and mandatory courses, two leadership and management courses, other corporate functions development and training for Fellows. We spend the equivalent of 20% of our MPET income on additional training and development for all our staff.

As a health care provider, we also invest in educating our patients empowering them to identify problems and manage their conditions with our support. Costs incurred in this area are not readily available.

### 3.4 Quality of education and training

Overall, the quality of our education is good but we have more to do if we are to make it extraordinary. This means developing a deep understanding of the needs and expectations of each of our learner populations, delivering quality programmes co-developed with our learners and driven by research that meet and exceed the expected regulatory standards, where applicable, as well as identifying our competitors and learning from them.

Our average satisfaction results for our medical students and trainees are consistently high, with the overall examination rates in London remaining higher than those in the rest of England.\(^4\) However, we know that in some of our services there are time and activity pressures that impact more adversely on the learner experience. We have not routinely evaluated the learner experience of our fellows, and anecdotally we are aware of criticisms of the learning experience in some areas.

In 2012, our employee satisfaction with job relevant training and learning and development over all was high, ranging from 74%-100% across nine staff groups. Our average score was also higher than other specialist acute trusts (83%:81%).\(^5\) Staff satisfaction with training or learning and development at Moorfields is
comparable when benchmarked against organisations who deliver ophthalmology services (Imperial College London and Manchester Universities NHS Foundation Trust). However, 10% fewer appraisals were completed than in 2011 and 20% fewer staff received health and safety training indicating a gap in our understanding of learner requirements and aspirations and in fulfilling our mandatory requirements.

As an education supplier, we respond to a myriad of requests for education and training. These are made primarily to individual staff and sometimes through approaches to the organisation. Over time, this has led to education activities and products being developed in a “cottage industry” fashion. If we allow this to continue, it will be difficult to optimise and build on this good work going forward. Currently, we only have anecdotal information about what our external learners think about our courses; these have been obtained from a number of websites. They indicate that learners are receiving a mixed learning experience at Moorfields. Going forward, we need to develop a system and processes that enable the delivery of a portfolio of extraordinary education activities that are aligned to learner needs and aspirations, produced using strong, consistent, quality assurance, evaluation and customer management processes.

3.5 Resources

The delivery of education and training is currently supported by dedicated education teams, and a range of other individuals whose roles incorporate a responsibility for education and training. Some of these are funded through the MPET and some are funded directly by the trust. A breakdown of these posts can be found in Appendix 1. They include:

- Two medically qualified directors, a centre manager, three co-ordinators and an administrator who deliver pre and post registration programmes and clinical placements
- A local programme director reporting to the London Ophthalmology School which serves the three London based LETBs and two Royal College of Ophthalmology tutors who oversee the quality of delivery for training of all students and trainees in the North London area. These additional posts are performed in addition to the incumbent’s job. The Royal College recommends that a session per week should be sufficient for the work undertaken by the tutors.
- A lead nurse education co-ordinator, a clinical nurse for education and research and an administrator who support the allocation of post registration placements for nursing and allied professionals
- A pharmacy lead and an orthoptists lead who support the pre registration placements for trainee pharmacists, and orthoptists
- The HR directorate which delivers leadership and management development, team development, non-professional training for staff on Bands 1 to 4, induction and systems training through an OD lead, leads for induction, mandatory training and appraisal, three IT trainers and an administrator
- There are 156 Nursing and Midwifery Council (NMC) recognised mentors
- All consultants have a role in supporting learners although not all are named clinical or education supervisors. It is unclear how many other staff have received training to undertake supervision in practice or if any refresher training has been offered or been undertaken.
• Many of our clinical staff contribute to the City University’s Optometry MSc courses, and many of our optometrists have completed City university post graduate modules (primarily independent prescribing) as part of the City University MSc programme.

• We employ four pre-registered optometrists who have graduated from an optometry course from one of the nine UK universities and support them to complete the College of Optometrists pre-registration training period under the supervision of four senior optometrists who are registered College of Optometrists pre-registration supervisors. Several of our senior staff are College of Optometrist examiners.

Training for optometrists sits outside the NHS and there is no HEE funding or infrastructure such as tutors at present for the post-registration education that is needed for them to function as hospital optometrists. Considerations are being made by HEE to include this workforce in future.\(^8\) All post registration training is funded through Moorfields or from the proceeds of external (supplier) training undertaken in the department.

3.6 Delivery

The majority of the NHS clinical education and training is delivered in practice with some taking place on a face to face basis including lecture based and classroom based activities. Medical trainees are expected to complete 1096 days of experiential learning and 140 days of local post graduate meeting over the course of their training.\(^9\) The number of hours of learning in practice for nurses varies but some recommend 60 hours over a six month course.\(^10\)

At present, the education facilities for medical, non medical and corporate education and training are each provided in separate areas on the Moorfields main site, supplemented by rooms used for training that are scattered throughout departments at City Road and at some satellites.

Some multi-professional learning takes place for managerial and clinical staff, for example, through clinical audit training\(^11\) and leadership and management development. However, there is little evidence of multi-professional or shared clinical learning which extends across specialist and sub specialist areas. As part of the estates strategy to relocate and rebuild the hospital, there is a clear intention to develop a new single centre for education and training\(^12\) which aligns to the current policy direction and reflects the Francis Review.\(^13\)

Some additional education delivery channels are used, for example, the pharmacy department uses traditional distance learning to develop its post graduate staff and there is some e-learning for statutory and mandatory training. The IT infrastructure does not currently support a full learning management system that can be accessed by all Moorfields staff. Many staff are IT minded and use free IT services to develop and share their learning.

3.7 Education Partnerships

Moorfields has a research partnership with the Institute of Ophthalmology which is part of University College London (UCL) forming one of the largest and most
successful ophthalmology and vision research units in the world. Our joint research strategy identifies the benefits of close linking with our education strategy to develop and manage the supply of new talent in both institutions.\textsuperscript{14} We are also working with University College London to set up a Post Graduate Certificate in Ophthalmology.

Moorfields is a partner in UCLPartners an Academic Health Science Partnership of over forty higher education and NHS members, who together, form one of the largest centres of medical discovery, healthcare innovation and education in the world.\textsuperscript{15}

We have a good relationship with City University, many of our clinical staff contribute to the City University’s Optometry MSc courses, and many of our optometrists have completed City university post graduate modules (primarily independent prescribing) as part of the City University MSc programme.
4 Our markets and competitor analysis

Currently we operate in two distinct markets; the NHS education market in which we are a provider and the professional education market in which we are a supplier. Each of these markets operates entirely differently, giving rise to different constraints and possibilities for growth which are explored in more detail in this remainder of this chapter.

The NHS education market is the largest market in which we operate. In England, the healthcare education market operates primarily as a closed market for the NHS, as the number of placements for pre and post registration training is decided by the Department of Health and the Higher Education Funding Council for England (HEFCE). This is a non-departmental public body of the Department for Business, Innovation and Skills (BIS), which is responsible for the distribution of funding to Universities and Colleges of Higher and Further Education in England. DH and BIS, through HEFCE, have a strong influence on the shape of the market. The private healthcare education market is in its infancy: the first private medical pre-registration programme was announced by the University of Buckingham in 2013 and a second programme announced by the University of Lancashire as the demand for a UK medical degree is high amongst overseas learners. It is yet to be proved if this is a sustainable market.

4.1 The UK healthcare education system

The healthcare education business operates in a dynamic system that seeks to align the supply of healthcare staff with the demand for them. It is a complex balance that rarely reaches equilibrium. This is because the shape and volume of education and training is predicated on population health needs, health services provision and adequate available funding. Where education and training timeframes for professional registration extend over several years, health educators have to take into account changes in social and demographic factors, new treatments, and scientific and technological discoveries, as well as changes in the economic climate that impact on funding. When combined, these factors determine the demand for workforce capacity and capability, which in turn determines the number of graduates, post graduate trainees and learners required to meet the needs of employers, at the right time and in the right place. The expectations of the students and trainees themselves also need to be met, in order to avoid poor recruitment and or high attrition rates as they progress through their programmes.

4.2 Transforming the English NHS education system

A new education system for the NHS came into being in April 2013 based on proposals set out in “Liberating the NHS: developing the healthcare workforce.” It established a statutory duty for the Secretary of State for Health to ensure that an effective education and training system is in place for the NHS and public health. It coincided with the abolition of the strategic health authorities and the transfer of their responsibilities for education and training to HEE and NHS employers working together in thirteen LETBs. HEE’s remit is to help ensure delivery of the highest quality healthcare to England’s population, through the people that the NHS recruits, educates, trains and develops. To deliver this, HEE, LETBs and their member
organisations must work to the Secretary of State’s mandate\textsuperscript{22} and the national Education Outcomes Framework (EOF)\textsuperscript{23} to ensure that the allocation of education and training resources is linked to quantifiable improvements. The key changes that this will bring about over the next five years and beyond is the renewed focus on:

- \textbf{Excellent education}: including commissioning and providing to the highest standard, ensuring that learners have an excellent experience and that all elements of learning are delivered in a safe environment for patients, staff and learners
- \textbf{Competent and capable staff}: ensuring that there are sufficient staff educated and trained aligned to service and changing care needs so that patients are cared for by staff who are properly trained, inducted and qualified, and have the required skills and knowledge to do the job that service needs, whilst working effectively in a team
- \textbf{A flexible workforce receptive to innovation and research}: a workforce that is educated to be responsive to changing service models and is responsive to innovation and new technologies, with knowledge about best practice, research and innovation that promotes the adoption and dissemination of better quality services to reduce variability and poor practice
- \textbf{NHS values and behaviours}: staff have the necessary compassion, values and behaviours to provide person-centred care that enhances the quality of the patient experience through education, training and regular continuing personal and professional development (CPPD)
- \textbf{Widening participation}: to ensure that talent and leadership can flourish free from discrimination with opportunities to progress so that everyone can participate to fulfil their potential
- \textbf{Redesign and rebasing of the NHS funding allocation}: including redefining the education and training cost base, introducing placement tariffs for medical and non medical training and abolishing the MPET funding in the longer term, moving to a levy on providers
- \textbf{Investment in NHS education}: the education budget has been protected in the short term, however, in real terms there continues to be a decline in spend as a proportion of the overall NHS spend\textsuperscript{24}
- \textbf{Demonstrable quality improvement of the education experience and learning environment}: there is a proposal to introduce performance quality measures linked to additional payments similar to the CQINS in service contracts in the short to medium term
- \textbf{Development and delivery of a national workforce plan}: to align the supply of pre and post registration students and trainees to employer requirements and patient need
- \textbf{Redesign of post registration medical education} in the short to medium term
- \textbf{Increased direction on mandatory training} linked to service priorities such as dementia, emergency care, and psychological wellbeing

\section*{4.3 Interconnections with the university sector}

The interconnection between healthcare education and the university sector in the UK is complex and highly valued by both sectors. Health related education activity including research accounts for around 10\% of all university income.\textsuperscript{25} As such, health organisations are exposed to some of the challenges and changes that arise
in the university sector. The following developments and trends are expected to have an impact on the health education sector:

- Greater reliance on fees rather than funding grants will have a greater impact on the stability of university funding and sustainability over the longer term.
- Graduate entries from the UK and EU were lower than predicted in 2012/13, increasing cost pressures. It remains to be seen if these will be resolved in the immediate future. Universities UK report that this has major implications for the sector to improve its teaching and research facilities.
- Some universities are reporting challenges in maintaining and growing their infrastructure, requiring a 7% surplus to maintain existing estate and a 10% surplus for growth and investment. ²⁶
- There are multiple funding channels to universities for health education and research, the impact and realignment of the MPET budget and the research budget from BIS is uncertain over the medium to longer term.
- Difficulty in tracking the National Institute for Health Research (NIHR) funding flows is possibly masking under-investment in real terms. Further changes in the size and allocation of this budget will make the sector vulnerable to disruption.
- Efficiency pressures have made the sector more amenable to jointly procuring scientific equipment.

4.4 Our current programmes, courses and events

We supply: 14 non medical courses, 12 courses for medical trainees and ophthalmologists delivered on site in City Road and between 5-8 courses for medical trainees and ophthalmologists held at external venues. The class and event sizes range from 8-200 learners. 5 courses are run bi-annually, a further 5 are run jointly with other providers including the Institute of Ophthalmology, Great Ormond Street and Alcon. The primary marketing channel is by flyer and the Moorfields website. In addition, we host around 150 observers. There are also some local exchanges, and one or two Royal College honorary fellows.

4.5 The NHS provider market

As a Local Education Provider (LEP), the education we provide must meet the standards for education and training set down by the Regulatory Bodies in addition to the contract requirements from the LETBs. This includes the General Medical Council (GMC), the Nursing and Midwifery Council (NMC) and Allied Health Professionals Council (HPC), who issue complementary guidance.

The GMC regulatory framework is designed to provide assurance to patients and others that medical education and training produces doctors with appropriate knowledge, skills and behaviours. It has set out a firm position statement focused on improving the value of the medical educator, in which it affirms that it is seeking regulatory powers by 2016 to approve four key education roles. ²⁷ These are:

- Named education supervisors
- Named clinical supervisors
- Doctors responsible for overseeing medical students’ progress
- Lead co-ordinators at each LEP
The approval process will be implemented in two phases, the first being formal recognition of doctors in the named roles, in which the doctors will need to evidence their clinical professional development in relation to their education role. Thereafter, they will need to demonstrate that they have met the standards laid down for approval. In 2013, the GMC implemented new arrangements for formally recognising doctors who undertake these roles, with a milestone that by 2014, education organisations such as LETBs, Deaneries and medical schools across the UK have schemes in place for recognising these roles.

Specifically, named education supervisors are responsible for the overall management and supervision of a trainee’s educational progress during a placement or series of placements. A named clinical supervisor oversees a trainee’s clinical work throughout a placement and contributes to the final decision on whether the trainee can progress to the next stage of training. They also undertake assessments and provide reports.

Consultants and other doctors undertaking these roles will require dedicated time in their job roles in line with the GMC requirements. These are:

- **Clinical Supervisors:** 0.25 of a programmed activity (PA) per week regardless of how many trainees they supervise. This is contained within the current Supporting Professional Activities (SPA) allocation
- **Education Supervisors:** 0.25 of a programmed activity (PA) per week allocated for one to one supervision. It is usual to supervise four trainees, comprising one programmed activity per week

Currently most Educational Supervisors at Moorfields are not specifically allowed any PA time for this activity compared to colleagues who do no educational supervision. There is a voluntary agreement in place between consultants and the Trust; however, Education Commissioners intend to enforce this, either this year or by March 2015 at the latest, through the Deaneries.

At Moorfields, we have started to address this, but we have further to go to determine the impact of these changes on the capacity and capability of our in the education supervisor roles, to ensure that we can meet our likely future contractual requirements.

### 4.6 NHS local provider market competitor analysis

Currently, as a Local Education Provider of Ophthalmology Specialist Training (OST), we have little competition. A contract payment is set by HEE for each provider, there is a common curriculum determined by the Royal College of Ophthalmologists (RCOph) and the General Medical Council (GMC) and trainee pay is set nationally.

National recruitment to the Ophthalmology Specialist Training programme (OST) is delivered by the Bristol Deanery on behalf of all participating regional specialist training schemes. In 2012, information provided to prospective trainees offered marginal differentiation on lifestyle factors only. The majority of medical students tend to compete for placements close to where they undertake their initial medical
training. Competition for OST placements in London is strong with 100% of places being filled in the first recruitment round.\textsuperscript{30}

However, some anecdotal feedback via the recruiting Deanery indicates that some prospective recruits are concerned that there are too many trainees and consultants in North London which may lead to a lack of opportunities for hands on clinical practice. A BMA Survey 2013\textsuperscript{31} of ophthalmology trainees who have just completed the Modernising Medical Careers programme indicates that the trainees in North London thought that they would be less surgically well prepared that their colleagues in South London and the West Midlands. We should seek to clarify these concerns and address them.

Medical graduates can choose which specialist training programme they want to pursue leading to strong competition for placements which are limited by the Department of Health (DH) to manage over supply or imbalances. From 2013, DH will introduce a 2% reduction in medical school placements which will reduce the graduate supply pool for all specialty training programmes by 245 places by 2014,\textsuperscript{32} when a further review will take place. This will lead to an increase in competition between specialist training programmes looking to attract the best graduates. In addition, following a review of all medical training\textsuperscript{33}, it is proposed that in future, fifty percent of specialist training placements will be for GP training. This means that further reductions in placements across the all specialist training programmes will arise. We believe the impact on ophthalmology specialist training in the immediate term is likely to be small. In 2012, competition for ophthalmology placements attracted just over three potential recruits to one placement (3.1:1). As an attractive specialist training programme, it ranked fifth out of the seven surgical specialities (5 out of 7).

Non-medical funding for NHS education and training is driven by workforce planning and needs determined by local employers, the local LETBs and HEE. NHS trusts confirm their needs for pre and post registration training and CPPD annually through a local learning agreement; this enables them to “call off,” their requirements with the universities. In London, this funding allocation is referred to as indirect funding as it is ring fenced and cannot be used for alternative provision. In addition, each Trust has an allocation of direct funding which it can use to commission education from any provider (usually a university) to meet its additional local education and training requirements.

At Moorfields, our non medical education requirements are for post registration and Continuing Professional and Personal Development (CPPD) training. This means that we must compete with other NHS Trusts for a proportion of a set national funding allocation. (circa £663,000) Traditionally, the greatest proportion of this has been allocated to the large acute trusts and it is likely, that in the short term, these trusts will continue to be our main competition. In the near future, it is likely that this funding will come under greater pressure as LETBs are expected to increase access to education and training to other staff groups and non qualified staff without any increase.

The changes in the NHS education system should strengthen our ability as an employer to shape education and training aligning it to the needs of our patients. The
new Moorfields nursing diploma is an early example of this. In addition, this change should enable us to argue for more responsive education and training and or an increase in our allocation based on changes in our workforce requirements. Specifically, this means arguing for the inclusion of our optometrist workforce which requires enhanced education and skills to operate in a hospital setting. This is important, as the continuing national shortage of general nurses (circa 500) is driving changes in the balance of our workforce, and we become increasingly reliant on a multi-disciplinary workforce to deliver our services to patients. Our optometrists are undertaking non-medical prescribing and outpatient assessments alongside their medical and nursing colleagues, enabling some nurses to undertake more advanced tasks including intra-vitreal injections, and YAG laser treatments alongside medical colleagues.

4.7 Supplier market

Our second market is the professional education and training market, where we are a supplier and where we compete openly with any other suppliers of ophthalmology education in the UK and increasingly world-wide as the web based education market grows.

Supplying ophthalmology training courses and events for individual practitioners and organisations is a niche market in the UK. We currently supply around twelve courses ourselves and a further five in partnership with the Institute of Ophthalmology, Great Ormond Street, Alcon and University College London. These range from one to five day study courses and events, mostly targeted at medical specialists and sub specialists with a few programmes directed at general professional staff. With the exception of one international programme, the majority are marketed to individual NHS ophthalmology staff.

4.8 Supplier market competitor analysis

Alcon Novartis offers a comprehensive range of education and training for clinical professionals with a training population of 4000 learners. It has a comprehensive learning portal “Excellence in Ophthalmology” which is free for professionals to sign up and use.

In 2012/13, the Royal College of Ophthalmologists had a training funds of £140,000 and a comprehensive programme of specialist and subspecialist courses. It is developing its e-learning offer including modules for basic eye examination and a public health programme. It has also announced it is developing a cornea and glaucoma package, this is in addition to the existing refraction course, and a blended approach micro skills course. They are also offering an undergraduate skills course. In 2012, they reported a drop in demand for oculo-plastics courses and increased demand for DSEK (Descemet's Stripping Endothelial Keratoplasty) also referred to as a corneal transplant and other corneal courses.

The remainder of suppliers are small businesses or other NHS Trusts such as the Royal Liverpool Eye Hospital. These small providers supply a range of one, two and three day courses on practical assessment and diagnostic skills, biometry, practical sessions for GPs and other sub specialist courses on demand such as strabismus.
We are also aware that some of our own staff offer courses in this market in their own time.

Our competitor analysis indicates that the supplier market in the UK is immature, driven mostly on a personal demand basis. There is little price differentiation for courses, although some is applied to different professional groups and there are discounts for buying more than one day or booking early. To grow this market, we will need to change our approach to increase awareness of the need for eye care education and stimulate demand in the market. This means working more closely with commissioners, our national networks and possible strategic partners to understand the needs of the different learner populations and develop education programmes that meet their needs.

4.9 Future market growth

It is unlikely that the NHS market will grow significantly over the next five years. It is likely that some reduction in our activity and income will arise, if the 2% decline in medical graduate placements continues over this period. The probable introduction of changes to the payment framework to introduce quality improvement targets (EDQUINs) will put an additional 5% of this income at risk if these are not met.

The supplier market in the UK is immature and we anticipate that there are real opportunities for growth in this market driven by service transformation and population demand. We estimate that we could increase our income by substantially if we increase our market share of GP, A&E nurse, ophthalmology nurse and optometrist learner populations.

Over the next five years, we anticipate that growth in the UK supplier market will provide the biggest growth opportunity in our existing markets.

In addition to the two markets we currently operate in, the changes in the global education market, coupled with the global demand for eye care education offer further opportunities for Moorfields to extend its global presence. These are outlined in more detail in the next two chapters.
5 The global education landscape

5.1 The global education market

Over the past ten years, the global education market has grown exponentially, driven by the economic growth in the BRICS countries (Brazil, Russia, India, China and South Africa), the fall in the cost of air travel and technology enabled learning. The UK education system is held in high regard throughout the world. Its reputation is attracting new opportunities globally, presenting in the international market, where the education supplier operates from their home country and in the transnational market, where the supplier operates in other countries outside their home country.

Technology is changing the competitive landscape for education suppliers: as delivery and distribution channel costs fall, learning is becoming more accessible in developing world and the BRICS countries. For the UK, this market is estimated to grow at 7% per annum to 2017, from a baseline value of £17.5 billion in 2011. Global e-learning is expected to grow by 23% per year until 2017.

It is also giving rise to new delivery models; digital media and technology organisations are becoming firm partners with education providers. The rise of massive online open learning (MOOCs) is a clear example of this. MOOCs are characterised by time, lasting between four and fourteen weeks, open to anyone, free, taught in video bites with learner interaction and discussion via email and synchronous digital dialogue. They are often graded by peers and offer certificates rather than academic credits. MOOCs run on large IT platforms which are purchased or rented by the institution delivering them. The best known platforms are Coursera in the US, Open Learning in Australia and FutureLearn, a newly developed platform derived from the Open University in the UK supporting twenty one universities. The future of MOOCs as a true education model is still unknown; their early value has been to enable universities to understand who their potential market is world-wide, collect marketing data and promoted other courses as well as refocusing universities on teaching rather than primarily research.

Technology enabled learning is recognised as a fundamental change driver which is transforming way in which education is delivered and learners are supported. Generating and sharing knowledge is far more democratic than ever before with a mass of facts, theories, explanations and support tools freely available and accessible through sophisticated search engines. Knowledge has moved out of the classroom and the libraries of select institutions into our pockets via the web. In the formal sense, teaching is moving from providing explanations to contextualising understanding and enhancing performance. Some say that “Google,” is the competition for education today. Tomorrow, it will be new forms of intelligence that are likely to be derived from analysing and making sense of “big data.”

5.2 The UK international education market

This market supplies education for non UK national students from other countries who want to study in the UK. In this market, the supplier is wholly based in the UK.
We know that the majority of international students are attracted to studying in London. In 2011, the international health care education market was estimated to be worth £25 million and is estimated to rise to just over £34 million by 2020.  

We will look to develop our observer, skills development and distance learning programmes in this market.

Moorfields is concerned with attracting the best students and trainees into its research, service and education functions as well as positioning itself as a leader in the field of ophthalmology. The following global indications and trends could influence partnering considerations for the education strategy:

- The UK university sector is the second most successful higher education system in the world following the United States
- The UK invests 0.3% less GDP in universities compared to other OECD countries (1.3%-1.6%)
- UK universities are ranked 15th out of 56 countries for the percentage of non defence R&D funding, falling behind the Nordic countries, Australia, Canada and Singapore
- The UK is trailing others in producing a skilled workforce. By 2020, China will produce more graduates than the US and EU combined (10.5m:7.2m). Canada, Japan, Norway and Ireland will have a higher proportion of 25-34 year olds with a higher education qualification
- Investment in R&D and the number of researchers per country is growing significantly in China, and the other BRICS countries (Brazil, Russia, India and South Africa)
- Student visa requirements are subject to change and may continue to tighten in the current economic climate

5.3 The transnational education market

BIS estimates that approximately 75% of UK Higher Education Institutes are engaged in transnational education in over two hundred countries. This is delivered through a variety of channels including distance learning with or without face to face teaching support and in-country delivery through branch campuses, twinning programmes and franchise arrangements. Many of these institutions engage in multiple forms of transnational education in multiple locations which has resulted in a large number of small programmes over a wide spread of countries.

5.4 Global ophthalmology market

According to the World Health Organisation 285 million people world-wide are affected by visual impairment, eighty percent of which is avoidable with the correct treatment. Cataract and uncorrected refractive errors are the leading causes of avoidable impairment and untreated cataracts and glaucoma are the leading causes of avoidable blindness. The distribution of visual impairment and blindness are geographically dispersed with the greatest prevalence in China, South East Asia and India. By 2019, the world population will grow to 7.5 billion, this will include an increase of 27% of people over 50 years of age presenting with age related sight conditions.
There is considerable demand for education and skills training in all aspects of eye treatment and care in the BRICS countries. The primary requirements are for cataract and refractory surgery. Delivering education and training overseas is a long term commitment and best delivered with a local partner. If we wish to maximise our income in the transnational market, we will need to explore suitable education and service partnerships, agree set up and operating requirements and commercial viability. This would need detailed business modelling so it would be something we would look to after growing the national and international markets.
6 The opportunity

6.1 Building for the future

It is clear that we have an active learning culture, some world-class partnerships, and deliver a wide range of education and training activities every day. Going forward, we want to build a system and culture of extraordinary education and training. We have worked with our staff and the wider ophthalmology community to develop a bold vision and a set of clear strategic themes, goals and actions, underpinned by shared and embedded principles that are aligned to our “Vision of Excellence,” and our values. An overview of these and the underpinning goals can be found in Appendix 2. In achieving this, we will continue to attract the best staff, students and trainees to treat and care for our patients and those with eye conditions, whatever their needs and where ever they are.

6.2 Market opportunities and growth until 2017/18

We have analysed our two existing markets to estimate the market opportunity in each, based on patient demand, service transformation and the competition. We estimate that the combined market opportunity will be worth over £9.4 million, with the greatest growth in the supplier market. Over the next five years, the combined value in the supplier market for nationally, internationally and transnational activity is estimated to be over £5.8 million while the estimated value of the NHS provider market is £3.6 million.

We anticipate continuing to meet our provider market contract. Within the supplier market, we anticipate growing our offer initially in the UK with phased entry into the national and transnational markets as these will need further market testing and we will need to grow our resource base to deliver this.
In the UK market we anticipate increasing the number of one day courses, GP training, A&E nurse training, optometrist training and diploma programmes for nurses. Securing a maximum income of just over £700,000 over a five year period.

![Moorfields Education income per annum supplier UK market potential scenario (5 years 2017/18)](chart1)

In the international and transnational market, we anticipate offering surgical skills training and offering the nursing diploma in the international and transnational markets. Over the next five years this could bring in an income of over £8.9 million.

![Moorfields Education income after 5 years as a Global supplier - potential scenario (5 years 2017/18)](chart2)

The chart below shows the maximum market penetration we believe Moorfields education can deliver. This could provide an estimated income of (£7.2 million). This is a best case scenario predicated on full uptake of the programmes, achievable price points and securing the resources to deliver the programmes.
The remainder of this document sets out our vision, strategic themes, goals and actions that will enable us to develop our education offer.
7 Our vision, mission and strategic goals

7.1 Our vision

Our vision for education is ambitious and far sighted, setting the destination for the future and the longer term. Moorfields is one of a handful of ophthalmology organisations operating in more than one country, attracting interest in our education activities from students, trainees and organisations from all over the world. We want to develop a unique learning culture with a global presence to claim our position as the world leader in ophthalmic education.

7.2 Our mission

We don’t believe that education is an end in itself. Rather that excellent education drives excellent care when it enables learners from all backgrounds to collectively contribute to the development of new knowledge, using it systematically to identify and solve problems in their practice; and to acquire skills to deliver the best treatment and care while continually reflecting on their practice, learning and sharing with others.

We are seeking to:

- Build an extraordinary learning experience for all students and trainees, staff, patients and the communities we serve
- Build a culture of discovery, translation to practice and teaching (scholarship)
- Be a local, national and international leader in eye care education
- Use education to enhance Moorfields’ purpose, reputation and brand

7.3 Our principles

In developing and delivering our mission, we will adopt and work to these principles:

- We will develop and implement robust oversight and governance processes to ensure that our education is forward thinking and innovative, quality assured and delivers best value
- We will invest in education learning and development to drive excellence in treatment and care
- We will engage all staff in teaching and/or learning
- We will align all our education investment, activities and products to our purpose, our values and our world class clinical practice and research

Anyone, anywhere in the world who wants to learn about eyes looks to Moorfields first
• We will seek to understand and proactively influence the NHS funding investment for eye education by NHS England, Public Health England and Health Education England
• We will invest in education and training activities; this will be congruent with investment in research and service development, recognising that investment includes the time people spend on education development and delivery as well as funding
• Intra-professional and collaborative teaching and learning will be the norm
• Education design and delivery will be based on best practice to optimise the learner experience
• Evaluation and scholarship will drive education excellence
• We will recognise education as a key enabling strategy for recruitment, retention and talent management

7.4 Our strategic themes and goals

• Leadership and operational excellence
  o We will use the opportunities presented by Moorfields’ unique position and reputation to shape eye education both now and in the future, for the benefit of all
  o We will drive multi professional learning and improve access, quality, production and sales processes through an integrated education function

• Sustainability
  o Increase our understanding of our existing and potential markets and customers and their current and future needs
  o Enhance the profile and reputation of education offered at Moorfields by meeting the needs of key learner populations and stakeholders, and celebrating success

• Product innovation
  o Strengthen and grow Moorfields’ education offer by optimising the learning on offer for all staff groups
  o Agree a position on investment in digital learning (scope, scale, timeline, budget)

• Strategic partnerships
  o Develop a formal, strategic, but not necessarily exclusive, partnership with the Institute of Ophthalmology and University College London
8 Leadership and operational excellence

Strategic goal

We will use the opportunities presented by Moorfields’ unique position and reputation to shape eye education both now and in the future, for the benefit of all.

Sight loss is the sense that people fear losing the most so it is inevitable that they will seek treatment, care and reassurance when problems arise. Traditionally, in the NHS, patients self refer or have been referred to specialist hospital services for sight loss, eye conditions and trauma. This, coupled with the introduction of new treatments for conditions such as age related macular degeneration (AMD) and anti-vascular endothelial growth factor (anti-VEGF), has resulted in overwhelming pressures and increasing costs in all eye services. In 2011/12, ophthalmology had the second highest number of outpatient attendances of any speciality, accounting for 8.9 per cent of all outpatient appointments (6.8 million). In 2012/13 we began to see cataract operations rationed by commissioners.

As the largest provider of hospital eye services in Europe and the US, we are uniquely positioned as an employer, education provider and supplier to influence the need for and delivery of education in pre-registration, post registration and continuous professional and personal development (CPPD) programmes. This means, working with HEE and its LETBs, developing business to business relationships with service commissioners, working with them to identify of the need to transform eye services and demonstrate how education can support the transformation in acute, primary and community eye services, building on the education we have developed for the advanced practice for nurses and optometrists, and courses we deliver for GPs and general healthcare staff.

We will take a leading role in influencing the shape and volume of the NHS workforce, in particular promoting the need to include the optometrists in NHS workforce plans, and championing the support role that orthoptists provide in supporting medical trainees in developing their skills base.

In the global market, we are well known in many professional networks where our staff are delivering research and presenting papers, and generating many of the requests to train or learn at Moorfields. However, to raise our global education profile, we need stronger engagement with other high profile ophthalmology societies, organisations and commercial firms defining clearly how we can contribute to eye education with and through them.

Action: Promote the benefits of investing in eye education to key influencers at all levels within the NHS, patient representative groups, commercial and charitable partners
Strategic goal

We will drive multi professional learning and improve access, quality, production and sales processes through an integrated education function

If we are to supply and deliver the extraordinary education we have committed to, we need to develop a clear, transparent governance structure providing collective oversight of each of the Moorfields education functions.

While there is some individual accountability and external scrutiny of provider contracts and internal reporting of statutory and mandatory training, the processes that drive good governance need to be developed, including formulating clear strategic decisions, holding the organisation to account for the delivery and quality of education and training and shaping the learning culture. Education and training is a core enabler for the development of the organisation, supporting our business to grow, through developing our staff and those that learn with us to be leaders and experts in their field.

Currently, the education and training structures are split into medical education and training, nursing and allied health profession education and training, and employer led training, with reporting lines to three different directors. These are shown in Appendix 1. This silo structure inhibits staff from identifying and developing opportunities for inter and intra-professional or multi-disciplinary education and training, from increasing productivity through joint working to development of education assets, and from optimising the collective expertise of our educators.

We will introduce an integrated operating structure overseen by an education director who will be responsible for delivering the annual education business plan that is aligned to the Trust’s business plan and objectives working through the wider team. A dedicated business manager post will be established to deliver the managerial aspects of the business plan and manage the team of administrative staff, so that the education staff are fully supported to focus their expertise on delivering education and training and supporting students, trainees and learners. See Appendix 2

The NHS principles of good governance can be used to deliver education and training assurance, aligning it to board best practice and reporting without turning it into a burden. It can be integrated into the existing board structures as outlined in Figure 1 as a standing item on the respective agendas. See Appendix 3

Action: Establish a governance structure for oversight of all education activities (see Appendix 3) and develop shared standard operating procedures

The new main hospital building aims to open in 2020. In the interim period, we need to develop a plan to make the best use of our current capacity, which is 65% utilised, and determine what other provision may be required for the intervening period. These requirements should flow from agreed activity targets, as set out in an annual business plan and scheduled over the four business quarters. The introduction of a single booking system will decrease the frustration and confusion
that sometimes arises at present. We will inform the recommendations for the infrastructure for the new building, using our market development scenarios, estimating the shift in delivery channels and solutions that could present through strategic partnerships. The critical challenge is to develop flexible space solutions that align the space required with the growth expectations for education and training in new markets which are likely to grow and mature over a five year strategic period.

**Action:** Agree the education infrastructure required for the new building and requirements for the interim period

We will develop a central repository for our education resources to optimise their use and ensure quality and accessibility. Education resources are organisation assets which should be used for the benefit of all learners where appropriate. The need to identify, share and manage education resources is becoming increasingly important to:

- Avoid duplication and waste of time, money and expertise and freeing up capacity to address other education and training requirements
- Assure alignment to current best practice and best access format for all learners
- Manage costs and access to new technologies such as e-learning and app development
- Build the development costs and shelf life into the cost of education and training activities that we supply to external customers
- Be assured of the accuracy and quality to ensure it supports our reputation and brand

**Action:** Create a central repository for shared education resources

We will develop an annual operating plan that is aligned to the corporate business plan and cycle including budget setting. Where this is not possible because of the differences in the academic business planning cycle, we will undertake an impact assessment at an agreed point in the corporate business cycle. The plan will include clear education activity and growth targets, taking account of any new requirements to ensure that we can demonstrate education’s contribution to Moorfields business and vision.

**Action:** Agree and execute and annual education operating plan including budget arrangements
9 Sustainability

Strategic goal:
Increase our understanding of our existing and potential markets and the needs of current and future customers

If we are to be the first destination of choice for anyone who wants to learn about eyes, our commitment to understanding and shaping the ophthalmology education market, developing and delivering an extraordinary learning environment and learner experience is critical. This means developing a deep understanding of the market dynamics including growth opportunities, and the needs and expectations of each of our learner populations. This will drive the delivery of quality programmes from the perspective of our learners, and differentiate what we offer from that of our competitors.

We will work with our learners, commissioners, professional organisations, international networks, prospective learners and their organisations to understand their learning needs, help them with their challenges and enhance their learning experiences. We will encourage them to become co-producers of their learning activities and learn from and with them, so that they become ambassadors for Moorfields education and training wherever they go.

We believe that we need to move away from passive marketing of unrelated individual programmes and events on the Moorfields website, speculative selling to individuals and responding to requests simply because we can.

Going forward, we will produce an annual marketing plan for education and training that is aligned to the needs of our learners, the Trust’s strategic and business objectives and where required, the HEE mandate and education outcomes framework. We will produce a timely, well-articulated prospectus of the education and training we offer; develop clear booking processes and systems; and follow up with clients to understand how we are doing and what else we might provide for them.

Our plan will be aligned to our two existing markets the NHS market and supplier market. These will be subdivided into the three geographical markets. Further segmentation may be applied for different learning populations. In segmenting the market in this way, we will identify the penetration in existing and new markets and the characteristics of our existing and prospective learners. This will allow us to align our activities and products more closely to the needs and ambitions of our learner population and select the most appropriate marketing channels to engage with them.

Action: Develop a promotion and marketing plan that addresses the needs of existing and prospective learner populations
We recognise that some of the existing education and training undertaken at Moorfields in delivered by dedicated individuals in their own time. Going forward, we will identify the capacity and capability requirements needed to deliver our education operating plan, looking at how we can use technology to enhance our productivity and release capacity, structure our resources to avoid duplication, and drive innovation.

We are participating in the mandatory HEE ‘true cost of training’ exercise, and we will use the data from this exercise to understand the true costs of our existing training and promote the true costs of developing hospital optometrists in the immediate and medium term. The data collected will enable us to develop a baseline for the capacity required to set and meet our annual supply targets identified in the annual operating plan and growth into the medium and longer term.

In developing our understanding of our learner and prospective learner needs, we will look to align the capability of our teaching, administration and clinical staff to these to continuously improve the learner and teacher experiences. We will support our educators to continually develop their capabilities and effectiveness to deliver multi-professional and inter professional learning, using a variety of delivery methods including simulation, technology led learning and practice sessions.

**Action:** Develop a capacity and capability plan to meet education and training demand both current and future

We need to invest in the development of our teaching staff ensuring that they are able to identify the best methods to enhance and innovate their teaching approaches to responds to the changing context within they are working. We need to recognise that world class teaching is as important as world class research if we are to tackle the teaching practice gap and drive innovation in practice. We will build an inclusive faculty involving with our research and clinical colleagues with a focus on building an evidence base for teaching that will drive the development of evidence based practice.

**Action:** Develop structures for sharing and evaluating best teaching practice across all educator groups and increases education publications

**Strategic goal:**

Enhance the profile and reputation of education offered at Moorfields by meeting the needs of key learner populations and celebrating success

While some of our education and training is evaluated, we need to develop a better way to understand and measure our learners’ experiences, wherever they take place. Developing and applying a universal set of metrics will provide a consistent data set to test how we are meeting the learners expectations, identify where there are
challenges or concerns, and monitor the impact of actions on them. We will develop benchmarks and learn from best practice to identify any gaps in our marketing, pricing, quality assurance or delivery processes and content. Our core metrics will include attendance, participation and completion of education events and programmes (internal and external), the number of informed enquiries and referrals including brand affinity, learner and teacher satisfaction, learner endorsements, website and social media hits, further purchases (repeat business) and the number of awards.

Action: Develop and implement set of universal metrics for learner experience
10 Product innovation

Strategic goal:
Strengthen and grow Moorfields’ education offer by optimising the learning on offer for all staff groups

To provide extraordinary education, we need to challenge and assure ourselves that our programmes are delivered through the best delivery channels, offer the best possible learning outcomes and experience, and have the right balance between bespoke individual learning experiences and programmes for larger groups. To achieve this, we will review our current products and agree those that we will continue offer, those that need revising and those that we should discontinue. We will benchmark our offer against those of our competitors, for demand, quality, delivery and price. We will invest in the development of new education products supporting staff to create a pipeline that meet the needs of our learners.

We know that tomorrow’s health care learners have experienced a very different education to many of those who are providing education. They will expect to learn in a different way and will have different support needs. Those born between 1982 and 2000 are known as “generation Y,” or “millenials.” They will demand a more personalised learning experience including seeking continuous feedback, expecting to be listened to widely through twitter and facebook, technology to source their knowledge via social networks, “google” and “youtube,” and a preference to learn through simulation, serious gaming and virtual teaching via the web. They thrive on immediate feedback and feeling insecure without it. Many of this generation are in university, preceptorship or foundation programmes and some are practising professionals. Technology is part of their DNA and they will expect it to be integral to their learning experience. They are also confident with being part of a global village and will expect to collaborate on big issues and trends with people across the globe.

An annual review of our education portfolio will enable us to analyse the events and courses that we have delivered against a set of predetermined metrics making adjustments and additions to meet our learner expectations, business targets and competitor pressures.

We have many requests from individuals and organisations for education and training, the majority of these are made to individual members of staff and delivered through local agreements. As our organisation grows, we will be unable to sustain this approach. A more structured process to identify, analyse and respond to these requests is needed. This will help us to develop a more comprehensive understanding of the demand patterns and respond by developing a more focused portfolio of products. This enables us to adopt a more proactively approach to marketing our portfolio where we can “push,” the learning to the appropriate learner populations and manage demand in a more consistent way.

Action: Implement an annual review of the product mix
We want to ensure that we are making every penny of our education investment count by ensuring that we are not buying similar programmes or services from multiple providers, avoiding duplication and increasing our purchase power. This is particularly important for supporting the development of blended learning programmes where support to develop e-learning may be required. Our education investments should be aligned to the learning requirements of our staff driven by the appraisal process, staff survey, programme evaluations, our strategic, operating and business plans.

Action: Agree an annual investment and supplier (procurement) plan

We have many examples of innovative learning resources being developed by our staff which we want to support to grow. To do this, we want to develop a more systematic way to qualify our investment in new developments so that we can make sound investment decisions, based on a clear understanding of all new products in the pipeline, endorse them as a Moorfields’ quality product, and promote them as an important part of our extraordinary learning culture. We will develop an investment sign-off procedure which will enable decisions to be made at several levels in the organisation. This will enable us to develop a pipeline of education products that are aligned to our education vision and goals and the needs of our customers.

Action: Develop criteria for product development, agree costs and pricing and implement a pipeline of new commercially focused products

Strategic goal:
Agree a position on investment in digital learning (scope, scale, timeline, budget)

Ophthalmology organisations and societies have been early adopters of e-learning and there is mass of material on the web ranging from digitised simple files to sophisticated interactive video clips and learning modules. The top five American ophthalmology teaching hospitals (Bascom Palmer, Willis Eye hospital, Wilmer Eye Institute, John Hopkins, Massachusetts Eye and Ear infirmary) have learning portals and most are providing their learners with programmes that can be accessed via their ipads and phones. They are also recording their “grand round,” sessions and making these available via their portal enabling learners to attend virtually and flexibly. Our competitors in the pharmacology market are leading the way in many respects, providing free online learning for any healthcare professional.

In our discussions and workshops there was a clear support for Moorfields adopting technology enhanced learning and looking to the near future, learners entering all medical specialties will expect to learn through this medium as they have done throughout their pre-registration learning experience. Investing in digital education
technology is a major decision; a thorough exploration of the options needs to be developed.
11 Strategic partnerships

Strategic goal:
Develop a formal, strategic, but not necessarily exclusive, partnership with the Institute of Ophthalmology and University College London

The change from public funding to fee-based education is redefining the role of the students from recipients of education to consumers. With average fees for first degrees in England almost treble what they were two or three years ago, (£9000) students expect a qualification that will enable them to secure good employment. For those undertaking further study, academic credits and awards are becoming increasingly important. In healthcare organisations these are often used as a form of currency when applying for promotion. It is an essential consideration for those who are choosing to study internationally; the ability to offer a variety of programmes that attract academic points and flexible qualifications is highly attractive. The combination of the Moorfields reputation combined with that of a top London university is a potent combination that will be highly attractive and will compare favourably with the offer provided by the likes of Bascom Palmer which partners with the University of Miami, the Willis Eye Hospital which partners Thomas Jefferson University and the Wilmer Eye Institute a department of John Hopkins University.

Moorfields is already a valued partner with a number of organisations including the Institute of Ophthalmology at UCL, the academic health science partnership UCLPartners, we also have a good working relationship with City University and strong links with the medical schools at St Bartholomews and the London and St Georges and Queen Mary's Hospital in Roehampton.

Its research partnership with the Institute of Ophthalmology which forms one of the largest and most successful ophthalmology and vision research units in the world is exceptionally successful and there is scope to extend this partnership to education.

The Institute offers four MSc courses in Biology of Vision, Clinical Ophthalmology, Ophthalmology - Retina and Cataract\textsuperscript{6} these are taught courses mostly aimed at junior doctors prior to their specialist training and for ophthalmologists in staff grade posts, experienced optometrists, ophthalmic nurses and orthoptists The Clinical Ophthalmology course can be used to preparation for the Part 1 FRCOphth and Refraction Examination Certificate which is an intensive revision course covering the major topics examined for the Royal College of Ophthalmologists' FRCOphth Part I Fellowship and International Council of Ophthalmology's Basic Science assessments.

UCLPartners is a health academic science network which uniquely is also an education lead provider for medical education in the new NHS education structure working on behalf of the three London LETBs and HEE. Its education remit is the governance of clinical quality of medical education programmes.

\textsuperscript{6} The cataract MSc is not running 2013/14 and 14/15
City University offers programmes in optometry and nursing courses and modules. These include Clinical Optometry at all post graduate levels, MSc in Advanced Practice in Health and Social Care (Clinical Optometry) Course, and an Advanced Practice in Health and Social Care (Advanced Ophthalmic Nurse Practitioner).

There are other benefits that can be gained in developing a strategic partnership for education with a leading edge university with a broad range of faculties; these might include combining teaching and learning expertise to build new models of excellent education for tomorrow’s learner, investment in digital infrastructure and the technical teams to upgrade and maintain this as it grows, shared back office services including recruitment, marketing and administration and procurement of equipment (especially costly scientific equipment) increasing purchasing power through economies of scale and risk sharing.

In developing a partnership we will develop a joint plan which clearly identifies joint education goals and a portfolio of products which draws on the combined strengths of each organisation. We will seek to structure this around a unique blend of research, practice and clinical expertise with the aim to enhance innovation in practice, developing multi and inter disciplinary approaches where possible.

**Action: Agree joint development plan for creating eye care specific education content and tools**

We will seek to develop a learning environment that supports the joint participation in developing a deep understanding of delivering knowledge translation in practice. To achieve this, we will look to learn from industry, other scientific fields and leading edge teaching practice and develop a joint operating structure and roles that will encourage staff to work across soft boundaries and in multiple teams.

**Action: Agree joint structures to engage educators, clinicians and clinical scientists to enhance understanding and implementation of knowledge translation**

In line with our joint education plan, we will develop and annual agreement for the developing the capacity required to balance the workload between education, research and practice delivery, this may be driven from a joint appraisal process or the joint agreement of job plans.

**Action: Build joint capacity for education scholarship and knowledge translation capability**

We will expect that all staff delivering education and training will meet and an agreed set of competences and will contribute to the development of educational scholarship, including...
research, understanding and sharing of new education paradigms and teaching models and promote them through education publications.

**Action:** Promote educator professional development and scholarship
## 12 Proposed performance indicators

We have developed a set of performance indicators for each strategic direction to act as a guide to success in delivering our strategy. In implementing our strategy, we are embarking on a large scale transformation programme which will need to be planned and governed through a committed steering group and operating team. The indicators are outlined in the table below.

### Strategic themes and proposed performance measures

<table>
<thead>
<tr>
<th>Strategic theme</th>
<th>Indicator/performance measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Leadership and operational excellence</td>
<td>• Number of planned and delivered collaborative initiatives to support education</td>
</tr>
<tr>
<td></td>
<td>• Number of joint investments in resources, programmes and promotion activities</td>
</tr>
<tr>
<td></td>
<td>• Number of joint learning resources held</td>
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<tr>
<td></td>
<td>• Increased scheduling and sharing of physical resources</td>
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<td></td>
<td>• Staff and learner satisfaction surveys</td>
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<tr>
<td>2. Sustainability</td>
<td>• Attendance, participation and completion of education events and programmes (internal and external)</td>
</tr>
<tr>
<td></td>
<td>• Number of informed enquiries and referrals including brand affinity</td>
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<tr>
<td></td>
<td>• Learner and teacher satisfaction</td>
</tr>
<tr>
<td></td>
<td>• Learner endorsements</td>
</tr>
<tr>
<td></td>
<td>• Website and social media hits</td>
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<tr>
<td></td>
<td>• Further purchases (repeat business)</td>
</tr>
<tr>
<td></td>
<td>• Number of awards</td>
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<tr>
<td>3. Product innovation</td>
<td>• Number of programmes aligned to Moorfields’ service and research strategic goals</td>
</tr>
<tr>
<td></td>
<td>• Attendance, participation and completion of education events and programmes (internal and external)</td>
</tr>
<tr>
<td></td>
<td>• Learner, teacher, organisation and patient satisfaction surveys</td>
</tr>
<tr>
<td></td>
<td>• Number and quality of events including teacher effectiveness scores</td>
</tr>
<tr>
<td></td>
<td>• Number of new products in the pipeline</td>
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<tr>
<td></td>
<td>• Number of new customers per annum including revenue</td>
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<tr>
<td></td>
<td>• Number of business to business channels including revenue and contract term</td>
</tr>
<tr>
<td></td>
<td>• Spend per capita by staff group</td>
</tr>
<tr>
<td></td>
<td>• Return on investment, revenue and profit</td>
</tr>
<tr>
<td></td>
<td>• Benefits for patients and service users</td>
</tr>
<tr>
<td>4. Strategic partnerships</td>
<td>• Participation in joint knowledge translation forums</td>
</tr>
<tr>
<td></td>
<td>• Number of cross functional mentoring and coaching relationships</td>
</tr>
<tr>
<td></td>
<td>• Publication and presentations on education and scholarship topics</td>
</tr>
<tr>
<td></td>
<td>• Number of education research projects (joint and Moorfields only)</td>
</tr>
<tr>
<td></td>
<td>• Number of joint programmes delivered and in the pipeline</td>
</tr>
<tr>
<td></td>
<td>• Number of co-branded programmes</td>
</tr>
<tr>
<td></td>
<td>• Compliance with MOUs/SLAs</td>
</tr>
</tbody>
</table>
### Existing Education Responsibilities

<table>
<thead>
<tr>
<th>Executive Lead</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Director</td>
<td>Undergraduate Education</td>
</tr>
<tr>
<td></td>
<td>Education Co-ordination</td>
</tr>
<tr>
<td></td>
<td>Elective Placements</td>
</tr>
<tr>
<td></td>
<td>Post Graduate Medical Education</td>
</tr>
<tr>
<td></td>
<td>Post Graduate Education Centre</td>
</tr>
<tr>
<td></td>
<td>Observerships</td>
</tr>
<tr>
<td>Royal College posts</td>
<td>Clinical Programme Director</td>
</tr>
<tr>
<td></td>
<td>College Tutors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Executive Lead</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracy Luckett</td>
<td>Clinical Nurse Education and Research</td>
</tr>
<tr>
<td></td>
<td>Nurse Education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Executive Lead</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sally Storey</td>
<td>Statutory and Mandatory Training</td>
</tr>
<tr>
<td></td>
<td>Organisation Development</td>
</tr>
<tr>
<td></td>
<td>IT Training</td>
</tr>
<tr>
<td></td>
<td>Induction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject matter Leads</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Optometry</td>
</tr>
<tr>
<td></td>
<td>Orthoptist</td>
</tr>
<tr>
<td></td>
<td>Clinical Scientists</td>
</tr>
</tbody>
</table>
Example: integrated education operating structure
Proposed Governance Structure

Moorfields NHS FT Board
Leadership of education and training
Accountable for strategy and investment
Seeks assurance on
Delivery of strategic goals
Quality of education activities and products
Quality and safety of the learning environment

Audit committee
Seeks assurance for
Contract and investment risk

Strategic Investment Committee
Provides scrutiny of the E&T strategy
Commercial investments
Strategic Partnerships

Quality and Safety Committee
Seeks assurance for
Learner and supervisor performance
Learning environment

Moorfields Education and Training Committee
Accountable for
The development and execution of the strategy
Performance manages education delivery
Monitors and mitigates risks
Quality of E&T activities and products
Quality and safety of the learning environment

Education Advisory Panel
Provides advice on
Education best practice
Joint education and research
Learner experience
Patient experience

Appendix 3
Summary of our strategic vision, mission, themes, goals and actions

<table>
<thead>
<tr>
<th>Vision</th>
<th>Anyone, anywhere in the world who wants to learn about eyes looks to Moorfields first</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission</td>
<td>Excellent education together with excellent research drives excellent clinical outcomes and care. We seek to:</td>
</tr>
<tr>
<td></td>
<td>• Build an extraordinary learning experience for students and trainees, staff, patients and the communities we serve</td>
</tr>
<tr>
<td></td>
<td>• Build a culture of discovery, translation to practice and teaching (scholarship)</td>
</tr>
<tr>
<td></td>
<td>• Be a local, national and international leader in eye health (and disease) education</td>
</tr>
<tr>
<td></td>
<td>• Use education to enhance Moorfields' purpose, reputation and brand</td>
</tr>
<tr>
<td>Principles</td>
<td>• We will develop and implement a robust oversight and governance processes to ensure that our education is forward thinking and innovative, quality assured and delivers best value</td>
</tr>
<tr>
<td></td>
<td>• We invest in education learning and development to drive excellence in treatment and care</td>
</tr>
<tr>
<td></td>
<td>• All staff are engaged in teaching and/or learning</td>
</tr>
<tr>
<td></td>
<td>• Moorfields' education investment, activities and products are aligned to our purpose, our values and our world class clinical practice and research</td>
</tr>
<tr>
<td></td>
<td>• Moorfields will seek to understand and proactively influence the NHS funding investment for eye education by NHS England, Public Health England and Health Education England</td>
</tr>
<tr>
<td></td>
<td>• Moorfields is committed to investment in education and training activities; this will be congruent with investment in research and service development</td>
</tr>
<tr>
<td></td>
<td>• Investment includes the time people spend on education development and delivery as well as funding</td>
</tr>
<tr>
<td></td>
<td>• Intra-professional and collaborative teaching and learning will be the norm</td>
</tr>
<tr>
<td></td>
<td>• Education design and delivery will be based on best practice to optimise the learner experience</td>
</tr>
<tr>
<td></td>
<td>• Evaluation and scholarship will drive education excellence</td>
</tr>
<tr>
<td></td>
<td>• Education is a key enabling strategy for recruitment, retention and talent management (? The order of this from Charles comment on how it relates to bullet point 2)</td>
</tr>
</tbody>
</table>
### Leadership and operational excellence

<table>
<thead>
<tr>
<th>Strategic Theme</th>
<th>Strategic Goal</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>We will use opportunities presented by Moorfields’ unique position and reputation to shape eye education now and in the future for the benefit of all</td>
<td>Promote the benefits of investing in eye education to key influencers at all levels within the NHS, patient representative groups, commercial and charitable partners</td>
</tr>
<tr>
<td></td>
<td>Drive multi-professional learning and improve access, quality, production and sales processes through an integrated education function</td>
<td>Establish a governance structure for oversight of all education activities and develop shared standard operating procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agree the education infrastructure required for the new building and requirements for the interim period</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Create a central repository for shared education resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agree and execute an annual education operating plan including budget arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Undertake annual review of strategic plan</td>
</tr>
</tbody>
</table>

### Sustainability

<table>
<thead>
<tr>
<th>Strategic Theme</th>
<th>Strategic Goal</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Increase our understanding of our existing and potential markets and customers and their current and future needs</td>
<td>Develop a promotion and marketing plan that addresses the needs of existing and prospective learner populations</td>
</tr>
<tr>
<td></td>
<td>Enhance the profile and reputation of education offered at Moorfields by meeting the needs of key learner populations and stakeholders, and celebrating success</td>
<td>Develop and implement set of universal metrics for learner experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop a capacity and capability plan to meet education and training demand both current and future</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop structures for sharing and evaluating best teaching practice across all educator groups and increases education publications</td>
</tr>
</tbody>
</table>

### Product innovation

<table>
<thead>
<tr>
<th>Strategic Theme</th>
<th>Strategic Goals</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strengthen and grow Moorfields’ education offer by optimising the learning on offer for all staff groups</td>
<td>Implement an annual review of the product mix (all functions, including patient requirements)</td>
</tr>
<tr>
<td></td>
<td>Agree a position on investment in digital learning (scope, scale, timeline, budget)</td>
<td>Agree an annual investment and supply plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop criteria for product development, cost and pricing and implement a pipeline of new commercially focused products</td>
</tr>
</tbody>
</table>

### Strategic partnerships

<table>
<thead>
<tr>
<th>Strategic Theme</th>
<th>Strategic Goals</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Develop a formal, strategic, but not necessarily exclusive, partnership with the Institute of Ophthalmology and University College London</td>
<td>Agree joint development plan for creating eye health specific education content and tools</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agree joint structures to engage educators, clinicians and clinical scientists to enhance understanding and implementation of knowledge translation</td>
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<td></td>
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<td>Build joint capacity for education scholarship and knowledge translation capability</td>
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<tr>
<td></td>
<td></td>
<td>Promote educator professional development and scholarship</td>
</tr>
</tbody>
</table>
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Liberating the NHS: developing the workforce

HEE About us http://hee.nhs.uk/about/


HEE Education Outcomes Framework

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36 Alcon: Excellence in Ophthalmology landing page
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46 The Healthy NHS Board 2013: NHS Leadership Academy

47 Project Oriel Design Brief: Cliniplan