



# INMED Annual Report

February 2018

# INMED Annual Report

## **ASM 2017 @ RCSI**

The tenth annual meeting of INMED was held at the RCSI in February 2017. The conference theme was “Collective Competence” and the three keynote speakers explored ways in which health professional curriculums and postgraduate training can prepare graduates for collective as well as individual competence. In practice this means how we can best prepare graduates for working with each other and developing the competencies of inter-professional collaboration and service delivery. The conference itself was also remarkably inter-professional in design and content. The RCSI organising team was deliberately set up to include representation from a number of different professional disciplines and this was reflected in the keynote speaker selections, presentation content and in the range of issues covered in the programme. Encouragingly, there was a record attendance of over 200 delegates who came from a multiplicity of different professional disciplines. The Dr Eva Doherty who led the organizing committee and the RCSI team are to be warmly congratulated on running an excellent conference that was truly interprofessional, attracted record numbers and that was thoroughly enjoyable for all who attended.

## **INMED Strategy Meeting May 2017**

INMED is 10 years old and needs to develop a new strategy for the next 10 years. To this end, we arranged a full day strategy meeting in Dublin facilitated by Dr Josephine Boland on May 25<sup>th</sup> 2017. We would like to present a summary of what was agreed in our annual report. We have broken down our goals and commitments in terms of immediate priorities and longer term priorities:

### **Immediate Priorities**

1. Draft a governance and implementation strategy based on advice from experts in the governance of non-profit organisations and legal experts.
2. Draft a business plan in collaboration with a University School of business using the INMED governance strategy as an organisational structure.
3. Recruit new members of the executive and the board to support the organisation in terms of carrying out the work required to achieve its priorities and goals.

### **Longer term priorities**

#### **Communication and membership**

1. Develop INMED into an organisation that is of importance and relevance to all health professionals of all grades in addition to its current base amongst academic health professionals.
2. Develop INMED into an organisation that meets the needs of educational managers, simulated patients and support staff in health professions education.
3. Establish INMED representatives/champions in each health professional undergraduate and postgraduate organisation/institution.
4. Develop relationships with important postgraduate national training and education bodies on the island of Ireland with a view to enhancing INMED’s contribution to postgraduate education.
5. Develop an INMED membership portal on the INMED website
6. Carry out a needs assessment/consultation with current and potential future members to find out what they might want from INMED as a membership organisation.
7. Implement the INMED membership scheme once agreed by the executive and board.

#### **Teacher development**

1. INMED will map the health professions education faculty development activities offered across the Republic of Ireland and Northern Ireland and publish the mapping outcomes on the INMED website.
2. INMED will establish special interest groups, (similar to the one that led to iTEach) in specialised health professions education fields such as technology, assessment et cetera.

## INMED Annual Report

3. INMED will explore the feasibility and costs of establishing an INMED digest Journal.

### Research

1. Redraft research grant eligibility and selection criteria for the smaller INMED grants to facilitate the inclusion of more applied educational research.
2. Design workshops to train potential applicants how to make an educational research application and populate website with workshop materials and worked examples.
3. Establish a rebuttal phase for the larger RIME grants.
4. Strengthen the adjudication relationship with SMERC and establish a named Irish group of reviewers.
5. All grant recipients should be tracked in terms of publication and presentation at international conferences. All grant recipients should present findings at dedicated sessions at INMED ASM. INMED should publicise the research/development, with author permission on the INMED website.
6. Review travel grant eligibility and criteria.
7. Establish large project and programme grant calls through the development of strong bilateral relationships with potential non- pharmacological funders.
8. Provide support for applicants through a voluntary experienced education researcher network.

### **INMED Research and Travel Grants**

INMED launched its first Research (ERG) and Travel grants in 2014. From 2016, in collaboration with the Medical Council of Ireland, we launched more substantial research in medical education (RIME) grants in addition to our initial priming research grants and travel bursaries. This year we received a record number of applications. The reviewing process was overseen by Dr Aislinn Joy and Dr Colm O Tuathaigh, (INMED executive research officers). The INMED research/travel grants were adjudicated within Ireland. The larger RIME grants were adjudicated by the Scottish medical education research collaboration, SMERC. We had 3 successful RIME grant; 2 successful ERG and 1 successful travel grant applications. We will announce the names of the recipients at the close of the INMED ASM on Friday, February 9<sup>th</sup>. It is gratifying to see that several of our previous grant holders have now published their work and we encourage all grant recipients to report their findings and/or the outcomes of their travel grant to the INMED conference.

**INMED 2019 will be held** February 2019 at NUI Galway.