

Promoting Excellence in Clinical Education and Training



**Celebrating  
60 years**  
1957-2017

ANNUAL REPORT 2016 - 2017

## **ASME's MISSION**

To meet the needs of teachers, trainers and learners in medical education by supporting research-informed, best practice across the continuum of medical education.

## **ASME's Strategic Aim**






To allow members to share and further best practice in Medical Education

## **ASME's Objectives**

- To position ourselves as a UK-focused, internationally-facing trusted and dynamic organisation, working with our members, for our members
- To invest in targeted marketing to increase impact and influence of ASME, grow membership and increase income, to enable the development of further member services
- To invest in modernising and expanding our online presence via a fit-for-purpose website which can support online resources
- To focus on improved marketing of existing successful products, while developing sustainable additional products and resources

## **GOALS**

ASME seeks to

-  Promote high quality research into medical education
-  Provide opportunities for developing medical educators
-  Disseminate good evidence based educational practice
-  Inform and advise Governmental and other organisations on medical education matters
-  Develop relationships with other organisations and groupings in healthcare education

[www.asme.org.uk](http://www.asme.org.uk)

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## **ASME Board of Directors Statement (February 2017)**

The quality of healthcare education today is a major determinant of the quality of healthcare delivered to patients tomorrow.

This year sees the 60<sup>th</sup> anniversary of the Association for the Study of Medical Education (ASME). We will be celebrating the many significant contributions made by ASME and its members to the quality and effectiveness of today's medical education. However, while doing so is important, ASME has also always sought to look to the future and, in doing so to anticipate and lead further change and development where the need for this is identified.

The ASME Board of Directors is conscious that ASME's interests and mission have increasingly come to overlap with and complement those of other UK organisations, including the Academy of Medical Educators (AoME), the National Association of Clinical Tutors (NACT) and the Association for simulated practice in healthcare (ASPIH). Indeed, we recognise the importance of seeking to identify where there is potential to benefit from and build on the foundation of excellence which has been achieved by all UK organisations associated with the functions of healthcare professional education, and to maximise the benefits of greater communication and collaboration. These benefits could include sharing resources (including expertise) and collaborating on certain ventures.

As part of this process consideration also needs to be given to the potential benefits of closer relationships between organisations, without sacrificing their individual identities. A range of options should be identified for more detailed discussion, one of which could be through the development of an overarching alliance or other organisational structure. This could support the development and evaluation of common standards, frameworks, learning outcomes and systems of assessment in a multidisciplinary community of practice, while also providing a collegiate environment where differences between the professions and their educational needs could be recognised and reflected in a spectrum of approaches.

The purpose of any such developments would be to enhance the quality and efficiency of education across the healthcare professional spectrum and to provide academic and professional support for all those involved in its research, development and delivery. It is our intention to seek to discuss this with all who might wish to contribute in any way to development of a formal proposal to achieve this objective.

In these times of austerity, it will be particularly important to come together as a powerful unified voice for education and training as a major determinant of the quality of healthcare delivered to patients throughout the UK.

## 1. President's Report

Dr John Jenkins, CBE



Preparing this, my final report during the four years I have been privileged to be ASME's President, has given me cause to pause and reflect on the major changes which have taken place for the organisation, as well as for health services throughout the UK. Of course I recognise that, throughout its first 60 years, ASME has regularly experienced and overcome challenges. It is by doing so that the organisation, and its journals *Medical Education* and *The Clinical Teacher*, have become widely respected nationally and internationally. When Graeme Catto first discussed becoming President with me, neither of us could have anticipated the changes which would impact on ASME during these years. However, having considered these, I believe that ASME, and its contribution to the education and training of doctors, are better placed as a result of these changes to play a significant role now and in the future.

This is not intended to be a comprehensive review of the multiple challenges which have appeared or reached critical levels in recent years. The recent publication by Healthcare Education England, 'Enhancing junior doctors' working lives – a progress report' has highlighted a number which are not confined to that jurisdiction alone, and which have necessitated urgent review and action. The erosion of the resources made available to support the development and practice of the educators who play essential roles in this at all levels, together with the research which is critical to its further refinement and improvement also continue to cause great concern throughout the UK.

Excellent education and training are vital elements of a healthcare system which needs effective leadership to ensure that the future needs of patients and the public are not sacrificed on the altar of expedient pragmatism in the present. Our incorporation as a charitable limited company, development of a Board of Directors with strength and breadth of relevant expertise and experience, consolidation of an excellent staff team and move to a new office location which provides the type of working environment they need and deserve, all underpin the extensive discussions which have already taken place and will continue to build on the many strengths of ASME during its first 60 years, in preparation for the opportunities and challenges of the future, both short and longer term.

One aspect of the role of ASME which has generated discussion during this period has been greater recognition of the need to work with others to develop and effectively communicate a coherent vision for the future of medical education and training to those who dictate policy and hold the purse strings. However, we recognise that this also needs to be set clearly in the wider context of the increasingly multiprofessional delivery of healthcare. To be safe and high quality, this increasingly requires *collective competence* of healthcare professionals for the effective delivery in clinical practice of complex, context-dependent and distributed knowledge, skills and behaviours.

As a result of these discussions by the Board, I am delighted that we have agreed that ASME will take the initiative to seek closer relationships with our colleagues in other organisations active in this field. I have appended the statement issued by the Board after its strategy discussions in Edinburgh in January of this year, and which is now being taken forward through discussion with other interested parties. This will include seeking opportunities to work more effectively together, and also the potential benefits from creation of a Federation of Healthcare Education, the primary aim of which would be to represent the broader specialty of healthcare education, in order to deliver the highest standards of education and training for the benefit of patient care.

In completing my term as President, I wish to pay tribute to the ASME staff and Board of Directors, and in particular to Jen Cleland as Chair and Jenny Ogg as Operations Manager, for their perseverance

and commitment through this period of internal and external change and development. Few will have any idea of the time and energy that has been generously given by so many for the benefit of ASME and its membership. In this context, I also want to thank Lesley Pugsley for her additional contribution as interim Treasurer through the recent organisational changes. I am delighted to be able to present the President's medal to Lesley at this year's annual dinner, and know that all members will wish to join me in wishing her a long and very enjoyable retirement.

Finally, as you will be aware, the Board are recommending that Derek Gallen be elected my successor as President at this year's AGM. I am delighted that Derek has agreed to be considered for this role. I believe his experience as Postgraduate Dean for the Wales Deanery, National Director of the UK Foundation Programme, member of the GMC Education and Training Advisory Board and recent Presidency of the Academy of Medical Educators make him ideally placed to advise and support the Board in taking ASME forward in response to these opportunities and challenges, including our relationships with others, with whom we continue to value and develop partnerships and communication. A key role for the President is to foster all such connections, so that we can speak powerfully for the specialty of medical education. As I look forward to watching these developments, I want to thank you, the ASME membership for the privilege of being your President for these past four years. I wish you all much success and satisfaction as you take ASME forward, building on the excellent foundation of the first 60 years.

John Jenkins  
President

## 2. Chair of Council's Report

Professor Jennifer Cleland



John has outlined some of the major changes beyond and within ASME which are of importance to the governance of the organisation and the delivery of our ongoing and planned activities and commitments. I would like to accompany his report by considering ASME's 60<sup>th</sup> anniversary, and reflecting on how ASME has changed over the last six decades.

The original constitution of the Association set out the following aims:

- To exchange information about medical education
- To organise meetings on topics concerning medical education
- To maintain a bureau where information about medical education is collected, stored and made available
- To encourage, promote, and conduct research into matters concerned with medical education

While these aims are still essentially encapsulated in our current mission statement, ASME's objectives and activities have developed over the last six decades in parallel with political, social and educational transformations in the UK and internationally. We have kept true to our origins by maintaining a UK focus and our organisational base has remained in Edinburgh, Scotland. However, a significant proportion of our membership (individual and institutional) is now from outside the UK. The majority of subscriptions for our journals, *Medical Education* and *The Clinical Teacher*, are from overseas, while our trusted books, *Understanding Medical Education* and *Researching Medical Education*, are global "bestsellers". Concurrently, the nature of our membership has changed, from being solely medical-qualified doctors, to embracing individuals from a wide variety of professional backgrounds who are involved in medical education and training. Moreover, when ASME originated it was dominated by those who could be politely described as "well-established" in their careers, whereas now we embrace input and innovation from medical students and trainees.

Many organisations are active in the field of medical education and training. Each of these organisations has their own niche, and makes a unique contribution. Our role is to support medical education and training by supporting research, promoting medical and healthcare educator development, and disseminating good practice across the continuum of medical education and training. For example; reflecting the universality of medical education today, at our Annual Scientific Meeting (ASM) and annual Researching Medical Education (RME) conference, hundreds of members and other interested individuals engage in professional activities linked to the latest innovations in research and teaching excellence. The ASM and RME enable ASME to showcase its network of international members, regularly inviting global leaders in healthcare education research and development to share their knowledge with participants, to advance understanding and stimulate scholarly discussions. Experts and expertise come together at these and our other events.

I am personally delighted that, to celebrate its diamond anniversary, ASME is focusing on further supporting research capacity building in the field via new funding streams. We will launch a major new research funding stream, grants designed to build capacity in the field by supporting doctoral-level (PhD) research in medical education, at the ASM, Exeter, UK in June. We will also be launching streams to support travelling fellowships and student projects. Our aim in doing so is to support the current and next generations of medical education researchers and professionals, and to consolidate ASME's position as the major supporter of health professional education research. Reflecting our UK base, these will be aligned with UK norms for funding, but are open to all individual ASME members. The ASME, *Medical Education* and *The Clinical Teacher* websites will provide further information.

This is not all. ASME keeps looking to the future and continues to play its role in the reshaping and development of medical education and training across geographical and structural boundaries. ASME has always recognised the need to work with others to develop and effectively communicate a coherent vision for the future of medical education and training. ASME will take the initiative to seek closer relationships with our colleagues in other organisations active in this field, to ensure the highest standards of education and training for the benefit of patient care.

Anyone active in any way in the field of medical and healthcare education and training is welcome to join ASME. Doing so will provide an opportunity to be part of a living organisation which has built on the foundation of the past 60 years and whose members remain ready and willing to influence how we articulate, study and provide medical education and training in the next 60 years.



### 3. Acting Treasurer's Report

Dr Lesley Pugsley



This review is based upon the financial statement of the annual report for the year ending December 2016. The annual audit of 2016's accounts shows ASME to be in a sound financial position with a reasonably healthy surplus.

ASME continues to utilise its income to support the membership, providing a range of highly successful educational events and conferences, as well as grants, awards and fellowships in line with its charitable aims.

ASME's income streams are from three main sources:

- Share of profit from our journals Medical Education and The Clinical Teacher
- Individual and Institutional membership subscriptions
- Surplus from workshops, courses and conferences

We also receive a modest amount of income via royalties from both the "Researching Medical Education" and "Understanding Medical Education" text book, which we publish in partnership with Wiley.

This is my final report in my capacity as acting Treasurer and I wish to formally acknowledge my gratitude to the accountants and the auditors for the help and support afforded me during my time in office. It is rewarding to be able to present my final set of accounts, which demonstrate the surplus balance. However, as we celebrate ASME's 60<sup>th</sup> anniversary, there is no room for complacency. We face inevitable changes in both policy and practice in medical education. We need to ensure we maintain a prudent approach to our fiscal stewardship to ensure continued growth and adaptation to meet the future needs of both our membership and the wider community of practice

#### 4. Director of Career Groups

Professor Peter Johnston



The Career Groups Directorate is focused on supporting the study of medical education among medical student and junior doctors of ASME in line with the aims, objectives and goals of the Association. This is done via the organisations of JASME (Junior ASME – medical student and foundation year one) and TASME (Trainee ASME – foundation year two, academic stream, run-through, core and specialty trainees, doctors in clinical teaching fellow and other junior medical posts with educational focus). JASME and TASME report separately in this document.

A highlight of JASME and TASME is the enthusiasm students and junior doctors demonstrate for medical education as consumers, providers and researchers. The groups are innovative and enterprising, with TASME running a fully-fledged day-long conference each year which shows off the range of educational activity in students and juniors and the willingness to “go the extra mile” to enhance learning and understanding of education in the medicine while continuing with busy, high pressured clinical jobs. The conference is a venue to show-case research and evaluation work, meet colleagues from across the UK and build relationships, networks and collaborations. In addition to specific conferences, JASME and TASME participated actively in the ASM contributing workshops, papers and posters and adding a JASME/TASME context to the proceedings.

Both groups are keen collaborators and are involved as their reports show in a variety of projects with external groups. TASME has carried out a lot of work to strengthen regional networks whilst JASME has contributed to a several conferences, meetings and courses. Together, they have recently been asked to write an article for the Student BMJ on a career in medical education. The students and junior doctors work through the JASME and TASME committees respectively. These are linked and seek closer ties, such as the collaborative article and to help succession plan across the organisation whilst facilitating career development. The groups are also represented in the Education and Research Committees.

JASME and TASME provide a resource for members to develop their educational credentials, extend teaching and research roles with access to the resources of ASME. The skills developed in JASME and TASME are generic and are applicable to leadership, research and education in clinical careers as well as in dealing with patients who have chronic disease or serious illness requiring prolonged or life changing treatment. Both groups provide learning opportunities and the chance to make changes through working in the committees. Whilst this can be an intense commitment, the nature of student’ and junior doctor’s lives means the turnover of membership is often rapid and as a result, the chance to be involved can arise frequently. Members should be aware of this and seize these chances or encourage students and trainees into the roles.

Being Careers Group Director is a privilege. The ability, vision and motivation within the groups and committees is at once a pleasure and at the same time a signal for confidence in the future of the Association and of medical education as a growing area of professional development.

Peter W Johnston  
Director of Career Groups



## 5. Director of Events

Professor Andy Hassell

With the incorporation of ASME to company status and the establishment of “office bearers” and of a Board of Directors, I took on the role of Director of Events this year. My role is to provide, with the support of the Board, the strategic direction for ASME events as well as setting quality assurance standards for AMSE badged events. I have specific responsibility for oversight of the Annual Scientific Meeting, working closely with the Events Officer and with the Operations Manager.

My main focus since appointment has been the ASM, - both the details of the 2017 event in Exeter and a more broad review of processes for each ASM. Key to all ASMs has been the establishment of a steering group, comprising leads of the Education Development and Education Research Groups, the Director of Networks and JASME and TASME leads, a key person local to the ASM, the ASME Operations Manager and the Events Officer. We hold monthly teleconferences during which we take an overview of everything from speakers and workshops through to evaluations and to the social programme. On key decisions, such as venue and ASM theme, the steering group make recommendations to the Board for approval.

I think we are making good progress. As I write, it looks like everything is in place for the Exeter meeting (fingers crossed!). I think we can still streamline further some processes around abstract selection, parallel session chairing and poster viewing. Also, we are always looking for user-friendly improvements to the ASM experience. I am hugely grateful to Jenny Ogg and to Kathryn Dolphin for their unstinting work around the ASM. Kathryn has recently left the organisation. We very much look forward to working closely with her successor, Mairi MacLeod.

We have decided the venues for the 2018 and 2019 conferences, Newcastle - Sage Gateshead, and Glasgow – SECC, respectively. We have agreed that the ASM should generally take place in the first week in July.

Aside from the ASM, we are now turning attention to the other ASME events. With the re-organisation of the Executive Committee into a Board and the alteration in committee members’ roles, this is very much work in progress. The aim is to develop a simple standard operating procedure for workshops and conferences which includes early liaison with myself and Mairi in the ASME office. We will keep members posted as to events and how to apply to run them, via the newsletter and the website.

Finally, thank you to all members for your patience during this time of change. Please do contact me if you have any suggestions regarding the ASME ASM or other ASME events. One question: should we re-name the ASM, for example, to the ASME Annual Education Conference?

Professor Andrew Hassell  
Director of Events

## 7. Director of Innovations and Special Projects

Dr Jane Stewart



As Director of Innovation and Special Projects it is my role to support the achievement of ASME's mission and objectives by leading and overseeing developmental projects set by the Board of Directors. Key features of my work are that each project undertaken has a finite timespan with very distinct deliverables and always future focused. These projects rely on contributions from everyone within ASME, bringing people together to work towards progressing our organisation.

In this first year, my time has been spent on our immediate needs rather than large single projects, which in the future will be the norm of my directorship. This is because recent changes within ASME have been so significant that all components of our organisation have been reviewed, rethought and revised. I have been working closely with other directors and the administration team, to rethink the fundamental structures of ASME and proposed new working models for consideration. This work has included a radical restructure of the Board of Directors, the organisation of all the key committee structures, reviewing and reworking how committees and groups are supported financially and how they operate. Whilst I have written discussion papers to guide the development of policy and procedures, Sarah Innes and Jenny Ogg have been instrumental in formalising our work practices. We have just put in place a system to support the development, execution and evaluation of our special projects – again being explicit about how we will work.

I suspect that none of this sounds very innovative or special but in many instances we've questioned why we do things the way we do and often gone back to a blank slate. So, in this first year, I've undertaken projects that will help ASME work efficiently and effectively, and have thoroughly thought through explicit and transparent systems / processes about how things are done. These will give us a firm foundation for future innovations.

This body of work will be complete by July 2017 and then we'll move on to selecting actual projects. If you have any ideas or projects you would like the Board to consider, or issues that you think ASME should address, please come and have a chat with me at the ASM or alternatively email me at [Director-Innovations@ASME.org.uk](mailto:Director-Innovations@ASME.org.uk). We'll see what we can do.

Dr Jane Stewart

Director of Innovations and Special Projects

## 8. Director of Membership

Dr Clive Gibson



This is my first annual report as Director of Membership for ASME following our incorporation last year. There have been a number of major changes to affect us as we celebrate our 60<sup>th</sup> Anniversary however our core principle is that we remain a membership organisation, working for our members to meet the needs of teachers, trainers and learners in Medical Education.

I am pleased to report that membership numbers have remained stable over the past year: however, our aim is to increase our membership base across all the membership categories. To this end we plan to have a major development of our website to make it more of a resource for members and also linking it to our membership database to increase its' functionality, along with supporting other membership initiatives.

The Special Interest Groups, namely Psychometrics, Technology Enhanced Learning and Mindfulness in Medical Education are all very active and are always looking for new members to join them; JASME and TASME are also both very dynamic groups who interact with their specific members and work tirelessly on their behalf.

The Educator Development Committee, Education Research Committee and the Leadership Development Group are also working to support the needs of both existing and new members. They do this by promoting networking, disseminating best practice or research and encouraging a culture of scholarly development and research. These aims are achieved through planning national and regional events, along with scientific publications. They always welcome feedback on how they can improve their services to the wider membership.

ASME continues to support its' members by offering grants and awards: currently we have seventeen available including joint awards with the GMC and the Faculty of Surgical Trainers at the RCS Ed. These are strengthened by the addition of the prestigious new award supporting PhD students researching in medical education. Members are advised to keep looking at the website and reading email alerts to ensure that they both apply for awards themselves but also promote them to colleagues.

In conclusion I would like to thank both my fellow Directors for their support over the past year but more particularly the members who continue to make our organisation the vibrant and supportive academic body that is ASME. Please encourage your friends and colleagues to become members so that they are eligible for the benefits that membership offers and they can become part of this innovative and forward looking group as we move forward in the next stage of our development.

Dr Clive Gibson  
Director of Membership

## 9. Editor's Report: *Medical Education*

Dr Kevin W Eva, Editor-in-Chief



**2016:** The last year, probably, that I'll use this schtick.

Two years ago, in an effort to alleviate the tedium of writing annual reports, I decided to build a summary of *Medical Education* by describing the “year in numbers”. Last year, as an olive branch to our more qualitatively focused colleagues, I managed to build a similar report using only words. Little did I know that the effort would prompt members of our International Editorial Board to treat that success as a challenge, encouraging me to use only pictures for 2016. Given the typical length of these reports and a picture being worth 1,000 words, a single image should be sufficient. Unfortunately, it wouldn't be terribly informative. So, as a compromise and as an homage to the fascinating world of technology in which we currently live, how about “the year in emojis” instead?



2016 marked *Medical Education's* 50<sup>th</sup> volume. To celebrate, we published monthly reflections on the highest cited papers from each 5-year interval of the journal's history and capped the year with a well received set of creative papers we called *Medical Education Unleashed*. That latter issue easily generated the most extensive spontaneous expressions of positive commendation we have received to date. A special thanks are due to Jen Cleland, Trudie Roberts, Lesley Pugsley, Fedde Scheele, Lara Varpio, Kim Walker, and Paul Worley for the roles they played in generating such a special contribution.



With the conclusion of the anniversary year we have transitioned the new cover design to our branded colours of red and black and updated the web pages collected at [www.mededuc.com](http://www.mededuc.com). On those pages, the celebratory video and interactive pdf that illustrates the journal's history and presents myriad interesting facts about key people and world events over the lifespan of *Medical Education* have been maintained for posterity under the “Discover More” tab.



Over the course of the journal's first 5 decades it has moved from a quarterly periodical (called the *British Journal of Medical Education*) that published 40-60 papers per year to a monthly journal that publishes 5 times that many articles and receives 14 times as many citations. The trend of growth continued in 2016 as decisions were made on 1,748 manuscripts, only 8 of which required more than 90 days to return to the authors. Similarly, the journal's impact factor increased 5% to 3.369, good enough for a 5-year impact factor of 4.392, which continues the journal's long run as the first ranked journal in the Education, Scientific Disciplines category according to that metric.



Joining the team in 2016 to help us manage that growth is Esther Helmich (University of Groningen, the Netherlands) while we thanked Charlotte Rees (Monash University, Australia) for the dedicated and exceptional role she played during her term as deputy editor. Also joining the team was Kim Edwards (University of Nottingham, UK) who has taken over the position of e-Editor from Josh Jacobs (Washington State University, USA). Kim is actively generating a strategic plan for the further development and modernisation of the electronic resources available for readers of both *Medical Education* and *The Clinical Teacher* and we are forever grateful to Josh for getting those initiatives started.



Also beginning in 2016 were the fourth cohort of Editorial Interns who participate in monthly meetings both as a group and with individual editors in a program designed to build capacity for up-and-coming scholars. Eng Tai-Ang (Singapore), Joanna Tai (Australia), and Wunna Tun (Myanmar) have strongly engaged to learn about academic publishing processes in a way that yields considerable confidence that they will use their learnings to impact many in their local communities.



Submissions were received from 72 distinct countries in 2016 with the US, the UK, Canada, and Australia submitting more than any other. To make well informed decisions on those manuscripts that prioritize constructive and valuable feedback to the authors as best we can, we were privileged to receive the support of over 1,500 peer reviewers. Standing out as offering exceptional contributions in that regard are the 2016 Choice Critics award winners: Sven Anders, University Medical Center Hamburg-Eppendorf, Germany; Margaret Bearman, Deakin University, Australia; Maria Benito, Trinity College Dublin, Ireland; Jamiu Busari, Maastricht University, The Netherlands; Alan Chiem, Olive View-UCLA, USA; David Hope, University of Edinburgh, Scotland; Adam Sawatsky, Mayo Clinic, Minnesota, USA and Robyn Woodward-Kron, University of Melbourne, Australia.



With respect to our review process, 2016 marked 5 years since our policy regarding blinding changed to one in which reviewers are asked deliberately whether or not they are comfortable having their names released to authors. As was noted in the announcing editorial in 2012, our goal was to encourage reviewers towards disclosure for the sake of accountability while also understanding that there are many reasons that a reviewer might be uncomfortable in doing so. To date, we have received 7,326 reviews under the new system with reviewers including their name 78% of the time. Of the 441 reviewers who have submitted at least 5 reviews since the change was made, 236 (53.4%) have disclosed their identity in every instance and 31 (7.0%) have never disclosed their identity to authors. That 175 (39.6%) have used both options reinforces our impression that it is important to give reviewers choice. No data are available yet on the speed or leniency of the judgments made as a function of identity disclosure.



We at the journal were ecstatic to see Sue Symons' long-term and unparalleled contributions to the journals recognized by the awarding of the ASME President's Medal in 2016. Her influence and steady hand is too easily missed by those who interact only sporadically with the journal, but the leadership and support that Sue provides along with that of Karen Eccles and Amanda Dove have been nothing short of foundational to the journal's success. Please take a moment to thank them for their contributions when the opportunity arises.



Finally, although I hate to end on a sad note, the *Medical Education* community suffered a terrible loss in 2016 with the passing of our International Editorial Board Chair, Karen Mann. Karen was appointed to the Board in 1999 and had just begun her term as Chair a year before unexpectedly leaving us on November 28, 2016. Her energy, wisdom, collegiality, and spirit will never be forgotten.

## 10. Co-Editor's Report: *The Clinical Teacher*

Jill Thistlethwaite and Michael Ross



As joint editors we have now been in post for over 3 years and feel that we bring different viewpoints and experience as editors. We have changed our work pattern in the last 12 months, as it has been noticeable that we tend to agree on most of the papers we see. Therefore we no longer read every paper and are rejecting some articles based on one opinion at time of submission when they are clearly unsuitable for publication in the journal. We always still have the option of asking the other EIC for a 2<sup>nd</sup> opinion if necessary. About 40% of all submissions to the journal are rejected at the initial stage by one or both EICs (please see the publisher's report for detailed figures).

### **Associate editors**

Two of our associate editors resigned due to workload issues in the last year: Terese Stenfors-Hayes (Stockholm) and Ming-Jung Ho (Kuwait). We have thanked Terese and Ming-Jung for their work with the journal. We undertook a wide recruitment process. On the basis of asking shortlisted applicants to review the same papers, we have appointed two new associate editors: Duncan Shrewsbury (University of Worcester) and Rachel Locke (University of Winchester). A few months after they started in post, JT Skyped with Duncan and MR with Rachel and both are settling down nicely into their new roles. Our three other associate editors continue to work hard: Phil Cotton (Kigali, Rwanda); Hossein Khalili (London, Canada); and Karen Mattick (University of Exeter). Due to the time differences of the team it is difficult to teleconference all together but JT recently chaired a meeting with Karen, Hossein, Duncan and Sue and Karen from the TCT office, which was productive. All the associate editors report finding our new AE guide very useful.

### **Article types**

#### **Insights**

The Insights continue to be popular and are written on a diverse range of topics from all grades of clinical teachers, including students.

### **The Clinical Teacher's Toolbox**

The first Toolbox article was published in February 2015 and since then we have published on a wide variety of topics including: qualitative research; quantitative research; social media; interprofessional education and using the cloud to enhance clinical teaching. Toolboxes continue to be our most downloaded articles. In the last year we put together a virtual issue of TCT containing eight Toolbox papers for the ASM and AMEE conferences which was very popular. In the beginning we only invited authors to submit papers, but now we are receiving expressions of interest from authors who would like to submit a Toolbox article. We ask such authors for a 600-word outline of their proposed paper to help us make the decision whether to commission the piece. All Toolbox papers are reviewed by both of the EICs and one associate editor.

### **Faculty Development Review**

This is a new type of paper, to provide a scholarly overview and introduction to key topics in clinical education, summarising key theoretical concepts, literature and research evidence in a concise and accessible format, and highlighting how they can be applied in practice. Each is designed to serve as a stand-alone resource that can be used in faculty development and higher training in medical and health professions education, yet to also be accessible for self-study by readers who are new to the subject. We hope that these papers will help us achieve an impact factor for the journal in the next few years, as review papers tend to be highly cited. The first review by MR was published in February 2017: Conceptions of teaching – an illustrated review. This article generated a lot of Twitter activity



(113 tweets from 67 users, with an Altmetric score of 46) and has been downloaded multiple times. We have commissioned more of these articles for publication later in the year and into 2018.

### **In Brief**

We have changed the format of these articles this year. They continue to be four summaries of published articles (150 words each), but now we ask for 200 words of introduction and conclusion to link the papers and present the main messages for clinical teachers. The papers chosen should have appeared in recent months in the general and health professional education literature. They should be from different publications including one from *Medical Education* and one focusing on a health profession other than medicine.

### **Letters to the Editor**

We still receive many letters from around the world, but have noticed a new phenomenon this year – multiple letter submissions from medical students of two UK medical schools. We presume that the students have been encouraged to do this and are hoping to achieve a publication to add to their foundation applications. Letters should respond and add to a recent article in the journal, but the standard of those we receive is very variable – we have published several but others lack interest, are just agreeing with the paper they cite, or the content shows that the original paper was not well understood.

Note that we have stopped publishing the Digest of papers soon to be published in *Medical Education*, as these did not seem to be popular with readers based on download figures.

### **Awards and fellowships**

This year we decided to change the process leading to the IMPACT award. We looked at downloads for original articles the month before, the month of and the month after publication in an edition of the journal. The five top papers were then scrutinized by the five AEs and the two EICs independently and ranked in terms of what their impact might be in the future. This led to the award going to: Paroz S et al. *Cultural competence and simulated patients*, from Lausanne, Switzerland, which will be announced at the ASM.

We will also announce, at the ASM, the award of the 5th *The Clinical Teacher* travelling fellowship to Andrew Hall, University College Hospital, London, as his application was rated highest by the panel against the advertised award criteria.

### **Virtual issues**

As well as the virtual issue of toolboxes, we have also had one on interprofessional education. Both virtual issues had free access to the papers included, and we have provisional agreement from Wiley to have two such virtual issues per year on an on-going basis.

### **Finally**

Thanks to all our authors, reviewers and readers as well as the Management Committee and other ASME members who promote *The Clinical Teacher* at conferences and through their networks. We are particularly grateful to: Kevin Eva and Kimberley Edwards, the new e-editor, for their spirit of editorial collegiality; the excellent team of associate editors; our peer reviewers; the production team; and especially the fantastic and very dedicated crew at Plymouth: Sue Symons, Karen Eccles and Amanda Dove.

## 11. e-Editor Report

Kimberley Edwards



Hello! I'm the new e-Editor for the journals, stepping into Dr Jacobs impressive shoes. In consultation with Kevin Eva of Medical Education, Jill Thistlethwaite and Michael Ross of The Clinical Teacher, Sue Symons of the journals' Editorial Office, Jen Cleland from ASME and Rosie Hutchinson of Wiley & Sons, we have put together an e-strategy for the journals. This strategy borders around my strong belief that we need to make life easy(er!) for our readers. You are all very busy people and all dedicated to keeping up to speed with innovation and the evidence base in this field. We can use digital and social media to facilitate this for you.

For now, we are focusing on Twitter and Linked in, so you can read short summaries about key papers on social media that come straight to your mobile or inbox. This way you can read about the breadth of the literature succinctly and choose to dip into the full papers for your areas of expertise and special interest, perhaps using our app or simply clicking on the links to take you straight to our websites.

This is proving successful because since our first tweet on the new Medical Education twitter account (@MedEd\_Journal) in late February 2017, we already have over 400 followers. We also similarly tweet on The Clinical Teacher account (@ClinicalTeacher) that Michael Ross set up some time ago and these followers have gone up from about 1000 around a year ago to over 1600. If you're not following us already, please do.

The successful pilot with KeyLIME (Key Literature in Medical Education; sponsored by the Royal College of Physicians and Surgeons of Canada <http://www.royalcollege.ca/rcsite/canmeds/keylimepodcasts-e>) has been extended, with the podcast discussion focusing on one article from Medical Education per quarter. Our next article comes out in mid-August. We will announce via Twitter.

In this vein, I have been building an e-Council team to help me with the online engagement process, deliberately comprised of both early career researchers and others more senior in their field from across the globe. I am delighted to announce that they are: Dr Helen Wozniak from Australia; Dr Marina Soltan from UK; Dr Adeel Ahmad from Saudi Arabia; and Dr Tripti Srivastava from India. Plus the new e-intern will be in post soon (applications are in; we are currently shortlisting). Thanks go to our former e-intern and members of Joshua's e-Council for all the support they gave the journals.

Unfortunately for technical reasons the blog, Conversations in Medical Education ([www.mededuconversations.com](http://www.mededuconversations.com)), died before I came on board as e-Editor. The tech team at the journal have been unable to restore it, so unfortunately we have accepted that it is lost forever. Instead, the new e-Council and invited experts in the field will be posting extended 'blog-like' posts on our Linked in account, which I hope get as many views as the former blog. Don't worry, you won't miss it – we will let you know it's there via Twitter too.

It is a pleasure and a privilege to work in this role. Remember, I am here for you, the reader, so do let me know if you have ideas of what you would like us to provide. I look forward to promoting health professions education globally for the benefit of all of our readers.

Kimberley Edwards  
e-Editor

## 12. Educator Development Group

Professor Colin Macdougall, Chair



2016-17 was a significant period of change for ASME as a whole and the then Education Development Group (EDG) in particular. We left the ASM in Belfast as a special interest group and we return to Exeter as one of two committees who, along with the Education Research Committee (ERC), are tasked by the new ASME board with delivering the core business of ASME.

This period of change has been challenging for EDC, not least because we have spent much of this period working with the board to review responsibilities, structures and processes, but I firmly believe we now have a solid platform from which to go forward for the future. I would also like to personally thank our outgoing lead, Dr Clive Gibson, for his support and sound mentorship and guidance during this period as well as formally thanking the members of the EDC (listed here <https://www.asme.org.uk/interest-groups/educator-development-group.html>) for their stellar commitment to the EDC and to the mission of ASME with all showing real commitment and investment of time in fulfilling our existing functions and in launching exiting new developments.

The EDC exists to support and promote the professional development of teachers, trainers and learners in medical education. We currently do this via our input to the development and delivery of the ASM (look out for the EDC badged sessions on the programme), through promoting and judging awards - <https://www.asme.org.uk/awards> - including the Educator Development Award and Educator Innovator Award and through events, notably the highly successful regional events this year.

Our awards have continued to receive high quality applicants and we hope to develop and have approved additional awards next year specifically aimed at more junior and developing educators and those mostly involved in postgraduate medical education.

Highlights of the year were the two regional events which took place in April. At the second Midlands Regional Education Day (sincere thanks to the team at Leicester Medical School for hosting this) five medical schools again got together to share best practice and network. The meeting next year is going to be in Nottingham. The first ASME Northwest Medical Education Forum (further thanks to the hosts Manchester Medical School), happened just the day after, and we have interest and momentum for future East Anglian and London based events, as part of our drive towards ensuring that there is an ASME Education day near everyone. Anyone who feels enthused to lead such an event in their area should get in touch. We are also mindful that these events have so far focused on Undergraduate Medical Education and we would be particularly interested to hear from people in the postgraduate world who would like to explore this model of working

EDC will continue to meet four times a year (three face to face and one teleconference) and will be seeking new members in the autumn to widen our skill set and increase our capacity. Announcements will come out in due course but interested individuals can also contact me at [colin.macdougall@warwick.ac.uk](mailto:colin.macdougall@warwick.ac.uk)

Colin Macdougall  
Chair, EDC

### 13. Education Research Group

Dr Susan Jamieson, Chair



Hello! This is my first report as Chair of the Education Research Committee (ERC), a role I took over from Dr Jane Stewart (Newcastle), in July 2016. Prof Jeremy Brown (Edgehill), who leads on our Researching Medical Education (RME) conference (more later), is Deputy Chair. The remaining members of the Committee are Prof Bob McKinley (Keele), Dr Anne-Marie Reid (SGUL), Dr Sarah Yardley (UCL/Central and NW London NHS Trust), our TASME representative, Andy Baldwin (HEE-EM), and our JASME representative, Bethan Spurrier (Leeds). In addition, we co-opted Dr Karen Mattick (Exeter) for a one year period to support the development of the RME conference. We anticipate advertising for at least one new committee member in the forthcoming session.

It's been something of an atypical year, bedding in to the new ASME structure, and some of our work has been contributing to discussions on governance mechanisms. However, we've continued to take forward work initiated during Jane Stewart's chairmanship and organised a very successful RME conference in November 2016 (see below). Our work aimed at identifying the preferred e-platform to establish a virtual ASME research network has been put on hold, in light of the need for a comprehensive survey of members' interests and needs.

Our major activities have been in relation to the ASM, the RME and ASME awards. At the Belfast ASM 2016, we offered no less than five ERC events. We introduced the winner of the New Researcher Award, Marianne Mak-van der Vossen (Amsterdam), who gave a well-received presentation on 'Distinguishing three unprofessional behaviour profiles of medical students, using Latent Class Analysis'. Delegates on "Support for Budding Researcher" were extremely positive about the feedback and support from ERC members. We had a lively session on developing Regional Research Networks, with individuals volunteering to explore possibilities in Scotland, North of England, Midlands, London, SW England and Ireland. Prof Jan Illing (Newcastle) delivered a plenary on ERC's behalf, about 'Getting Research Grant Funding'. Last but definitely not least, were the presentations by candidates for the first Best Original Research Paper Award (BORPA), which went to Dr Jenny Johnson (Belfast), who spoke about 'The road to general practice: constructing professional identity in GP training'.

In November 2016, we held another successful Researching Medical Education conference, organised by Jeremy Brown, with plenaries by Dr Diana Wood (Cambridge) and Prof Jen Cleland (Aberdeen) and a variety of successful workshops delivered by ERC members and other UK colleagues. The Masterclass@RME was organised and chaired by Sarah Yardley with Prof Tim Dornan (Belfast), and four students were selected to present. Feedback on the various RME sessions was very positive. We're mindful of previous proposals to vary the location of the RME, and this is still on our agenda, but for 2017 we will be back at Friends' House in London and programme changes will reflect feedback to include workshops from presenters in the broader education research community, and a plan to focus the Masterclass@RME on the relationship between supervisor and student. We hope you'll join us!

Finally, in a bid to build and strengthen relationships with other organisations interested in education research, and thereby maximise opportunities for learning from, and collaborating with one another, ERC members will be: co-presenting a pre-conference workshop with members of the British Education Research Association (BERA), at the ASM 2017; presenting a workshop at the Developing Excellence in Medical Education Conference (DEMEC) 2017 (led by Sarah Yardley). We look forward to reporting on the success of this and other ventures in next year's Annual Report.

## 14. JASME Report

Eliot Rees & Sean Zhou, Co-Chairs



During the 2016-2017 period, JASME has continued in its growth and development as a national educational body for medical students and junior doctors. We have had an excellent committee, and increased our reach to medical schools around the UK and achieved a greater presence within the online social media network.

We have had a fantastic team, including Rosie Patterson, Tom Goldsmith, Alan Gopal, Riana Patel, Rob Cullum, Bethan Spurrier, Katherine Stevenson, David Cox and Rekha Gurung, but as with every year, unfortunately we will have those who have served their term or reached a more senior level in their training leave us. We will be seeking replacements from our members prior and during the ASM.

As always, members of JASME are entitled to the benefits of an ASME membership, including access to the online journals “Medical Education” and “The Clinical Teacher”, as well as access to JASME toolkits, awards, newsletters, and our every-growing network.

This year we have made a huge push on the local representatives (local reps) front, achieving coverage in over 75% of UK medical schools currently, which is higher than it has ever been in the last 4 years. Through this increased contact, we have been able to spread JASME further across the universities, and we have seen an increasing number of people contacting JASME for local events. These have included events in Leicester, Southampton, Peninsula, King’s, Hull, Leeds, Barts and London, covering a diversity of topics from peer teaching to leadership to teaching skills. Through these local events, we aim to develop our products and engage even further with the junior medical education community

A natural companion to us is of course TASME, whom we have continued our excellent collaboration with this year, including the building of our shared networks and at events. We look forward to our joint workshop at the ASM and hope to continue this partnership next year.

We have had an excellent year on social media, with more notice from people within our field and an increased number of followers across Twitter and Facebook (currently over 550 Twitter followers). We will carry on our efforts from this year forwards, with a focus on local reps, more high quality events, and a continued effort to increase our membership as well as reach. We would like to thank our amazing committee for their efforts, and all the best to those leaving us this year.

## 15. TASME Report

Dr Ann Chu, Chair



The TASME committee 2016-17 was very strong, with 20 members fulfilling roles from Research Awards, to Events, to Publicity. Our committee away day in September 2016 was very productive, with lots of future planning as well as personal CPD (e.g., team building skills).

The annual TASME conference was held on Sat 22<sup>nd</sup> April at Keele University Medical School. The theme was 'Teaching in Testing Times'. This was very successful with 55 delegates, three keynote speakers, nine parallel workshop sessions, and most delegates also presenting posters. The four highest quality abstract submissions were shortlisted for a platform oral presentation and the best oral presentation awarded the TASME Young Educators Prize.

TASME were invited to contribute to workshops at the annual AoME conference on 13 December 2016. The theme was 'Trainees & Students as Teachers' and we presented a poster on the development & evaluation of the 2015 TASME Spring conference. Workshops provided by TASME were 'Making Time to Teach' and 'TASME Guide to Clinical Teaching Fellowships'. We also held a regional evening event in London in May 2017. The theme was 'How to Incorporate Medical Education into your Career and Training'.

ASME will also contribute to several sessions at the ASM. The TIE prize (Teaching Innovation & Excellence) session will also take place on Day 2 and the winning video from the TASME Professional Development Bursary will be shown in this session. The TASME committee will judge the shortlisted posters for the TASME poster prize. The JASME/TASME social has been planned for Day 1. This is hoped to be a networking event for both existing and potential new members. The annual elections for new committee members will also take place at the ASM.

The social media presence of TASME is continually growing, with 1200 followers on Twitter, a Facebook page and Linked In account. The communications team have also been compiling a database of additional email contacts, including Deanery contacts and postgraduate courses.

The research team have started a systematic review in collaboration with BEME and attended the RME conference to enhance their educational research skills. A peer-led workshop on systematic reviews was presented at the TASME Spring conference.

TASME has been working closely with JASME to encourage local reps in medical schools and hospitals. TASME are also aware of teaching fellow networks and other local education groups supported by universities or LETBs.

As a group of junior doctors who contribute to TASME on a voluntary basis, we very much appreciate the support of ASME as our parent organisation, and the opportunities this provides to trainees who have an interest in medical education, training and research.

The main point of contact for the TASME committee is: [info@tasme.org.uk](mailto:info@tasme.org.uk) Email contact for the events team is: [conference@tasme.org.uk](mailto:conference@tasme.org.uk). The prizes team can be contacted on: [awards@tasme.org.uk](mailto:awards@tasme.org.uk)

## 16. Leadership Development Programme Report

Professor Judy McKimm, Director of the Leadership Programme



The ASME Developing Leaders in Healthcare (DLH) Education programme continues to provide an interactive, practice based and fun experience for delegates from around the world. We have run courses and workshops in the UK and internationally, drawing large numbers of delegates.

The introductory course: Fundamentals of Leadership and Management in Education (FLAME) continues to be offered in collaboration with other healthcare education associations nationally and internationally on an 'income generating' model. The CALM (Change, Adaptive Leadership and Management) course also ran in 2016/17 at the main medical education conferences. FLAME and/or CALM were run at the ASME ASM in Belfast, the AMEE conference in Barcelona and in Malaysia and Indonesia in collaboration with universities.

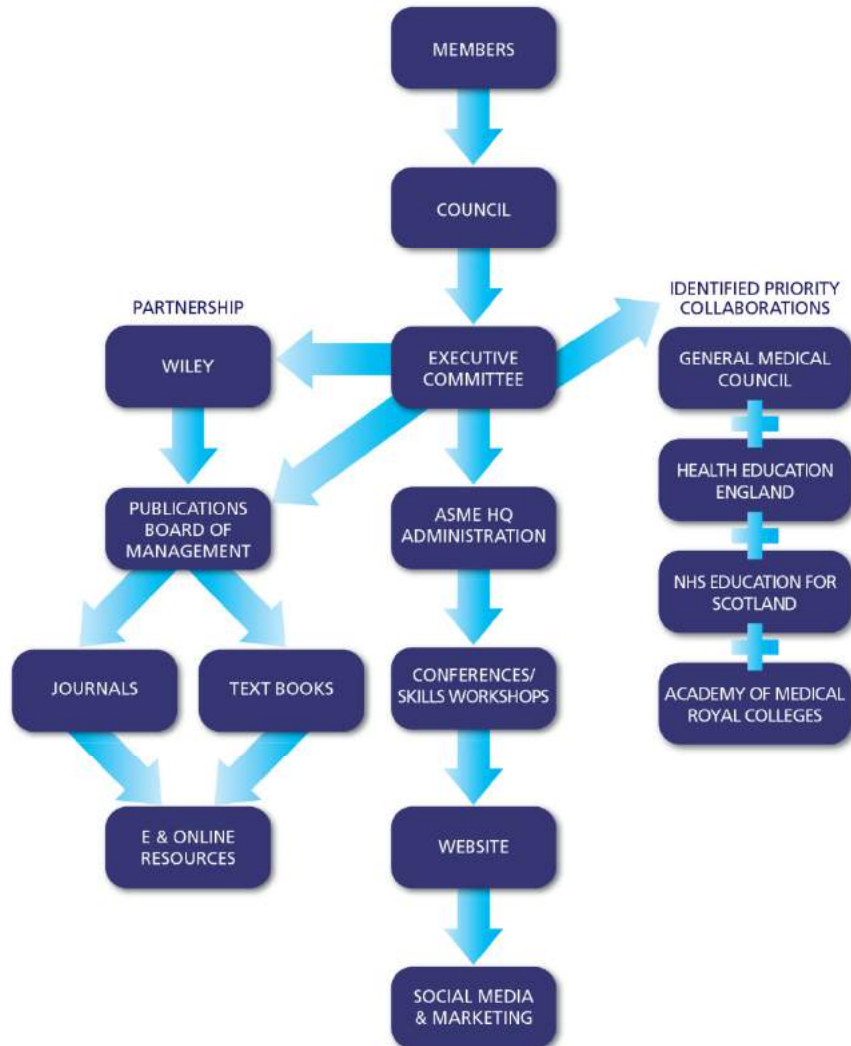
We continued our collaboration with the Faculty of Medical Leadership and Management (FMLM) and ran educational leadership workshops at their conference. We also ran the week-long Developing Leadership in Healthcare Education course at Windsor in May 2017 (for 20 delegates) which was very well evaluated, attracting delegates from the UK and internationally. We were also delighted to award the second 'New Leaders' award to S Nagraj, University of East Anglia at the ASM for *An Innovative Look at Interprofessional Learning*.

Finally, none of this would be possible without the dedication and support of the leadership course faculty members: Paul Jones, Kirsty Forrest, Wayne Hazell, Claire Vogan, Mark Lillicrap, Sham Nassrally, Alex Till, Jamie Green, Jennene Greenhill and Greg Radu. On behalf of ASME I would like to thank all of them.

## 12. ASME Structure

January to May 2016

### ASME STRUCTURE



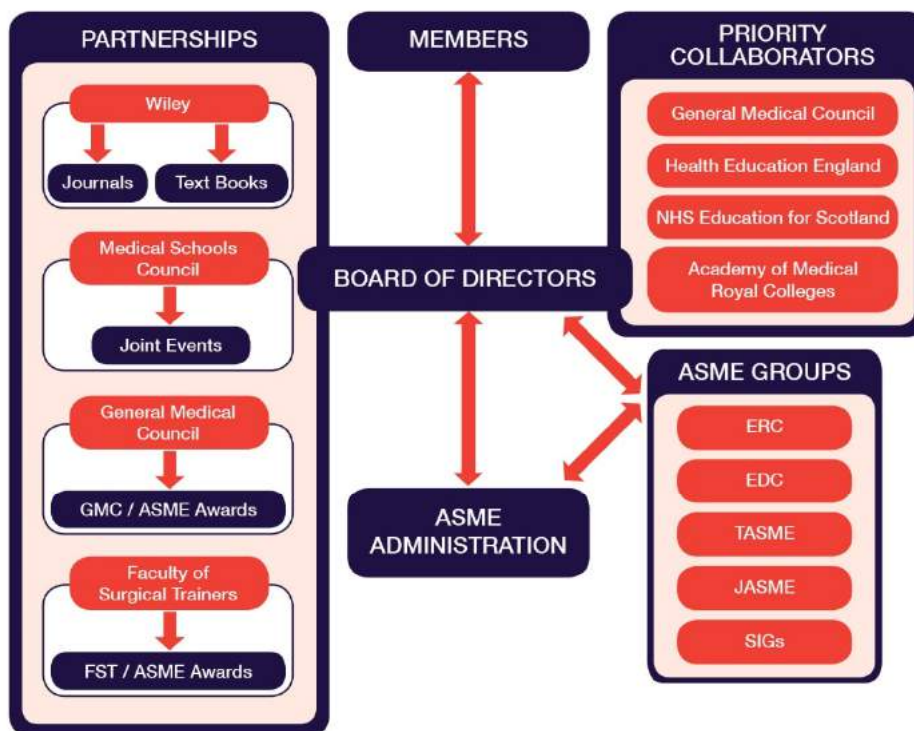


## 12 cont. ASME Structure

May 2016 onwards



## STRUCTURE



### 13. Executive Committee (The Trustees) to May 2016

Name	Position	Elected	Term Ends
<b>Dr John Jenkins</b>	President	Jul-13	July-17
<b>Professor Jennifer Cleland</b>	Chair of ASME Council	Jul-13	Jul-18
<b>Dr Lesley Pugsley</b>	Acting Treasurer	Oct-14	Jul-17
<b>Dr Jane Stewart</b> <b>Dr Susan Jamieson</b>	Chair of the Education Research Group Deputy Chair of the ERG	July-13 Feb-15	Jul-16 Feb-18
<b>Professor Judy McKimm</b>	Leadership Programme Lead	Feb-12	Feb-17
<b>Professor Andy Hassell</b>	JASME Liaison Lead	Oct-14	Oct-17
<b>Professor Peter Johnston</b>	TASME Liaison Lead	Sep-13	Sep-16
<b>Eliot Rees</b> <b>Sean Zhou</b>	JASME Co-Chairs	Jul-15 Jul-16	Jul-17 Jul-18
<b>Dr Ann Chu</b>	TASME Chair	Jul-15	Jul-17
<b>Dr Clive Gibson</b> <b>Professor Colin Macdougall</b>	Educator Development Group Lead Deputy Educator Development Group Lead	Jul-14 Jul-14	Jul-17 Jul-17

#### 14. Senior Officers & Directors from May 2017

Name	Position	Elected	Term Ends
<b>Dr John Jenkins</b>	President	Jul-13	July-17
<b>Professor Jennifer Cleland</b>	Chair of ASME	Jul-13	Jul-18
<b>Dr Lesley Pugsley</b>	Acting Treasurer	Oct-14	Jul-17
<b>Dr Jane Stewart</b>	Director of Innovations & Special Projects	May-16	May-19
<b>Professor Judy McKimm</b>	Director of Awards	May-16	Oct-16 Resigned
<b>Professor Andy Hassell</b>	Director of Events	May-16	May-19
<b>Dr Clive Gibson</b>	Director Membership	May-16	May-19
<b>Professor Peter Johnston</b>	Director of Networks Director of Career Groups	May-16 Jan-17	Jan-17 Jan-20
<b>Ms Sarah Innes</b>	Non-Executive Director	Sep-16	Sep-19

<b>Eliot Rees</b> <b>Sean Zhou</b>	JASME Co-Chairs	Jul-15 Jul-16	Jul-17 Jul-18
<b>Dr Ann Chu</b>	TASME Chair	Jul-15	Jul-17
<b>Dr Clive Gibson</b> <b>Dr Colin Macdougall</b>	Educator Development Group Lead Educator Development Group Lead	Jul-14 May-17	May-17 May-20
<b>Dr Jane Stewart</b> <b>Dr Susan Jamieson</b>	Chair of the Education Research Group Chair of the Education Research Group	Jul-13 Jul-16	Jul-16 Jul-19

## 14. Grants, Awards and Fellowships 2016/2017

### JASME Foundation Innovation Award 2016

**Benjamin Hughes**, Bradford Royal Infirmary

*Pre-clinical targeted teaching; prescribing at Calderdale and Huddersfield Trust (PATCH)*

### Sir John Ellis Undergraduate Student Prize 2017 (Intercalated)

**Michael Martin**, Lancaster University

*Life after Medical School: Why Don't Some Students Intend to Practise?*

No SSM prize awarded

### JASME Student Innovation Prize 2016

**Claire Keith**, University of Warwick

*Student Seminars at Warwick Medical School*

### Educator Development Group Educator Innovator Awards 2015

**Clare Smith**, University of Sussex

*Take Away Body Parts*

**Laura Delgaty**, Newcastle University

*If story telling is central to human meaning, why, in the research world, is there not more storytelling?*

### Educator Development Group Educator Development Awards 2016

**Dr Frederic T Pender**, Fellow in Medical Education, University of Edinburgh

**Natalia Puspawati**, Catholic University of Atma Jaya, School of Medicine, Indonesia

### Joint General Medical Council/ASME Excellent Medical Education 2016

Undergraduate:

*Whole simulated consultations in primary and secondary care; an exploration of their impacts on final year students' self-efficacy.*

**Dr M Bartlett**, Keele University

Postgraduate:

*Process evaluation of a "take-home" laparoscopic deliberate practice programme for core surgical trainees.*

**V Blackhall**, NHS Highland

Continuum:

*Life beyond workshops: building sustainable approaches to faculty development through peer observation of teaching.*

**Dr C Morris**, Institute for Health Sciences Education, Barts and The London School of Medicine and Dentistry, Queen Mary University of London



## Small Grants 2016

Dr Ruairi Connolly	National University of Ireland	Stakeholders' perceptions of a widening access to medical school outreach initiative
Rhiannon Hoggins	Brighton & Sussex Medical school	Student experiences and staff perceptions of the primary care placement in the Physician Associate programme at a UK Medical School
Sebastian Stevens	Plymouth University	The Impact of Clinical Team Networks on Multi-Source Feedback Assessments for UK General Practitioners: A Social Network Analysis
Claire Morris	Barts & The London School of Medicine & Dentistry	'Not a doctor': physician associates (PA) and professional identity formation
Evangeline Stubbing	University of Aberdeen	The intersection of early and developing professional identities in medical students
Shaun Peter Qureshi	University of Edinburgh	Learning to recognise dying: Exploring barriers to effective education and supervision of doctors-in-training

## Leadership Development Group: New Leader Award 2016

S Nagraj, University of East Anglia

*An Innovative Look at Interprofessional Learning*

## TASME Poster Prize

- **Winner: Dr Melody Redman** 'Ward rounds: When FY1's take the lead'
- **Highly commended: Dr Johnathan Taylor** 'Multi-disciplinary fully immersive simulation as a means of teaching junior medical and nursing staff about never events.'
- **Highly commended: Dr James Morgan** 'Improving Medical Student Genitourinary Medicine Experience (IM GaME)'

## TASME Teaching Innovation and Excellence Award 2016

Dr Gareth Morrison, Royal Victoria Hospital Belfast

## TASME Bursary for Professional Development

Dr Yan Ning Neo, Ninewells Hospital Dundee Medical School



Signed: Jennifer Cleland, Chair of ASME

