# Yorkshire & Humber Trainee Wider Forum Minutes of Meeting

|  |  |
| --- | --- |
| Date and time | 22.5.2409.00-12.00 |
| Venue details | Virtual: MS Teams |
| In attendance | **TEF members:**  |
| Sium Ghebru (Chair), Sarah Longwell, Sanah Sajawal, Theresa Ugalahi, Ugochukwu Uzondu, Zehra Naqvi |
| **Wider Forum members:** |
| Shrita Lakhani, Sara Page, Katherine Harris, Georgia Bayes, Alison Buck , Laura Christian, Erin Whyte, Nkiruka Edward-Alali, Harrison Mycroft, Danish Memon, Alice Luesley, Faisal Abdullah [ ] Anaesthetics[ ] **Dentistry** [ ]  Emergency Medicine [ ] Foundation [x]  **GP** [x]  **Medicine** [x]  **O&G** [ ]  Ophthalmology [ ] Paediatrics[x]  **Pathology** (histopathology)[x]  **Psychiatry**[x] **Public health** [ ]  Radiology [x]  **Surgery** |
| **External Speakers/Invitees** |
| **Name** | **Role** |
| James Spencer  | Postgraduate Dental Dean |
|  | Helen Cattermole | Primary Care Associate Dean |
|  | Liz Stonnell | Associate Dean for Neurodiversity Educator Support |
|  | Lindsay McLoughlin | Programme Support Manager for Learner Support and Faculty Development (LSFD) |
|  | Susy Stirling  | Associate Dean for LSFD Directorate |
| Apologies | Susie Stokes, Jessie Tebbutt, Waqas Din, Michelle Horridge, Sophina Mahmood, Sindhu Pavuluri, Chioma Maduka |

|  |  |
| --- | --- |
| Item No. | Item |
|  | **Introductions, apologies & moment of joy from attendees**Apologies from WF leadSindhu Pavuluri |
|  | **Actions from Previous Meetings**Minutes noted without comment**Actions:**1. **Nil**
 |
|  | Trainee Representatives forum**Closed forum for Executive and Wider forum members****\*blue sky thinking element\*****Study budget** Raised again that there has been information regarding reduction in study budget, unclear what trainees can claim for, previous expensive courses have been funded fully but now unclear if they will be. Some trainees have been told not to apply for courses at present. Haematology TPD is meeting with the deanery to try and raise this further, some trainees will not be reimbursed for courses they have paid for whereas going forward some will be fully funded again therefore inconsistent approach. Sara Page will share details of a workshop on culture she has produced with the wider forum. Invitation to wider forum members to attend meetings including the suppoRTT conference for trainees who have taken time out of trainingWF lead Sindhu Pavuluri wanted to ask what everyone’s expression of interest would be to set up a WF WhatsApp group, MS forms link shared - <https://forms.office.com/Pages/ResponsePage.aspx?id=DQSIkWdsW0yxEjajBLZtrQAAAAAAAAAAAAMAACLS-spUN1hYQkZGWE00T1lKNkZNMlJCRDlUWEpXUS4u> SG wanting to get a list of upcoming events it would be useful for TEF members to attend and be present at e.g. JD forums, regional meetings, induction meetings, Mentimeter sharedHistopathology SpR asked wider forum for examples on work they have done to improve relationships between trainees and other HCPs, she is working nationally on the relationship with trainees and APTs which has been difficult in some areas. Another WF member mentioned about some work a previous FLP did with MDT members and civility matters. Discussion around importance of seniors timetabling in time for trainees. Led on to a broader discussion about relationships between trainees and ACPs, example given from surgical rotation where ACPs were required to cover for FY1 who were taken off the rotation due to training issues. Surgical trainees made an active effort to speak to ACPs, social events, visible presence on the ward, ultimately it required a conversation about boundaries and define roles. **Actions:**1. **SG attending DMT meeting today and will aim to discuss with wider deanery management team re study budgets**
2. **Sara Page to share info re NHS culture workshop**
 |
|  | **Postgraduate Dental training: Guest speaker James Spencer** Overview of dental training, reflection on current crisis in NHS dentistry related to delayed referral and complex treatment requirements. General dental services, provide around 90% of NHS dentistry. Also, hospital and community-based services, mainly for more complex needs Significant amount provided privatelyWorkforcePatient access crisis for NHS dentistry across the country. Needing to consider workforce planning and recruitment, also commissioning from the government for increased NHS servicesAll professionals who provide dental services have to be registered with GDC and have clearly defined job roles. Half of dentists train abroad and don’t stay long term, also challenges re locations as dentist tend to want to work locally to dental schools but several areas in the UK where there are no local dental schools. Ongoing challenge as there is no workforce survey to understand current workforce. Training99% go onto dental foundation training following dental school, can then go on to be a primary care dentist, core training then specialty training or medical school to train for max fax/ oral surgeryTraining tends to be split posts between 2 units over a period of time rather than rotational. Dental Speciality training posts are very competitive. Have gained funding for increased DST posts, targeted to locations due to increased complexity of cases.  Demand for dental services Should be based on population need, legacy of treatment for older patients who had a lot of work done when they were younger e.g. fillings and will need specialist care which will not be able to be provided in general care, also ongoing need for paediatric dentistry. Dentistry will need to evolve and change due to complexity of cases coming through.  |
|  | **Enhance – Generalism: Guest speaker Helen Cattermole** Presented an update of the generalist school. Broad strands of clinical practice alongside generalist behaviours and understanding the importance of this. The population is becoming more complex as the NHS has become more siloed NHSE set up the enhance programme in response to this, 6 core domains, want this to be provided to all doctors in training by 2025. 3 options: not mandated at present. Enable (self-directed + some training days), Explore (deeper level, Foundation priority programmes in Humber + North Yorkshire ICS, work ongoing for West and South), Engage will be system level at ICS level. For Foundation school, it is linked to FY competencies so not extra work, current FLP working on GP enhance programme **Actions:****Aimed at all professions including non-clinical managers, encouraged to undertake self-directed Enhance Enable course and continue to think more generally.** |
|  | **Neurodiversity & Me: Guest speakers Liz Stonnell + Lindsay McLoughlin**Presentation on neurodiversity and work around supporting neurodivergent doctors in YH. Neurodiversity: humans have different neurocognitive abilities. An individual is neurotypical or neurodivergent, everyone is expected to live in a world designed for neurotypical people. Majority of Neurodivergent individuals prefer to use identity first language e.g. “autistic person” as it is part of someone’s identity.Around 15% of people in the population are neurodivergent but this is likely higher ie 30% in caring professions including doctors, nurses, teachers ProjectHave improved training on ND awareness to trainers Have also worked on providing ND assessments and support to trainees, the assessment is only funded where training is being affected due to ND as not a registered healthcare provider however where they cannot provide assessments can signpost and give advice on reasonable adjustments. Standards and non-standard referral criteria. Trainees have to be referred by their TPD. Assessment is provided by Genius within, cannot provide a diagnosis of ADHD or autism. Trainees can contact professional support team themselves, have a wealth of online resources including courses and podcasts. Access to work scheme: funding for work-based equipment support, don’t need a diagnosis, needs based assessment. **Actions:**1. **All WF to be aware of Neurodiversity work**
 |
|  | **Imposter Syndrome: Guest speaker Suzy Stirling** Encouraged to share imposter phenomenon score anonymously Acknowledgement that there is huge systems-based challenge for all of us and the work is not al down to ourselves as individuals, be mindful of what you can control, don’t punish yourself for things outside of your control. Definition: an individual experience of self-perceived intellectual phoniness despite consistent evidence of external validation. Exercise: discussion in pairs on the features of imposter syndrome Exercise: writing down our own imposter voices, encouraged to think whether this is fact or opinion, therefore is this true? Also encouraged to look at coaching offers and support from elsewhere regarding imposter thoughts. **Actions:**1. **All WF to be aware of imposter syndrome**
 |
|  | **Upcoming meetings****21st August: Virtual** This was SG’s final session as Chair of TEF. He welcomed Shrita Lakhani as the new TEF Chair for the August session. |
|  | **Actions steps and close** |

|  |
| --- |
| Action Log |
| **Item** | **Action** | **Allocated person(s)** |
| **1** | Ongoing discussions with deanery re study budget | SG |
| **2** | Send information re NHS culture workshop | SP |
| **3** | Complete MS forms re WF WhatsApp group | All |
| **4** | Complete Mentimeter re upcoming events for TEF representation | All |

|  |  |
| --- | --- |
| Date of next meeting | 21.8.24 |
| Completed by | Sarah Longwell  |
| Confirmed by | Sium Ghebru |