# Minutes from the Trainee wide forum in November:

**Chaired by Annabelle Carter**

* Welcome and introduction by Annabelle Carter.
* Dr Jon Cooper (postgraduate Dean) introduced to the wider forum members and session started with a question & answer session to the Postgraduate Dean addressing questions and concerns submitted to the forum prior to this meeting.
1. **What is your role as dean?**
* Lead and responsible for training. Local wise he is accountable for quality of training for doctors and dentists. At deanery function which HEE sits around involved in maintaining quality of training and curriculum to train high quality doctors and support them to complete CCT.
* Works along regional infrastructure working within work force planning working alongside regional
* CODMED: national role on advisory committees for policy and reform in medical education and working with colleges to help develop
* Stroke work force lead for HEE: long term plan for care of stroke and cardiovascular as well as workforce.
* Stroke physician every Monday feels continued medical work is important in this role.
* Being a leader in this role and virtually is a challenge.
* Enjoys working in teams and creating improvement.
1. **Do you have plans for improvement over the next year?**
* Training within service catch up is key priority.
* Starting job within COVID has been difficult but need to ensure principles and rules in place to facilitate year on year progress to aim for development of trainees towards CCT.
* Managing individual training recovery related to ARCP needs to be scope for individuals. ARCP codes may be reviewed and required to support training that have struggled due to COVID impacting
* Visibility of who the deanery team is. Has insight into website issues and would want to improve this however there is development on shared platform in future for HEE.
* To focus and feedback on quality through feedback given in surveys from trainees. This to be feedback to trusts but also to ensure that this data is transparent to trainees across the region. Working alongside quality team and the forum.
* Adapt to new changes from April next year as ISC (3 within Yorkshire) need to work out how we work within these new commissioning group.
* Professional wellbeing: is a priority: PAWS programme which is pending. Happiness and health of trainees should be a priority. Supporting at a local level.
1. **How will specific training delays be caught up for example clinics and theatre sessions.**
* Some money could be looked at facilitating training lists which has been discussed.
* Orthopaedics and trauma have highest rate of training delay: trainees transferred to other trusts to allow training needs to be received if no theatre lists in current hospital. Flexibility in trainees attending other trusts.
* Prescriptive nature of curriculum can be detrimental to training and to work alongside GMC and colleges to ensure training style and experiences as work training rather than specific curriculum. Away from number from technical specialties but focus on competence.
* Flexibility, look at where the training is and maintaining flexibility.
1. **Please can you confirm the plans for staff redeployment over winter.**
* Indemnity cover: criminal negligence (CNST) within trusts will cover redeployment roles as long as staff working within own competence and with supervision if needed.
* Trainees may be redeployed for Winter pressures but for Flu only and not anticipated for COVID reasons as this is not agreed by the Dean currently.
* Individual review of those suitable for redeployment as advised that those on SRCP COVID outcomes should not be redeployed.
* HEE will trust that hospital trusts are requesting redeployment for winter pressures and not COVID however if trainees have concerns for reason of redeployment, then this needs to be escalated to HEE.
1. **How can we improve transparency of communication between HEE and trainees?**
* Not over burdening people regarding information.
* Individuals prefer different ways of communicating therefore is difficult to know the best method. There can be delay in communication cascade from the dean due to clarifying information and cascading to deputy dean staff and TPDs who should help with communicating to their trainees.
* Communicate via the website.
* Webinars to consider restarting to improve communication and updating trainees in acute emerging issues.
* Anabelle confirmed setting up a questionnaire/form to complete regarding concerns from trainees and real time reporting. Also, regular newsletter to disseminate information from the forum.
* Claire Gilbert (wider forum member) advises more face to face meetings with members of HEE within trainee training days and breakdown of who is who in HEE.
1. **Car lease concerns:**

Jon cooper advises there is staff reviewing this matter and one way to address this concern is to centralise employer to assist with this matter. Sheffield has centralised employer and would review how this works. Jon Cooper advises this is more employers issues rather than education however will take this onboard to review and feedback as this has previously been looked at.

1. **How can we make deans agenda more visible and work going on with EDI?**

Jon explained there are so many hundreds of different streams of work within the HEE would be massive job. Jon and Annabelle has recommended development of a EDI summit next year to show case all the projects and agendas.

1. **Quality of ES and CS are variable: is there an annual review and is the quality of supervisors reviewed?**
* Trainees should have information to understand the quality of supervision they should receive as trainee.
* Supervisors should have revie as part of their scope of practise and part of their appraisal.
* How can we feed this back: at ARCP from trainee, we should all be asked to provide 360 degree feedback for supervisor.
* Escalate to director of medical educator leads within HEE to review if there are concerns about supervisor through DME.
* Work to do in faculty development as well as promoting consultants to take on educational roles and supervisor roles. Also to increase awareness of educational roles to junior doctors as they are future of supervisors.
1. **How can we improve the culture with positivity language such as in ARCP feedback and supervisor reports?**

Ensure we support positive and good practice. Share good practise from other hospitals.

Jon Cooper advised that he has discussed aspects of ARCP and these are nationally agreed documents and policy which he could not impact with regards to ARCP. GMC and nation wide ARCP protocols area agreed which can be difficult to influence.

1. **What is HEE doing about huge rota gaps which also is impacting training.**
* Twice a year HEE review occupancy reports for trusts/hospitals. If highlighted with gaps recruitment is completed. Numbers are variable each year depending on who is out of training at that time.
* Gaps we are not in control of: statuary leave, those that CCTR, LTFT roles. These are not predictable and occur through the year. Numbers are worked on future workforce and those that are CCT and needed as consultants. Mapping staff with GMC survey results such as gap on rota and impact on work load. Staff is predicted on post CCT numbers and reason need for consultants in 5 years time.
* We are not always in control of these gaps.
* Some trusts do have less trainees or under staffed which he will be challenging and reviewing as other trust are completely staffed. Eg: Grimsby. Work to promote the understaffed organisations to promote
1. **How do you hope to address inequalities in training across the deanery and opportunities that arise?**

Rediscussed that curriculum targets can be reviewed to address this. Jon to have regular trust inspections and allow trainees to raise local concerns. Feedback through quality team and advises trainees to engage with constant feedback whether good or bad training.

Consider developing programme to create training based around ICS rather than just in specific hospital so can transfer to other trusts to help with training inequalities.

1. **Can more HEE courses ( generic) be created to improve access for personal development of trainees as they often have long waiting lists?**

This can be variable due to limitations of the faculty. Anabelle advised that she has actioned this before and managed to get more courses improved through Katie Kontou therefore for trainee reps to email Anabelle about specific courses which she can raise with finance team.

1. **Can HEE assist with creating standard policy for trainees to have time for CPD and PDP as this is unequal across the Daenerys and schools.**
* This can be supported through HEE.
* Discussed encouraging trainees to exception report lack of CPD and scheduled time for audit and PDP in work rotas. This is variable depending on the rota needs and trust however if not given within rotas to exception report. This is a BMA requirement so trainees need to exception report to improve the action that trusts have to take to support this.
* The forum is working more on encouraging exception reporting and Jon Cooper also feels this is under used by trainees.
* Helen Belgis (Jon Cooper’s PA) has started creating a “whos who” in HEE on the website. There is work ongoing about improving awareness of HEE staff and roles.

|  |  |
| --- | --- |
| **Introductions of Executive forum team.** | **Apologies** |
| Annabelle Maria Rammina Opeoluwa Lauren Sara Lucy Nicholas Sanah Hussain  | Alex (south locality lead) Stewart (East locality lead) Pete (Academic trainee rep) Sana (wellbeing) Sidra (EDI)  |

Details of all forum members available on the HEE website.

<https://www.yorksandhumberdeanery.nhs.uk/medical_and_dental_training/trainee-forum-yh>

* Introduction to the trainee forum and sign posted to the HEE trainee forum website.
* Yorkshire & Humber trainee forum has been set up within the last year which is a new initiative from HEE and wider forum is new starting today.
* Forum links into communicating with PG dean and the national trainee forum to feedback concerns from trainees to HEE and ensure trainees voices heard.

**Feedback from break out room:**

**Why have people joined the forum?**

* Share positive feedback and creation of local initiatives that has helped trainees to ensure these can be actioned across deanery.
* Voice for trainees; giving smaller specialties a voice.
* Understand how HEE works
* Improve transparency and reduce lack of disconnect between HEE and trainees.

**What are three initiatives that people want to bring to forum:**

* Transparency and improve comms as this improve trainee satisfaction.
* Normalising leadership and embedding into normal practice
* Sharing good practice when there is good engagement between school TPDs and leads with trainees and lead this as wider initiative.
* LTFT to improve access and awareness across all schools and deanery. Anabelle confirmed that category 3 LTFT needs to be implemented by 2022. Slow process but need to improve equality, access and awareness. Some FLPs are working on this project and LTFT guide on HEE website to be sued to support LTFT access across the schools. Category 3 across all specialities are coming.
* Nicholas suggested feedback form A&E consultants as LTFT has been initiated and positive feedback so summary from them would be helpful going forward. Ensuring implementation of eroster to assist with rota work and LTFT rotas as improves ease of this.
* Exit interview mandatory and standardised across the deanery and schools to ensure trainees have opportunity to give feedback
* Knowing where to go for escalation procedures and what HEE can action versus trust.
* Transparency of what HEE is working on impacting trainees.
* Learning from good practice and sharing those actions to wider deanery.
* Interviews/feedback from different trainee stages eg; Foundation or after core training to understand why people are leaving or changing training.
* Sense of community to improve communication, safe place to raise concerns and improving link with HEE.
* Normalising roles within training such as TPDs, deanery leads to ensure they interact more with trainees and are approachable.

 **Communication methods word cloud:**

* Email
* Webinar
* Newsletter
* Social media
* Summary posters
* Regular meetings

**How regular do people what an update from forum and HEE?**

Most responses advise 3-4months as gives time for action and improvement on projects to take place

**Feedback from the forum regarding current projects and success achieved:**

* Study leave policy
* Training Recovery
* Increased generic skills courses on HEE maxcourse.
* Liaise with quality team to demystify it (quality corner or touch stone)
* Breaking barriers, building relationships and improving access of trainee forum representation at HEE senior meetings to ensure trainee representation.
* ARCP decision aid and communication improvement. Feedback is that as A|RCO policy is national that changing the process is not achievable but actioned in improving the experience and communication locally.
* IMG projects
* Working with GOSW- exception reporting
* Quarterly newsletter
* Open rolling questionnaire/form to complete to share good practice and raise concerns. This will be on website.

**Update on study leave policy:**

* Significant issue and recurrent theme regarding inequality across trusts and schools across the deanery. HEE website links to HEE general policy regarding private study leave.
* Stated that private study leave on an individual basis if felt beneficial. Other Daenerys have set policy outlining private study for exam revision.
* Agreed to have standardised policy to ensure equal access for private study across the deanery. Katie Cobb is actioning this policy and aiming to be published in new year. Aware that there will be some delay regarding initiation and TPD training.
* Policy is likely to be published on HEE website prior to training of TPDs so trainees need to be aware that the TPDs may not of had training on changes before trainees are informed.
* Variation in costs of mandatory courses such as ALS. Katie Cobb is exploring standardising price and also deanery pay directly. Issue surrounding this is lack of lead employer. Katie Cobb is exploring this further.

**Quality corner:**

* Variation in data that is fed back to trainees from local survey feedback eg: trusts that have high issues with training or bullying/undermining.
* Vicky Jones approachable to contact regarding quality concerns or data.
* Quarterly emails about quality: what improvements are in place and learn from good outcomes.

**IMG update:**

* Improving access to support resources for IMG. Lots of good projects across the deanery but not accessible to all.
* Aiming to create centralised information resource, creating a IMG handbook for IMG.
* HEE will be sending email to ask for volunteers to create focus group across specialties to improve interaction and collaboration across specialties.
* Creating a IMG resource bank. **Asked wider forum to disseminate information about project and contact Ope or Sidra to get involved in focus groups.**

**Training recovery:**

* COVID training recovery fund: 2 rounds of bids (second round closes next week).
* Shared concerns regarding lack of transparency with trainees.
* Head of schools/TPDS aware of COVID recovery bids but variation between schools regarding communication regarding trainee requirements or opinions.
* Trainee forum representation present at bidding forum
* Letter to head of schools advised that bids with trainee representation would have favourable view on the bid submissions.

**Guardian of safe working:**

* Lack of interaction with exception reporting due to concerns regarding exception reporting.
* Forum to improve awareness through poster and another campaign regarding exception reporting.
* Newsletter updating the benefits of exception reporting and what trusts are doing to action exception reporting.
* Highlighting the power trainees have to improve training if exception reporting completed.

**ARCP**

* HEE limited by national and GMC approval on ARCP process. HEE Yorkshire and Humber assisted reviewing suggested changes however limited due to national requirements.
* It is an appraisal process so no need to have trainee present.
* Project con going to support ARCP process for trainees: decision aids for schools to know what is needed and where it should be on the portfolio.
* Trainee survey for ARCP feedback.
* Significant red tape around any changes around ARCP.
* Checklist to use alongside ES to assist with completion of the ES report and how to layout files within the portfolio. This checklist is being piloted in respiratory trainees.

**What to come/ Actions:**

* Regular newsletter: this month’s awaiting finalisation.
* Aim to create mandatory exit interview protocol across schools and deanery to ensure trainees get closure and opportunity to feedback to schools. This will help give feedback
* Demystify quality: what happens when we fill out a survey and develop quality corner.
* Support and wellbeing; policy improvement and stakeholder involvement (FLP project)
* What do you want us to work on?
* Spread the word about the forum ( CV to send to Annabelle and ask CS for supported leave to attend). If 3 sessions attended, then can have certificate for portfolio. Encourage talking to trainees about forum, HEE website and discuss any concerns/good practice to share.
* EDI team Asked wider forum to disseminate information about EDI handbook project and contact Ope or Sidra to get involved in focus groups.

**Rammina: Closing presentation on collective leadership and FMLM**

* Fellow of FMLM and representative of north for FMLM
* Hub and supportive educational work group for those interested in leadership.
* Presentation on collective leadership.
* Francis report highlighted issues around collective leadership across teams within hospital creating adverse outcomes to patients and poor working environment for staff.
* Forum example of collective leadership to flatten hierarchy and team collaboration.
* Leadership a requirement for GMC good doctors.
* Leadership is for all.
* Junior doctor sin Yorkshire feel that they have poor access and training to leadership opportunities.
* Meaningful opportunities, paid time to complete this task which focus on leadership. Poor mentoring and coaching in leadership.
* FMLM created leadership charter to support and empower junior doctors in having opportunities to explore and develop leadership qualities.
* Creating shadowing opportunities, Q&A sessions with leadership role models and a leadership champion.
* FMLM created shared ideas in the charter as opportunities that can be created within trust and initiatives to improve leadership training for trainees.