**Yorkshire & Humber Trainee Wider Forum**

**Minutes of Meeting**

traineeforum.yh@hee.nhs.uk

**Date:** **23rd August 2023**

**Venue: Online – MS Teams**

**Time:**  **0900-1200**

**Attendees invited (attended ):**

**Sium Ghebru (SG) (Chair)  Charlotte Chuter (CC) (Wider Forum Lead)**

**Raykal Sim (RS)(Vice Chair)  Chioma Maduka (CM)(East Locality (LL) Lead)**

**Susan Stokes (SS)(Secretary)  Ugochukwu Uzondu (UU) (South LL Lead)**

**William Sapwell (WS)(Employers Lead) Eman Hassanin (EHas) (West LL Lead)**

*Waqas Din (Quality Lead)* **Sara Khalid (SK)(Wellbeing & Support Lead)**

*Donnar Ejiofor (EDI Lead)*  *Jessie Tebbutt (Comms & Engagement Lead)*

**Laura Naish (LN) (EDI Lead)  Michelle Horridge (MH)(LTFT Lead)**

**Wider forum members present:**

**Anaesthetics** Dentistry Emergency Medicine  **Foundation**

**GP  Medicine  O&G**  Ophthalmology

**Paediatrics**  Pathology  **Psychiatry Public health**

Radiology  **Surgery**

**NHSE present:** David White (DW), Julie Platts (JP), Jon Cooper (JC), Emma Harper (EHar)

**External Speaker:** William Clarke (WC)

**Apologies: Kirsty Devine, Ami Mason**

**Acronyms:**

AD – Associate Deans

ALM – Accent Leave Manager

CCT – Certificate of Completion of Training

HEE – Health Education England (note has merged with NHSE so used purely as shorthand, rather than own organisation)

IMG – International Medical Graduate

ISF – Intensive Support Framework

NHSE – NHS England

NLAG – Northern Lincolnshire and Goole

NTS – GMC National Training Survey

TPD – Training Programme Director

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| **Welcome**  **Introductions, apologies**  **ITEM 1: Trainee Discussion (closed session – Blue Sky thinking)**  Limited educational opportunities so trainees report difficulty to gain core training experience needed in order to progress, CCT being delayed. Multiple specialties affected. TPDs variably engaged.   * If no progress with TPD, pathway would be to escalate to Head of School. * Ensure exception reports are submitted for lost training opportunities (not only for extra time)   Departments not allowing 5 days study leave prior to exams, allowing 2 days only. Affecting several trainees.   * CC to disseminate HEE policy supporting 5 days SL prior to exams   Issues around rotas not being disseminated in good time.  **Action point**: WF members to collate information for relevant HoS,escalation  TEF to disseminate HEE exam study policy - shared in today’s chat:<https://www.yorksandhumberdeanery.nhs.uk/professional-support/policies/study-leave>  ----------------------------------------------------------------------------- RECORDING STARTED -----------------------------------------------------------------------------------------------  **ITEM 2: You Said We Did (CC)**  Wanted more educational content on Leadership   * WC speaking to us later today * Potential of Susy Stirling speaking in November   MH organising a LTFT fun day  EDI Leads continuing to work on IMG handbook  Also ‘Social Prescribing’ service locally that can help with accommodation for IMGs   * signpost to resources: * <https://www.yorksandhumberdeanery.nhs.uk/learner_support/support-international-medical-graduates> * Podcast: <https://www.yorksandhumberdeanery.nhs.uk/learner_support/support-international-medical-graduates/resources-and-useful-links-imgs>   WS IMT survey to discuss training experience across YH  Open invitation to WF members to get involved with any TEF projects  Invitation to contact CC or TEF inbox in case of any questions/comments between meetings **– To contact CC directly for WF projects**  **WF connections:**  [c.chuter@nhs.net](mailto:c.chuter@nhs.net)  <https://twitter.com/YH_Trainees>  <https://www.instagram.com/yh_trainees/>  **Action point**: SG and CC to formalise agenda for November with aim to have Suzy Stirling as educational focus  **ITEM 3: David White and Julie Platts (Regional Quality Team). Jon Cooper (PG Dean for Y&H)**  JC ROLE: Statutory functions as per the medical act and GMC including management of registrations and trainees, professional support and wellbeing. Responsible officer for training standards in the region. Approx 7,000 PG people in training in the region.  How can we communicate with deanery?   * Via TEF directorate * Local escalation policies * JC tries to be as accessible as he can   What can we do about issues around getting leave?   * JP: it’s important to disentangle Trust and Deanery responsibilities * JC: ultimately likely workforce issues. Can escalate, and respond to surveys.   **NTS Survey Findings**  Quality Strategy and Framework documents developed in 2016 and updated in 2021. Underpinned by Quality Framework: 6 domains. One of which is developing a sustainable workforce.  Quality team maintains links with stakeholders.  If quality team have concerns, there is escalating levels of ISF in regard to Quality intervention in the clinical environment  YH quality team has a system for recording good practice to inspire other Trusts.  NTS = largest national survey of trainees. 70,000 responses in 2023  GMCs key findings: trainees at risk of burnout, discriminatory behaviours, rota design, lack of leadership opportunities.  Benchmarking in NTS: outliers compared to benchmark group – colour coded stats (red bad, pink not great, green okay. Y&H fairly comparable to national results although several trusts fall below, with NLAG as a significant outlier.  Satisfaction by programme.  Satisfaction by indicator eg handover, workload, etc. is improving year on year.  Y&H aligns fairly well with the national picture, or is just below. **Study Leave** and **Regional Teaching** are the areas in which the region is doing poorly.  Slides - [2023 TEF Wider Forum GMC NTS Presentation](https://healtheducationengland.sharepoint.com/sites/qualitynorth/North%20NW%20and%20YH%20Documents/2023%20TEF%20Wider%20Forum%20GMC%20NTS%20Presentation.pptx?web=1)  GMC NTS summary - <https://www.gmc-uk.org/-/media/documents/national-training-survey-2023-initial-findings-report_pdf-101939815.pdf>  **Deanery Action Plan to address this (JC)**:  NTS underpins everything the deanery do. Importance of trainees completing the survey annually.   1. ALM:  * Digital study leave form * Measures and monitors blockages  1. Regional Teaching:  * Dedicated AD allocated to deliver improvements * Investment in Blackboard * Clear labelling of teaching opportunities * Admin support moved in house to increase oversight   Quality process. Aiming for steady improvements in a positive directional change. Culture change needed.   1. Improvements to ARCP process and communication 2. Code of Practice Compliance (management of rotations)  * Open door policy for providers and trainees to raise issues with deanery  1. Supporting IMGs  * FLP IMG handbook * Commissioned support * Identifying ‘New to NHS’ staff prior to start date so appropriate support can be provided.   Conditions of education should be escalated to trust board and the DMEs be supported to enact these.  Trainee comments:  What can the quality team do to improve on the low response rate?  GMC have just released a new version of Good Medical Practice with increased focus on safety and EDI issues:  <https://www.gmc-uk.org/-/media/documents/gmp-2024-final---english_pdf-102607294.pdf>   * has previously been linked to ARCP * has previously included multiple emails – now only 2   Survey picks up trends but TEF hears multiple examples of individual system failures. How does the deanery pick up and assess data for those?   * needs TPD escalation > HoS >dedicated Quality ADs * Acknowledging TPDs may be closer to the employing organisation than the deanery; alliance to trust/college. Deanery efforts to address this. * JC reinforces that ARCP delay due to lack of training opportunities is not acceptable * JC reinforces need to escalate, and has open door policy, aims for flexibility.   If there are repeated ‘serial reds’, how do you hold departments to account?   * enhanced monitoring * Close work with GMC and joint visits * No trainees removed in this region * Management is responsible, particularly in affected trusts   Trainee reports trouble with deanery admin in their department   * JC will escalate this * Notes skeletal staff following merger   Quality contacts for escalation:  [qualityteam.yh@hee.nhs.uk](mailto:qualityteam.yh@hee.nhs.uk)  Quality team (JP) will look into providing us with the names of the ‘named’ Quality ADs requested by the TEF/WF in order to support our efforts to put a face to the deanery.  Quality team (JP) will put together an escalation plan for specific names for trainees in various departments/regions to contact  Due to time pressures – not all questions were answered – JC welcomed further questions via email to SG who will bring to directorate meeting in September  **Action point**: SG to follow up in GMC pre-briefing on 5.9.23, SG/RS to bring further questions to JC in TEF Directorate meeting on 29/9/23 as not all able to be answered - ?further sessions with JC  **ITEM 4: Emma Harper – EHar ( NHSE Comms and Engagement Team)**  Are trainees getting the information they need?  How are they getting it? Social Media, emails  n.b. email fatigue, many emails with repeated information  What does NHSE want to tell me that I need to know? Can this information be delivered in a better way eg in an induction pack – eg information about expenses.  HEE South West team piloted a trainee bulletin –  <https://healtheducationengland-my.sharepoint.com/:u:/r/personal/sium_ghebru_hee_nhs_uk/Documents/Attachments/Your%20training%20update.eml?csf=1&web=1&e=x3xIOO>  Trainees would appreciate a catalogue of information: an email with links to all the information that people need, a complete directory, that can be accessed when needed, rather than piecemeal missives. If this approach taken, then a named contact would also be appreciated.  It doesn’t work to put things out and then when responses are received they are not addressed.  What is the purpose of comms at NHSE WT&E? Is it to reach out and engage with trainees? There are notable lack of responses to social media posts on NHSE WT&E social media. Is the role just to inform? In which case a newsletter may be more appropriate. Emma confirmed that the purpose is for engagement and exchange.  Merger has meant that there has been amalgamations of comms teams.  What would trainees like to see? We would like to see faces. Perhaps short videos introducing people and their roles. There feels like there’s a hidden team that we can’t access or contact, or know what their roles are, despite these people forming the teams that provide our training. It makes it difficult for trainees to respond in a timely way to different demands.  A trainee comment that “*an advisory document regarding study leaves /annual leaves/exception reporting/ARCP/competencies that is reachable by whatsapp/email, and who engage actively (within 48hours) so we don’t have to go to the BMA /other association for advice*.”  Summary: values driven approach. Emma will put a link to a feedback form for people to share their thoughts and ideas, and she is happy to receive comments, questions, and feedback via email.  Slides:  <https://healtheducationengland-my.sharepoint.com/personal/sium_ghebru_hee_nhs_uk/Documents/TEF%20Folder/Miscellaneous/Trainee%20Engagement%20-%20trainees%20(NHS%20England).pdf>  Feedback form  <https://forms.office.com/pages/responsepage.aspx?id=K5Gn_5ewMUGcD9DoB1WyqzYHmfIgh6hMrBzoiorWKFRUMjJKU1RSNUZDWVJYSkwzMEJCRU1JU1o3TC4u>  [emma.harper@hee.nhs.uk](mailto:emma.harper@hee.nhs.uk)  **Action point**: Ehar to feedback to SG with regional contacts  **ITEM 5: William Clarke - WC (Digital Improvement Fellow)**    How to get started in QI:   1. Ensure the time to do it is accommodated for within your work schedule. 2. QIP framework – process mapping, identify key stakeholders and get them on side 3. Start talking to people! Introduce yourself to management, discuss your project aims with the medical director, talk with people ‘below’ as well as ‘above’. Listen to the podcast ‘Six Levels Down’ with Michael Lewis to get help with defining the problem. Work out what their priorities are – how can you fit in and get buy in? 4. Sell your ideas as a business plan using the language that they use wrt risk / benefit / management governance. 5. Make your face known: present, attend picket lines (senior management attend) 6. Understand and sell your change: explore ‘Change Management’ and ‘How to Lead Smart People’   Final thoughts: network with others who have time, compassionate leadership, keep smiling, knock on doors, be relatable, be aware of the digital realm and Power BI.  Slides:  [leadership forum presentation.pptx](file:///C:\Users\siumg\Downloads\leadership%20forum%20presentation.pptx)  Six Levels Down podcast episode-  <https://open.spotify.com/episode/7jjKl97dKMALib4NI6usyjsi=8KSlQPEuRFmVMyaDmO07gA>  Contact - [william.clarke1@nhs.net](mailto:william.clarke1@nhs.net) - can contact if you want improvement ideas / advice if working in York.  **Action point**: Encouragement for all to look into Digital Improvement and QI  **ACTIONS SUMMARY**   * WF members aware to contact WS re exception reporting concerns * WF members who are affected by the lack of training opportunities to escalate to TPD then HoS if no improvement * SG to engage with EHar in regard to further NHSE Comms, especially if regional opportunities present themselves * SG to follow up with JP and JC in regard to Quality points of contact and remaining questions from WF members that were unable to be answered * WF members to contact TEF/speakers as above; all welcome open communication * SS to send out invitations to upcoming WF meetings |
| **UPCOMING MEETINGS:**  2023  November 22nd - 9am - 12pm (MS Teams)  2024  February 21st - 9am - 12pm (MS Teams)  May 22nd - 9am-12pm (MS Teams)  August 21st – 9am -12pm(MS Teams) |