**Yorkshire & Humber Trainee Executive Forum (TEF)**

**Minutes of Meeting**

**Date: 13/12/23**

**Venue: Online – MS Teams**

**Time: 0900-1200**

**Attendees invited (attended ):**

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

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

**Susan Stokes (Secretary)  Ugochukwu Uzondu (South Locality Lead)**

William Sapwell (Employers Lead) **Eman Hassanin (West Locality Lead)**

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

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

Laura Naish (EDI Lead)Michelle Horridge (LTFT Lead)

**Apologies: WS DE LN SK MH**

|  |
| --- |
|  |
| **ITEM 1: Welcome**  **Introductions, apologies**  Discussion of Christmas plans in breakout room chats.  **ITEM 2: review of actions from last meeting / agenda for future meetings**  Terms of reference for TEF will be taken to Directorate meeting on 21st December following reviews and amendments as suggested by Andrew Brennan (associate dean with purview of TEF).  Agreed that to join TEF, one has to be a trainee in Yorkshire or in approved out-of-programme.  Once Terms of reference approved by the Directorate, they will be brought to TEF for review and vote  It has been suggested that one TEF member is part of SuppoRRT meetings but not yet decided who is best to join.  Digital Passport introduced in this video: [https://vimeo.com/elfh/review/](https://vimeo.com/elfh/review/853044937/82aa47e420)  The Digital Passport removes need to do on-boarding on each separate trust and holds DBS information, etc.  SG is awaiting response from Claire Murphy on data from regional teaching focus groups. Following this, Claire Murphy will present to TEF  JT and SS will join study leave working group but can only have one trainee member on each meeting  Nicky Doddridge is working on deanery induction videos.  Neurodiversity has been added to list of videos to be created  IMG info would not be able to be made into video  SG acknowledges that we may be over budget so need to prioritise: introducing the deans and their roles is the most important.  Funding needs to be approved from DMT.  Bringing everyone to be videoed at once is cheapest option but animation is the most costly expense. SS has contact with someone who is doing animation for suppoRRT.  Upcoming conferences:  Future Leaders Programe conference at Radisson Hotel, York in March 12, 2024  SuppoRRT conference on 11 June can be booked on Maxcourse  International Conference Ray in 10-12 April <https://internationalforum.bmj.com/london/>  Kings Fund conference in March 2024. < https://www.kingsfund.org.uk/events/kings-fund-annual-conference#register-your-interest>  **Action point**: SG to finish and present TEF terms of reference to DMT/future TEF meetings.  Ongoing work with Deanery Induction project  Claire Murphy to summarise data and present to TEF/WF as agreed  **ITEM 3: Wider Forum Update**  CC to leave Wider Forum Lead post December 2023.  Rammina Yassaie to run workshop at February meeting on developing teams and Susy Stirling to teach on imposter syndrome at May meeting.  Suggested James Spencer to join May meeting to speak about dental training.  NETS results ready in February and can be presented.  Theresa Ugalahi (differential attainment FLP fellow) is keen for people to get involved in reverse mentoring programme so can be publicised to wider forum members.  **Action point**: CC to handover wider forum work to next lead once appointed.  **ITEM 4: Team Updates**  EH to report on absence of paediatric regional teaching at the JDF at Leeds Children Hospital  EH has been in discussion with leadership fellow (Dyanne Imo-Ivoke) who is attending management meeting on lack of SPA time and will drive push for exception reporting for this if it is not addressed.  UU awaiting further feedback from South Yorkshire trainees  Deadline for submission is 21st December. Results will be discussed in TEF and then brought to the trust.  CM has advertised wider forum to her region. She has been supporting a colleague who is working 1.5 hour away from young infant on return to work.  SS and RK are SuppoRRT fellows. CM to get in touch with SS to see what can be done.  CM has considered leaving TEF from February to August 2024 while a SAS doctor – further discussions to be had with SG  JT makes the point that with the redistribution of posts that they will need to think about the commutes  It is unclear how they go from trainees’ ranking to assigning placements.  JT states that it would be useful to provide training on employment law as many trainees don’t know what their rights are however, given our roles within NHS England, SG remarks that may be better to signpost resources already available, e.g. BMA  <<https://www.yorksandhumberdeanery.nhs.uk/learner_support/supported-return-training/trainees-parental-leave>>  WS presented on exception reporting at DEMEC and will present at JDF, and possibly a future Wider Forum meeting  SK is meeting with SG next week to discuss how to best support trainees, especially with winter pressures.  MH is going on long-term sick leave.  CC will send summary to SG on key points from LTFT whatsapp group  DE will be leaving her role end of this year but will finish the handbook before hand over her role  WD awaiting updated from Julie Platts on raising concerns infographic    **Action point**: CM and SS to work together to support colleague recently returned to work  CC to send LTFT key points to SG  SG to discuss with CM and SK re future membership of TEF  DE to complete IMG handbook  **ITEM 5: DMT/DEMQ/Newsletter Update**  **DEMQ**  -GMC review of EDI work done by deanery has been good, particularly the work on differential attainment. They felt that the deanery could “eliminate differential attainment by 2031”  Is there capacity within trusts to support new associate practitioners that are coming in?  Felt that there is inadequate support for trainee midwives  Next meeting for DEMQ is on 30 January and both WD and SG will be attending  Next TEF newsletter to be released on 29 January  Current topics: neurodiversity, enhanced generalism, some QI projects, NETS survey, DEMEC update  Will advertise FLP meeting in March in the newsletter  SS will aim to send best practice SuppoRRT document to newsletter  JT will be added as an editor and will review with SG on how to create newsletter  RS fed back that she found it a useful learning experience to learn how to create newsletter  **Action point**: JT and SG to prepare TEF newsletter for January release  **ITEM 6: TEF Recruitment**  Chair TEF interview meetings on 18 December so will have next successor before Christmas  5 TEF roles up for appointment in the new year. Offering roles first to those who were short-listed but did not get Chair role.  Then will open applications to all trainees and release advert 9 January.  Offers by 9 February.  SS, RS and WD will be part of the recruitment process  It was agreed to keep to 4 questions given time limit of video. SG will send provisional questions to the recruitment panel of SS, RS, and WD  **Action point**: SG to send provisional recruitment questions to the panel  Recruitment window provisionally planned from 9th January to 9th February  4 roles to be advertised – Wider Forum lead, EDI Co-lead, Employers lead, deputy for LTFT lead  Will discuss with CM re long term future at TEF  **ITEM 7: Question of the month from SS on SuppoRRT**  There is no lead employer in Yorkshire so decisions are devolved to trust and regional variation in experience of SuppoRRT.  SS is creating best practice document for SupoRRT (which is centrally funded and was in response to 2016 contract that stipulates that trainees returning to training after absences shouldn’t be disadvantaged. There are discretionary funds for courses, supernumery, etc. for those absent for 3 months or more (parental leave, long-term sick leave, OOP for research)  What would be useful to put in best practice document and what does SuppoRRT need to provide to protect patients?  Some suggestions:  Rota development: when given rota, starting on-calls, holding bleeps  Make engagement with SuppoRRT routinely part of return to work and trainee can opt-out.  Reflective groups for people returning to training of benefit?  Should it include workplace training, IT training?  Is a lanyard for those who are supernumery to identify themselves useful?  RS: Emotional support rather than skills development can be more important on be derived from peers and needs to be driven by trainees. SuppoRRT provides a platform for meeting other trainees.  JT: There is a need for a return to trainee supervisor and JT agrees with an opt-out model for these resources. In addition, clinical skills need to be part of return to work training, especially for surgeons.  SG: Coaching sessions should be mandatory. From personal experience, trainees should not be expected to be at the same pace on return and should be given phased return, for example more time to see patients in GP practice.  CC: Suggests a formalised timeline and need to inform consultants of department  SS suggested that on return to work, trainees are paired up with non-returning trainees for nights and weekends or having a period without on-calls.  EH ask that provide TPD with more info on SuppoRRT but TPDs don’t always attend these courses and difficult to enforce.  RS made point that should advertise SuppoRRT at every opportunity  UU has set aside one afternoon with GP trainees and then UU brings it up with TPD. Can use for SuppoRRT-SS will get in touch.  -not enough to say that it is all on the website  **Action point**: SS will provide UU with SuppoRRT resources to use at GP trainee meeting.  TEF members to email SS with any other suggestions on a best practice document to be presented to the directorate.  Next question of the month at January TEF meeting with JT: How would you like to see TEF social medical engagement develop assuming no financial restriction?  **ITEM 8:** DEMEC Review  RS running brainstorm session and discussion on things learned at DEMEC and key takeaways  SG: enjoyed sharing ideas and discussing professional development, compassionate leadership, EDI.  JT: portfolio development was encouraged and from the conference, saw how medical education can be your career  SS: role of Pas?  EH: made the point that conference displayed people’s finished project and that she didn’t see how to join or how to start. Making the whole process more visible would improve replicability and accessibility of entry into similar work.  Agreed that networking in the same space is very useful and that this is an opportunity for the deanery to be more visible and communicate to trainees.  JT says DEMEC could have done better with networking by region as seen in other conferences  **Action point**: TEF members to send notes from your experience to SG and RS. This will form the report sent to the directorate in March.  **ACTIONS SUMMARY**   * Develop SuppoRRT best practice document * Recruit new Chair of TEF and 4 further roles * Newsletter development and aim for release by end of January * Report to directorate on DEMEC experience   Next TEF meeting January 10th 9-12pm.  Will be run as a hybrid meeting with both teams link and face-to-face options available. |