**Yorkshire & Humber Trainee Wider Forum**

**Minutes of Meeting**

traineeforum.yh@hee.nhs.uk

**Date: 30TH Nov 2022**

**Venue: Online – MS Teams**

**Time: 0900-1200**

**Attendees invited (attended ):**

Emma Howe (EH) (Chair)  Charlotte Chuter (CC) (Wider Forum Lead)

Sara Page (SP) (Vice Chair)  Roxanne Cottrell (RC) (East Locality Lead)

Susan Stokes (SES) (Secretary)  Ugochukwu Uzondu (UU)(South Locality Lead)

Lauren Harkin (LH) (LTFT Lead)  Sanah Sajawal (SS) (West Locality Lead)

Lucy McCabe (LM) (Quality Lead)  Sara Khalid (SK) (Wellbeing & Support Lead)

Donnar Ejiofor (DE) (EDI Lead)  Jessie Tebbutt (JT)(Comms & Engagement Lead)

Laura Naish (LN) (EDI Lead)  William Sapwell (WS) (Employers Lead)

**Wider forum members present:**

Rajin Humayed, Sindhu Pavuluri, Johari Chitrangi, Megan Lewis, Luke Thompso, Alyssa Loo,

Richard James, Mowlni Uthayakumaran, Mohamed Toorani, Michelle Horridge, Gurnam Aulakh, Jenny girdler, Ritika Rampal, Yaser Wahid, Ariella Levene, Ella Walkeden, Khondaker Rahman, Sarishka Singh, Joseph Hardwick, Christian Perkins, Tom Johnson, Tijesunimi Olaoye, Hazem Khaled, Amrtha paulose, Joseph Hardwick, Raykal Sim

**HEE present:**

Andrew Brennan AD, Susy Sterling AD, Ruwani Rupesinghe GOSW

**Apologies:**

Sophie Nocton, Sarah Martell, Catherine Rowan, Laura Naish, Rehan Akhtar

Acronyms:

AD: Associate Dean CS: Clincal supervisor

GOSW: Guardian of safe working ES: Educational supervisor

TEF: Trainee Executive Forum ER: Exception reporting/ exception report

TWF: Trainee Wider Forum PGD: Postgraduate Dean

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| **Welcome**  **Introductions**  TEF and TWF members introduced selves  **Agenda**  Trainee only space 30 minutes  EH: Flexibility in training  CC: Getting the most out of the TWF  AB: HEE YH Structure  RR – GoSW (York): Exception Reporting  SS – educational agenda item: Identifying our Limiting Assumptions  **ITEMS**  **TRAINEE CONCERNS**  WS – intro as IMT (internal medicine trainee) culture FLP role. Offers coaching chats to trainees if needed.    EH – aware of issues getting clinics that are needed in GP and IMT. Reminder that there is an ongoing TEF/WF campaign to exception report missed educational opportunites.  Trainees –  Exception Reporting   1. No protected admin time for \*\*\*\* trainees. Work required out of hours (evenings/weekends). CS says this is how it’s always been. Not wanting confrontation with CS. 2. Exception reporting: how can it be fair if the CS needs to approve it if the CS is creating barriers. 3. A reminder from WS that Exception Reporting (ER) is contractual. Discussion with the CS is to provide them with an opportunity for them to correct. Bullying is viewed very poorly by HEE. Advice to step up to DME if struggling within department. Can also discuss with GoSW. 4. Another trainee reports a similar experience. Similar problem with ES. Told “part of your post”. Escalated to TPD. Found things changed at that point. Reported in annual GMC survey. 5. In terms of supervisor resistance it’s not as easy as calling people out as it’s often a cumulation of microaggressions. 6. How much training do people dealing with ERs get in dealing with ERs? Seems a common issue that they don’t know how to manage these. EH reinforces the fact that HEEYH takes a very poor view on negative responses to ERs. 7. Acknowledgement that there will always be some people harder to work with than others. But there are many people that can be called upon if one avenue is not yielding results. 8. One trainee left feeling unsafe when they submitted an ER. Consultants made an executive decision that they wouldn’t count it as valid ER. Said there was minimal staffing and there was no need for the trainees to stay late – implying incompetence. Triggers impostor syndrome. Other regs gave advice not to ER because others that have been held back. 9. Do these issues affect IMGs more than UK trainees? 10. A reminder from WS that the right to ER is contractual, and the law is heavily against people who try to stop people from submitting ERs.   Primary vs Secondary Care   1. Conflict between primary and secondary care. Trainees report disdain towards GP trainees in secondary care. How are supervisors trained? How do we escalate this? 2. The forum website has a feedback form that can be anonymous if needed. Also the training support team might be an option – the locality leads for these are Dr E Pamphilon Dr L Stonell, Dr K Simpson, Dr S Malhotra, Dr A Mutha, contactable via gpprofessionalsupport.yh@hee.nhs.uk.   **TRAINEE CONCERNS: ASK Andrew Brennan**  EH presents 2 issues:   1. Escalation of ER 2. Wide ranging approach/attitudes of supervisors towards knowledge and training towards trainees.   AB response:  Trusts have a responsibility to ensure supervisors are appropriately appraised. The requirements are vague but there is GMC guidance within revalidation and appraisal of what is expected of a trainer. In reality this can be very variable. Amount of training can differ from how seriously a trainer takes a role. Commitment can be very variable.  There should be an opportunity for a trainee to feed this back within a department. However, this can be very difficult. Escalation process is: College Tutor, above that is TPD. Other way to report is trainee surveys eg NETS for future surveys. If struggling, a rep can be empowered to discuss in proxy. Can also escalate via exception reporting and this will go to DME.  HEE run regular update days for ESs and TPDs. Range of topics: trainees in difficulty, ARCPs, etc.  HEE has robust quality process in place. Problems need to be reported early.  **AB TALK ON DEANERY MX TEAM AND DIRECTORATES**  Each HEE local office (e.g. YH) can restructure. Jon Cooper PGD took over in Jan 2020.  Local office set up as a series of 9 directorates (2 extras, portfolio mx and recruitment, are more subsidiary)  TEF is one of the 9 directorates. Reflects importance of TEF.  Learner support directorate looks after trainees, FLP, training trainers, SL, curriculum delivery.  **AB TALK ON DISTRIBUTION & EXPANSION**  In 2017 there was a workforce specialty consultation highlighting the mismatch between popn health needs and D/Ds in training in a particular area leading to poorer health outcomes. Confirmed by Chris Whitty’s report in 2021 eg Coastal areas. Doctors tend to stay in their training area for substantive post.  This led to the redistribution outcomes.  1500 extra doctors will be graduating in 2023.  Unlikely to have any effect of doctors already in training.  WS response – if the region is due to lose a number of trainees in particular areas, worry that this will be unsafe, given the already stretched numbers of doctors.  MH response – will non-training posts be created to accommodate to fill the gaps?  AB reflects on portfolio approach to training. HEE is moving towards making training more flexible at a national and regional level but for now we need to watch this space.  **TEF FEEDBACK**  EH sent out Link to Enhancing Junior Doctors Working Lives document in agenda to recognise the fact that 80% F2s don’t go into specialty training. The report also highlights flexible portfolio training, OOP Pause and SuppoRTT.  Aim to get equitable, transparent study leave policy.  Key points:   1. **5 days private exam SL for specialties** 2. **Discretionary leave**: trainees may be granted up to £500 pa to attend training to enhance areas of development that aren’t mapped to a curriculum requirement. (https://yorksandhumberdeanery.nhs.uk/sites/default/files/heeyh\_operational\_study\_leave\_guidance\_final\_sept\_22.pdf) 3. One **international conference** will be funded (conference or travel and stay – whichever is cheaper)   **CHARLOTTE CHUTER WF INTRO**  Hoping to get some ideas about what her role should be.  Attendees today would like Charlotte as WF lead to:   * increase publicity of WF, esp in underrepresented specialties * increase collaboration with dental trainees * promote HEEYH collaborative working * create a resource pool * sharing positive experiences / ideas from other specialties (eg Public Health)   CC will come up with an outline for what her role can be within this. CC will send out an email after each WF meeting with a summary.  **RUWANI RUPESINGHE GOSW TALK**  Exception reporting to reflect the reality of a trainee’s working conditions.  Is it a one off or a recurrent theme?  ER can be broken into 2 issues: rest or training.  Can ask for payment rather than TOIL to avoid missing training opportunities.  Every work schedule should have GoSW listed or HR will know, as will medical education teams. TEF also has this information so please contact the TEF if unsure.  Can we ask GoSWs to offer more training to supervisors?  **SUSY STIRLING LIMITED ASSUMPTIONS TALK**  A Limiting Assumption (LA) is something we take to be true without evidence – our cognitive wallpaper. Integral part of human nature; to construct meaning out of the lived experience. But these impact our lived experience and restrict our opportunities. It can also undermine others around us. These make us feel lonely, but so many others feel the same way; we are not alone/unusual/lesser.  Gentler, more self-compassionate narratives need to be considered. These can create space for growth.  We can address these by tuning into our own internal narratives and applying 3 tools:   1. recognition of the **Ladder of Inference** to explain what our brains naturally do 2. **Critical appraisal** – are these assumptions fact or opinion? 3. using an **Incisive Question** - if I knew that I know something valuable, what could I do to transform my LA into a liberating assumption.   **EH CLOSING COMMENTS**  TEF/WF protected time is professional leave  Please see meeting dates below and ensure leave is requested in good time.  Any questions or comments can be brought to us at traineeforum.yh@hee.nhs.uk  **USEFUL LINKS:**   1. Discretionary leave <https://yorksandhumberdeanery.nhs.uk/sites/default/files/heeyh_operational_study_leave_guidance_final_sept_22.pdf>) 2. IMG Handbook   <https://docs.google.com/document/d/1j65FvxVHDZP6U-3Av4dWuSSjhqQd6Y7MWM6z44VWxV4/edit>   1. Coaching Link   <https://www.yorksandhumberdeanery.nhs.uk/professional-suport/coaching>   1. Exception reporting info:   <https://sway.office.com/scPcl3AcureIHLR2?ref=Link&loc=play>  **ACTION POINTS:**   * Contact WS if you’d like to have a coaching conversation with him, especially if you’re an IMT (william.sapwell@nhs.net). * WF members to get in touch with CC if able to reach out to their local JDF to spread the word about the TEF.( c.chuter@nhs.net) * Anyone interested in getting involved with Trainee Forum publicity please get in touch and we can send resources for adverts. ([c.chuter@nhs.net](mailto:c.chuter@nhs.net), traineeforum.yh@hee.nhs.uk) * WF members wishing to put their Trust’s GoSW on their email signature please get in touch with Charlotte and we can let you know who your GoSW is ([c.chuter@nhs.net](mailto:c.chuter@nhs.net)) |
| **Upcoming dates**  **Wider Forum – Weds AM**  **Feb 22nd 9-12pm**  **May 24th 9-12pm**  **Aug 23rd 9-12pm**  **Nov 22nd 9-12pm** |

Diagram

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