**Yorkshire & Humber Trainee Wider Forum**

**Minutes of Meeting**

england.traineeforum.yh@nhs.net

**Date:** **22nd November 2023**

**Venue: Online – MS Teams**

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

**Attendees invited (attended** [ ] **):**

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

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

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

[x]  **William Sapwell (WS)(Employers Lead)** [ ] **Eman Hassanin (EH) (West LL Lead)**

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

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

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

**Wider forum members present:**

[ ] Anaesthetics[x] **Dentistry** [ ]  Emergency Medicine [ ] Foundation

[x]  **GP** [x]  **Medicine** [ ] O&G[ ]  Ophthalmology

[ ] Paediatrics[x]  **Pathology** [ ] Psychiatry[ ] Public health

[ ]  Radiology [x]  **Surgery**

**NHSE present: Maya Naravi (MN), Julie Platts (JP), Becky Travis (BT)**

**External Speaker:** Theresa Ugalahi (TU)

GMC: Lindsay Dodd, Sarah McCourt, Melvin Carew, Hannah Petra

**Apologies:**

**WD, DE, CM, EH, SK, JT, MH**

**Acronyms:**

ARCP – Annual Review of Competency Progression

ACP – Advanced Care Practitioners

DME – Director of Medical Education

EDI - Education, Diversity, Inclusion

EM – Emergency Medicine

ES – Educational Supervisor

FLP - Future Leaders Programme

HoS – Head of School

NETS – National Education and Training Survey

NHSE – NHS England

OOP – Out of Programme

PA – Physician’s Associate

PGDiT - Postgraduate Doctor/Dentist in Training

SOP – Standard Operating Procedure

SuppoRTT – Supported Return to Training

TPD – Training Programme Director

WTE – Workforce, Training and Education Directorate

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| **Welcome****Introductions, apologies**“it’s nice to be part of this group because it definitely leads to change”**Reminders**NETS Survey is open and closes next weekFLP applications close on Friday**ITEM 1: Trainee Discussion (closed session – Blue Sky thinking)**Study budgets:* Katie Miller – study budgets – School of Medicine email stating the discretionary study leave budget to £500pa for the total of training. Discussion had between SG and Business tea indicated that clarification email would be released but has not materialised. If it is in fact correct at £500 this has felt like an inappropriate method to communicate the change. Course costs of recommended courses are inflating exponentially. Concern about the quality of local training.
* Sara Page - Geriatric trainees have SL on pause while discussions are ongoing.
* Georgia Baynes - £1500 over 3 years. Encouraging local training but spaces are limited and quality is low, level is also currently pitched lower than necessary.
* WS – contradicts Gold Guide. However, risk of increased study budget resulting in inflated costs.
* Danish – mandatory haem course is £4000! In London.
* Erin White – histopath – caps on types of courses rather than financial caps. Course costs are often several £thousand. There is a precedent for mandatory courses to be better funded and considered.
* Sobhana Tani – PACES courses – how are these prioritised? Backlogs are creating ST8s who haven’t been able to sit yet. CC – organised by deanery for her – first come first served – no obligation from deanery to get you onto a course. Raised the Q of what happens to the money that isn’t spent.
* Ritika Rampal – mandatory courses in surgery were paid for, school of surgery would fund further courses when she sat, but unsure whether this is still true.

When Maya Naravi joined the call this was raised with her. Unaware of the change in SL guidance. Aware that any regional training in EM needs to be delivered internally. Questions raised around regional variations in quality and provision. Raise any Qs with ES/TPD.Sara Page – working with NHSE on workplace culture. Questionnaire which will be disseminated via email. Please complete and disseminate to local colleagues.* WS many trainees won’t complete any surveys because people are worried about potential repercussions. We need to highlight the distrust the trainees feel towards the deanery.
* JP (Senior Quality lead) has reassured the group that the data is anonymised and the demographic data is necessary for EDI purposes but will not identify the PGDiT.
* Feedback only goes back to departments if >3 trainees raise an issue. Otherwise it’s down to the DME to discuss the information with the department.
* WS has raised the NETS IP address issues at the hospital with JP.

**Action point**: WF members to complete and disseminate SP questionnaireJulie Platts to look into IP address/NETS issue and feed back to deanery about distrust and consider amending demographic details.SG to feed SL/budget comments back to DME**ITEM 2: Who are we and My Journey into Leadership (MN)**Powerpoint slides - [senior leadership HEE MY journey v2.pptx](senior%20leadership%20HEE%20MY%20journey%20v2.pptx)Structure of senior leadership team in WTE, senior managers. Reinforcement that the senior team exist in order to improve working lives of trainees.What SuppoRTT is and why it exists. What it can provide.Signposting to emotional support within the region – mentorship, Take Time / Workplace Wellbeing.Encouraging diversification to training.Maya’s journey. Very well received by the group.<https://www.yorksandhumberdeanery.nhs.uk/professional-support>**Action point**: MN invited to record her talk with us.**ITEM 3: Educational Review and ARCPs - Lead Business Manager Becky Travis**Powerpoint slides - [2023.11.22 Educational Review and ARCP\_Becky Travis\_Final.pptx](2023.11.22%20Educational%20Review%20and%20ARCP_Becky%20Travis_Final.pptx)Lean Six Sigma process undertaken with respect to ARCP during COVID.What is ARCP? Impartial decision making process, in the absence of trainee/ES, once per year, not done pro rata, in order to examine submitted evidence and assess progress.Should be at least 4 meetings with ES between ARCPs.Where should professional development plans take place? Not at ARCP. Should be with ES or TPD.Who should have an ARCP? Only don’t have an ARCP if suspended or on statutory leave.Covid outcomes ended in September.Outcome 1 – progress, Outcome 2 – some competencies need to be developed, Outcome 3 – extension period needed, Outcome 4 - released from training, Outcome 5 – holding outcome – eg awaiting exam results, Outcome 6 – completion of training, Outcome 7 – fixed term posts, Outcome 8 – OOP.N1 sick leave, N2 parental leave, N10 gross misconduct, N11 suspensionWho is there? Panel Chair, Panel of …Notification: ARCP outcome should not be a surprise to the trainee. Phone call or email to inform trainee with the offer for a more detailed feedback discussion meeting for any outcome other than outcome 1 or 6. Outcome 2/3/4 should be informed of right to appeal. Feedback outcomes 2 with ES within 10 days; outcome 3 with 2 x senior deanery members within 10 days.**Trainee Q&A:**Is appropriate training being provided to educators on this as trainee experience is being - often negatively - impacted by local issues due to trainers not knowing proper process. BT says training is available for trainers, but not all attend due to schedule constraints.We know that ESs are attending ARCPs when trainees and ESs should not be.We know that trainees are having negative outcomes due to provision not being made for them to have the opportunity to achieve a particular competence within their rotation.WS has suggested 2 new SOPs needed:* ARCPs in out of sync trainees
* GIM ARCPs

<https://www.yorksandhumberdeanery.nhs.uk/specialty_training/appraisal__assessment>**Action point**: talk recorded, permission to publicise given by BT.BT to look into a question Danesh Menon (trainee) raised and email him**ITEM 4: Reverse Mentoring - Theresa Ugalahi**Known phenomenon of Differential Attainment negatively affecting minority groupsReverse Mentoring project established as part of a move to address this.* Ethnic minority background mentors (trainees of any level, foundation school up)
* Paired with an established person within the Trust

It’s important for trainees to get involved with this work going forward.Looking for ideas on how to measure impact.**Action point**: contact Theresa if you want to get involved.**ITEM 5: WF Update – CC**If anyone is having difficulty getting leave for the WF please contact us.Applications to close for FLP at end of the week. Excellent OOP Leadership experience.NETS closing on 28th Nov (1 week). Importance of filling this out in order to inform deanery action, eg Claire Murphy working on Regional Teaching project as a direct outcome of NETS highlighting teaching shortfalls locally.Invitation for ideas for teaching element of WF.**Action point**: WF members to contact CC/TEF inbox with any suggestions or concerns**ITEM 6: GMC Survey****Room was split into two breakout groups – text in Black (Room 1), text in Blue (room 2)****How do people raise issues?*** Via TEF, but no direct feedback
* Higher trainee forum – specialty specific
* Via TPD but often no feedback, and if taken higher by TPD they just report back that there is nothing to be done with no direct feedback or conversation.
* Some members will consider whether it is worth submitting concerns if they have been able to successfully navigate ARCP and progress to next stage of training
* There was a consensus that TPD were the next escalation point if concerns had not been highlighted by ES
* Speciality Training Committees will provide representations for higher specialities.

**Do trainees have direct lines of communication with the deanery?*** No
* Often redirected to WF for TEF to raise.
* Feedback that the senior team do not have interest in effecting change.
* No admin support – previous admin were helpful and could signpost.
* Impersonal
* Nobody seems to have answers to even straightforward things, and there is a lot of confusion especially complex questions, including from ESs and TPDs. Nobody there to offer any support or advice, especially for time-dependent matters.
* The Wider forum and the TEF are a point of communication but will highlight separate trainee representatives for specific training issues.
* Emails from the deanery for curriculum changes

**Does anybody have any examples of positive change that the TEF has effected?*** Study leave process: how and how much
* Professional leave for development
* Feedback afternoon focus group – put into an email to the relevant TPDs – TPDs have effected some changes
* Phone number available on deanery website for concerns

**Learning in WF meetings. How is the information shared?*** Website
* Email summaries send out via junior doctor forums
* Social media (twitter and Instagram)
* TEF Newsletter
* Educational Supervisor/TPD passing on information

**Information on curriculum or assessment: good or bad experiences?*** Scoping is an issue for colorectal trainees
* Yorkshire endoscopy school – drive for ‘immersion’ but risk of deskill
* Good response to new curriculum.
* GP trainees used as service provision in hospital placements but it would be useful to attend clinics for clinical development. Missed opportunities not being exception reported as not part of formal expectations of the placement.
* Positive GP placements giving trainees space and opportunity to learn. Negative GP placements with no opportunity to attend baby clinic or gynae clinic and with no room or value put on learning; just service provision. Training can be very practice specific.
* Concerns around lack of theatre time for junior doctors in favour of ACPs/PAs attending theatre.
* Trainee run education. No senior program or input. Poor.
* Trainee boot camps are positive learning experiences.

**Experience of pastoral support*** Psychiatry local team have provided good support (not HEE)
* Excellent coaching opportunity in the region. Would greatly value extension beyond 6 sessions.

**How easy is it to access learning opportunities*** Sometimes not feasible due to ward pressures and rota issues.
* More apparent in Medicine and Surgery
* For Elderly Medicine – the PGDiTs are supernumerary so able to access opportunities more readily but can lead to isolated training.
* One specific PGDiT with dual accredited training – one aspect of training is very well organised and the other aspect is far less so.
* General Practice – Half Day Release
* Histopathology – Training is valued highly in the rota.
* Renal teaching – very well organised

**Experience of careers advice at deanery level*** Careers day – organised by foundation school: series of specialty talks and how to apply.

**Experience of support moving between grades*** Nil
* Nil

**Experience of EDI:*** Optional EDI workshops available via the deanery but not always used.
* Aware of schemes such as Reverse mentoring and coaching

**Experience of sim training*** Mixed availability
* Dialysis course at Bradford was excellent but communication with trainees was insufficient so many trainees missed out if they weren’t on the distribution list.
* Trust dependent. Excellent in Harrogate for non clinical skills. Poor in Leeds.
* There often are courses available but these are not highlighted to all trainees, there is no communication, or communication only to certain groups eg GPs have good comms.
* Included in core surgical training
* GPs get to attend Red Whale courses which are excellent.
* GIM training is generally well organised via Blackboard. Blackboard - mixed reviews!
* Renal very sporadic. Insufficient admin. Many trainees not on mailing list, poor comms, short notice for teaching (2 weeks), but when it happens the training is good.
* Maxcourse is good but training is not publicised – trainees just don’t know what opportunities are out there.

**Experience of Regional Teaching:*** Leadership and management courses
* EDI courses
* Yorkshire Modular Training Scheme
* Histopathology have regular monthly regional teaching

**Experience of LTFT/TOOT*** Enormous barriers and concerns around rotas, timetables, people not knowing including senior people not knowing protocols
* ‘roadblock after roadblock’
* Issues around percentages (job shares), work schedules, out of hours, additional barriers and admin that trainees have to arrange themselves, with no escalation.
* Incorrect pay
* Coming back from a career break bad experience. Having to move locality, very short notice, badly managed.
* Good support to apply for LTFT
* SuppoRTT was beneficial in providing information to return to training
* In certain subspecialities, the majority of PGDiTs are LTFTs so there is solidarity within the cohort
* However, in some specialities, once has returned to training, difficult to organise rotas

**Raising concerns about patient safety at deanery level*** Tends to be managed locally
* Echoed in Room 2

**Bullying concerns*** no experience in the group
* Echoed in Room 2

**If you could change one thing that would improve your experience as a trainee*** attitudes: towards trainees/especially within hospital culture/including unfriendliness to IMGs
* support for trainees across the board including admin, HR, bringing a personal touch to training
* autonomy and common sense – eg two trainees at same level with same training needs who wanted to swap posts (same post different location) weren’t enabled to.
* For learning plans to actually be enacted and for there to be accountability.
* Move away from rotational training around a large geographical region in favour of being based in one or two hospitals where trainee learning and needs can be known and addressed.
* Protected teaching/training time
* More supportive and kinder language from the higher ups in the deanery
* More collaborative approach from colleagues in different specialities and grades

**ACTIONS SUMMARY*** SG to follow up making a formal recording with Maya
* SG to publicise BT ARCP talk
* SG to feed back to DME
* Julie Platts to take feedback back to QI team
* BT to email WF member DM
* WF members to contact TEF/speakers as above; all welcome open communication
* WF members to complete SP culture questionnaire
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| **UPCOMING MEETINGS:**2024February 21st - 9am - 12pm (MS Teams)May 22nd - 9am-12pm (MS Teams)August 21st – 9am -12pm(MS Teams) |