



# National COPMeD Forum for LTFT Training

Thursday 6<sup>th</sup> October 2016, 09:45 – 15:30

The Royal College of Paediatrics & Child Health (RCPCH), 5-11 Theobalds Road, London WC1X

In Attendance: Jayn Ammantoola, NAMPS Amanda Barber, HEE West Midlands Michaela Boak, HEE East of England Johnny Boylan, RCP Alys Burns, HEE East of England Sussex Andrea Caldwell, NES Sarah Case, HEE Wessex Francesca Crawley, HEE East of England Angela D'Amore, Cambridge University Humber Hospitals Anne Edwards, HEE Thames Valley Alastair Galbraith. GMC Chris Goodhand, HEE London & South East Helen Goodyear, HEE West Midlands Elaine Griffiths, AoMRC / RCSEd Elaine Hadley, PGME Wessex Sophie Hall, HEE East of England Fiona Harrison, RCPsvch Jon Hossain, HEE, Yorkshire & the Humber Diana Jolliffe, HEE East Midlands Sarah Kay, BMA GP Trainee Subcommittee Humber Siobhan King, Norfolk & Norwich University Hospital

Susan Knight, HEE East of England Stephen Lambert Humble, HEE Kent, Surry & Sussex Dorothee Mattocks, HEE Kent, Surry & Chrissie Modral, HEE North East - Lead **Employer Trust** Claire Murphy, HEE, Yorkshire & the Dinesh Napal, BMA Daria Neagu, HEE East Midlands Joanna Preece, Hull & East Yorkshire NHS Trust Kate Read, HEE East of England Aileen Robertson, HEE East Midlands Emma Robinson, HEE East Midlands Lauren Robson, BMA Tracy Shellard, Wales Deanery Belinda Stanley, Coventry & Warwickshire Trust Susan Underwood, RCA Sam Wakeford, BMA David Wilkinson, HEE Yorkshire and the

Apologies: Janine Domjan, Suni Perera, Aaron Sutherland, Becky Trainer, David Turner, Emma Jones, Gillain Carlisle, Heather Peacock, Jennifer Davies, Joan Martin, Margot Roberts, Nick Sowerby, Sarah Reynolds, Sue Ward, Priya Kumar, Samira Anane, Richard Weaver

#### **Minutes**

Ref.	Item	Action Owner
1.	Welcome, Housekeeping, Apologies, Declaration of Conflict of Interests	
	On behalf of Health Education England, East of England as the national COPMeD lead organisation for LTFT, Alys Burns welcomed everyone to the meeting.	
	It was acknowledged that this has been a challenging year for medical trainees with all of us aware of the sensitivities ongoing; however, we are looking forward to making further positive progress over the forthcoming year.	





### 2. Review of LTFT Forum Meeting Notes and Action Log: 06 October 2015

The minutes of the last meeting were reviewed and agreed as an accurate record.

October 2015 Action	October 2016 Update/ Further Action	Action Owner
Alys Burns has fed back strategic issues to COPMeD with support to continue current work streams, and will be representing at the next COPMeD meeting in November 2015.	Alys Burns continues to be a member of COPMeD and a representative at meetings. Alys will feed back the outcomes of this Forum at the next COPMeD meeting on 12/10/2016.	Alys Burn
HEE EoE webpage for the national LTFT Forum has now been created and content development is a work in progress. As part of this an on-line Forum will now be available for the LTFT community and HEE EoE will create accounts for LTFT Forum members to receive log-in details.	The online LTFT Forum is up and running, however, reports that logging in for the first time can be challenging. All Forum members encouraged to login and use this tool. Please contact Sophie Hall if you are experiencing any difficulties ( <u>Sophie.hall3@nhs.net</u> ). Sophie Hall to feed back issues raised to the EoE Web Officer.	All Sophie Hall
GMC paper on Part-time Training, as discussed at last LTFT Forum, pending completion by GMC Approvals Team (action log agenda item 3.14).	Progress with the GMC paper on Part-time Training is currently on hold, but likely to be picked up in GMC LTFT work stream.	
GMC Sharing Good Practice: no submissions have been received. Agreed that good practice needs to be shared, for example case histories, and plan to be formulated by LTFT Forum to facilitate this (action log agenda item 6.14).	The GMC continue to encourage this.	All
RCS position statement on LTFT to be circulated to the Forum.	Circulated to the Forum and will be discussed as part of today's agenda.	
Elaine Griffiths to make suggested amendments to the Royal College Membership fees information presented to the Forum and alter format (ideally tabulate for ease of comparison) before re-circulating.	Please see AoMRC item 2 in the College Updates Document ( <u>click here</u> ). Elaine Griffiths is to pursue the review of membership fees at a higher level to ensure the recommended changes are implemented. All College Representatives were asked to take this forward at their respective College to ensure reduced subscriptions are offered where possible.	Elaine Griffiths Royal College Reps
<ul> <li>GMC specific actions:</li> <li>The slides refer to 'Paediatrics and Child Care' this is incorrect and should read Paediatrics and Child Health. Peter Tang to amend this.</li> <li>Questions rose regarding data reconciliation/triangulation with other data sets. Peter Tang to feedback numbers to the Royal Colleges so LTFT data can be compared.</li> <li>Clarification of how percentages were calculated and denominators used to be shared.</li> </ul>	These actions will be revisited as part of Alistair Galbraith's update on today's agenda.	



• The underpinning figures for the ARCP outcome data were considered to be poorly defined and further clarification regarding this is required before any real interpretations can be made. It was agreed this data should be removed from the presentation subject to further analysis and need to contextualise these data. However, the need for transparency was also highlighted and the reviewed data should be shared at the earliest opportunity		
"How many hours per week are you contracted to work?" This question needs to be reviewed and made more specific. BMA representatives to feedback to GMC question group and further suggestions for refinement of this question to be raised either with HEEoE or directly with Peter Tang via email.	The Forum members and BMA were thanked for contributing to the redesign of the NTS LTFT questions. Further input from the BMA was encouraged in order for us to receive meaningful feedback from the NTS.	BMA Reps
ARCP guidance for LTFT trainees/trainers would be a useful output from this Forum. Kate Read & Amanda Barber are looking to produce national guidance.	Clarification of ARCP for LTFT trainees has been included in GG6 and detail around this is to be incorporated into the proposed supervisor's eLearning package.	
Alys Burns to clarify position in relation to ARCP and LTFT for F1 trainees, and noted that guidance regarding LTFT and the ARCP is being included in Gold Guide 6. Alys Burns will flag the perceived inconsistencies at CoPMED.	Guidance around ARCPs for LTFT trainees was included in GG6 and work on GG7 is currently underway.	
The final Parental Leave Survey report from the AoMRC is to be circulated when available.	The AoMRC Parental Leave Survey results were finalised and circulated to the Forum ( <u>click here</u> ).	
HEE developing "Return to Training" guidance, currently in draft format. Amanda Barber is collating feedback to revise the draft version, and will circulate to LTFT Forum for comment when available	National work regarding Return to Training is underway and guidance is currently being gathered and compared. Further information will be provided in Amanda Barber's update on today's agenda.	
Alys Burns to advise BMA of consensus view in relation to a fixed term Period of Grace (PoG) with proposal to include a statement to this effect on the LTFT Forum website.	Alys Burns shared the Forum's consensus view and the BMA, NHS Employers and English Deans were all happy with this stance. The statement could not be included in the Gold Guide as this is a contractual issue, however it has been added to the Forum website ( <u>click here</u> ).	
Kate Read to raise consensus view of PoG with Senior Business Managers Group as they are currently writing guidance on PoG.	Kate Read confirmed this was fed back to the Senior Business Managers Group.	
Elaine Griffiths proposed that the AoMRC would also include a statement regarding consensus view regarding duration of PoG for LTFT trainees.	Elaine Griffiths confirmed this.	



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ENCE OF POSTGRADUATE MEDICAL DEANS		
Amanda Barber to collate information relating to development of national process received from feedback from the groups along with information received from other stakeholders to produce a proposal to English Deans by December 2015 for comments.	Information from the 2015 Forum was collated and fed back to the English Deans. Further update will be provided in Amanda Barber's update on today's agenda.	
A-Z guide of LTFT to be emailed to Sophie Hall (Sophie.hall3@nhs.net) and circulated to Forum.	The RCPCH's A-Z guide for LTFT trainees was included in the Forum Newsletter and circulated to all members ( <u>click here</u> ).	
Electronic training package for 'Educational Supervision of a LTFT Trainee' to be developed for educator development (inc CPD points), demystifying LTFT and raising awareness – Ros Roden, Annabel, Helen and a LTFT trainee rep to put material for this together.	Progress has been made with proposed content and this will be revisited on today's agenda.	
Matters Arising from Previous Minutes a	nd Next Steps:	
LTFT Culture, Attitudes and Barriers - Eo	E trainee survey analysis	
presentation by Dr Siobhan King- click h		
Key points and focus of discussion		
	riers to LTFT training and explore culture and	
<ul> <li>Few respondents were directly advised ag Supervisor (ES) or a Consultant although in perceptions of LTFT training at ES/TPD level</li> </ul>		
<ul> <li>discourage trainees from applying.</li> <li>The biggest factor for not applying for LTF considerations, however, a high percentag eligibility criteria.</li> </ul>	T was career considerations and financial ge of respondents also did not meet any LTFT	
<ul> <li>86% thought it would be useful to have a smaking promising progress with implement</li> </ul>		
The results of the RCPCH trainee survey s	6 undermining in Surgery of LTFT trainees. suggest a perception of full time trainees is	
<ul> <li>that LTFT trainees cherry pick and are infle</li> <li>Negative feedback was most prominent, h recognised and the potential for bias of res</li> </ul>	owever, the limitations of the survey were	
<ul> <li>Inflexibility in some specialties was highlight was the only option.</li> </ul>	hted with one School insisting that slot share	
<ul> <li>Further work is needed on addressing attit Supervisors and TPDs.</li> </ul>		Siobhan
<ul> <li>Wales and Scotland are keen to create as survey format with Tracy Shellard &amp; Andre</li> </ul>		King
	to Support I TET Training lad by Dr	
Implementation of Positive Suggestions	to Support ETFT Training led by Di	
	to Support ETFT Training led by Dr	



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5.	<ul> <li>hold future Forum meetings for trainees parallel to this one. Alys Burns to raise this at COPMeD and potentially identify a funding stream.</li> <li><u>Post meeting note:</u> COPMeD confirmed their support to widen trainee representation and funding for trainees to attend national meetings.</li> <li>Scope for a springtime LTFT Forum for trainees across specialties and regions to be arranged, providing funding is identified. Alys Burns to raise this at COPMED</li> <li>RCoA and RCPCH trainee meetings for LTFT (with a baby room) were received very well. (click here for RCoA update).</li> <li>Education for staff at ground level through active positive promotion of LTFT training at Specialty Training Committees.</li> <li>Regional LTFT newsletter aimed at Educational Supervisors.</li> <li>Trainee feedback should be encouraged whether positive or negative.</li> <li>A more consistent, positive approach to LTFT across specialties and regions is needed, however, implementation via higher level leadership is essential.</li> <li>Wide recognition that posts are left unfilled across the country, highlighting the need for Trusts to be more innovative with rotas.</li> <li>All agreed a LTFT champion in each School would be ideal. It is essential that there is succession planning to ensure sustainability of these roles.</li> <li>Greater flexibility with accommodating different types of slot arrangement.</li> <li>All were encouraged to further develop and/or implement these shared examples of good practice and support for LTFT training.</li> </ul>	Alys Burns
	<ul> <li>Further suggestions <ul> <li>ARCP guidance should include how to assess LTFT trainees and when.</li> <li>The Forum's view on fixed term Period of Grace should be included.</li> <li>The opening slide should highlight LTFT definition/principles.</li> <li>Advice on advance warning of training days so LTFT trainees can plan to attend.</li> <li>Signposting e.g. to HR/Medical Staffing if trainees question banding or pay or any other employment/contractual issues.</li> <li>Guidance around locum shifts. Less rigidity would be helpful for Trusts.</li> <li>Managing LTFT Foundation trainees.</li> <li>Out of synch options.</li> <li>Risk assessment/return to work information.</li> <li>Keeping in Touch (KIT) days.</li> <li>CCT calculator and how to advise trainees around this.</li> <li>Information on how trainees apply in each local office with hyperlinks to application forms, webpage, and LTFT policy presented in an easily digestible grid format.</li> <li>Helen Goodyear and Priya Kumar to collate the information provided on handouts and produce a draft package for the Forum's feedback.</li> </ul> </li> </ul>	Helen Goodyear/ Priya Kuma
6.	<ul> <li>HEE Flexible Working Update presentation by Mr David Wilkinson – <u>click here</u> <u>for slides</u></li> <li>Key points and focus of discussion <ul> <li>David Wilkinson, on behalf of the Improving Quality of Training for Junior Doctors Working Group, presented an overview of the work of the group with a specific focus on the proposed national LTFT pilot.</li> <li>A national pilot has been proposed for ST4+ Emergency Medicine trainees (3 years to CCT) and is currently in the process of being designed and approved.</li> <li>Feedback from today's meeting to be shared with the Working Group to inform development of this pilot.</li> </ul> </li> </ul>	David Wilkinson



	Feedback and suggestions	
	<ul> <li>Concerns raised around the proposed flexibility for pilot participants to undertake locum shifts, specifically:</li> </ul>	
	<ul> <li>Participants could easily become full time in effect and could potentially earn more than full time colleagues.</li> </ul>	
	- This flexibility could create unrest amongst trainees who have applied for LTFT under	
	<ul> <li>Gold Guide criteria.</li> <li>There is a built in rule whereby participants can only work an 8 hour locum shift for</li> </ul>	
	<ul> <li>their own employer, however, it is unclear who or how this could be monitored.</li> <li>Suggestion to forbid participants signing up with locum agencies although it is also</li> </ul>	
	unclear how this could be enforced or monitored.	
	<ul> <li>Potential for the pilot to demoralise/devalue existing LTFT trainees.</li> <li>The BMA expressed concerns over equality and potential gender pay differences the pilot</li> </ul>	
	could create. This has not yet been explored and requires further investigation.	
	<ul> <li>The planned increase to the Tier 2 Visa salary threshold in April 2017 means a small proportion of overseas trainees will be automatically excluded from LTFT training, as any</li> </ul>	
	reduction in working hours would bring their salary below the new threshold (£30,000).	
	<ul> <li>There was discussion around the existing mechanisms and processes in place locally to provent trainage burning out and to provide support to these who are faciling processed.</li> </ul>	
	prevent trainees burning out and to provide support to those who are feeling pressured. For example, trainee support units have a range of resources which may include the	
	option to work LTFT and there is scope within category 2 to enable a more flexible	
	approach.	
<b>′</b> .	GMC National Training Survey - LTFT data analysis presentation by Alastair	
	Galbraith - click here for slides	
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## **NHS** Health Education England

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	• Inconsistent approaches to LTFT slot share and supernumerary funding allocations were reported across local offices. Details of LTFT funding processes at each local office are being gathered and collated, however, further clarification from local finance teams may be required.	
	Return to Training - click here for slides	
	<ul> <li>Key points and focus of discussion</li> <li>Opportunity to implement 1 streamlined Return to Training document relevant to all trainees regardless of specialism.</li> <li>Elaine Griffiths and Amanda Barber to share information with each other regarding existing guidance and processes. Some further information for the AoMRC can be found in item 1 of the AoMRC update provided as part of the College Updates Document <u>(click here)</u>.</li> </ul>	Elaine Griffiths/ Amanda Barber
9.	Category 2 Applications presentation by Christopher Goodhand - <u>click here for</u> slides	
	<ul> <li>Key points and focus of discussion</li> <li>HEE London and South East reported a significant increase in category 2 LTFT applications. It was felt that some general guidance around processing these applications would be helpful to ensure a consistent approach.</li> <li>The Forum reported a variation in the volume of category 2 applications received locally, with London receiving the largest number by quite a margin.</li> </ul>	
	<ul> <li>Feedback and suggestions</li> <li>In order to assess the need for guidance each local office is to gather details of all category 2 requests for a 6 month period. Further instruction and a template for capturing the required information will be circulated by Sophie Hall. A separate request for historical category 2 data will also be circulated with a template to complete. There is scope for any good cases to be used as part of the proposed eLearning package for Educational Supervisors.</li> <li>Alys Burns to raise the possibility of national guidance for assessing category 2 requests</li> </ul>	Sophie Hall Alys Burns
	<ul> <li>at COPMeD.</li> <li><u>Post meeting note:</u> Principles shared with COPMeD, but degree of caution in responses and to be kept under review.</li> <li>Alys Burns to discuss the guidance with the London Deans and see if this is something that could be shared with the Forum. If so, Chris Goodhand to share guidance with Sophie Hall to circulate to members for comment.</li> </ul>	Alys Burns/ Chris Goodhand/ Sophie Hall
10.	Royal College Updates - <u>click here for individual updates</u>	
	Actions arising from updates	
	<ul> <li>AoMRC</li> <li>The AoMRC have launched a Later Careers Survey <u>(click here)</u>, which is relevant to the LTFT agenda. All were asked to encourage relevant colleagues to complete this.</li> </ul>	All
	<ul> <li>At future meetings a Foundation update is to be included in this section of the agenda, as Foundation trainees do not have Royal College representation. Elaine Griffiths is to identify an appropriate colleague from the Flexible Careers Group to join the Forum in this context and provide contact details to Sophie Hall (<u>Sophie.hall3@nhs.net</u>).</li> </ul>	





		Action Log		
Action Number	Ref	Agreed Action(s)	Owner	Timeline
1	2:16	Alys Burns continues to be a member of COPMeD and a representative at meetings. Alys will feed back the outcomes of this Forum at the next COPMeD meeting on 12/10/2016.	Alys Burns	October 2016 complete
2	2:16	The online LTFT Forum is up and running, however reports that logging in for the first time can be challenging. All Forum members encouraged to login and use this tool. Please contact Sophie Hall if you are experiencing any difficulties (Sophie.hall3@nhs.net).	All	December 2016
3	2:16	Sophie Hall to feed back issues raised regarding difficulties logging on to the online Forum to EoE Web Officer.	Sophie Hall	October 2016 complete
4	2:16	Continue sharing good practice with the GMC.	All	On-going
5	2:16	Elaine Griffiths is to pursue the review of College membership fees at a higher level to ensure the recommended changes are implemented by Royal Colleges.	Elaine Griffiths	December 2016
6	2:16	All College Representatives were asked to take this forward at their respective College to ensure reduced membership subscriptions are offered where possible.	Royal College Reps	March 2017
7	2:16	The GMC encouraged further input from the BMA with redesigning some of the NTS questions.	BMA Reps	March 2017
8	3:16	Wales and Scotland are keen to create a similar LTFT culture survey. Siobhan King to share the survey format with Tracy Shellard & Andrea Caldwell	Siobhan King	December 2016
9	4:16	The invitation to this Forum is to be extended to a wider group of trainees. Each local office and Royal College is to identify 1 trainee representative who will be invited to the next Forum. Please provide details to Sophie Hall (Sophie.hall3@nhs.net).	Local Office LTFT Leads	March 2016
10	4:16	Alys Burns to raise the expansion of the LTFT Forum to a wider group of trainees at COPMeD and potentially identify a funding stream.	Alys Burns	October 2016 complete
11	4:16	Scope for a springtime LTFT Forum for trainees across specialties and regions to be arranged, providing funding is identified. Alys Burns to raise this at CoPMED	Alys Burns	October 2016 complete
12	4:16	All were encouraged to further develop and/or implement the shared positive suggestions to further support LTFT training/trainees.	All	ASAP
13	5:16	Helen Goodyear and Priya Kumar to collate the information provided by the Forum and produce a draft Supervisor's eLearning package for the Forum's feedback.	Helen Goodyear/ Priya Kumar	December 2016
14	6:16	Feedback from the meeting is to be shared with the Improving Quality of Training for Junior Doctors Working Group to inform development of the planned LTFT pilot.	David Wilkinson	November 2016
15	7:16	<ul> <li>GMC Specific Actions: <ul> <li>A breakdown of all LTFT data by local office would allow further analysis of the results. A report per local office is to be produced and circulated.</li> <li>A breakdown per specialty of the overall satisfaction statistics (FT vs LTFT) is to be produced and circulated.</li> <li>The presentation slides refer to 'Paediatrics and Child Care' this is still incorrect and needs to be amended to Paediatrics and Child Health.</li> <li>Further refinement of the contracted hours question is required. Alastair Galbraith to email Sophie Hall (Sophie.hall3@nhs.net) the questions in their current format for circulation and further feedback from the Forum.</li> </ul> </li> </ul>	Alistair Galbraith	December 2016



			<u> </u>	
16	8:16	Elaine Griffiths and Amanda Barber to share information with each	Elaine	December
		other regarding existing guidance and processes. Some further	Griffiths/	2016
		information for the AoMRC can be found in AoMRC item 1 of the	Amanda	
		College Updates Document (click here).	Barber	
17	9:16	In order to assess the need for guidance each local office is to gather	Sophie Hall	December
		details of all category 2 requests for a 6 month period. Further	-	2016
		instruction and a template for capturing the required information will		
		be circulated by Sophie Hall. A separate request for historical		
		category 2 data will also be circulated with a template to complete.		
18	9:16	Alys Burns to raise the possibility of national guidance for assessing	Alys Burns	October 2016
		category 2 requests at COPMeD.	5	complete
19	9:16	Alys Burns to discuss the proposed category 2 guidance with the	Alys Burns/	December
		London Deans and see if this is something that could be shared with	Chris	2016
		the Forum. If so, Chris Goodhand to share guidance with Sophie Hall	Goodhand/	
		to circulate to members for comment.	Sophie Hall	
20	10:16	The AoMRC have launched a Later Careers Survey (click here),	All	ASAP
		which is relevant to the LTFT agenda. All were asked to encourage		
		relevant colleagues to complete this.		
21	10:16	At future Forum meetings a Foundation update is to be included in the	Elaine	March 2017
		Royal College Updates section of the agenda, as Foundation trainees	Griffiths	
		do not have representation. Elaine Griffiths is to identify an		
		appropriate colleague from the Flexible Careers Group to join the		
		Forum in this context and provide contact details to Sophie Hall		
		(Sophie.hall3@nhs.net).		