

COPMeD National Less Than Full Time Training Forum

Tuesday 6th October 2015
 10am – 3.30pm
 The Friends House, Euston Road, London NW1 2BJ

MEETING NOTES

IN ATTENDANCE

Alys Burns (Chair), HEEoE	Kayleigh Lord, KSS
Hassan Al-Omari, HE South London	Rebecca Mather, Thames Valley
Jayn Ammantoola, NAMPS	Subir Mukherjee, KSS
Samira Anane, BMA Trainee Rep	Claire Murphy, RCS England
Amanda Barber, HEWM	Elizabeth Norton
Cherry Cadiente, HEEM	Susan Knight, HEEoE
Andrea Caldwell, NES	Sarah Parsons, NHS Employers
Sarah Case, HE Wessex	Suni Perera, HE South London
Elizabeth Chan, HE South London	Kate Read, HEEoE
Denise Cope, HE Wessex	Shirley Remington, HENW
Annabel Copeman, RCPCH	Aileen Robertson
Jennifer Davies, RCOG	Antony Robinson, HEEM
Angela Fletcher, KSS	Lauren Robson, JDC - BMA
Helen Goodyear, HEWM	Rosalind Roden, HEYH
Elaine Griffiths, AoMRC / RCSEd	Simon Rose, HE South London
Sophie Hall, HEEoE	Tracy Shellard, Wales
Elaine Hadley, HE Wessex	Belinda Stanley, RCP London
Jan Harris, HETV	Peter Tang, GMC
Fiona Harrison, HESW	Trish Trim, HESW
Jon Hossain, HEYH	Susan Underwood, RCoA
Diana Jolliffe, HEWM	Susan Ward, MWF
Siobhan King, Trainee Forum Rep	Richard Weaver, COGPED
Stephen Lambert-Humble, KSS	Louise Wymer

APOLOGIES: David Turner, Heather Peacock, Joanna Preece, Debbie Collington.

MINUTES

ITEM		ACTION
1	<p>Welcome, Housekeeping, Declaration of Conflicts of Interests</p> <p>On behalf of Health Education East of England (HEEoE), as the national COPMeD lead organisation for LTFT, Alys Burns welcomed everyone to the meeting.</p>	
2	<p>Review of LTFT Forum meeting notes and action log: (01/10/14)</p> <p>The minutes of the last meeting were reviewed, and agreed as an accurate</p>	

<p>record.</p> <p>Action log review:</p> <ol style="list-style-type: none"> 1. 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 (agenda item 2.14) 2. HEEoE webpage for the national LTFT Forum has now been created and content development is work in progress. As part of this an on-line forum will now be available for the LTFT community and HEEoE will create accounts for LTFT Forum members to receive log-in details (action log agenda item 2.14) 3. GMC update on National Training Survey: Agenda item (agenda item 3.14) 4. GMC paper on Part-time Training, as discussed at last LTFT Forum, pending completion by GMC Approvals Team (action log agenda item 3.14) 5. Review of LTFT Principles and feedback to COPMED: Agenda item (action log agenda item 4.14 and 5.14) 6. Web based forms: Agenda item (action log agenda item 4.14) 7. With regard to Learning Development Agreements (LDAs) senior managers will have more influence through their own commissioning structures rather than the Senior Business Managers Forum. Clarified that EDQUINS (Quality and Innovation in Education) are not currently part of the national LDA. EDQUINS is a payment framework that sets out to deliver excellence in education similar to the CQUINs (Commissioning for Quality and Innovation) payment framework which is aimed at enhancing the delivery of patient services (action log agenda item 4.14 and 5.14) 8. 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) 9. RCS England position statement on LTFT is to be circulated to the Forum by Claire Murphy (action log agenda item 7.14) 10. Royal College Membership fees for LTFT trainees: The AoMRC have collated information in this regard which was tabled by Elaine Griffiths. Some corrections to data were noted by College representatives. Variation in practice was noted, but Colleges have been reviewing/revising their policy subsequent to the request for information. The AoMRC will follow this up and continue to promote good practice. Elaine Griffiths to make suggested amendments to the information presented to the Forum and alter format (ideally tabulate for ease of comparison) before re-circulating (action log agenda item 7.14) 	<p>Alys Burns</p> <p>HEEoE Admin</p> <p>GMC Approvals Team</p> <p>HEEoE / All</p> <p>Claire Murphy</p> <p>Elaine Griffiths/ HEEoE</p>	
<p>3</p>	<p>GMC NTS – LTFT data presentation by Peter Tang - <i>please see slides attached</i></p> <p>Discussion points:</p> <ul style="list-style-type: none"> • Inconsistent data relating to the number of hours LTFT trainees are contracted to work, in response to question “How many hours per week are you contracted to work?”, with about 20 % of LTFT trainees reporting that they work more than 40 hours per week and a small % more than 56 hours per week. This question needs to be reviewed and made more specific. For example, “What % of full time work are you contracted to do?” • 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 slides refer to ‘Paediatrics and Child Care’ this is incorrect and should read Paediatrics and Child Health. Peter Tang to amend this. 	<p>All/BMA reps</p> <p>Peter Tang</p>

	<ul style="list-style-type: none"> • 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. • Clarification of how percentages were calculated and denominators used to be shared. • The first cut of ARCP outcome data for LTFT trainees was shared as part of the presentation. 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. • Concerns were expressed that LTFT trainees may be expected to meet the same competencies in a given time period as FT trainees. This was specifically raised in relation to completion of F1. ARCP guidance for LTFT trainees/trainers would be a useful output from this forum. Kate Read & Amanda Barber are looking to produce national guidance. Alys Burns to clarify position in relation to F1, 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. 	<p>Peter Tang</p> <p>Peter Tang</p> <p>Peter Tang/ HEEoE Admin</p> <p>Kate Read/ Amanda Barber</p> <p>Alys Burns</p>
4	<p>AoMRC Parental Leave Survey presentation by Elaine Griffiths – <i>please see slides attached</i></p> <p>Key Points and focus of discussion:</p> <ul style="list-style-type: none"> • Indication of poor knowledge of available resources to aid planning. • Significant emotional impact of returning to work after parental leave. • 50% of respondents at the time of return to work were experiencing sleep deprivation, with no more than 4 hours “uninterrupted” sleep. • KIT days not taken up and/or KIT days are not offered. • Issues with trainees on parental leave wanting to attend KIT days at the Trust they will be starting at following leave (not the Trust they left), however both Trusts refuse to take responsibility for payment of this. • Very low levels of support, pastoral and practical, on return to work. • Very limited structured monitoring of progress on return to work. • Frustration expressed about LTFT processes and required forms to be completed. • Proposed action points captured in presentation, and final report from AoMRC to be circulated when available. • 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 (See also agenda item 7). 	<p>Elaine Griffiths/ HEEoE</p> <p>Amanda Barber</p>
5	<p>Royal College Updates</p> <p>RCP London, Belinda Stanley</p> <ul style="list-style-type: none"> - General concerns for LTFT trainees around filling trainee posts in specialties with high out of hours commitment, and LTFT trainees with academic commitments being able to meet curricular requirements. - JRCPTB update: <ul style="list-style-type: none"> o a proposal to move from 120 competencies to an outcome based approach using a smaller number of competencies o Recommendations include a move towards a more general approach especially in the early years leading to a certificate of specialist training in internal medicine with a specialty after which 	

- further training could take place with credentialing
- 7 year minimum training: 3 years basic internal medicine with increasing responsibility for the acute medical take in in year three when MRCP(UK) would be achieved; competitive entry into specialty training for a minimum of 4 years – 3 years as CST specialty and the 4th as a further year of internal medicine either as stand alone or integrated into the programme (to ensure that CST holders are competent to practice at post CST consultant independent level) – but to be flexible.
- Assessment – move from the ‘box-ticking’ approach of achieving a large number of individual identifiable competencies to a greater emphasis given to individual clinical and educational supervisors’ reports.

AoMRC Flexible Careers Group & RCSEd, Elaine Griffiths

- AoMRC group are considering future surveys on O&G complications in the female medical workforce (currently in literature research phase).
- RCSEd LTFT working group in the process of successfully lobbying the RCSEd for a subscription holiday for those on maternity leave for over three months.

RCPCH, Annabel Copeman

- Currently appointing an LTFT Advisor for each region. Some initial problems with recruiting to this post.
- Rebranded guidance which now looks more official. Trainees are able to use these as official college documents to try and alleviate rota pressure with study days.

RCoA, Susan Underwood

- Looking to update the website.
- Currently trying to strengthen and complete LTFT network of advisors.
- LTFT trainee network is complete.
- Currently trying to spread LTFT ethos into Intensive Care.

RCPsych, Fiona Harrison

- Concerns around recruitment and retention in specialty.
- Working on return to work and keeping in touch with trainees out of programme.
- Currently updating the website and implementing a CCT calculator ([click here to view website](#))

CoGPED, Richard Weaver

- Currently looking at investment (10 point Plan) in recruitment, retention and return.
- Increase in early retirements across the workforce.
- Poor fill rates across the country.
- eCampaign recently launched to try and attract doctors to train in or return to GP.
- Recent media attention towards women working LTFT in General Practice has been demoralising.

RCS England, Claire Murphy

- LTFT trainee numbers are still fairly low and are not increasing as quickly as in other specialties.
- Still encountering some ignorance and lack of understanding towards LTFT in surgery. Seeking to further educate and support Trusts/trainers.
- RCS position statement available as circulated

	<p>RCOG, Jennifer Davies</p> <ul style="list-style-type: none"> - Increasing numbers of LTFT trainees. - Workforce is approximately 80-90% female. - LTFT training events planned for the RCOG careers day in November and the National trainees conference in December. <p>RCEM, Feedback from Health Education Yorkshire & The Humber, Ros Roden</p> <ul style="list-style-type: none"> - With regards to Emergency Medicine LTFT has been more successfully packaged as 'sustainable working' rather than flexible training on the RCEM website (click here to view website). This seems to be a beneficial approach. 	
6	<p>Principles of LTFT training</p> <ul style="list-style-type: none"> • Revised LTFT Principles to be included in Gold Guide 6 update, due for release in January 2016. • Alys Burns thanked all for their contribution to this collaborative piece of work, • Reference to the duration of Period of Grace (PoG) cannot be included in Gold Guide as it is a contractual matter. Further to discussion with NHS Employers, Alys Burns proposed to the forum that there should be consistency in the approach towards PoG for both FT and LTFT trainees, and that it should be on a fixed term basis for 6 months and not pro-rata. There was full agreement to this proposal by the LTFT Forum. • All agreed the need for this consensus view to be available for reference. Alys Burns had been advised that neither the BMA nor NHS Employers websites were ideally placed to do this. Alys Burns to advise BMA of this consensus view with proposal to include a statement to this effect on the LTFT Forum website. • Elaine Griffiths proposed that the AoMRC would also include a statement to this effect. • Kate Read to raise with Senior Business Managers Group as they are currently writing guidance on PoG. 	<p>Alys Burns/ HEEoE Admin</p> <p>Elaine Griffiths</p> <p>Kate Read</p>
7	<p>LTFT Moving Forwards – A national process? Workshop led by Amanda Barber and Kate Read, and HEEoE team <i>Please see slides attached</i></p> <ul style="list-style-type: none"> • Amanda Barber presented the work she has been doing on behalf of CoPMED Senior Managers Forum with a view to aligning national policy and processes for LTFT training • Susan Knight & Sophie Hall presented the electronic application forms for eligibility and the training plan that HEEoE have developed which generated some useful feedback and underpinned the need for a streamlined and common approach. It was noted that HENW also had a web based application process which had been working well for some years. • Feedback from group work during the session focussed on 3 topics <ol style="list-style-type: none"> 1. Minimum data set and who needs to sign the eligibility form <i>Consensus in need to develop single national eligibility form which would also be transferable across the UK. Agreement this should be achievable within reasonable time frame. Discussion related to content of form and meaning of 'eligibility'.</i> 2. Minimum data set and who needs to sign the programme / post approval form <i>Discussion reflected differing approaches and forms currently in use. Proposals from discussion about reordering current content and agreed definitions of requirements for programme/post approval and %FT. Suggestion this could be developed through</i> 	

	<p><i>Forum webpage. Need to accommodate programmes of training for GP and Foundation trainees. Consensus of need for sign off by “medical staffing” (or HR equivalent) and finance teams, but some local variation recognised.</i></p> <p>3. Whether we need additional guidance to the Gold Guide and whether there should be one national policy rather than individual LETB policies</p> <p><i>Consensus that national guidance needed to underpin Principles as set out in the Gold Guide, and to address inconsistency of approach between LETBs/Deaneries and perceived anomalies between specialties. This could include scope for local addendums to reflect local circumstances and finance options.</i></p> <ul style="list-style-type: none"> • Amanda Barber to collate information 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. • Amanda Barber to circulate updated Return to Training guidance being developed by HEE by November 2015 for comments (See also agenda item 4 / action point 12) 	<p>Amanda Barber</p>
<p>8</p>	<p>Culture and Attitudes towards LTFT: Workshop led by Alys Burns</p> <p>Context of workshop related to trainee feedback that there was an unidentified/unmet need for LTFT training which reflected perceptions about the challenges of LTFT training and attitudes towards LTFT trainees. Included reflection on the myths around LTFT, the need to challenge stereotypes both gender and specialty related, to build on good practice and develop role models.</p> <p>Trainee perspectives and experience of LTFT training Samira Anane, BMA representative and GP trainee, and Siobhan King, HEEoE representative and StR in Anaesthetics. (Lauren Robson, JDC representative and Foundation trainee, had been unable to stay for this session but had shared her views with Dr Anane)</p> <ul style="list-style-type: none"> • All LTFT trainees would like to be treated and supported the same as Full Time (FT) trainees, with the same access to training and education. • Perception that LTFT trainees may be considered by colleagues (trainers and other trainees) as less committed, less organised, less motivated and less productive. • Negative perceptions of the ‘working mum’ in the NHS. • Expectations that LTFT trainees should attend work on days off and perception that if they do not/are unable to do so, that this is reflected negatively on the trainee. • From their own experience, LTFT training has helped to prevent burnout, enabled a wealth of experience, and engendered greater commitment and job satisfaction. The trainees felt highly motivated, identified the need to be very organised, and have a good work/life balance. • LTFT training enables trainees to get involved with additional development opportunities, such as BMA rep. • Working reduced hours enable trainees to work and remain in medicine. Due to circumstances, some trainees would not be able to train and work on a FT basis. • There is considerable variation in support and attitudes towards LTFT across LETBs and between specialties, with both positive and less positive experiences being shared by the trainees. • Trainers/educational supervisors not always aware of how to integrate and support a LTFT trainee, with a lack of awareness as to whether LTFT can be accommodated. • LTFT training and pay remains poorly understood by medical staffing, with 	

	<p>some rota models being a particular challenge for LTFT trainees in relation to pay.</p> <p>Positive suggestions for consideration and local implementation</p> <ul style="list-style-type: none"> • Nominated LTFT Advisor for each specialty • Specific LTFT trainee meetings with LTFT advisors in attendance • LTFT Trainee Rep on every school board • LTFT mentoring support • Informal social groups for LTFT trainees • Social network LTFT support groups • Electronic promotion/education booklet for LTFT to be circulated to TPDs and Practice Managers. Examples of this already available, including RCPCH A-Z guide of LTFT – Helen Goodyear to email this document to Sophie Hall for circulation to the forum. • 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, Annabel, Helen and a LTFT trainee rep to put material for this together. • To raise awareness for more flexible on-site child care for LTFT trainees. 	<p>Helen Goodyear/ HEEoE admin</p> <p>Ros Roden/ Annabel Copeman/ Helen Goodyear/ LTFT trainee rep</p>
	<p>Date of Next Meeting Autumn 2016 - Date TBC</p>	

ACTION LOG

ACTION NUMBER	AGENDA ITEM REF	AGREED ACTION(S)	OWNER	TIME LINE
1	2.15	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	November 2015
2	2.15	HEEoE webpage for the national LTFT Forum has now been created and content development is work in progress. As part of this an on-line forum will now be available for the LTFT community and HEEoE will create accounts for LTFT Forum members to receive log-in details	HEEoE Admin	December 2015
3	2.15	GMC paper on Part-time Training, as discussed at last LTFT Forum, pending completion by GMC Approvals Team (action log agenda item 3.14)	GMC Approvals Team	ASAP
4	2.15	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)	HEEoE/All	March 2016
5	2.15	RCS position statement on LTFT to be circulated to the Forum.	Claire Murphy	October 2015 Complete
6	2.15	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	Elaine Griffiths	November 2015
7	3.15	<p>GMC specific actions:</p> <ul style="list-style-type: none"> - The slides refer to 'Paediatrics and Child Care' this is incorrect and should read Paediatrics and Child Health. Peter Tang to amend this. - Questions rose regarding data 	Peter Tang	February 2016

		<p>reconciliation/triangulation with other data sets. Peter Tang to feedback numbers to the Royal Colleges so LTFT data can be compared.</p> <ul style="list-style-type: none"> - Clarification of how percentages were calculated and denominators used to be shared - 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 		
8	3.15	<p>“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.</p>	All/BMA reps	November 2015
9	3.15	ARCP guidance for LTFT trainees/trainers would be a useful output from this forum. Kate Read & Amanda Barber are looking to produce national guidance	Kate Read / Amanda Barber	March 2016
10	3.15	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.	Alys Burns	November 2016
11	4.15	Proposed action points captured in presentation, and final report from AoMRC to be circulated when available	Elaine Griffiths/ HEEoE	TBA
12	4.15	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	Amanda Barber	December 2015
13	6.15	Alys Burns to advise BMA of consensus view in relation to PoG with proposal to include a statement to this effect on the LTFT Forum website.	Alys Burns/ HEEoE Admin	November 2015
14	6.15	Kate Read to raise consensus view of PoG with Senior Business Managers Group as they are currently writing guidance on PoG.	Kate Read	December 2015
15	6.15	Elaine Griffiths proposed that the AoMRC would also include a statement regarding consensus view regarding duration of PoG for LTFT trainees. .	Elaine Griffiths	TBA
16	7.15	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.	Amanda Barber	December 2015
17	8.15	A-Z guide of LTFT to be emailed to Sophie Hall (Sophie.hall3@nhs.net) and circulated to forum.	Helen Goodyear/ HEEoE	ASAP
18	8.15	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.	Ros Roden/ Annabel Copeman/ Helen Goodyear/ LTFT trainee	April 2016