

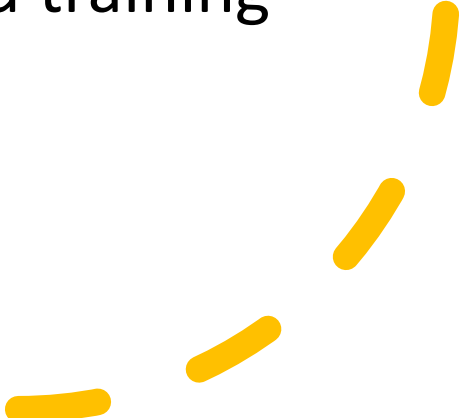
# Fostering trainer and trainee engagement across HEE NW




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# Background & factors to consider

- Why do we exist?
  - Who are we ?
  - Who are the key stakeholders?
  - How can we influence/ engage with stakeholders?
  - How do we adapt to service and organizational change?
  - How can we support service and training recovery ?
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# Why do we exist?

- To serve the healthcare needs of the population of the Northwest
    - By delivering the correct numbers of doctors
    - By ensuring the quality of the training
    - By delivery of GMC curricula as assessed via ARCP
    - By ensuring the educational environment is safe and supportive
    - By delivering an inclusive approach to individual trainees
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# Who are we ?

- HEE in NW has 8000+ trainees and expanding
- HEE in NW has 5000+ trainers- clinicians with education roles
- Currently Hospital team has :
  - 2 DD roles
  - 12 AD roles
  - 13 HoS roles
  - 30-35 DMEs across multiple sites
  - 140+TPDs




# Who are the stakeholders ?


- Trainee
- ES/CS and then TSTL then DME and TPD
- TPD and then HoS and then AD
- DME and then MD
- Trusts then ICSs
- Lead employer
- Colleges and GMC




## How can we influence/engage with stakeholders ?

- Need a sense of belonging and ownership
  - Clear lines of communication
  - Create networks and teams
  - Need to be seen as relevant and useful
  - Management of TRES doctors requires good communication
  - Education and workforce needs strong representation
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# How do we adapt to service and organisational change?

- DMEs and AD links will change with service
  - Need to link with ICSs
  - Need to adapt to integration with NHSe/i
  - Need education and workforce to have strong advocates
  - Need education to be designed into service
  - Need to consider training outside standard locations
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How can we support service and training recovery ?

- AD leadership with Tamsin and David
  - Communication between schools and trusts to be enhanced
  - Early plans within financial year
  - Improve links to service
  - All will become clear in the next session!
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## Current activity

- Trainee forum
- Trainee reps on school boards
- LNC with BMA and LE
- Monthly HoS meetings
- Monthly DME meetings
- Consultation with DMEs/HoS on key areas
- Joint DME/HoS biannually



## Current activity

- Link AD support to Trusts
- Link AD support to schools
- HEE Spring and Autumn conferences
- School development sessions annually
- AD masterclasses
- Special topic training sessions
- COVID recovery support



## Current activity

- Educator development sessions within trusts
- Fellowships in education, leadership and SupportTT
- Chief registrars
- EDI network
- EDI champions
- IMG induction
- Careers support





## Next steps

- Strengthening of lead employer contract
- 2 session AD posts will be introduced
  - Aim to improve diversity within senior educators
  - Earlier in careers
  - Allow consultants to retain more clinical sessions
  - Promote movement between clinical and educational leadership roles



## Next steps

- AD portfolio for trainee engagement
  - Improve knowledge and support of current fellows
  - Manage fellows as group
  - Oversee trainee engagement
  - Link fellows to working groups/ ADs
- Appointment of EDI fellow
- Appointment of Enhance fellows
- Further iterations of IMG induction



## Next steps

- Appoint 3 DDs for hospital and community each with ICS link
- Creation of regional education and workforce board with all ICSs and deanery representation
- DD to represent PG education/workforce on each ICS
- Andy will oversee quality across all 3



## Next steps

- Identify key work streams
- Create a number of working groups across key areas
- AD/DD to lead each group
- DME and HoS/TPDs and trainee representation on all key work streams
- Support from PSM to each group

# Working groups

| Workstream           | Lead HoS | Lead DME | AD/DD   | Trainee Rep | Lead PSM       |
|----------------------|----------|----------|---------|-------------|----------------|
| LTFT                 |          |          | SAMR    |             |                |
| Study Leave          |          |          | SAMR    |             |                |
| SuppoRTT             |          |          | AG      |             | Amanda Fox     |
| EDI                  |          |          | CI      |             |                |
| Sustainability       |          |          | AG      |             |                |
| Recovery             |          |          | TD/DR   |             | Bernie Jones   |
| Trainee Engagement   |          |          | SAMR/RH |             |                |
| Educator Development |          |          | AT      |             | Angela McMahon |
| Workforce            |          |          | RH      |             |                |
| TEL                  |          |          | PL      |             |                |
| Quality              |          |          | AW      |             |                |
| Leadership           |          |          | FC      |             |                |
| DATA Group           |          |          |         |             |                |
| Careers              |          |          | FC      |             |                |





# Working groups

- Are these the correct areas ?
- Who should be on these groups?
- What are the ToR of these groups and roles?
- DME or FPD ?
- HoS or TPD ?
- How will we recruit and refresh these roles ?
- How will representation gather opinion and share practice ?
- How should be recruit trainees?

# Key Points

- HEE is not an office - it is a team
- The team is BIG and you are all in it
- Belonging is important
- We all need to drive education agenda
- We need to be engaging and be engaged
- Workforce/education are the foundations of the NHS and they needed securing rapidly
- Service and NOT vs education



# Thank you and any questions

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