Local educational faculty meetings

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Purpose

- Faculty development !!!
- Keeping everybody up to date (and on board) with issues pertinent to junior doctors and training
- Making plans on how to improve training within the department
- Discussion about individual trainees and their progress and needs
Practicalities

- 2 monthly, 90 minutes
- Helpful to have one just before the trainers’ reports are due
- First 30-40 minutes open meeting with trust reps present, followed by a closed meeting where the trainees are discussed
- Rotate days of the week to avoid clashes with the same clinics and not to miss out part-time colleagues
- Minutes of the open meeting taken
- Biscuits
Invites to

- All consultants
- Trust reps
- Ward managers
- Psychotherapist
- Lead for community paediatrics
- Director of medical education
- Consider GP TPDs
- Medical director (particularly if a trainee referred to GMC)
Open meeting

- Feedback from junior-junior meeting by trust reps
- Feedback on departmental teaching (staff support sessions, simulation)
- Suggestions for training initiatives (CAMHS)
- GMC and LSP surveys discussed in detail, making plans how to improve
- Workforce update with brainstorming how to recruit
- Faculty development
Examples of faculty development

- Speaker about START
- Introducing PROGRESS
- Updates from LSP meetings - research, simulation, return to work courses
- Sharing learning from conferences (wellbeing conference, college tutor day etc.)
- Requirements for the revalidation of trust doctors
- How to work with millennials
Closed meeting

- All trainees are discussed (they are informed about it at induction)
- 45-50 doctors at the North Middlesex paed department
- Facilitated by powerpoint with pictures of the trainees with the name of ES (take a picture at induction vs ask them to send a selfie)
- Pre-prepared list of trainees with higher priority for discussion (with health problems, not performing at expected level, pre-CCT, requesting accelerating training)
Following the discussion about each trainee we make a plan on how to support, targets etc.

We forward the information about their trainees to the ES if they couldn’t attend (face to face preferred but generally ends up as an email)
Potential for all trainees to be provided with a feedback form which could cover various domains (clinical performance in general paediatrics/neonatology, leadership, teaching, communication, teamwork etc.)

—> if not enough time start the form at LEFG and ES can finish it

Current generation of junior doctors thirsty for feedback
Challenges of closed meeting

- To provide enough information about trainees’ difficulties (health/mental health/social) so that they get the right support but maintain confidentiality

- Should the discussions of the closed meeting be documented? Where should they be stored?
Should a junior doctor be present for the closed meeting (eg SHO for registrars/registrar for SHOs)

**PROS:** you will get their feedback (example)

**CONS:** likely to be more diplomatic and may not be able to discuss all issues freely, could be undermining, likely to take longer
Summary

- No disadvantages of holding LEFGs
- Continuous faculty development.
- Provides ES with the confidence to manage their trainees in difficulties if the decisions are made at a faculty level.
Questions?