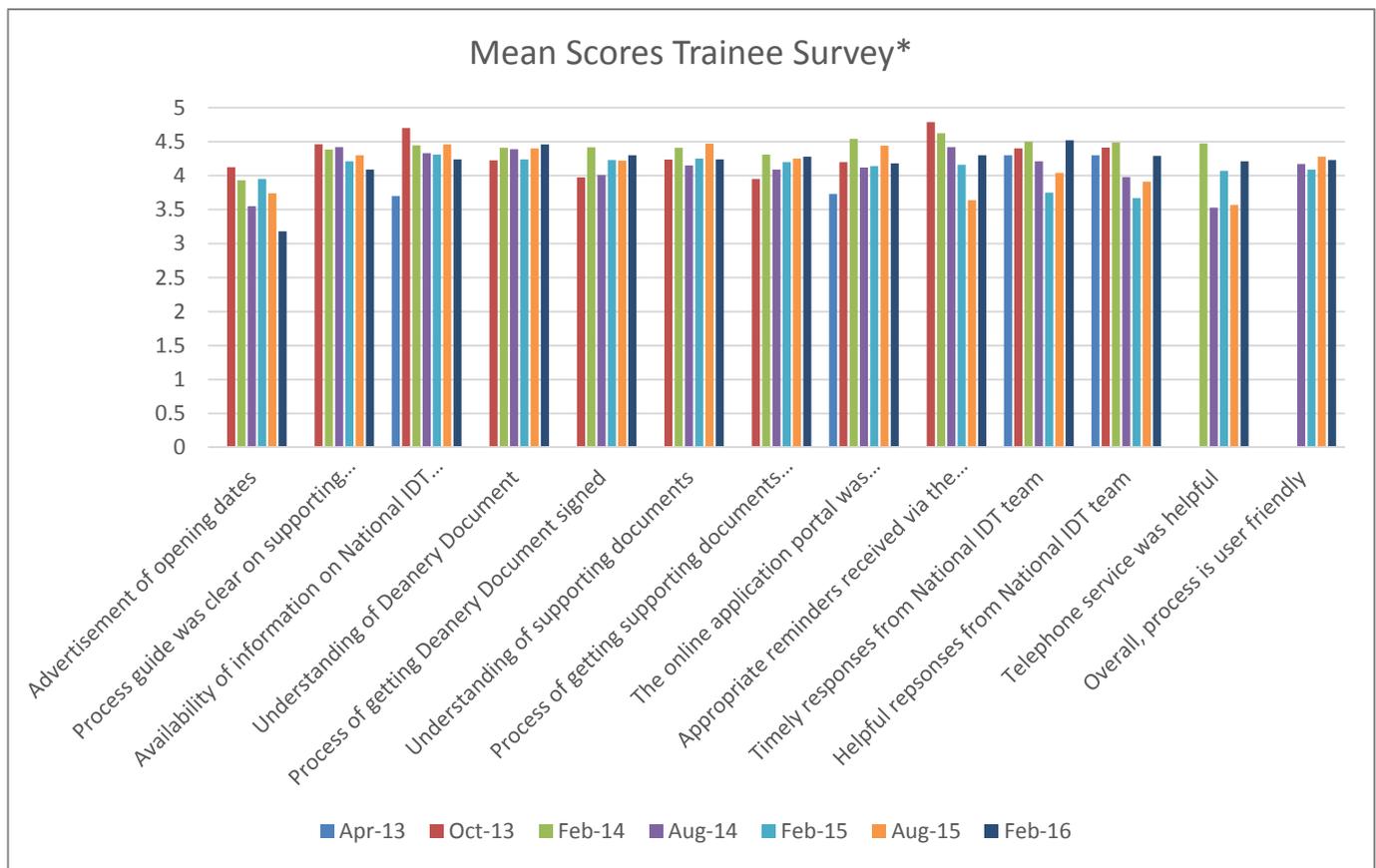


## February 2016 Trainee Survey Feedback Responses



\*there were 68 respondents to the trainee survey.

### Responses to Comments Received

#### IT Issues

- If this is an online system why am I still asking people to sign forms? Surely Post grad deans and supervisors can sign forms online via a link i.e. like work based assessments.

- I fail to see why, given that we have a GP e-Portfolio, the application process cannot access this information directly to prove satisfactory ARCP outcomes. I had to contact the team because the Deanery document would not download directly to my computer.

We would very much like for this to be the case also, we realise that the NIDT IT systems are not the most sophisticated. Unfortunately there is simply not the funding to ensure that the process is completely up to date in terms of IT. We therefore use systems that, while perhaps taking more time and effort to complete, are fair on all trainees applying for NIDT. We do not have any universal access to all the various e-portfolio systems.

- The website would not upload my paper work.

- Well organised overall. However website document upload page not very slick.

- Difficulty with uploading supporting documents especially from 5-7 days prior to the deadline.

The portal did seem to suffer a glitch in the last week of the application window for which we apologise. If anyone has issues uploading documents or wants to ensure that all their documents are submitted, they can be emailed to us at [idtinfo@southlondon.hee.nhs.uk](mailto:idtinfo@southlondon.hee.nhs.uk)

-The forms can be made easier to access and the download forms can be sent via fillable PDF format

We do make every effort to ensure the supporting documents are accessible. We put them up on the website 4 weeks prior to the opening of each application window and they have a page on our website so that they are easy to find (<http://specialtytraining.hee.nhs.uk/inter-deanery-transfers/supporting-documents/>). We currently provide the supporting documents in Word format but we will provide them in pdf format as well in future windows.

- The only low mark goes to the fact that accessing the online application was difficult. There was hardly any link anywhere, and it was not googleable. All the other information was very well advertised, but it took me a few hours to find the actual IDT website to register and apply.

- Finding where to go on the website to log on to my application was not as clear as I would have hoped.

We are sorry to hear that this was difficult to find. We have worked hard on Search Engine Optimisation for the website but it is more difficult for the application portal.

We do feel this is fairly simple to find on our website, with the application portal accessible via the 'Apply Here for IDT' page. We will look at what we can do to make this clearer. There is also a link to the portal in the Trainee Guide to IDT (section 8)

- The only comment is the supporting document section, even when you had uploaded the documents, it did show:'0% 'on the summary page.

- It was a bit confusing whether you have uploaded them successfully or not

- I also did have a problem uploading documents to the website in that they would look like they had completely uploaded, but if I left the upload page and returned, they disappeared. I eventually resolved this after a few attempts but I think it would be easy for some applicants to not realise their documents had failed to upload.

- The only problems were in uploading the evidence:

The upload functions were unreliable, and inconsistent. Some evidence uploaded fine, other pieces would not upload. If I clicked "save and next" and then went back again, some pieces of evidence were no longer there. Also, I had to supply 2 ARCP forms (I am OOPR), the deanery document, and document D, which only gave me 3 slots for the evidence of my change of circumstances. I had to assemble several pieces of evidence into a single PDF to keep to this limit.

Fortunately, there was an excellent help-desk, particularly James, who told me to email it all to them. I did receive an email saying that the submitted evidence was incomplete, but this was

immediately followed by another saying that the email evidence had been found and married to my account, and it was also fine.

Because of the different amounts of information that doctors need to submit according to the criterion they have applied under, the bars for supporting documents will not show 100% no matter how many documents go on there – this is mentioned next to that completion bar on the portal.

We did have reports that documents were uploaded and then ‘disappeared’ from the system – we do not know why this is, it was related to the glitch we had in the last week, but documents when we went on the system were there. However, if there is any doubt whatsoever, please email documents to us at [idtinfo@southlondon.hee.nhs.uk](mailto:idtinfo@southlondon.hee.nhs.uk)

We will be looking in to the technical glitch we experienced during the final week of the window.

### **Process Issues**

It would be useful for applicants to state subspecialty interest and for that to be fed back to the local TPD's for transfer. It may be that they have availability in a specific subspecialty and if they are given a limited amount of information they will not wish to offer a post.

We will certainly add to the information we give to prospective training regions – specifically we will include the field that tells prospective regions the training you have left to complete and the date, if you are currently OOP or on maternity leave, you will return to training. We want to ensure that training regions have all the relevant information they need when looking for posts so that as many trainees as possible can be matched to suitable posts. We intend to add sub-specialty boxes to the application form.

- I do not agree that the process should exist. I do not understand why trainees cannot simply relocate to a place that best suits their educational or emotional needs. I was told that there is concern of mass migration and that trainee's in difficulty may be missed if allowed to move. Are training programmes really so poor and incapable of communicating that this is a real concern? The process seems to ignore that fact that trainee doctors are highly educated professionals. Peoples life do not always work out and I deeply resent having to lay this out in a document for review.

There also appears to be no process for trainee's that need to move due to bullying or undermining. This needs to be addressed.

Although I disagree with the concept I would like to flag that contact I had with the IDT team was helpful and professional.

As we say at the beginning of the Trainee Guide to IDT, NIDT was set up as a discretionary process by COPMeD – transfers are not an entitlement.

Junior Doctors do not have a set amount of funding which then follows them around wherever they wish to train, it is each post in the country which is individually funded and each programme and

region has a set amount of funded posts determined by many factors such as Trusts maximum training capacities and workforce planning, to name only a couple. This is the essential difficulty in moving to a different training region once you have obtained an NTN in your region and why we do not find posts for every applicant.

I don't think the process ignores that medics are well trained professionals, in fact the transfer system is pretty unique to the medical profession in allowing doctors the opportunity to move their training under certain conditions; I do not think it is unreasonable to ask for proof of certain conditions given that the discretionary transfer system exists to help those in need. The eligibility criteria and processes are set with the agreement of both COPMeD and the BMA.

There is a process for trainees who need a move for bullying, harassment or other such issues which we refer those doctors to when we hear about these kinds of circumstances.

Would like to see more transparency regarding which trainees are requesting a transfer- from which training programme, grade and deanery.

We currently provide statistics on specialties applied for and training regions applied to. If any other statistics are required, please contact us at [idtinfo@southlondon.hee.nhs.uk](mailto:idtinfo@southlondon.hee.nhs.uk) and we will provide them for you if we can.

We would not be able to get this information to doctors in time for it to make a difference to their NIDT applications in an application window. Doctors apply up to the last day (the bulk of applications are submitted in the last two or three days of the window) and it would not be advantageous to you if we published this information when the window closed.

- The eligibility criterion for parental responsibilities is very ambiguous. Otherwise a clear process.

- I have said 'neither agree nor disagree' to question 3 as I feel the documents required are clearly outlined, but it was not clear to me what 'significant change in circumstances' actually meant. I appreciate you have to consider cases on an individual basis, but I think some basic examples could be given, especially as you have recently explicitly stated that engagement is a sufficient reason to apply under criterion 4.

We do have plans to clarify our criteria further by having scenarios for each criterion on the BMA website, where some scenarios already exist - <http://www.bma.org.uk/developing-your-career/specialty-training/inter-deanery-transfers/example-scenarios>

We hope that by increasing our links with the BMA website, doctors will find this information easily.

A specific reminder for the form signed by the appropriate signatory for supporting evidence on the upload section of the application would be helpful. An option to add additional supporting evidence files beyond the limited number currently available would be helpful.

We do ask in the Trainee Guide to IDT and in the FAQ that doctors ensure their paperwork is completed by the correct signatory and that it is the applicant's responsibility to do this. We put contact information of your local IDT administrator on the 'Contact Us' page of our website so signatories are easy to find.

Unfortunately we cannot increase the number of pdf slots for your supporting information, but you can use every slot available in the system – many use the slots for academics for extra supporting evidence which is absolutely fine. You can also put multiple documents in one pdf – we will find these if you upload them. Alternatively you can send any extra documents you would like to include by email to [idtinfo@southlondon.hee.nhs.uk](mailto:idtinfo@southlondon.hee.nhs.uk)

If you upload only the documents that we request, there is usually room for them using the slots provided.

It is a very simple process with very limited information available to the deanery the application is made too. I wonder whether it would make more sense to have a 'referral' letter or letter of recommendation from the applicants current deanery, so that the deanery the applicant is applying to has a bit more to go on, even if only made available after the decision to accept a transfer. All seems a bit TOO impersonal.

National IDT is set up to be an objective process and we ask for evidence that will give us information so we can make a clear decision regarding your eligibility.

Information we send to training regions will include your specialty, training year at time of application and at the likely time of transfer, whether you wish to work LTFT, if you applied under Criterion 1, the training you have left to complete and date of return if you are currently on mat leave or OOP.

We will be working with our colleagues across the four nations to ensure they have as much information as possible, without breaching your personal data rights, so that they can make the best decision about whether or not you can be accommodated

Not very clear on the application form that I had missed a document and felt like a lot of information had to be repeated throughout the process.

The application form will not tell you if you have missed out a document, it is the responsibility of doctors applying to ensure the appropriate documents are included with their application (as stated in the Trainee Guide to IDT). Some information is repeated, the most common being the reason for the request to transfer. This is because we require it to be on the portal and the supporting document to be verified by a third party. Many doctors type out an explanation once and copy and paste that onto different documents, which is perfectly acceptable.

Changes made to the process this year are definitely an improvement on what the process appeared to be previously. Better publicity of the transfer window and of the new admissible supporting evidence would have been useful, to allow more time to collect the evidence.

We are glad that changes to the process are seen as positive; we are always trying to improve the process for junior doctors.

We are sorry that the publicity didn't quite reach everyone as we tried very hard with that in this window. Our timeline for the February window was on our website by November. We have also created links with the Royal Colleges to ensure they have a link to our website and basic information regarding window timings. We also sent the information to each training region in the four nations

and requested this was put on their website. New to this year was the @National IDT twitter account. While we did not get thousands of followers, we reached a very wide circle of twitter users via those that do follow us. We will continue to use this to post basic information.

We put the new list of evidence in the Trainee Guide to IDT and in the FAQ, as well as in the newsletter that we send out to subscribers and publish on our website. This too was available from November. To get updates on changes to the criteria or process, check our website, subscribe to our newsletter (<http://specialtytraining.hee.nhs.uk/inter-deanery-transfers/>) or follow us on twitter.

Certain aspects easier than others- given misinformation at one point and could have affected my submission date regarding deanery document. However, once I contacted the appropriate individual the process was flawless and extremely speedy

If you are ever in any doubt about the process, dates of the window or anything regarding National IDT, please contact us directly at [idtinfo@southlondon.hee.nhs.uk](mailto:idtinfo@southlondon.hee.nhs.uk)

The IDT seems to have lost sight of why it was created. There appears to be no compassion if you fall out with a pre designated criteria no matter how worthy. The newly required forms to reapply under open competition appear to me to be a sign of a failing IDT. There is no question above to outline this fundamental failing. Fairness isn't always falling into predesigned criteria it should be a decision lead by a group taken individually. An example would be pregnancy, how can pregnancy not be valid yet being engaged is? Personal circumstances are so varied you can never create a pro forma to fit all, otherwise us as doctors would be out of a job. Fundamentally I believe IDT is unfair for these reasons.

The National IDT Team can try and facilitate a transfer for you if you are eligible under one of the criteria in the Trainee Guide to IDT. In exceptional pre-determined circumstances we can refer some applications to the Highly Exceptional Transfer process which does not use the national criteria and timeframes.

I understand what this applicant says about reapplying in open competition; however this is not due to a flawed IDT system. That form was mainly designed for those who wish to start training again in a different specialty; it was not geared toward those who were not successful in gaining an IDT. We would love each programme in each region to have to accept trainees eligible for IDT prior to taking on those from National Recruitment; unfortunately we do not have this control over the national recruitment system or the way in which trainers wish to run their programmes.

We have not created a pro-forma for circumstances, we ask for descriptions of changes to circumstances under the agreed criteria, we realise circumstances can be varied – this is very much reflected in the applications we receive.

We do not see pregnancy as a change in parental responsibilities (criterion 3). As pregnancy usually includes a period of leave, we ask that trainees apply in the window that would allocate them a post nearest their return date. If someone wishes to join their pregnant partner we would expect this application to come under criterion 4 – Committed Relationship.

I had ARCP outcome 2, in annual ARCP 2015. As I gained the competencies soon afterwards so my deanery did interim review that was satisfactory. When I called IDT team I was informed that I can't

apply. Then I called my deanery and they suggested that they can issue an outcome on the basis of interim review. I feel this information may be given by IDT team for future candidates having same problem. Also it may be possible to add on IDT website that though one can't apply on the basis on interim review but your deanery can issue an outcome if interim review is satisfactory. Also the reason not to apply on the basis of interim review is that no outcome is issued. As I couldn't find this information on IDT website so will be helpful for prospective candidate. It will help candidates not to get frustrated and unhappy.

The National IDT team cannot make anyone eligible for the National process unless they have an outcome 1. We would love for there to be some exceptions to this but the majority of COPMeD do not wish to change this part of the criteria – we have tried for a couple of years and continue to do so.

We cannot accept Interim Review as an outcome is not issued at Interim Review and a satisfactory outcome is required to be eligible. We cannot tell training regions how to manage their programmes, though issuing of outcomes when competencies have been achieved should be the same across the country in accordance with the Gold Guide. We do not have the remit to proscribe when outcomes should be issued.

We will look to make our rules surrounding interim review more clear on the website, in the Trainee Guide to IDT and FAQ.

The application is overly complicated. The worst and extremely disappointing part of this process was that, a week after submissions, I received an email giving me 48 hours to respond or I would be withdrawn from the application process. Since I had not checked my emails in that window (due to illness - which is partly why I need an IDT in the first place) I became extremely stressed and worried that I had been removed from the process, on which my future is riding. The email was very final sounding and offered no contact number to discuss. It was a horrible process waiting for the reply, during which time I was extremely upset. Then I looked at my application and realised that I HAD downloaded the ARCP section - the email claimed I had not. I finally received an email confirming THEIR mistake and an apology, but after the personal turmoil and upset this was did not really cut it.

It made me think that if someone had actually genuinely not uploaded the right document, that giving a 48 stern and uncompromising deadline is totally inappropriate. Especially when the decision to transfer deanery may be on health grounds, and since this application is often an emotive process anyway (for various reasons that people have to move), this is not a fair and appropriate way to treat professional people.

Firstly, we did apologise to this doctor for this mistake. It is extremely rare for us to make a mistake when checking documents for eligibility and in 400 applications this window, we did not have another case like this. It is mortifying to us when we make a mistake like this – we do realise that it is a stressful time for Junior Doctors and that you are relying on us to get things right.

Secondly, the 48hr extension system; while I appreciate the message in this bit of feedback, the 48 hour extension is a massive help to trainees who do not upload the correct evidence.

All our guidance is quite clear regarding the forms you have to complete and upload for each criterion; we also make it clear that it is the doctor's responsibility to ensure they have the correct

documents for their application. There are 8 weeks in which all the supporting documents are available.

The 48hr extension is a courtesy to ensure that as many trainees as possible are eligible for the next part of the process. When checking eligibility, if we think there is something missing, we contact you. We think this is better than simply making you ineligible. We have to have strict deadlines for this part of the process as we have to stick to our timeline and send training regions their list of eligible applicants as soon as possible, this is so they can begin to look for suitable posts for you.

Many more trainees get through to the next stage because of this system than otherwise would. We will clarify this process in the Trainee Guide to IDT for future windows.

Getting the deanery document signed was difficult and they are not responding to emails. There has to be dedicated personal email that needs to be contacted.

All the training regions are very aware when windows are coming up and from the moment the Deanery Document is available 4 week prior to the window opening, are aware that they are going to receive Deanery Document requests.

We have a contact in each region who can deal with these forms. Sometimes there is annual leave or someone is sick and the inboxes are covered by someone else or for a few days, are not covered. However we have never had an application not go through because of a Deanery Document not being submitted – your training region will always get this back to you. If you feel anxious about keeping your application open near the end of the application window but you still don't have your Deanery Document (or any other form), we always advise to submit the application online. We will contact you when we see a document is missing and give you an extra 48hrs to provide it.

### **Positive Feedback**

- National IDT team provided prompt responses via email and were always informative, I commend you for this. Brilliant customer service team.
- The portal was user friendly and straightforward to fill out each section.
- Thank you
- The process I found straight forward and clear.
- Helpful and prompt response via both email and telephone
- I was very impressed by the response time and quality of responses provided by the National IDT team. The information was relatively accessible, especially considering the complexity of the task.
- The National IDT team was very helpful and responded very swiftly. Excellent.
- Easy to understand instructions mostly
- Straightforward process- have applied previously and found that the information and reminders were given in a timely manner and responses to queries were swift and helpful

- Excellent team
- Very quick to reply to emails, were very helpful.
- The help-desk staff were excellent.
- The help team were incredibly helpful.
- The IDT email helpline was excellent.
- I did receive a quick and clear response to a question I asked about eligibility documents for which I was appreciative, and I found the website and guide generally very informative.
- The application process was straight-forward and the data available on the website regarding previous successful applications was informative

We thank doctors for their positive feedback. There are only two of us on the National team but we do put customer service at the heart of what we are trying to do. Our average response time to emails during the application window was 50 minutes.

We are always trying to improve the system and are absolutely willing to take suggestions for improvement at any time. We run a teleconference twice a year with our working partners (COPMeD, BMA and IDT partners across the four nations) to discuss changes to the eligibility criteria and process, the feedback we receive from Junior Doctors is central to this. Please email any comments or suggestions to [idtinfo@southlondon.hee.nhs.uk](mailto:idtinfo@southlondon.hee.nhs.uk)

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