# **HEEDs Equality, Diversity and Inclusion Committee Good Practice**

## **Local Office/ Deans Submission: Good Practice Form for the 2023 National Report 2022/23**

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| What was implemented and why? | * A cascaded Active Bystander Training the Trainer Programme – Step Forward * This was developed in response to a number of regional, trainee-led, surveys demonstrating significant levels of systemic racism, sexism, homophobia, ableism and other forms of marginalisation. After an initial attempt to engage an external company, we developed our own training the trainer programme and Active Bystander course content, led by Dr Naomi Fleming, consultant anaesthetist at Manchester Royal Infirmary and “graduate” of the HEE(NW) trainee-led EDI Network. We are now in phase two of a rollout after an initial pilot. |
| Profession(s) it relates to | * Led by Training Programme Management, with most facilitators currently junior doctors and early career consultants from diverse backgrounds. One facilitator from background in nursing education, and a plan to recruit more. The courses are delivered to multi-professional groups, and have been piloted in operating theatre environments. |
| HEE domain(s),standard(s) and EDI themes it relates to | * The programme can genuinely claim to impact all six domains of the HEE Quality Framework, but particularly relates to Domain 1, Learning environment and culture, and Domain 3, Developing and supporting learners. The programme is not specific to a particular protected or non-protected characteristic, and is founded on the principle of allyship. Having said that, the material is flexible, and can be tailored through the use of case reports for discussion, to particular issues that have been identified. |
| Benefits or positive impact? | * Feedback from courses delivered by the facilitators has been very positive. Two positive themes have emerged:   o Course participants reflecting on how their own behaviours may be perceived  o Course participants feeling equipped to challenge negative behaviours constructively and safely. Comments have included:   * “A really interesting course which prompted me to reflect on my own behaviours and how they might be perceived by others” * “This is a new topic for me and opens up lots of discussions and debate about the existence of microaggression in different forms within our daily clinical encounters. All trainees and trainers need to be aware of this and raise concerns if they witness it” * “It was a great educational programme. I would recommend everyone to join this session!!” * A secondary positive impact has been that the diverse trainer group have developed their leadership, education and facilitation skills, and have commented on feeling more confident and empowered. |
| Lessons learned and difficulties encountered | * Whilst the cost implication has been significantly lower by developing the course and faculty ourselves, rather than using an external company, the time commitment has been significant. The initial facilitator course was unfunded and the course facilitators paid for all refreshments themselves. The subsequent course was funded, with a better quality venue and refreshments and resources provided, which was much more effective. * Getting engagement for attendance at sessions from those who may need it most can be challenging. Focussing on the fact that the approach is constructive and educational, assuming no prior knowledge, along with positive word of mouth feedback, has been useful. * We have found it is important to have an individual who is able to co-ordinate requests for training, check on availability of facilitators and book courses. In our case, this role has been ably taken on by Laura Kearns of our Learner Support and Faculty Development Team. * More senior support, from Roisin Haslett (Deputy Dean), Angela McMahon (Programme Support Manager for LSFD) and Jane Mamelok (Dean), has also been vital. |
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