

NACT UK: Clarification on roles of DME and Guardian of Safe working for the new JD Contract

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This **brief** document sets out to provide links or information and good practice guidance on:

- The key roles of the DME and Guardian of Safe Working within the new JD contract
- The key structure and functions of a Trust Junior Doctor Forum

Comprehensive and detailed information can be found at:

NHS employers' website: <http://www.nhsemployers.org/your-workforce/need-to-know/junior-doctors-2016-contract>

BMA website: <https://www.bma.org.uk/advice/employment/contracts/junior-doctor-contract-2016>

Useful new resource: <http://www.e-lfh.org.uk/programmes/educational-and-clinical-supervisors/>

This e-learning session sets out how educational and clinical supervisors will undertake their roles for postgraduate medical trainees (PMTs) employed under the 2016 contract and aids them in meeting their requirements under the new contract.

Key Roles of the DME

1. Oversight of identification of general and specific education opportunities for all posts by ensuring appropriate curriculum mapping that is up to date; these need to be clearly defined and then delivered (a quality assurance process led by the DME and administrative team).
2. Support the Trust in ensuring that the definitions of educational and clinical supervisor within the contract are understood by current supervisors
3. Educate the supervisors in how to manage and address educational issues (see e-learning reference below) that arise from exception reports, with awareness of terms of reference for roles, and assist them in implementing their responsibilities and assessing their workload
4. Work with educational and clinical supervisors and specialty leads/college tutors to:
 - a) predict the impact of specific College guidance for training requirements and anticipate changes to work schedules
 - b) liaise with specialty schools, to stay aware of changes and update curriculum mapping if required
 - c) support HR departments in the production of generic work schedules, mapped to the appropriate curriculum (input here should be from the educational and clinical supervisor and/or specialty tutor, school and HEE)
5. Support supervisors and trainees in the undertaking of timely, scheduled induction meetings - one of the specific purposes of this meeting should be to agree personal work schedules
6. Take a key role in providing and supporting with information the trainees around the reporting mechanism and process for resolution of issues.
7. Understand and communicate to educational leads the structure and process of education exception reporting and management of these reports.
8. Establish a Trust approach to common exception reports (such as missing protected training), proactively identifying themes from early reports and act on them.
9. Report to the Trust Board quarterly or annually (as appropriate) on education exception reports, via the Medical Director and/or other locally agreed processes via verbal or written report.

10. Establish with the agreement of the Medical Director the local escalation policy if a clinician or speciality is not engaging in the process for addressing and resolving educational issues (if these cannot be resolved they should be escalated to the Trust Board who are currently required to report such issues to the local HEE office and regulator, if sufficiently serious).

Best practice for DME working with Guardian of Safe working

1. Define clearly roles of both DME and Guardian - with the aim of avoiding duplication of work or giving mixed messages to trainees and trainers
2. Meet regularly (with involvement of a senior HR representative) to discuss exception reports and common themes arising from the contract
3. Identify support for both roles; HR will usually directly support Guardian and the Medical Education team will directly support DME; all will be expected to provide information related to contractual issues to the Trust, trainers and trainees. Carefully consider together the impact of the contract on various roles – particularly on the educational supervisors – with respect to workload and relationships with trainees
4. Support the establishment and maintenance of a Trust Junior Doctors Forum, attending regularly to address education and training issues

The Role of the Guardian of Safe Working Hours

The Guardian oversees and quality assure process with regard to working hours.

The Guardian is:

1. Independent of trust management
2. Champions adherence to safe working hours
3. Oversees safety-related exception reports and monitors compliance with the system
4. Escalates issues for action where not addressed locally
5. Will request work schedule reviews to be undertaken where necessary
6. Intervenes as required to mitigate safety risks
7. Intervenes where issues are not being resolved satisfactorily
8. Provide assurances on safe working and compliance with TCS
9. Submits a Quarterly report to the Trust Board on the functioning of the contract and exception reporting

The Guardian is not expected to:

1. Design rotas
2. Manage individual work schedules
3. Act as the educational champion
4. Review every aspect of doctors' working patterns
5. Intervene in every exception
6. Agree working patterns or schedules with individual doctors
7. Be involved with pay or pay protection, or general HR issues
8. Act as "cheerleader" for junior doctors on other issues
9. Answer questions which fall outside their remit - though should know where to direct the doctor for further help (e.g. medical staffing or the BMA)

Key features of Junior Doctor Forums

- Establish a committee structure (with constitution – template available on NHS Employers’ website), with support from the DME and postgrad medical admin team. Areas for discussion include education and training issues, rota and working hours-related issues. Input from HR, the Guardian and the LNC Chair/committee is required. Consider a separate session for contract only; it is good practice for the forum to also serve the non-training grade junior doctors who will remain on the existing terms and conditions or a locally agreed contract.
- Identify an appropriately sized and located venue, convenient and suitable for confidential group discussions. Some Trusts make use of video-conferencing across remote sites.
- Provide refreshments especially if held at a time of “natural break” during a day e.g. lunchtime, breakfast as this increases participation.
- Consider scheduling the forum on the same day each month – many Trusts use the Governance or Audit” day on which activity is cut, to improve attendance.
- Ensure that all trainees, consultants and relevant service managers are aware of the forum to allow trainees to be released (and ideally encouraged) to attend.
- Establish and maintain a comprehensive list of nominated specialty reps for each training level (e.g. foundation, core, higher) and ask them to submit a monthly summary to their cohort; in addition there should be open access for all trainees.
- Create email distribution lists and Whatsapp groups with frequent reminders to submit subjects for discussion and to remind them about attendance. Consider a “hub and spoke” model to feed in from local trainee and faculty groups (See article from Blundell *et al* at http://careers.bmj.com/careers/advice/A_stronger_voice_for_junior_doctors#)
- At the end of each forum meeting there should be documented minutes sent out promptly by email; this should include a summary of any updates on actions as the result of the meeting. Social media can be used to remind trainees that the email has been sent and consideration given to having a site on the local intranet with all the latest information.
- Consider inviting appropriate members of the executive team or board to address specific issues highlighted by the trainee reps/local groups.

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