Junior doctors forum - guidance for employers

Introduction

The 2016 terms and conditions of service (TCS) for doctors and dentists in training (England) includes a requirement (Schedule 6, paragraph 13) for employers to establish a junior doctor forum (JDF). The guardian of safe working hours and director of medical education (DME) in each employing organisation is therefore required to establish a JDF. The guardian oversees those processes in the new contract which are designed to ensure junior doctors working patterns are safe.

Schedule 6, paragraph 13 of the TCS states:

“Each guardian and director of medical education shall jointly establish a junior doctors forum [or fora] to advise them. This shall include junior doctor colleagues from the organisation and must include the relevant junior doctor representatives from the local negotiating committee (LNC), [or equivalent] as well as the chair of the LNC. Doctors on the fora will be elected from amongst the trainees. Where the guardian for safe working covers specialties that are small or have specific employment requirements, the fora shall include representatives of these groups. The group shall also include relevant educational and HR colleagues as agreed with the group. The junior doctors’ forum or a sub-group it establishes will take part in the scrutiny of the distribution of income drawn from fines.”

Additionally, the TCS states (schedule 6, para. 16) that the JDF may raise concerns about the performance of the guardian with the relevant director to whom the guardian reports, and that, if in the view of the forum these concerns are not properly addressed, matters can be escalated to a senior independent director on the board.

This paper sets out guidance as to how a JDF might be established, and provides a suggested structure and terms of reference for such a forum.

Aims and objectives of the JDF

The junior doctors of the JDF should represent all trainees at the employing organisation, they should not simply represent their own interests, or those of their particular specialty. The JDF should both support and scrutinise the work of the guardian to ensure that the junior doctors’ working hours and conditions are effectively monitored. More specifically, the JDF will scrutinise the distribution of income drawn from fines (the parameters within which fines must be spent are set out in the TCS, schedule 5, para. 14) to ensure that these are disbursed in a clear and transparent way.

While the role of the JDF as defined in the TCS is limited to the above, employing organisations may wish to widen the remit of the JDF to include:
• providing a forum for ideas and suggestions to be discussed and put forward for consideration by the appropriate committee

• providing a forum for the employer to engage with junior doctors in developing and improving its services, working conditions, education and training.

There is however no contractual requirement to widen the remit in this way.

**Membership**

The following members are required by the TCS:

• guardian of safe working hours (chairperson)
• director of medical education or a nominated deputy
• LNC chairperson (or another senior member of the LNC, should there be a conflict of interest)
• junior doctor LNC representatives
• sufficient additional junior representatives that the employer feels are necessary to ensure there is adequate representation for various sub groups within the junior doctor population covered by the forum (eg the spread of specialties or specialty groups (directorates) within the organisation, less than full time trainees, academic trainees, GP trainees etc).

In addition, the following members are recommended for inclusion:

• head of medical HR or nominated deputy
• one or more executive directors
• secretariat from HR or medical education.

Medical students are not covered by the TCS, although employing organisations with large numbers of medical students may wish to consider inviting their representatives as observers.

**Note:** The functions of the JDF and LNC are separate and distinct, although there will be an overlap in membership between the two bodies. The JDF is not a formal negotiating body, although it will contain two or more representatives of the LNC (the LNC chairperson and one or more junior doctors, depending on the number of junior LNC representatives that there are). Formal negotiations should continue to be the remit of whichever bodies are recognised by the employer for that purpose.

The JDF is convened to deliver on specific aspects of the TCS, and might additionally be given a remit (as described above) for engagement and/or consultation with the employer’s junior medical workforce. While some employers might wish to consider inviting a trade union representative from the relevant union(s) to attend meetings where there are appropriate matters to discuss, there is no contractual requirement to do so.
Frequency of meetings

The JDF should meet at least quarterly. The meeting agenda should be approved by the chairperson and circulated to members by the secretariat at least five working days (one calendar week) before each meeting. Agenda items should include (but is not limited to):

- minutes of last meeting for approving
- report/update from the guardian, to include volume of exception reports, fines levied, funds accrued
- feedback from junior doctor representatives, including specialty specific-issues pertaining to working hours
- disbursement of fines
- any other business
- date of next meeting.

Quorum

An appropriate quorum should be agreed to ensure that there is sufficient junior doctor representation present at each meeting.

Review

It would be good practice for the terms of referenced for the JDF to be reviewed at least every three years, or when service reconfiguration is such that the composition no longer matches the membership.