

Guy's & St. Thomas' NHS Foundation Trust

JUNIOR DOCTOR'S FORUM

Minutes of the Meeting held on 12th June 2017, South Wing Lecture Theatre, St Thomas' with video link to the Sherman Centre, Guy's Hospital.

PRESENT

Rosalinde Tilley (GOS)	Guardian of Safe Working (GOS - Chair)
Pauline Flockhart (PF)	Head of Medical Workforce
Tom Davies	Head of Directorate of Finance
Catherine Cameron	Assistant Manager for Medical Education
Mary Makinde (MM)	Project Support Officer (Minutes)

Trainee representatives from:

- Medicine
- AAU
- Paediatrics
- GUM
- Vascular
- Foundation
- Infection

1. APOLOGIES

O&G representative
Palliative Care representative
Kevin O'Kane LNC Chair

2. MINUTES & MATTERS ARISING

GOS welcomed everybody to the meeting.

Minutes and Actions from the last meeting were discussed and agreed.

Fines

A fines agreement has been written which states that any fines incurred will not need to be used within each financial year; rather it can be carried over until August when the majority of new junior doctor intakes are welcomed to the Trust. Fines will be utilised in the August-August year of accrual

DRS update

The GOS sent a list of all the updates and/or improvements wanted for the site, most of these were collected at a Guardian meeting which the GOS attended in representation of GSTT. Unfortunately, there have been no significant updates to the system so far and the GOS informed the group that there are still ongoing issues with DRS that are not isolated to GSTT alone. The GOS has included her concerns on this front in her quarterly and annual reports to the board. The trust Head of workforce, has agreed to take this up with DRS.

Study Leave Guidance

PF informed the group that guidance on study leave has been updated in the Junior Doctor's Handbook and the GOS is working alongside Medical Education to create a formal study leave policy which will be sent to all departments and Junior Doctor staff.

Monthly Meetings

At the last Forum the GOS was asked if monthly sessions could be held to provide an opportunity for junior doctors, unable to attend the forum, to meet with her and discuss issues in an informal setting.

The PSO arranged for two informal meetings to take place at St Thomas' site however no one attended. Based on the turnout of these meetings and at the Forum, the GOS asked the group if they had any suggestions on how engagement could be improved.

The general feedback was that it would be difficult to engage all doctors regardless of when the meetings took place but that maybe if there was more awareness generated it would be beneficial.

The GOS confirmed that an informal meeting would take place on 5th July at the Guy's site to give trainees at that site the opportunity to meet with her. She also informed the forum that a whatsapp group had been created with an email sent out for all Junior Doctor Reps to provide contact details so they could be included in circulars and networking information.

It was suggested that a notice board may be of good use to inform all trainees of the times and dates of meetings. The GOS agreed that this was a good idea and mentioned that she would write to departments to inform them to encourage trainees to attend the Forum.

ACTION: GOS to write to all departments to inform them of meetings in order for attendance to increase.

MM to create poster which can be displayed in the Dr's Mess on both sites.

3. REPORT FROM GOS

▪ Fines Update

No new fines have been levied since the last forum. Currently there is £52.32 in the fines pot that can be used how the Junior Doctors see fit. Reps were informed to provide suggestions on how fines can be spent but nothing has been suggested so far.

The GOS informed the group that she thought it would be a good idea to have a social evening with refreshment after work so that doctors could come and meet in a non formal atmosphere and discuss any problems/challenges thus far. Reps sounded enthusiastic about this and informed the GOS that this could encourage attendance to future meetings, it was suggested that this takes place either on a Wednesday or Thursday evening.

ACTION: GOS and MM to confirm date of the social evening and send out invite

▪ Advice to Guardian

No advice given

▪ Accounts

No update given

▪ Quarterly Report

The GOS' quarterly report for Jan - March was sent to the group via email prior to the forum taking place. The GOS gave the group the opportunity to discuss the report.

This led to PF giving an update on the payments that some trainees were due to receive as remuneration for extra hours worked and agreed as a result of exception reporting. To date there have been 10 payments processed as opposed to the 4 listed in the report.

HR had been processing payments through their manpower returns once they had been confirmed by the PSO. However, through junior doctor feedback, it became apparent that this automated process was not working, and payments have therefore been processed manually as an interim measure.

PF offered her apologies, and confirmed that all payments that were confirmed for the period of March to May have been processed and all doctors who have been patiently expecting their payments will receive their payments in June.

The GOS explained that there were some exception reports that had not been actioned/agreed before the doctor rotated from the post where the exception was created. As a result the decision was made that these doctors must be paid for the hours they had reported.

MM and the GOS will be informing departments that all exception reports will need to be closed when a doctor rotates or leaves the trust. Where TOIL is the applicable outcome, this time must be given during their time in the department. Any open reports or where TOIL has not been given must be paid, fines may be incurred as a result.

Where an agreed outcome had not been given, the GOS said that doctors should raise this to her via email so that payments could be made instead if the option to have this time given back, since this was no longer available. PF highlighted the administrative burden that this would have on departments and HR so encouraged the group to highlight problems as soon as possible.

- **New Issues**

DRS - Currently there has been a bug with the system when trainees submit their reports. A pop up box appears when pressing submit which has meant that multiple reports for the same exception have been created. This problem was highlighted to DRS straight away and reports which were not valid due to duplication were deleted by them. The GOS commended the perseverance of the trainee who submitted a form 13 times.

- **Exception Report Update**

Since our last forum there has been a decline in the amount of exception reports submitted. At the March forum the number of exception reports for the combined months of Dec – Feb totalled 85. The last quarter saw a total of 59 exception reports submitted. The breakdowns of these reports are below.

Date	Reports
March	14
April	14
May	31
Total	59

Reason for report	
Difference in work pattern	4
Missed Breaks	4
Early Start	6
Late finish	44
Minimum daily working time rest of 11 hours reduced to less than 8 hours	1
Education	0

The GOS expressed her concern at this decline, but that trusts are reporting this regionally and nationally; The GOS has received emails documenting instances that could have been reported, and she has been encouraging reporting. The GOS asked the forum if they knew why there was a lack of engagement with the exception reporting process.

A foundation rep suggested that the decline in reports may be due to the ongoing problems with the DRS system. The doctor went on to say that he had attempted to submit a report twice on his iphone but was unsuccessful. He informed the group that he was able to resolve his issue by going directly to his CS and the problem was resolved. He continued on to say that there had been an increase in departments resolving issues with doctors outside of the exception reporting process which could be a contributing factor to the decline in report. The group agreed that there was now more regular communication between supervisors and trainees so things were being resolved outside of the DRS exception report process.

The GOS was pleased with the way departments were choosing to handle problems and asked that the doctor submit a tester report on his iphone in order to ensure that the problem he faced is not one that would be an ongoing issue.

<p>ACTION: Trainee to feedback to GOS if reporting from an iphone was problematic. GOS to take further if applicable</p>

A foundation rep reported that doctors may find it hard to exception report because of the culture around exception reporting. In order for the exception reports to be actioned, doctors needed to sit down with their supervisor to discuss the report and for some doctors this was not easy to do based on the negative attitude towards the exception reporting process.

A Paeds rep claimed that trainees were not motivated to complete exception reporting as the link to change was not clear. The rep went on to report that some supervisors were not familiar with the system, how to gain access and manage reports. The rep reported that there had been various problems within Paeds but they had been managed outside of the exception reporting process so far.

The GOS gave some ideas on how to help improve cultural expectations, she informed the group that they could either email her to inform her of the difficulties that were being faced in the department and then she would meet with departmental leads as she has done in the past. She also suggested that doctors could coordinate reporting to provide departments with a clear “snapshot” of working patterns if continuous reporting was too arduous or trainees felt isolated to report alone initially. The GOS informed the group that when departments receive a number of reports from one area it garners attention and will give the GOS and DME a better opportunity to meet with the departments and offer suggestions/advice on how to solve problems that were arising.

F2 rep also reiterated the point made by the Paeds rep about not knowing how to use the system as some F2s who had transitioned were not aware of how to exception report.

The GOS informed the group of the training she had undertaken with supervisors to date. The GOS announced that a website was in the process of being created which would have detailed information of the exception reporting process and would include frequently asked questions. The content to be displayed on the site has had input from foundation doctors and the chief registrar. The website will be part of the external Medical Education Site and will be created with 3 target audiences in mind, training doctors, supervisors and rota coordinators. The homepage will be the Guardian’s welcome page with introduction and then there will be options to enter the website based on your role, Training Doctor, Rota Administrator and Educational/Clinical Supervisors. The information provided for the website was warmly received by the group. It was agreed to include – “Good News” stories on how exception reporting has resulted in improvements

The GOS continued to inform the group of exception reporting updates.

The GOS requested that doctors who were reporting late finishes include their scheduled finishing times in their reports. This is so that it is understood how many hours overtime outside of their scheduled finishing time has been completed, and whether fines/payments given to these reports will incur the payment of enhanced hours or regular hours.

- **Results from Exception Reporting**

At the start of the Paeds ENT transition a doctor had submitted 5 exception reports due to the fact he was starting earlier than was indicated on the rota he received. As a result a work schedule review was issued in Paeds ENT. Responsibilities have been re-allocated to out of hours shift workers and the trainee are no longer having to arrive earlier than rostered.

4. JUNIOR DOCTOR REPORTS

- **Report from doctors who recently transitioned**

Paediatrics rep informed the group that doctors were often finishing late and so she encouraged all her colleagues to exception report the problem at the same time. She also emailed the lead to inform her beforehand that there were a number of reports that would be coming through but as it stands the issues have still not been dealt with and reports are still opened.

<p>ACTION: MM to email all supervisors with open reports to close them. GOS to meet with paediatric specialty department trainees and supervisors.</p>

- **Report from doctors who have not yet transitioned**

A rep asked how doctors yet to transition were informed of the new terms, work schedules and exception reporting. The GOS explained that there were sessions held before the doctor's transition, and at induction, and there were podcasts available. How to guides are in the process of being completed and the Junior Doctor Handbook detailing all vital information is sent to all transitioning doctors.

Another rep asked whether split shifts were allowed under the new T&Cs i.e. clinic in the morning and clinic in the evening or whether such shifts would be classified as long days if administrative tasks were completed in between the two clinics. The GOS informed the group that minimum rest periods between shirts were not compatible with split shift working. If administrative duties were undertaken in the interim, the overall pattern would be a long day shift (maximum 13 hours)

Rep asked about the details of the protected pay structure under the new contract. PF and GOS informed the group that trainees who had been appointed to a ST3 post by August **2016** transitioned to the new contract for terms and conditions (hours and hours monitoring) but not pay. Payment for these trainees would continue on the old banding structure until August 2022 or for 4 years of training (whichever is the shorter). After which time, they would transition to the new nodal pay scheme.

The contract included a provision for additional payments from August 2019 to senior trainees undertaking "advanced decision making duties". It is not yet clear how this will work. PF and the GOS will keep the forum informed of any future information on this aspect of payment.

Foundation rep informed the group that he was an academic and was yet to receive his work schedule for August and wanted to know when he would receive it.

CC explained that there had been a problem with issuing generic work schedules for some doctors because the data that had been received from Health Education England was inaccurate or had arrived later than the 12 weeks prior to starting (as detailed in the contract). In particular, data for the academic trainees have not been received yet. Of the 59 FY1s expected to start there were only 49

names given and of the 76 FY2s CC had only received 70 names. Along with the missing information, some of the names that were provided to GSTT had locations of different hospitals. CC explained that the knock on effect of this was that departments had not been given confirmations of the trainees they would be receiving from August.

FY2 rep suggested that since a website was being created it would be a good idea if the work schedules for different departments were included on the site as it would give proactive trainees the opportunity to check their pay/rota etc.

The GOS and PF were happy to do this given the current situation of incorrect information provided by HEE.

- **Report from doctors who have transitioned**

Since February there were no reports submitted for H@N. The GOS asked whether this was a true reflection of what was taking place during the H@N shifts. She was informed that the reporting was an incorrect reflection of what was taking place on the ground. The H@N doctors were not yet working as a team, and responsibilities to relieve FY1 colleagues were not yet fully understood or taken on board by the second on registrar. FY1s were finding it difficult at times to hand over bleeps to senior colleagues, and some assertiveness was required.

F2 rep suggested that it might be useful to have this included in the handover process with a specific set time as to when bleeps would be handed over, so that breaks could be taken.

Lead registrar informed the group that he would send an email to all registrars to inform them that they must take the bleeps from foundation doctors when asked. FY1 rep also said he would inform foundation doctors via Whatsapp.

ACTION: Chief Registrar to email H@N registrars.

GOS to inform H@N management of the need to include responsibility to relieve FY1 for a break on the SpR2 action card and inform trainees at induction. FY rep to liaise with foundation doctors through Whatsapp.

It was concluded that another audit may be required of the bleep handing process during H@N shifts. The GOS encouraged any problems that doctors are facing during this shift be reported via the exception reporting process on DRS.

5. AOB

Locum Work – The GOS informed the group that anyone who wanted to work locum shifts needed to ensure that they had opted out of the working time regulations. This working time regulations waiver was then only applicable to staff bank work. Departments could not require working over 48 hours on average per week as a part of their regular contracts.

Infectious rep reported that to be compliant with the new contract, a new process has been implemented. This requires escalation of infection queries to registrar level, prior to contacting the infection registrar, who is non resident. An audit demonstrated a marked reduction in disturbance of these infection doctors at night. The trainee representatives supported this process, and reported that many had previously been unaware when contacting doctors for advice at night who was working shifts and who was non resident. Clarity on this was essential as many enquiries were not urgent.

DATE OF NEXT MEETINGS:

- 25th September 2017 15:00pm – 17:00pm
- 4th December 2017 15:00pm – 17:00pm