

## **QUARTERLY REPORT BY GUARDIAN FOR SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING – October 2017**

### **Executive summary**

This is the fourth quarterly report to the Trust Board which involves doctors in training from the new intakes in August and September 2017 along with the arrival of new specialist registrars from 4th October 2017. It details the progress of the implementation of the new Junior Doctors contract 2016, the pattern of exception reports and the management of issues which have arisen.

The next report to the Board in January 2018 will be the first annual report to the Board.

### **Introduction**

The new group of doctors in training below the grade of specialist registrar joined the Trust on the 2<sup>nd</sup> August 2017. In early September the Paediatric specialist trainees joined. These particular groups of doctors in training include doctors working part of the time in the community and also in other local organisations namely the Surrey & Borders Partnership NHS Foundation Trust and the Sussex Partnership NHS Foundation Trust along with St Catherine's Hospice.

The foundation year one doctors who joined in August are the newly graduated doctors. The Post Graduate Education staff, our Chief of Education, myself along with Mr Alan James, clinical lead for surgery have communicated with this group of doctors in training to ensure they are confident in submitting exception reports when required.

As anticipated, the volume of exception reports has increased during this period. The majority were from the foundation year 1 trainees and a few from higher grades. There have been no exception reports from those working outside our Trust up to now.

### **High level data**

Number of doctors /dentists in training (total)	202 posts/212 trainees. (We have less than full time trainees as slot shares). Figure also includes those on maternity leave.
Number of doctors / dentists in training on 2016 TCS (total)	173
Amount of time available in job plan for Guardian to do the role	1PA

Doctors Working Hours/2016 Doctors Contract Coordinator	1WTE
Amount of job planned time for educational supervisors	0.25PA per trainee

**a) Exception reports (with regard to working hours)**

The analysis of the exception reports from 18<sup>th</sup> July to 2017 to 16<sup>th</sup> October 2017 is as follows:

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. new exceptions raised	No. exceptions closed	No. exceptions outstanding
General Surgical	0	24	20	4
General Medicine	1	41	33	8
T&O	0	5	0	5
ENT	0	4	4	0
Paediatrics	0	2	0	2
Total	1	76	57	19

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
FY1	1	63	51	12
FY2 & ST1 & ST2	0	13	6	7
ST3+	0	0	0	0
Total	1	76	57	19

Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
General Surgery	0	24	20	4
General Medicine	1	41	33	8

T&O SHO	0	5	0	5
Paediatrics SHO	0	2	0	2
ENT SHO	0	4	4	0
Total	1	76	57	19

Please also see appendices 1 & 2

The main theme of the exception reports was related to doctors in training having to stay on later than their scheduled finish time in the evening due to the volume of the workload. A proportion of these episodes were caused by unfilled posts in the respective departments. As previously, all the exception reports from the Medicine Division were from the cardiology service. On this occasion the problem of high workload in cardiology was exacerbated by a vacant non-training grade post and the fact that the Physician Associate in cardiology has left to join St George's Hospital. The department has since appointed two locum doctors to fill these gaps.

There were two exception reports from Paediatrics, both related to high work load, one of which was also aggravated by an unfilled post.

In Surgery there were exception reports in general surgery, urology and orthopaedic surgery. Two of the exception reports from orthopaedic surgery related to a critically ill patient who required a great deal of attention from the team and therefore the senior house officer (FY2) could not leave on time. The remainder related to the workload and unfilled posts generating extra burden to those remaining along with sickness leaves.

In attending to these exception reports, I have not picked up any concern of a systemic nature such as timing of the ward rounds, poor conduct of the ward rounds or assignment of inappropriate tasks to doctors in training. The main concern is our inability to fill vacant posts, which occur in a predictable or unpredictable way, with locum doctors. I have asked the Cardiology Department to schedule more senior grade doctors to assist the foundation year 1 doctors when the workload is high.

Of significant concern to me during the past three months is the number of exception reports which were not attended to in a timely manner. Our 2016 Contracts Coordinators immediately email the clinical supervisors when exception reports are received to notify them that they need to meet up with the doctor in training concerned and agree the remedies to the problem. Despite such reminders, including a number from Guardian, a number of responses were not completed in a timely manner. After escalating the concern to the clinical leads and chiefs of services, the problem was partially resolved but there were still two clinical supervisors who have not responded at the time of the production of this report. I feel that an important task for the next three months is to ensure a better cooperation from the clinical supervisors.

There were three exception reports which are either solely or in part relating to missed educational opportunities. These are an incidental problem due to clinical demands and there was no requirement for work schedule reviews in response.

## b) Work schedule reviews

There has not been a need for a formal work schedule review during the past three months.

## c) Fines

There was no infringement that resulted in a fine during the past three months. However, the extra hours worked by cardiology FY1 doctors during this quarter is close to the threshold of 48 hours average per week. The clinical lead in cardiology has been alerted.

Fines by department		
Department	Number of fines levied	Value of fines levied
General Surgery	0	0
General Medicine	0	0
Paediatrics	0	0
Total	0	0

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
0	0	0	0

## Qualitative information

### Issues arising

#### 1. Rota Gaps

The current gaps on the rotas are as follows:

Rota name	Gaps	Action
A&E Junior	2	Two clinical fellows appointed
General Surgery Junior	1	Internal or external locums ad hoc
General Surgery ST3+	1	Internal or external locums ad hoc
Orthopaedic Junior	3	Internal or external locums ad hoc

Orthopaedic Senior	2	Internal or external locums ad hoc
Ophthalmology	2	Ad hoc locums
Paediatric Junior	1	Internal or external locums ad hoc
Paediatric ST4+	2	Internal or external locums ad hoc
Medicine (Cardiology) Junior	1	Two locums in post (one vacant PA post)

## **2. Rota Gap at SpR level in General Surgery**

This gap has been appointed to and the Trust is awaiting a start date.

## **3. Poor attendance at the Guardian's Forum Meetings**

This was my concern submitting the last quarterly report. Since then we have provided lunch at the meeting and attendance has steadily improved. Although the number of doctors in training attending was still low, the attendance numbers were enough for us to have adequate forums and achieve a useful discussion on both of the last two occasions. Providing lunch at the meeting allowed the doctors in training who attended to go straight back to work after the meeting without any further delay. We will continue to raise the profile of these forum meetings in order to achieve greater attendance of attendees.

## **Summary**

In the past three months there has been a significant increase in the number of exception reports. This was to a great extent anticipated as a proportion of the new doctors in training are in their very first post after graduation and will need time to be more efficient with their work. It also indicated that doctors who are in training are more willing to submit exception reports which is in the spirit of the new junior doctor's contract. They are informed that submitting exception reports helps our organisation be aware of the issues that might exist in matching the clinical demands with the medical manpower. In addition, there are now more than twice the number of doctors on the new contract than in the previous quarter.

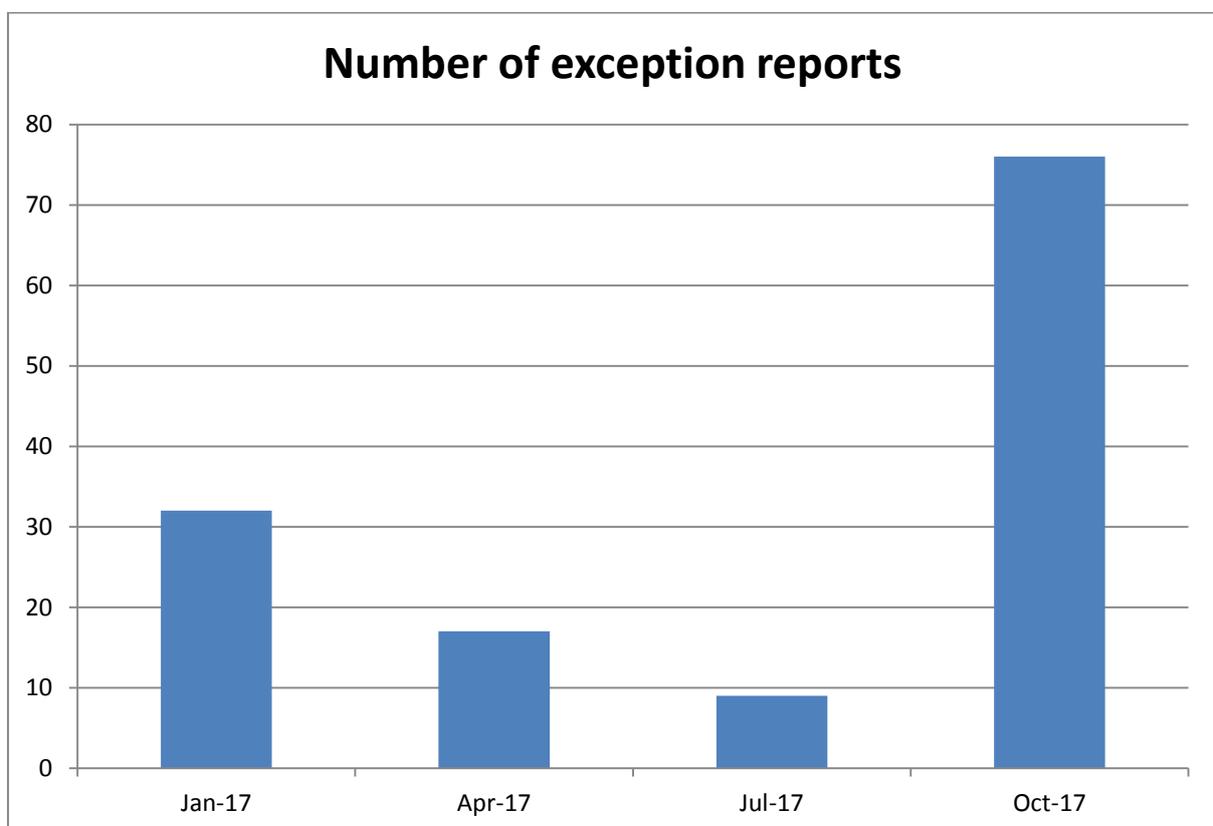
There has not been a need to request any department to formulate new sets of action plans to remedy the issues identified up to now. We are monitoring the pattern of exception reports closely, the excess hours worked by the doctors in training are not becoming a persisting pattern up to now.

Of a particular concern on this occasion is the less than adequate cooperation from some clinical supervisors and I intend to remedy this situation with the assistance of the clinical chiefs and clinical leads.

The issue of rota gaps is of increasing concern nationally. I intend to attend the meeting at the BMA at the end of October to hear of the pattern and problems elsewhere and any remedies which have been taken.

## Appendix 1.

### Number of exception reports per quarter



\*New intake of FY1 and doctors in training below SpR grade in August and September (Paediatrics) 2017

\*\*Significantly more doctors on new contract in the last quarter compared to the previous quarter (173 v 71)

**Appendix 2.**

**Pattern of exception reports this quarter.**

