

The New Contract – What does it mean for the Educational Supervisor and DME?

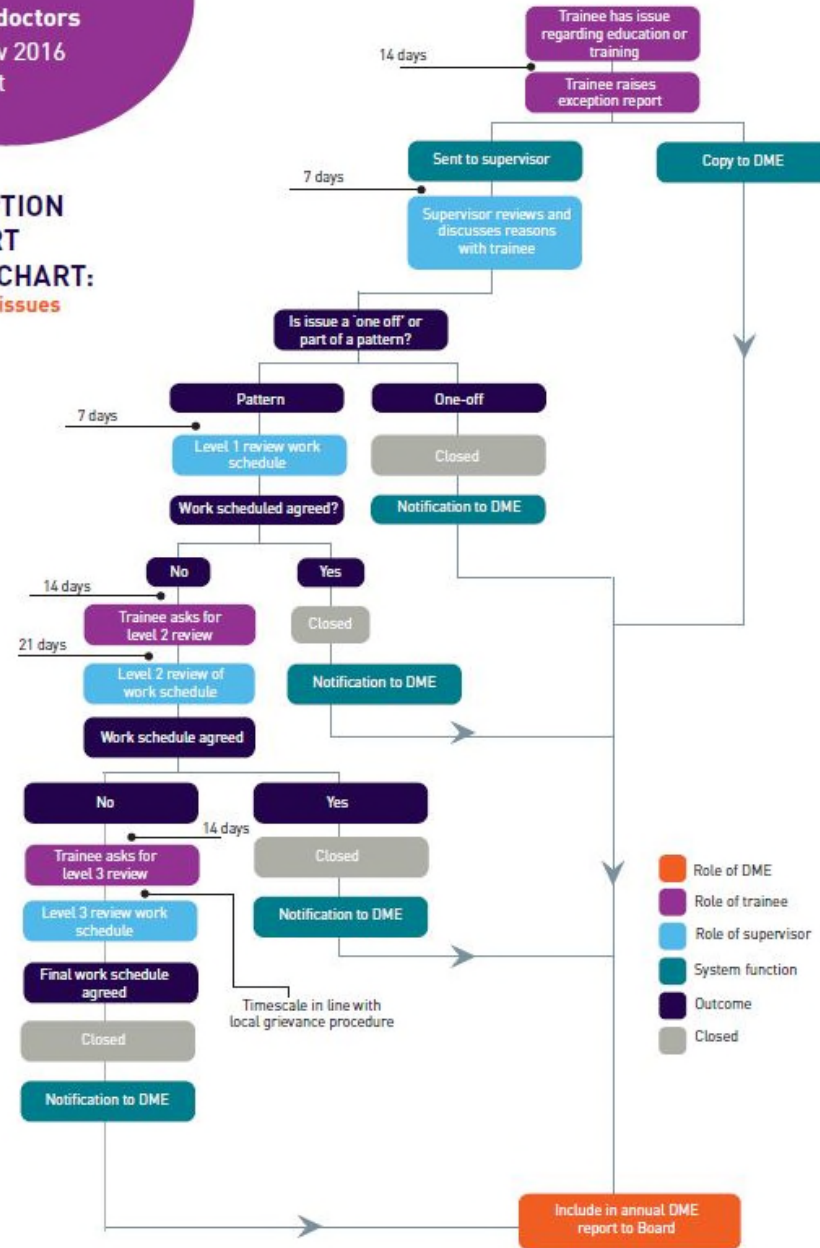
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Junior doctors
The new 2016 contract

EXCEPTION REPORT FLOW CHART:
Training issues





What the papers say.....

- “Consultant trainers could face increased workload under junior contract”
- “It’s going to push people out”
- “Potentially some consultants are going to say, ‘Stuff this I’m not going to be an educational supervisor anymore.’ That would be terrible.”
- “If you give people 0.25 SPAs per junior doctor that’s fine, because one hour a week is more than enough to do the supervision and everything else that is asked. The reality is that nobody gets it.”

The ES perspective?

- Just have to get on with it
- More hoops to jump through to be allowed to do the job
- I don't get recognised or paid for it
- Now you want me to do what?!
- More b....y paperwork



Role of the Educational Supervisor

- Responsibility to agree a personalised work schedule considering:-
 - Learning opportunities
 - Significant caring responsibilities (where relevant)
 - Reasonable requests for variations to work patterns
- Discuss work schedule at regular review meetings
 - Do changes need making to achieve learning needs?



Role of the ES

- Regularly review progress against agreed learning objectives and discuss areas of work that have:
 - Changed
 - Need to change
 - Cannot be achieved for reasons outside the doctor's control.
- Agree any changes to work schedule and implement agreed changes taking into account the remaining duration of the post.
- Exception reports
 - Receive and discuss
 - Agree action
 - Document response to the doctor (copied to DME +/- guardian).
- Urgent review Work schedule when safety concern highlighted



What does this mean?

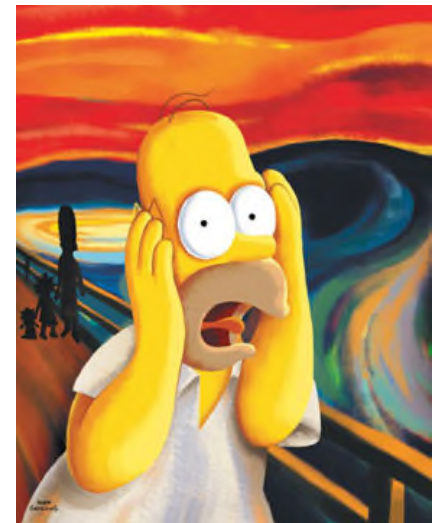
Little change mostly...

What are the training needs and can they be met in the work schedule?

There is a concern expressed training / work

- Review it
- Support
- Remedy / Signpost

Documentation



- Dr Knight on the other hand is very happy with her training, but on the third Thursday after starting the placement, she was supposed to finish at 18.00 but could not leave until 19.00. She decides to raise an exception report (copied to the GoSH), as feels that could not have left work on time due to patient safety.
- The ES/CS reviews the report, recognises this was the case, and **makes the necessary arrangements for Dr Knight to receive time off in lieu on the following Tuesday morning for the extra hour worked**. This outcome is communicated to Dr Knight and copied to the guardian. Payment for the extra hour of work may be an option but not required as time off in lieu was available.
- Over the next weeks, Dr Knight raises further exception reports on the following two Thursday evenings as well, because she has to stay at work beyond the time when the work schedule says that she should finish. Reviewing these exceptions, the ES/CS realise that this isn't a one off situation but is related to a systemic issue.
- On reviewing with Dr Knight, the ES/CS concludes it is not possible to complete the work on Thursday afternoons by 18.00, therefore a work schedule review is required, **and finish time changed to 19.00 in the work schedule, with her salary being adjusted accordingly to reflect this**. The outcome is copied to the guardian for reference.

Common questions received already

I'm on leave – what happens if reported while I'm away?

What if I don't work in same department?

Do I have to document a personalised work schedule for each trainee?

What happens if I don't do anything about this as a supervisor?



DME perspective

- “additional hassle on an already stretched and stressed group”
- They are all going to quit
- Another bl...n IT system which I need to look at
- What’s a Guardian? Wasn’t some of that my job?
- This Guardian could have a bigger training budget than me!



DME – what it says

Work scheduling

- Is a work pattern educationally appropriate?

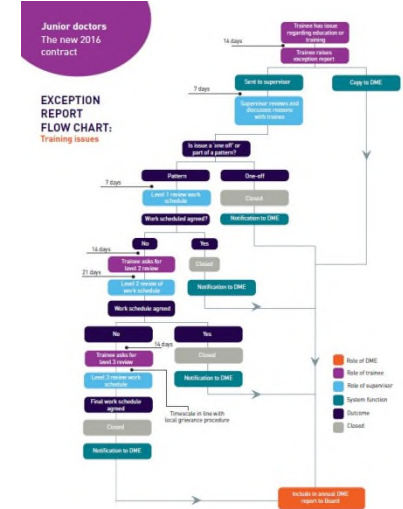
Exception reports

- Receive copies of all exception reports related to training
- Review the outcome of the exception report to identify whether further improvements required.

Work schedule reviews

- Training related level 2 work schedule review – nominate a rep to attend
- Final stage of a work schedule review – attend or nominate rep
- If directly involved in work schedule review does it affect more than 1 doctor on rota? If so review all schedules on rota

Annual Board report on exception reports and work schedule reviews relating to education and training.



Trying to make it work

Get IT sorted (hopefully)

Good broad JD Forum

Get on with your Guardian – share reports / issues

Departmental Rota leads key – Specialty tutor or A.N.Other

Educational Supervisors Forum

Future Impact on Training

- Work Schedules - “The doctor must complete...”
- Departmental views – is it worth having trainees at all?
- Shape of Training
 - Needs of Health Service – tension service & training
 - Flexibility
- Future changes
 - Settled BMA JDC needed urgently!
- We are learning on the hoof!



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From: Peter Hockey [<mailto:Peter.Hockey@wessex.hee.nhs.uk>]

Sent: 19 October 2016 12:16

To: Sadler Paul - Director of Education Consultant in Critical Care

Subject: RE: The Haven 2017

