

# Challenges and Opportunities for Guardians

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Guardian of Safe Working, Poole

Evolving situation and post

Exception reports just starting to come through

Interested to hear others' thoughts and opinions

# Guardian of Safe Working Role

Created as part of new Junior Doctors Contract

To ensure hours doctors are working are safe, for doctors and patients

Reviewing exception reports

Intervening and requesting work schedule reviews when necessary

Fining departments if breaches to hours or rest requirements are frequently breached

# The guardian will:

- Champion safe working hours
- Attend induction to explain their role to the doctors
- Oversee safety related exception reports and monitor compliance
- Escalate issues for action where not addressed locally
- Require work schedule reviews to be undertaken where necessary
- Intervene to mitigate safety risks
- Intervene where issues are not being resolved satisfactorily
- Distribute monies received as a result of fines for safety breaches
- Provide assurance on safe working and compliance with TCS

# The guardian will not:

Design rotas

Manage individual work schedules

Act as the educational champion

Review every aspect of doctors' working patterns

Intervene in every exception

Agree working patterns or schedules with individual doctors

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)

# Distinction between roles

- The guardian is not responsible for education and training, this remains the role of the DME.
- The guardian is not responsible for the line management of junior doctors (unless this was already part of their separate role as a clinical/educational supervisor).
- The guardian role does not replace the role of educational supervisors.
- The guardian of safe working hours should not be confused with other guardian roles such as the Caldicott guardian or Freedom to Speak up guardian.

December 2016.....



# GMC survey

55% on rotas with gaps

43% workloads 'heavy' or 'very heavy'

25% sleep deprived on a weekly basis

1/3 trainers – no time to train



# RCP Dec 2016 – ‘Being a Junior Doctor’

70% regularly working on a rota with gaps

Seven shifts a month without drinking enough

Four shifts a month without food

80% regularly experience stress

One in four say job has serious effect on mental health

Loss of community and teamwork

# Valued?

96% feel valued by patients

99% by junior doctors they supervise

96% by nursing colleagues

94% by consultants

30% by Chief Exec

22% by non-clinical managers

# Guardian - Dec 2016

‘Health secretary Jeremy Hunt sought to stave off the findings yesterday - announcing a raft of measures to improve medical training.

Further measures today will promise access to food, water and rest. ‘



# Current situation

Guardians appointed at all trusts

Junior doctors forum set up

Informal local networks established

Guidance for networks and quarterly board reports published by HEE

Evolving situation

# What type of Guardian?



# Challenges with juniors

- Post junior doctors don't want or trust post/person
  - Waste of money
  - Token gesture
  - Motivation?
- Setting up forum
  - time
- Apathy
  - problems recruiting to forum
  - Demoralised
- Anger – will this be reflected in exception reports?

# Initial BMA advice confused

The BMA continues to resist the imposition of the new contract. Previous communications to LNCs on the junior doctors dispute have requested that they do not facilitate implementation of the new contract, and we understand that some members may have taken that to relate to the guardian role too.

However, we do not see this as facilitating part of the imposition, but as part of our ongoing efforts to get the best possible deal for junior doctors, and would therefore encourage junior doctors to engage with the guardian of safe working hours.

# Professionalism

Contract de-professionalises

Makes them /encourages counting hours

What is working professionally and what is working beyond your allotted time?





# Baby Boomers / Generation X

Experienced

Respect hierarchy

Used to competition

Loyal to:

- Career
- Organisation
- Profession



# Generation Y / Millennials / Generation Me 1985 -

Assertive

High expectations

Used to shallow hierarchies

Open & emotional

Internet generation



Thank you to Mike Masding for these last 2 slides

# Challenges with senior staff

Distrust/ignorance of other consultants

- Who on earth would do this?
- Don't you have enough work to do?

Need to engage and respond quickly to exception reports

- Time
- Knowledge – really just an extension of the Ed Sup/Clin Sup role

Fines

'Oh my days.....'



# Solutions?

## Communication with all our colleagues

- Attend induction
- Talking directly to juniors
- Listening, showing respect
- Involving doctors in training in junior doctors forum, rota writing etc
- Departmental sessions
- Information sessions for consultant colleagues

# Opportunities



Contract has been imposed.

Show support and solidarity

By involvement, communication, respect

Work schedules clearly defining expectations and opportunities within each job...

Places training at centre of job, with service being second

Be part of the system which safeguards in-house/on the job education – as these are defined within the work schedule and take precedent over elective activity

Flexibility within rotas may improve if BMA engage with HEE

# Summary

Evolving situation

We are all learning as we go along

Challenges can be overcome

Opportunities harder to find!

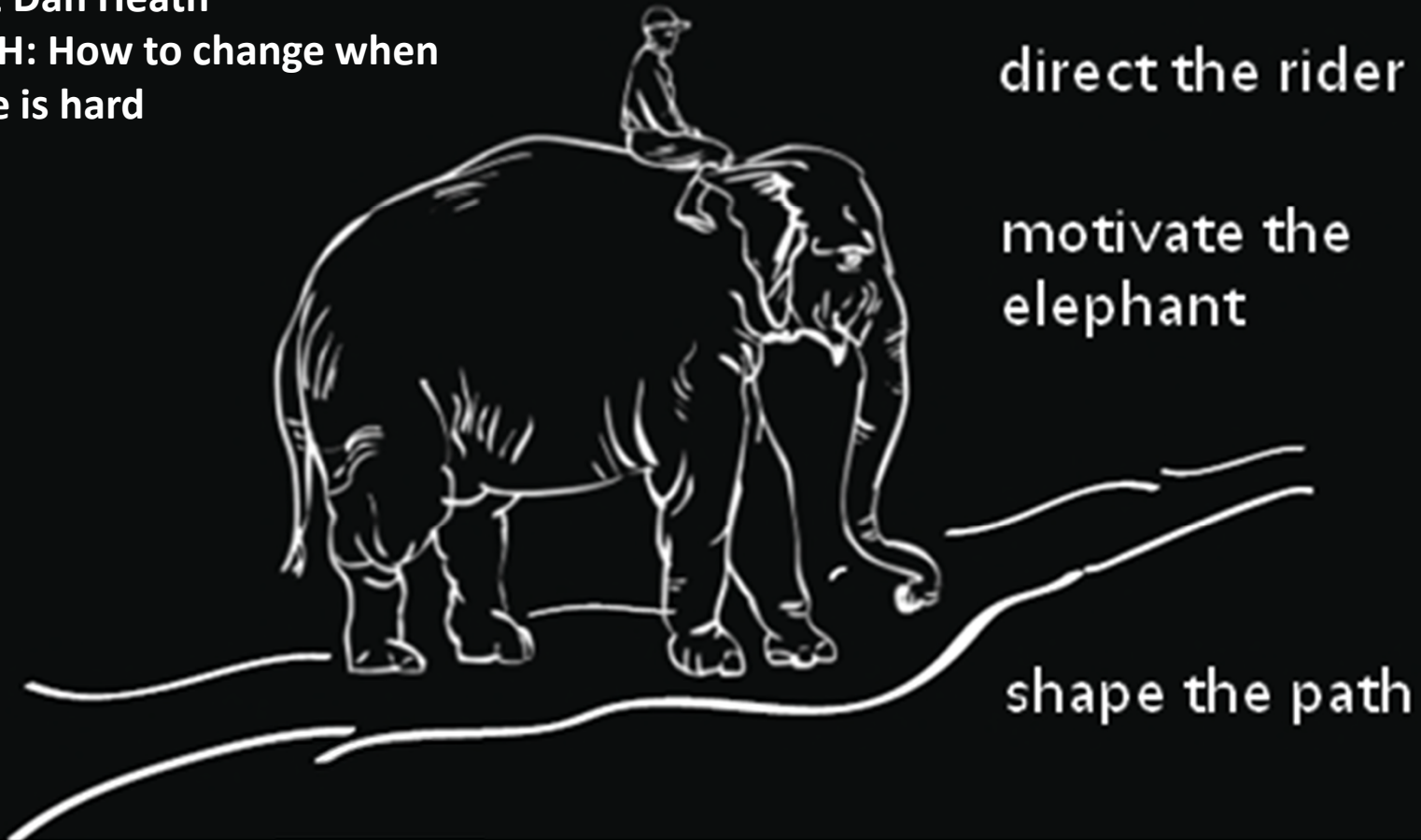
Thank you.





# The Elephant Metaphor

Chip & Dan Heath  
SWITCH: How to change when  
change is hard





# Beware Catastrophising

- PRHOs
- New Deal
- Calman SpRs
- MMC
- New junior doctor contract
- New consultant contract...?

