Terms of reference for your JDF

## Purpose

**A junior doctor forum (JDF) is now a critical part of ensuring the work done by juniors in reality is safe, in line with contractual rules and educationally useful; and also to ensure the guardian of safe working hours role works effectively in the interest of juniors and the trust.**

The junior 2016 terms and conditions of service[[1]](#footnote-1) (TCS, schedule 6 paragraph 13) requires each trust to:

…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 JLNC (or equivalent) as well as the Chair of the JLNC. 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.

The TCS gives the JDF several important roles, which now include formally considering any trust requests to defer, for specific rotas, certain stricter shift limits introduced under the 2019 agreed TCS changes.

**This means it is important that all JDFs are properly constituted, with terms of reference agreed**. These should cover membership, quoracy (minimum attendance), and how to make formal decisions concerning rota rules and well as spending available budget.

## Using this document

There are many different models and levels of formality in operation nationally, but this model document is intended to be flexible to accommodate local practices in line with our recommended options. Obvious gaps for insertion are highlighted, and clauses labelled with an asterisk (\*) are options that should be considered to keep/delete as appropriate to your circumstances. You are free to adapt this document more substantially if this is agreed locally to be helpful. Internal cross-references are also highlighted so they can be updated if necessary following editing.

Once you have agreed a new set of terms of reference, **make sure the trust shares the rota adjustment procedure with relevant rota coordinating staff**.

[X] JDF terms of reference

## Title

* 1. The forum shall be called the [X] junior doctor forum (‘JDF’, referred to as ‘the forum’ below).

## Aims and objectives

* 1. **The main purpose of the forum is to represent junior doctors working at [X trust/workplace] and advise the trust in relation to working conditions or education and training, and to scrutinise and support the work of the guardian of safe working** (‘the guardian’). The forum will address relevant concerns to ensure juniors’ working hours and conditions are effectively monitored and their contractual rights upheld, escalating matters within the trust as required.
	2. It will do this by:
		1. **Receiving regular reports from the guardian** regarding issues highlighted by exception reporting and any mitigating steps required in response
		2. **Providing a forum for ideas to be discussed** and suggestions developed to improve rotas, working or training arrangements, or other trust systems or services that impact upon junior doctors
		3. **Providing a link between junior doctors and relevant trust management** to explore and progress proposals that are made, as well as to help mediate disagreements arising from the trust’s rota redesign procedures or under (iv) and (v) below
		4. **Contributing to locally negotiated and determined arrangements** in the scope of the 2016 TCS, including with respect to:
			+ The effectiveness of the exception reporting system and work schedule review process operated by the trust (schedule 5)
			+ Work scheduling, including individual personalisation (schedule 4)
			+ Arrangements to facilitate all necessary educational activity taking place within paid working time, including any need to build ‘personal educational time’ shifts into rotas to avoid exception reporting (schedule 5)
			+ How to ensure juniors obtain breaks including the third break on longer night shifts (schedule 3), and any need for rostering breaks or organising bleep cover
			+ Leave booking and shift swapping (schedule 10)
			+ Locum process arrangements (schedule 3)
			+ Flexible payback by juniors of equivalent time in return for retaining fees for non-NHS work conducted during working hours (schedule 8)
			+ Commenting upon the guardian’s draft trust board reports including rota gap data (schedule 6)
		5. **Considering decisions about contractual rules as required** by the 2016 TCS, including ratifying any proposals under schedule 3 to relax the maximum limits upon:
			+ Weekend frequency worked on a rota, to greater than 1:3
			+ Consecutive shifts on a rota, from 7 to 8
			+ Consecutive long day (over 10 hours) shifts on a rota, from 4 to 5
			+ Consecutive on-call duty periods on a rota, from 1 (or 2 at weekends) up to a maximum of 7 in a row
	3. **The forum will also agree with the guardian how to allocate funds generated by fines**. These funds must not be used to supplement the facilities, IT provision and other resources already defined by HEE as fundamental requirements for doctors in training and which should be provided by the employer as standard. The forum will also agree how to spend any other funds for which it may be given responsibility.

## Considering requests to adjust rota rules

* 1. **Where the trust wishes to seek permission to loosen contractual rules with respect to a rota as permitted by the 2016 TCS, a request to the forum should only be made after discussion has taken place with juniors on that rota**, and agreement reached locally between juniors and relevant managers that it is desirable and safe to do so.
	2. A request to the forum must be in writing on behalf of trust management, and include:
		1. Details of the specific rule(s) proposed to be adjusted and the period for which this would apply (maximum one year, but should be the minimum practically possible period).
		2. Confirmation the juniors currently on the rota support this change, and all reasonable efforts have been made to check this with each individual on that rota
		3. The name of a junior doctor currently on the rota who has acted as a contact point and agrees (ii) is accurate
		4. A statement of clinical justification for the proposal, as agreed by the clinical director; financial constraints are a factor in rota design but not sufficient to justify the relaxation of the contractual rules
		5. A plan to enable the trust to meet the full contractual rules on the rota and render this permission unnecessary, with anticipated timescales/deadlines
		6. Any other relevant information requested by the forum
	3. The forum should consider:
		1. The clinical justification presented, and whether the process followed has ensured realistic alternative rota designs have been explored taking account of suggestions from juniors on the rota in question, as well as others with relevant experience
		2. The plan presented, and whether further steps are required to give confidence that full contractual rules can be met in the future within the timeframe anticipated
	4. To be ratified, the request must be supported by the guardian and endorsed by the forum according to the process defined under 6.2 below.
	5. These provisions complement local procedures for rota redesign (including consultation with and sign off by juniors) and are additional to, not instead of, existing TCS rules concerning work scheduling and its review process (schedules 4 and 5).

## Membership

* 1. **Membership of the forum shall include**:
		1. Guardian
		2. Director of medical education, or nominated deputy
		3. Head of medical staffing/medical HR manager, or nominated deputy
		4. Trust rota coordinators, or a representative on their behalf
		5. BMA industrial relations officer
		6. Staff-side local negotiating committee (LNC) chair, or nominated senior LNC representative
		7. All BMA/LNC junior doctor representatives
		8. Any further members as set out in 4.3 below.
	2. **Forum meetings shall be open to all junior doctors employed by or working in the trust**. This should be interpreted broadly, beyond those in current postgraduate training, on the principle that it helps the work of the forum to include other doctors who work equivalently to trainees on junior-level rotas and so bring equal insight to forum discussions. This includes:
		1. Doctors and dentists in training
		2. ‘Trust grade’ (locally employed) roles where these are employed under similar terms to trainees, or otherwise are not able to engage in job planning akin to senior doctors
		3. [Any doctors engaged under other working arrangements (e.g. bank terms) who work for extended periods on single posts/assignments alongside junior doctors, for whom forum attendance should count as working time; this is likely to be relevant where such doctors fill junior rota slots for a substantial part of a typical rotation length, but not where they work shorter assignments providing cover on different rotas]\*
	3. **To ensure the forum reflects the diversity of the workforce it covers, including the spread of specialty areas and working patterns, its membership may** include nominated representation by rota or department where this is practical. [Such roles would normally include:
		1. Less-than-full-time trainees
		2. Academic trainees
		3. GP trainees
		4. Public health trainees
		5. Dental trainees
		6. Trust grade doctors (as specified in 4.2(ii) above)
		7. Medical students
		8. Representatives of relevant speciality groups/grades]\*
	4. In addition, regular invitations to attend should be extended to:
		1. Management-side joint local negotiating committee (JLNC) chair
		2. Trust’s ‘freedom to speak up’ guardian
		3. Medical director
		4. Chief executive or relevant members of the trust board
	5. The forum may by agreement invite any other person to attend a meeting.
	6. Throughout these terms of reference, the definition of ‘junior doctor’ shall follow the broad definition adopted under 4.2 above.

## Enabling attendance

* 1. **In order to meet its contractual obligations, the trust will ensure meetings take place and that junior doctor members have opportunity to attend**. To enable this, the trust will arrange as necessary with relevant departments to release juniors for scheduled meetings so predictable service pressures do not prevent their attendance.
	2. In the event a junior is at work but unable to attend a forum meeting, or attends a meeting outside their working hours, they should exception report this (schedule 5 paragraph 2c).

## Quorum and voting

* 1. Meetings will normally proceed regardless of number of junior doctors present, since juniors can act as representatives for colleagues and information can be disseminated.
	2. However, where votes are held or formal decisions are proposed for agreement, there must be at least [5] junior doctors present, with voting among those juniors by simple majority.
	3. Any election of roles must take place by secret ballot, using a transferable vote. Voting upon other decisions will normally be by show of hands, or by secret ballot if requested.

## Officers

* 1. [The forum shall elect annually a junior doctor to act as chair.]\*
	2. [The forum is chaired by the guardian, but shall also elect annually a junior doctor to act as chair of the junior side.]\*
	3. The forum may form a committee to support the junior chair and help liaise with the BMA and LNC about issues discussed at the forum. This should include BMA/LNC junior doctor representatives [along with additional officer roles elected by the forum: X]\*
		1. [X]\*
	4. The guardian’s administrator will act as secretary and take notes of meetings, maintain an action tracker, agree agendas in advance with the guardian and junior chair, and make administrative arrangements.

## Meetings

* 1. **The forum shall meet [monthly/every two months/quarterly], with dates fixed as far as possible in advance**. The guardian and junior chair may also agree to convene additional meetings as required.
	2. The agenda and action tracker should be circulated at least a week in advance, and reminder emails to all members (e.g. to ‘all juniors’ email lists) sent as appropriate by the secretary.
	3. **[Opportunity shall also be given for juniors to discuss and prioritise issues with their representatives before the guardian and trust management representatives are present**:]\*
		1. [Each forum should be composed of a pre-meet section for the first [X] minutes before other members and invitees join the meeting]\*
		2. [Each forum should be composed of a pre-meet section for the first [X] minutes before other members and invitees join the meeting; at this point juniors without committee roles may wish to depart and leave the committee to represent them to management and senior attendees]\*
		3. [Forums should alternate between ‘junior only’ meetings of junior doctors and their representatives and ‘full’ meetings at which other members and invitees also join; there must still be no fewer than four ‘full’ meetings each year as contractually required]\*
	4. **Meeting agendas shall include** (but not be limited to):
		1. Notes of last meeting, updated action tracker and copy of guardian’s board report
		2. Update from the guardian – to cover exception reporting, mitigating steps in response to issues highlighted, fines levied, funds accrued, and consideration of reporting gaps
		3. Review and mitigation of missed breaks and other safety critical breaches
		4. Discussion of rota design and working hours issues
		5. Update on progress towards meeting full contractual rules for any rotas covered by permission to loosen certain limits, as granted under section 3 above.
		6. Discussion of educational and access to training opportunity issues
		7. Discussion of facilities issues
		8. Use of available fine income
		9. Any other business
		10. Date and location of next meeting

## Communication and reporting

* 1. Through the guardian, the forum should ensure arrangements are in place to share relevant information between host and lead employers so juniors working under secondment or employed by a lead employer are properly represented through the relevant JDF(s).
	2. The JDF shall report to the joint local negotiating committee (JLNC) [and relevant educational or other trust committees] and escalate matters that cannot be resolved through the forum.
	3. The guardian reports to the trust board, which includes relevant issues from the forum. To discharge their duties and represent junior doctors as best as possible, the guardian should normally attend board meetings personally when presenting a report and should invite the junior forum chair or fellow junior representative to attend with them.
	4. Meeting notes, guardian reports and other relevant documents shall be made available on the trust intranet, and the junior chair shall be given access to email all junior doctors with updates from forum meetings.

## Review

* 1. These terms of reference must be ratified by the JLNC. The forum will review them every [X] years and propose any changes to the JLNC for agreement as appropriate.
	2. The forum contributes to performance management of the guardian. Where there are concerns regarding their performance of this role, the JDF should raise them with the relevant trust director, and these concerns can be escalated to the senior independent director on the trust board where they are not properly addressed or resolved.

## Status

* 1. These terms of reference were agreed on [X date] and remain in force until superseded.
1. Schedule and paragraph references in this document correspond with TCS version 8 [↑](#footnote-ref-1)