**Model**

**XXXX Trust**

**Junior Doctor Representative Committee Constitution**

**Purpose and Scope**

The aim of the Junior Doctor Representative Committee (JDRC) is to provide information, advice and support to the Junior Doctors (JDs) on issues specifically affecting them, and to act as an intermediary to facilitate communication between the trust, senior clinicians and the junior doctors.

**Membership**

The JDRC will consist of a representative group of x (eg.6-10) junior doctors, at least one of which will be the Trust’s BMA junior doctor representative and there should be one medical and one surgical trainee sitting on the committee. All Junior Doctors within the Trust will be free to apply for a place on the JDRC. One of the members of the JDRC will also sit on the Junior Doctor Mess Committee. Junior Doctor Representatives will be elected for a two year term which can be renewed, unless they leave the trust before this time.

The Trust will allocate appropriate time and resources to enable this function to be performed effectively (including secretarial support and time away from clinical commitments).

If there is insufficient membership the committee will have the right to co-opt a further member and on occasion it will be necessary to invite (non-voting) members to the committee.

It is recommended that all JDRC members be members of the BMA.

One member of the Mess committee should also sit on the JDRC to ensure good working relations between the two committees and as a potential access point to any available funding for junior doctor initiatives.

The number and membership of the JDRC will be subject to ongoing review with elections occurring either when a member leaves the Trust, resigns from the committee, or on the expiration of their two year term (renewable).

**Responsibilities to Represented Body**

1. The JDRC will be accountable to all JDs employed by the Trust
2. The JDRC will allocate members to sit on various committees in the Trust including the mess committee, the local negotiating committee, The Junior Doctors’ Forum, the postgraduate education committee and others as appropriate.
3. The JDRC will produce minutes from the meetings, which will be sent to the Chairs of both the LNC and MSC. These minutes will be available for all junior doctors.
4. Meetings will be held on a two monthly basis

**Voting**

Those present at a meeting may vote on issues raised but a quorum of five representatives is required. Opinion of the wider Junior Doctor Body will be sought on serious issues.

**Review**

The Constitution and the membership of the JDRC will be reviewed on an annual basis.

**Junior Doctor Representative Committee Charter**

XXX Trust employs a substantial number of Junior Doctors (JDs). The Junior Doctor Representative Committee (JDRC) has been established to act as a representative group for these doctors. This committee aims to fulfil the contractual requirement to have a Junior Doctor Forum committed to work closely with the guardian of safe working hours and Dean of Medical Education. We aim to provide a place in which JDs can voice, in confidence any issues they encounter – be it training, rota, personal or other. The committee will then be able to communicate these issues with the appropriate personnel in order that they be appropriately addressed. The JDRC advocates a culture of open two-way communication between management or any other relevant party and the junior doctor group.

Following agreement at the Joint Local Negotiating Committee, the JDRC’s existence is recognised by the Chief Executive, Medical Director and Chairman of the MSC. This Group will meet every other month and ensure that major JD issues are addressed. It will also act as a forum for discussion and will make recommendations to be referred to the LNC, and other appropriate committees for agreement. The committee would aim to have representation on major hospital committees to represent the interests of the JDs and to allow consultation and negotiation with and feedback from those groups to the JDs.

The JDRC will consist of a representative group of X (eg. 6-10) junior doctors, as least one of which will be the BMA junior doctor representative and there should be at least one medical and one surgical trainee sitting on the committee. All JDs will be eligible for membership of the committee and will be selected by election if there is competition. Voting will be carried using a ranking system of preference for applicants.

***The Trust should work towards every Junior Doctor being employed and trained according to the nationally agreed guidance, to include the following:-***

* Appropriate Consultant supervision, mentoring and training
* A fair rota in keeping with the European Working Time Direction, New Deal Compliance and the June 2016 Terms and Condition of Service
* Responsive communication between the Trust management, senior clinical and the JD
* Adequate support and time allocation to allow JDs to fully participate in appraisal process and necessary continuing professional development
* Adequate and fully funded study leave where appropriate

This Charter and the achievement of the objectives referred to herein will be reviewed by the Joint Local Negotiating Committee of the Trust on an annual basis.