

St George's Junior Doctors Forum
Thursday 23rd November 2017 12:45-2pm
Venue: GV2.019, SGH

Present	Sunil Dasan (SD)	Guardian of Safe Working
	Daniel Pan (DP)	JDF Chair
	Harbhajan Brar (HB)	HR Director
	Jonathan Round (JR)	DME
	Judy Roberts (JR)	AD GP Training SW London
	Emma Barrett (EB)	Medical Staffing
	Claire Low (CL)	Medical Staffing
	Zoe Laker-Smith (ZLS)	Medical Staffing
	Robert Bramwell (RB)	Medical Staffing
	Ami Stokes (AS)	BMA IRO
	Kathy Duong (KD)	LTFT Rep
	Dagan Lonsdale (DL)	ST7 Clinical Pharmacology
	Fuad Huq (FH)	CT3 AMU
	Jonathan Van Dellen (JVD)	ST8 General Surgery
	James Tonkin (JT)	Respiratory SpR
	Gaya Rajasooriar (GR)	SLGPTC Co-Chair
	Serena Haywood (SH)	Paeds Consultant
	Alexa Escudero (AE)	ST3 AMU
	Rob Seal (RS)	GP Registrar
	Jonah Powell-Tuck (JPT)	ST7 ICU
M Franka (MF)	F1 General Surgery	
Alex Lai (AL)	GPST2	
Myriam Guessorm (MG)	ST2 Radiology	
Apologies	Hannah Barham-Brown (HBB)	Deputy JDF Chair
	Rebecca Torry (RT)	GP Lead
	Farida Ali (FA)	LNC chair

Log No	Item	Action & Lead	Due Date
1	Welcome/Introductions & Apologies (SD/DP)		
	DP/SD welcomed those present and read apologies to the group.		
2	Minutes of last meeting and matters arising/actions (All)		
	<ul style="list-style-type: none"> • CL – Medi-rota is used to book A/L via an App and monitor vacancies on each rota. Medi-rota has been rolled out in some specialties across the Trust (T&O, Radiology, General Surgery). Paper gone back to EMT for further/final approval. CL will have access to Medi-rota to produce reports. Trainees to get involved with operations of Medi-rota • Trust doctor/Non-training doctor reps encouraged to attend JDFs 		
3	Report form Guardian of Safe Working (SD)		
	<ul style="list-style-type: none"> • 270 Exception Reports from a variety of trainees since October 2016 • Total of £2829.06 in fine monies by beginning of December 2017 • Fine money will be used to improve the working environment for trainees. More clarity to come on how to spend fine money. • Eleven (11) overdue Exception Reports • GP trainee Exception Reports – GSTT x8, Croydon x40, Oxleas x1, SLAM x1 		
4	Report from Medical Staffing (ZLS/EB)		
	<ul style="list-style-type: none"> • All contracts sent out barring x5 Octobers starters • February HEE data has come through • Some work schedules are still outstanding for GPs so not all contracts sent for GPs. • 45 undefined locations for GPs – HEE is aware • GP team is still understaffed – HB is currently addressing staff compliment for GP team 		
5	Report from DME		
	<ul style="list-style-type: none"> • Excellence in Education award event – 7th March SGH. • London Leadership Academy driven by NHSI (Developing the workforce). First workshop is on 12th December in the Hyde Park room, SGH (1500-1800) • HEE quality news – Neonatal unit (SGH) received award for one of the best training units in the region. • AMU rota changes have resulted in some issues mainly for F1s. Trainees encouraged to Exception Report. 		

6 Report from Specialty Lead for GPs – Judy Roberts			
	<ul style="list-style-type: none"> • Synapse is now used by GP trainees to access updated information • LTFT training information for trainees should be put on Synapse i.e. how to apply to change hours or extend the LTFT period 	<p>Judy Roberts to check if LTFT information can be added Synapse</p>	<p>Next JDF</p>
7 Director of HR Q & A (HB)			
	<p>Q1 – Is there a rest break & travel home policy for doctors and nurses A1 – There is no specific policy defining rest and travel arrangements between doctors and nurses. Senior managers have been reminded of these safety concerns</p> <p>Q2 – How does the JDF acquire a cost centre for the Guardian fines that have been levied A2 – A discussion needs to be had with Finance to get this set up.</p> <p>Q3 – F1 numbers have been halved in General Surgery and the promise of PAs not forthcoming A3 – HB is currently discussing PA placements so wheels in motion</p> <p>Q4 – Plans for getting extra doctors to deal with the Winter pressures A4 – HB is holding discussions with Directors and departments. Info sent to NHSI – now high priority</p> <p>Concerns: ICU - Issues with swapping leave on the rota Radiology – Fluctuating numbers on the rota due to exams and rotations. Medi-rota is a useful system but needs a dedicated person to oversee the function. AMU (Trust Dr) – Staffing at night is not enough and nights are very busy Mess area is too far from the work area so no convenient location to sleep Missed teaching opportunities due to staffing and work load Overall, happy with colleagues Trainees are being discouraged to Exception Report by senior members of staff. HB – Trainees should not be discouraged to ER. Trainees should report this to HR and there will be consequences for those involved. The Medical Director has addressed ER issues with consultants.</p>		
8 GP Trainee Feedback (KR/Gai)			
	<ul style="list-style-type: none"> • Some ER logins and contracts not received EB stressed that the priority was to get all GPs paid then contracts would follow • GP reps need to collate queries from GPs and feedback to the GP team. 	<p>Gaya to send Medical Staffing the list of GP reps</p>	<p>Before next JDF</p>
9 LNC/BMA update (AS)			
	<p>Rest facilities question raised</p>		

Cardiology Trainee Feedback

Junior Doctors' Forum: Cardiology Oct 2017 – Jan 2018

SpRs

Overall positive about training, in particular good access to imaging and Cath Lab based skills. Consultants very supportive – Dr Zoe Astroulakis has been singled out amongst the Consultant body as particularly supportive of SHO and SpR training. Echo, Pacing and Cath Lab training are generally viewed as positive with numerous educational meetings every morning providing learning opportunity (Echo, Pacing, EP, Imaging and Coronary).

Clinic burden thus far is averaging 2 clinics/week for ST5 and Clinical Fellows whilst Fellows (ST6-7) are averaging 1 clinic per week.

Having to fulfil Off site clinics at the Nelson twice a week has been frustrating for SpRs as travel to and from the clinic is time consuming and requires two buses or a considerable walk then a bus.

Clinics not being attended by Consultants and only SpRs is frustrating – often these are complex Specialist clinics e.g. arrhythmia clinics where without a Consultant present, decisions are delayed. However, this has been raised with the Consultant body and we are told from February 2018, no further SpR Clinics should be happening when the covering Consultant is away.

On Calls can get very busy with times where the bleep is constantly going off, not allowing the On Call SpR to get to referrals adequately. This has been a source of frustration, particularly with poor referrals or Echo requests taking up a lot of time. This has been fed back to the Consultant body.

SHOs

Very little feedback from SHOs except that there has been a significant staffing shortage that has meant occasionally (approx. once every few weeks) there is no SHO cover on the wards. This has had to be filled *ad hoc* by the existing trainees who are so busy covering that they are exhausted. They understand a new SHO is hopefully due to start soon to relieve the pressure somewhat.