Guidance and templates for running a Resident doctors Forum

Guidance notes

1. To maximise the effectiveness of the Resident Doctors Fora (RDF) they need to be short (30 – 45 minutes), frequent (ideally every 4 - 6 weeks) and embedded into the quality structures of the department i.e. they should link to the Consultants meeting and/or QIPS and form part of the fixed agenda for these groups. This will allow matters discussed at the RDF to be discussed by the wider team, resolutions agreed, action implemented and fed back to the RDF who can in turn report back on whether the issues have been resolved.
2. The RDF is overseen by the Education Lead but run by a senior registrar and a mid tier doctor to ensure that all RDFs are encouraged to attend and feel able to speak up.
3. The Education Lead will ensure that handing over responsibility for running the RDF to incoming doctors as doctors rotate is seen as an important priority for keeping the channels of communication open and the virtuous cycle of quality improvement turning.
4. The first 10 minutes of the meeting is a closed session where just the resident doctors discuss and complete the attached meeting template and nominate a spokesperson to feed back the matters raised to the Education Lead or delegated senior staff member.
5. The issues raised are then discussed and suggested solutions are added to the template.
6. The response to actions raised at the previous meeting are then discussed.
7. The date of the next meeting confirmed.
8. The Registrar/mid grade doctor are then responsible for circulating the completed template to all the doctors in the department and logging it with the papers for the next QIPS/Consultants meeting.
9. At the QIPS/Consultants meeting the Education Lead reports on the completed RDF template the final section of the template is then completed with the wider departments response to the issues raised.
10. The completed template is circulated to all the doctors and discussed at the next RDF. Where appropriate the RDs then feedback on the effectiveness of any actions taken to address concerns raised.

Guidance on topics to consider under each heading – not definitive list

The topics mirror those used in the GMC survey and therefore underpin all elements of the doctors teaching and training experience. Some elements are linked more directly to experience of postgraduate doctors in training but most are relevant and important to all doctors.

Listed against each topic is suggestions for the types of elements that the group might wish to consider when deciding if they have concerns

Patient Safety – are there aspects of patient safety – staffing levels, facilities, treatment etc. you want to raise.
Clinical Supervision – in hours and out of hours - are you supervised by someone competent, have you been forced to cope with problems beyond your competence, have you been asked to obtain consent inappropriately, and if you have any of these problems do you know who to escalate this to
Reporting systems – Do you know how to report patient safety incidents and near misses, is there a culture of proactively reporting concerns and learning lessons from the concerns raised. If you raise a concern are you confident that it is effectively dealt with and have you received feedback on the subsequent actions taken
Workload – Are you working beyond your rostered hours. Is your working pattern leaving you tired/short of sleep and do you feel the intensity of the work is too high at night and/or during the day.
Teamwork – Do you feel your department encourages a culture of teamwork between the multidisciplinary team. Does it encourage teamwork between departments. If you asked for help from outside the department are you confident you would get it.
Handover – Are handovers used as a learning opportunity. Do the internal handovers and the handovers between the departments ensure that there is continuity of care for patients. Are the appropriate members of the multidisciplinary team included in the handover.
Supportive Environment – Do you feel supported by the team, do you feel everyone is treated with respect and there is no discrimination. Has anyone been rude or negative or made you feel uncomfortable (sexual safety, bullying, undermining, threatening, odd…)
Induction – Do you know your roles and responsibilities, were you given enough notice about your rota and have you been given all the information you need about your workplace.
Adequate Experience – Are you getting enough practical experience to meet your learning objectives.
Curriculum coverage - Do you feel your training curriculum is being covered
Education Governance – Do you know how to raise concerns about your education, are you confident that your concerns will be addressed and do you know how to escalate concerns if they are not being dealt with.
Educational Supervision – Do you have a supervisor, have you met and agreed training plans, do you have regular meetings etc.
Feedback – Have you received informal and formal feedback. Have you had (or are you due to have) a formal assessment.
Local Teaching – is there local teaching and is it good. Do you have protected time to attend it and are you called away.
Regional Teaching – are you happy with your regional teaching are you able to attend
Study Leave – Are you encouraged to take study leave and do you have any difficulties getting the time off to attend.
Rota design – Are there enough staff at the appropriate level on your rota. Can you take up the education and training opportunities available given your rota commitments.
Facilities – Do you have ready access to a common room or mess. Are you happy with the WiFi connectivity. Are you happy with the Library resources is their website easy to use and do you have access to the library logins etc. Do you have ready access to IT hardware. Do you have easy access to showers, lockers, food preparation area and space for study.

Resident Doctors Forum – Specialty …….

HELD ON …….. From To

Chaired by :
Agreed spokesperson :
Purpose: To ensure that resident doctors have their views on all aspects of their work life recognised and to provide them with the opportunity to enhance the working life for themselves and their colleagues as well as ensure that it is a safe and effective place for patients to receive the care they need.

Topic to be discussed	Discussion within group for first 10 minutes	Actions discussed with Education Lead/other senior clinician to resolve concerns identified
Patient safety		
Clinical Supervision in and out of hours		
Reporting systems		
Workload & Exception Reporting		
Teamwork		
Handover		
Supportive Environment		
Induction		
Adequate Experience		
Curriculum coverage		
Education Governance		
Educational supervision		
Feedback		
Local teaching		
Regional teaching		
Study leave		
Rota design		
Facilities		
Post night rest facilities		

Work Environment issues, ie; Sexual Safety Bullying & undermining Discrimination Concerns about welfare provision Mental Wellbeing		
Payroll Errors		

Attendance Register for RDF meeting on .....

Name	Grade		Signature

Action Log for …….. Specialty

From meeting dated ……

Action Item	Assigned to	Action agreed	Response from Dept.	Item status & Due Date

Tentative date for the next Resident Doctors Forum: (dd/mm/yyyy)

DATE: _____