The junior doctor contract 2 years on: one trust's experience of exception reporting

ABSTRACT

The new junior doctor contract allows trainees to exception report when they breach safe working hours. After a full year of foundation year 1 rotations, analysis from a large NHS trust in London showed that exception reporting works to highlight rota and working issues. It is unsurprising that trainees are busy but simple things such as competent infrastructure and senior support could go a long way to improving working conditions. In addition, results from a local survey suggest that trainees think the new contract is less safe for both doctors and patients, with inflexibility of rota patterns having a significant impact on the ability to take annual and study leave. A drive to modernise the way health care is delivered in hospitals is needed as a shortage of doctors will only worsen the situation.

In October 2016, after much publicized protest, the new terms and conditions of service for doctors and dentists in training (dubbed 'the new junior doctor contract') were introduced for junior doctors in Health Education England training posts. This gradual implementation and transition onto the new terms and conditions took just over 1 year. From September 2017 almost all Health Education England-approved trainees were working under the new contract. A previous article in this journal highlighted key features of the contract, with a particular focus on safe working and the challenges it brings (Kirwan and McCarten, 2017).

With one full year of rotations now complete for foundation year trainees (August 2017 to August 2018), this article reflects on exception reporting, its impact on trainees and also the views and opinions of the trainees working under the new contract at Barts Health, a very large NHS trust.

The Trust

Barts Health NHS Trust is made up of five hospitals in east London (*Table 1*) and has 1044 Health Education England trainee posts across all acute specialties. There are over 185 separate rotas but only the foundation year 1 (FY1) rotas are fully staffed with trainees, all the others being a mix of trainees and trust doctors. Most trust doctors are working to a contract which mirrors the 2002 or 'old' contract (an almost universal situation across the country although some trusts have made significant progress in aligning the two).

Exception reports: who, when and why?

Exception reports are submitted by a trainee when his/her expected working hours are breached or if he/she misses an educational opportunity (this article only focuses on exception reports for safe working hours). Between August 2017 and August 2018, Barts Health received 350 exception reports for safe working hours – predominantly from FY1 doctors (60%) despite them only making up 11% of the trainee workforce. A further 21% were from FY2 doctors (12% of the trainee workforce) and 16% and 3% from CT and ST grades respectively (29% and 48% of the trainee workforce). Some trainees submitted multiple reports but, depending on grade, between 1% and 20% of individual trainees submitted a report in any given quarter.

Although there is no official category breakdown of why there are breaches in working hours, these have been summarized into six broad categories (*Figure 1*). It is clear that trainees are very busy and FY1s in particular need support and guidance, even before they finish medical school, to prepare them for the complexities of just trying to do their job in the hospital setting; it is no coincidence that spikes in exception reports are seen just after each rotational changeover.

'Failure of the rota pattern' has universally led to 'work schedule reviews' when the reality of tight shift times and nature of handovers have been miscalculated. These have tended to be very quickly resolved (usually <72 hours) once the team has realized the problem.

'Service support' encompasses a broad range of issues, e.g. taking 45 minutes to find a lumbar puncture kit, late arrival of blood test results, technical and IT issues. Many of these may seem trivial but actually many are easily modifiable and can make a huge difference to the morale of a trainee and his/her general experience at work – to quote: 'It's so annoying when simple things are a struggle'.

Rota gaps and cover for sick colleagues is inevitable but it is key that this is recorded as a measure of both the staffing crisis the NHS

Table 1. The hospitals that make up Barts Health NHS Trust and their trainees

Site	Type of hospital (and its main services)	No. of trainees
St Bartholomew's	Tertiary referral for cardiothoracics, haematological oncology, endocrine (no emergency department)	154
Royal London Hospital (incorporating Mile End Hospital)	Tertiary referral district general hospital, renal transplant centre, major trauma centre, hyper-acute stroke unit	520
Newham University Hospital	District general hospital	156
Whipps Cross University Hospital	District general hospital	214

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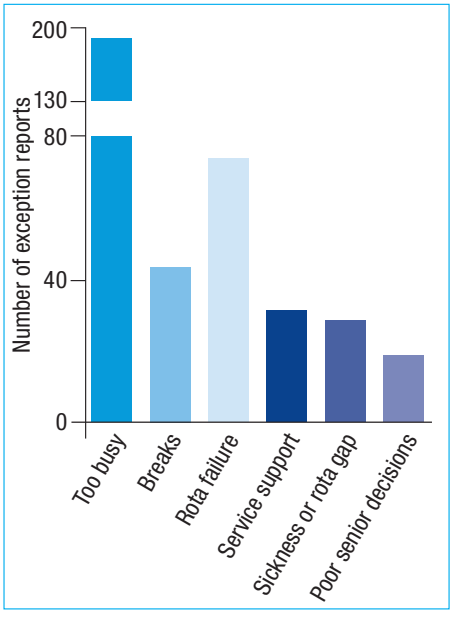

Figure 1. Broad categories which lead to exception reports for safe working hours.

faces and the inflexibility of the working patterns and rota rules. Finally it is also key that consultants and other senior clinicians are mindful that decisions they make may have a much bigger impact on trainee working patterns than they realize (e.g. starting a ward round at 5 pm instead of 2 pm).

The trainees' view

In July 2018 a 29 closed question survey (with one free text box) was conducted, using an online tool. The questions focused on knowledge and accessibility of the Guardian of Safe Working and associated resources on the Trust intranet, what trainees felt about the new contract in general and how they found the exception reporting process. A total of 201 responses were received from across all sites and grades, and 94% of respondents had supported the industrial action in protest at the implementation of the new contract.

Most worryingly the majority of respondents think the new contract is not safer for patients or doctors (*Figure 2*). The next most frequent concern relates to rota flexibility (or lack of it). This not only impacts on the ability to take annual leave (promoting a significant number who want fixed leave reinstated) but also the ability to attend educational activities such as mandatory training days and conferences.

Of respondents, 95% were aware of the Guardian of Safe Working. Exception reporting was considered better or the same by over two thirds of respondents as a method for reporting rota problems, but this comes with a key caveat. Of respondents 35% had submitted an exception report (which gives bias to the data) and, more concerning, 29% had been told at some point not to exception report by a senior member of the team.

This last point is of great concern and a pattern that is repeated nationally as discovered at a recent national Guardian of Safe Working conference. There is a great challenge to educate senior clinicians and managers that exception reporting is a force for good, allowing improved relations between themselves and trainees. Exception reporting allows problems to be highlighted quickly and gives a chance for solutions to be found together.

It is also clear that consultants could be better at responding to exception reports (only 35% of those who submitted a report were completely satisfied by the outcome) but in departments where a consultant is dedicated to be a 'junior doctor lead' (or equivalent) and exception reports are channelled through them rather than a clinical or educational supervisor (who is often not the person who is best placed to facilitate the solution) things tend to work much better.

Conclusions

The new contract and exception reports are here to stay. Many problems can be fixed with dialogue, IT and infrastructure improvements, and recognition that some behaviours have a greater impact on trainees than before. The impact of this is exacerbated by staff shortages which are unlikely to improve soon. Urgent workforce planning is needed, including increased use of physician associates, nurse specialists and other allied health professionals, to tackle the problems of safe working that junior doctors will continue to face.

In summary, exception reporting does work and is felt to be a positive thing by trainees. Exception reports for safe working hours have led to rapid resolution of rota problems and given clear areas that can easily be modified to improve safe working, although more is still to be done to promote exception reporting as a force for positive change. Trainees are not happy with the new contract and there is an urgent need to tackle its inflexibility and concerns that it has generated a less safe environment for both patients and doctors. BJHM

KEY POINTS

- Exception reporting works to highlight issues with working hours.
- Simple changes to infrastructure and improved senior support would reduce cases leading to exception reports.
- Trainees feel the new contract is less safe for patients and doctors.
- Inflexibility of working patterns introduced by the new contract is a barrier to annual and study leave, significantly adding to trainee discontent.

Conflict of interest: none.

Kirwan CJ, McCarten N. The new junior doctors' contract: a guide to safe working and the challenges it brings. Br J Hosp Med. 2017 Apr 02;78(4):184–185. https://doi.org/10.12968/hmed.2017.78.4.184

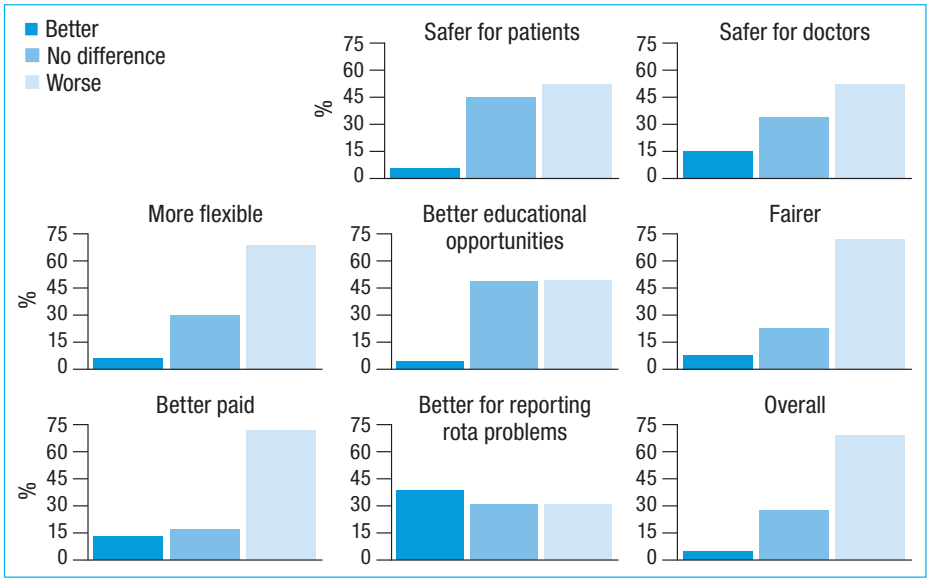

Figure 2. An overview of the trainees' assessment of the new contract.