



Leeds Children's Hospital Junior Doctors' Forum

Terms of Reference

1. Authority

Leeds Children's Hospital Junior Doctors' Forum (JDF) is authorised by the Leeds Children's Hospital (LCH) Child Health Committee to act as a representative body in addressing areas of interest to improve working and training environment of junior doctors in LCH. JDF will also act to keep an open and transparent communication between junior doctors and the management team of the LCH and Leeds Teaching Hospitals Trust (LTHT), in aim to ensure the best quality of care and attain the highest levels of patient safety.

2. Purpose

JDF will work to address various areas that could improve training and working experience of junior doctors in LCH.

2.1. JDF will aim to develop new and utilise existing training and educational opportunities for all junior doctors in LCH. It will aim to maximise the use of resources LCH can provide as the largest children's hospital in the region with most specialties under one roof.

2.2. JDF will aim to promote LCH as a desirable centre for trainees preparing them for professional exams.

2.3. JDF will provide its support and feedback in improving and optimising junior doctors' working environment to promote safe service provision and working patterns across all clinical areas of LCH, whilst maintaining desirable levels of training opportunities.

2.4. JDF will also, through its activities, aim to improve peer support and sense of community across all specialties in LCH.

2.5. JDF will engage and provide support in improving all other areas or issues raised by junior doctors from any clinical area within LCH.

2.6. JDF will define and publish its Plan of Action for every six-monthly doctor rotation addressing key issues to improve working and training lives of junior doctors in LCH.

3. Membership

3.1. JDF will consist of a Steering Committee and goal-specific Workgroups.

3.2. The role of the Steering Committee will be defining and coordinating JDF Plan of Action, including founding goal-specific workgroups and summoning regular Open Forums to address and discuss any issues pertaining to work life of junior doctors in LCH.

3.3. The members of the Steering Committee will be named to maintain adequate representation of all clinical areas in LCH, namely General Paediatrics, Paediatric Specialties, Paediatric Intensive Care Unit (PICU), Neonatal Services, Paediatric Surgery, Community Paediatrics and Paediatric Accidents & Emergencies.

3.4. The Steering Committee will follow a structure of a paired representation to ensure adequate member numbers are maintained at each session. Therefore, the Steering Committee will consist of two chairs, two secretaries and two representatives from each of the above named clinical areas (ideally one lower specialty trainee and one higher specialty trainee).

3.5. The members of the Steering Committee will be named by a consensus among attendees at the first Open Forum (see 4.4. and 4.5.) of each six-month junior doctor rotation.

3.6. To ensure continuity in the goals and direction of the JDF, members of the Steering Committee who stay in LCH in the same clinical area for more than six months, may stay as members in the same representative position for the next six months, before they are to be named by a consensus again. If the member changes clinical area, they will have to be named again a representative by a consensus.

3.7. JDF Workgroups will be goal-specific working groups founded on the basis of current issues raised by the junior doctors in LCH.

3.8. Workgroups will be founded by the Steering Committee and listed in the six-monthly JDF Plan of Action.

3.9. JDF Workgroups will be open for all junior doctors in LCH to freely join and contribute to its actions.

3.10. Membership to specific JDF Workgroup will not end after the six-month period and any member may stay involved in the workgroup as long as they wish to actively participate in attaining its goals.

3.11. To ensure maximum continuity in the work of JDF despite six monthly doctor change-over, members of a specific JDF Workgroup may continue their work beyond their employment with LCH as Associate Members of this workgroup, as long as they remain trainees in the Yorkshire and the Humber Deanery. This does not apply to representative members in the Steering Committee as stated in 3.6. However, Chairs of the JDF may participate in the Steering Committee's meetings in an advisory capacity for further six months beyond their employment with LCH, if they so wish.

3.12. JDF will be a junior doctor-led body and will work closely with consultant, management or other staff teams in developing and working towards the goals of improvement of working environment, patient safety and quality of care.

4. Meeting Structure and Frequency

4.1. JDF Steering Committee will regularly convene at regular intervals ideally at 4 to 6 week intervals.

4.2. Each JDF Workgroup will have to have defined specific long-term goals and a six-monthly plans of action to attain these goals.

4.3. JDF Workgroups will meet on a regular basis of their own accord but they will aim to update the Steering Committee on its plan progression at least once monthly.

4.4 JDF Steering Committee will organise Open Forums at least twice a rotation inviting all junior doctors in LCH to actively participate, propose and discuss any issues that may affect their working and training life in LCH.

4.5. At the first Open Forum in a six-month doctor rotation, members of the Steering Committee will be named by a consensus among the attendees.

4.6. JDF Steering Committee and/or specific JDF Workgroups are expected to invite members of other staff teams to develop and implement specific goals, but they are to do so on their own accord.

5. Governance

JDF will report to LCH Child Health Committee with a six monthly report on the progression of its activities.