DME and Guardian of Safe Working roles
Doctors and Dentists in Training Contract updates 2026
(England only)

This brief document sets out to provide links or information and good practice guidance on:

- The key roles of the DME and Guardian of Safe Working within the NHS Doctors and Dentists in Training Terms and Conditions (England)
- The key structure and functions of a Trust Resident Doctor Forum
- This document has been updated to reflect the changes to the contract and the exception reporting reforms introduced in 2026

Comprehensive and detailed information can be found on the NHS Employers' website: http://www.nhsemployers.org/your-workforce/need-to-know/junior-doctors2016-contract

BMA website: https://www.bma.org.uk/advice/employment/contracts/junior-doctor-contract-2016 An update and FAQs on the 2026 exception reporting changes can be found here: Exception reporting reforms – summary and FAQs

Key Responsibilities of the DME under the resident doctor contract in England

The DME role has wide-ranging responsibilities which vary according to local arrangements. This document does not attempt to cover them all; however, the key responsibilities under the resident doctor contract are set out below:

1. Oversight of identification of general and specific education opportunities for all posts by ensuring appropriate curriculum mapping that is up to date; these need to be clearly defined and then delivered (a quality assurance process led by the DME and administrative team).
2. Receive, respond to and resolve (where possible) all educational exception reports; involvement of the clinical and educational supervisor in investigating and resolving the issues can only be done with the resident doctor's consent.
3. Escalate persistent or serious educational issues highlighted from the exception reporting system via the Deanery Quality Management process and to the Medical Director and Trust Board in conjunction with the Guardian of Safe Working Hours.
4. Support the Trust in ensuring that the definitions and roles of educational and clinical supervisor within the contract are understood by current supervisors and reflected in Trust policies.
5. Since clinical and educational supervisors are no longer involved directly in the exception reporting first line processes, ensure that they are educated in the current system, and understand how to guide resident doctors in the use of the exception reporting process.
6. Work with educational and clinical supervisors and specialty leads/college tutors to:
   a) predict the impact of specific College guidance for training requirements and anticipate changes to work schedules

   b) liaise with specialty schools, to stay aware of changes and update curriculum mapping if required
   c) support HR departments in the production of generic work schedules, with the up-to-date educational opportunities for each post mapped to the appropriate curriculum (input here should be from the educational and clinical supervisor and/or specialty tutor, School and NHSE)
7. Support supervisors and trainees in the undertaking of timely, scheduled induction meetings - one of the specific purposes of this meeting should be to agree personal work schedules
8. Take a key role in providing and supporting resident doctors and dentists in training with information around the reporting mechanism and process for resolution of issues.
9. Understand and communicate to educational leads the structure and process of educational exception reporting and management of these reports.
10. Establish a Trust approach to common exception reports (such as missing protected training), proactively identifying themes from early reports and acting on them.
11. Support the Guardian's report to the Trust Board quarterly or annually (as appropriate) with data on educational exception reports via the Medical Director and/or other locally agreed processes.

Further guidance on the role and responsibilities of the DME relating to exception reporting can be found here: https://www.nhsemployers.org/publications/exception-reporting-guidance-directors-medical-education

Responsibilities outside of the DME's contractual remit

- Rota management and individual rota disputes
- Day-to-day management of staffing levels; management of leave requests
- Grievances and employment relations matters
- Occupational health matters
- Clinical governance investigations

Key Responsibilities of the Guardian of Safe Working Hours (GoSWH) under the contract

In the context of the resident doctor contract reforms, the Guardian of Safe Working Hours has a specific role in protecting safe working and ensuring contractual safeguards are being applied.

- Provide independent oversight of safe working hours for doctors in training, acting independently from the management structure where appropriate.
- Monitor compliance with contractual safeguards relating to working hours, rest, breaks and access to appropriate time off.
- Review exception reports and ensure they are appropriately acted upon.
- Identify patterns and trends in exception reporting that may indicate systemic problems with workload, staffing, rota design or working conditions.
- Escalate concerns where necessary, particularly where there are persistent or serious concerns about unsafe working practices.

- Provide regular reports to the relevant Trust governance structures, highlighting issues relating to safe working and the use of exception reporting.
- Ensure the appropriate use of Guardian fines where contractual requirements around safe working are breached.
- Work with educational and clinical leaders to address recurrent issues identified through exception reporting and other safe-working information.
- Promote awareness of the exception reporting process, and education on the contract for resident doctors and supervisors, ensuring doctors in training understand how and when to raise concerns.
- Support a culture in which doctors feel able to report unsafe working conditions without fear of criticism or disadvantage.
- Maintain appropriate independence and impartiality, particularly when considering concerns raised by individual doctors or groups of doctors.
- Ensure concerns are followed through to an appropriate outcome, rather than simply recording or acknowledging them.
- Be an accessible figure for resident doctor queries regarding the contract which cannot be easily answered elsewhere.

The Guardian's role is one of oversight, assurance, escalation and organisational learning in relation to safe working. It is not intended to replace the responsibilities of clinical, educational, operational, workforce, HR or occupational health teams. Effective working therefore depends on clear boundaries, appropriate escalation and good collaboration between these roles.

Additionally, while not a contractual responsibility, in many English Trusts, the GoSWH also takes the lead on providing assurance around the NHS England Improving Resident Doctors' Working Lives 10 Point Plan.

Responsibilities outside of the Guardian's remit

- Educational and Clinical supervision and progression
- Individual performance management
- Rota management and individual rota disputes – the GoSWH can highlight concerns about rota design or recurrent unsafe working patterns, but the responsibility for creating, maintaining and amending rotas sits with the appropriate clinical/rota management teams.
- Annual and study leave management
- Day-to-day management of staffing levels
- Grievances and employment relations matters
- Occupational health matters
- Clinical governance investigations
- Educational programme design and delivery

Further guidance on the role and responsibilities of the Guardian of Safe Working can be found here: https://www.nhsemployers.org/publications/exception-reporting-key-changes-guardians-safe-working-hours

Best practice for joint working between DME and GoSWH

1. Define clearly roles of both DME and Guardian - with the aim of avoiding duplication of work or giving mixed messages to resident doctors and supervisors
2. Meet regularly (with involvement of a senior HR representative) to discuss exception reports and common themes arising from the contract
3. Identify support for both roles; HR will usually directly support the Guardian, and the Medical Education team will directly support the DME; all will be expected to provide information related to contractual issues to the Trust, supervisors and resident doctors. Carefully consider together the impact of the contract on various roles – particularly on the educational supervisors – with respect to workload and relationships with resident doctors.
4. Support the establishment and maintenance of a Trust Resident Doctors Forum, led by the GoSWH, meeting regularly to address educational and training needs, issues regarding rotas/hours worked, use of funds accrued due to Guardian fines and any other feedback that could improve the resident doctors work experience.

Appendix 1 – Best practice for joint management of the Resident Doctor Forum (RDF)

- Establish a committee structure (with constitution – template available on NHS Employers' website). Areas for discussion include education and training issues, rota and working hours-related issues. Input from HR and the GoSW, with support from the DME and postgraduate medical education team, and the LNC Chair/committee is required. Consider a separate session for contract only; it is good practice for the forum also to serve the non-training grade resident doctors who will be transitioning to the new national terms and conditions or remain on a locally agreed contract.

- In most organisations the RDF is chaired by the GoSWH; consider appointing a resident doctor co-chair.

- Identify an appropriately sized and located venue, convenient and suitable for confidential group discussions. Some Trusts make use of videoconferencing across sites to facilitate attendance.

- Provide refreshments especially if held at a time of "natural break" during a day e.g. lunchtime, breakfast as this increases participation.

- Consider scheduling the forum on the same day each month – many Trusts use the Governance or "Audit" day on which activity is cut, to improve attendance.

- Ensure that all resident doctors, consultants and relevant service managers are aware of the forum to allow residents to be released (and ideally encouraged) to attend.

- Establish and maintain a comprehensive list of nominated specialty reps for each training level (e.g. foundation, core, higher) and also locally employed doctors, and ask them to submit a monthly summary to their cohort; in addition there should be open access for all residents.

- Create email distribution lists and WhatsApp groups with frequent reminders to submit subjects for discussion and to remind them about attendance. Consider a "hub and spoke" model to feed in from local resident and faculty groups (See article from Blundell et al at http://careers.bmj.com/careers/advice/A_stronger_voice_for_junior_doctors#)

- At the end of each forum meeting there should be documented minutes sent out promptly by email; this should include a summary of any updates on actions as the result of the meeting. The GoSWH is generally responsible for ensuring the accuracy, timeliness and distribution of the minutes. Social media can be used to remind trainees that the email has been sent and consideration given to having a site on the local intranet with all the latest information.

- Consider inviting appropriate members of the executive team or board to address specific issues highlighted by the resident reps/local groups.