

**Health Department
Human Resources Directorate**

Dear Colleague

**THE NEW DEAL FOR JUNIOR DOCTORS' HOURS:
STATISTICAL RETURNS FOR 31 MARCH 2000**

Summary

1. This letter requests the completion and return of the attached Trust Position Statement (TPS) on junior doctors' hours for the 6 months to 31 March 2000.

Background

2. In September 1999 the Minister for Health and Community Care established the Implementation Support Group (ISG) in partnership with the Scottish Junior Doctors' Committee (SJDC) to work with Trusts in reducing junior doctors' hours and improving working conditions. The first task of the Group was to establish an accurate picture of compliance with New Deal targets and standards across Scotland.
3. The Implementation Group (ISG) developed the TPS, which all Trusts were first asked to complete in October 1999. This enabled, for the first time, an assessment of New Deal compliance to be made based on rota or working arrangement information.
4. The attached TPS has been revised to take account of comments from Trusts and the experience gained from the October 1999 exercise. It now allows for information to be provided on the frequency of post specific monitoring and, in light of the proposed new junior doctor contract banding proposals, the extent to which posts are non-compliant. This in turn will help to identify specific problem areas that require targeted support work on the part of both Trusts and the ISG.

3 May 2000

Addresses

For action

Chief Executives, NHS Trusts

General Managers, Health Boards

General Manager, Common Services
Agency

General Manager, State Hospital's
Board for Scotland

For information

Executive Director, Scottish Council
for Postgraduate Medical and Dental
Education

Postgraduate Deans and Directors

Chief Executive, Health Education
Board for Scotland

Enquiries to:

Mr K Hanlon
Directorate of Human Resources
NHS Management Executive
Room 133
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 3572
Fax: 0131-244 2837
E-Mail: kevin.hanlon@scotland.gov.uk

5. Trust data from TPS returns will be collated by the Management Executive. A summary of the information received will be used to produce a Trust Summary of Compliance. This will be sent to Trusts for validation and signature by both Trust Management and junior doctor representatives. This process will confirm that all parties are satisfied as to the accuracy of the local compliance information.

Action

6. Trusts and Health Boards should:

- provide statistical returns for the 6 months to 31 March 2000 **by 26 May 2000 at the very latest;**
- note that once the Management Executive has processed the data supplied, a Summary of Compliance will be returned to the Trust for validation and signature;
- ensure that any disagreement between Trust Management and junior doctors is reported at the time of submission of the completed returns. If, in exceptional circumstances the signature of junior doctors' representative cannot be obtained on the relevant Part C documentation, a letter of explanation should be attached;
- if the information requested is unknown, or known to be inaccurate, supply a letter of explanation which details the proposals to remedy this information gap;
- copy this letter to Medical, Clinical and Human Resource Directors for action as necessary.

7. Supplementary information providing further context and background to the TPS and how the information collated will be used is set out in the Annex A attached.

Yours sincerely

GERRY MARR

Director of Human Resources

JUNIOR DOCTORS' HOURS OF WORK

Statistical Returns for October 1999

1. The main findings of the monitoring exercise as at end October 1999 were:

Compliance with the actual hours worked target

1335 posts (37%) did not comply with the actual hours target compared with the previously reported 425 posts (10.5%) at March 1999.

Compliance with the non-hours standards

12 Trusts (43%) failed to meet two non-hours standards (accommodation and catering) compared with 13 (46%) at 31 March 1999. 16 Trusts did not comply with one standard. All complied with security standards.

2. ISG Report

The interim report from the ISG suggested that around 63% of junior doctors in Scotland were working within the New Deal target of 56 hours per week. Whilst this figure is similar to compliance levels elsewhere in the UK it is clearly disappointing. The ISG report also highlighted the need for renewed action to improve the standard of accommodation and catering for junior doctors.

On 20 March 2000 the Minister for Health and Community Care, Susan Deacon MSP, wrote to Chairmen and Chief Executives of Trusts confirming her acceptance of 21 of the ISG's 27 recommendations and making clear that she expected Trusts to act promptly to implement these recommendations for local action.

3. New Contract for Junior Doctors - The New Deal and Trust Position Statement

Negotiations between the UK Health Departments and junior doctors' representatives have produced a framework for a new contract. Under the proposed new contract juniors will be allocated to one of a number of pay bands depending on the intensity of their work and out of hours commitment. An outline of the proposed contract was sent to Chief Executives and General Managers on 30 March 2000. Junior Doctors are currently being balloted on the proposals. Subject to the outcome of the ballot the new system will be phased in over a two-year period from December 2000.

ANNEX A

4. Monitoring of Hours worked

To allow the Management Executive to build a picture of problem areas across Scotland by both specialty and grade, the TPS, this time around, has been revised to allow for Trusts to provide details on the extent to which non-compliant posts are in excess of the New Deal 56-hour target.

This information, once collated, will be used as a basis for informing the future focus and direction of the ISG's activity. It will also assist in the development of implementation arrangements for the proposed new contract.

The ISG in their report found that management structures in place to deal with New Deal issues varied from Trust to Trust. One of the recommendations put forward by them in their report is for Directorate Management Teams to carry day-to-day responsibility for the New Deal. Effectively this means that responsibility for monitoring should now be devolved within Trusts to clinical directorate level. The expectation is that junior doctors will be actively encouraged by senior clinicians to complete monitoring returns accurately and within a reasonable time period following the activity being recorded.

5. Action Planning

Trusts visited by the ISG have submitted action plans that address the points raised in their ISG visit reports. These plans are being used to measure progress towards New Deal compliance. Those Trusts who were not visited in the first round will be asked soon to conduct an exercise involving self-assessment against clearly defined New Deal criteria. Trusts will be asked to present their findings from this exercise in the form of an action plan to the Management Executive. The plan will require Trusts to detail the steps they propose to take for reducing further the number of hours worked by junior doctors and, where appropriate, for introducing improvements in their living and working conditions. Any conclusions reached by Trusts in their action plans will require endorsement by junior doctor representatives at local level.

6. Trust Summary of Compliance

The October 1999 exercise has highlighted the need to share with Trusts at an early stage the calculation of compliance based on the information provided in the TPS. This will ensure a common understanding of the methodology applied to calculate compliance and will allow for any questioning of the detail by both Trust Management and Junior Doctor representatives.

The Management Executive will produce a Trust Summary of Compliance for signature within 4 weeks of receiving the completed TPS. This should allow for an agreed compliance position in Scotland that has the confidence of all parties concerned to be reached by the end of June.

ANNEX A

7. Trust Position Statement – March 2000

Sets of forms for completion are attached. If any data is thought to be inaccurate or is not known, please forward a letter to explain the nature of the problem and to describe what action is to be taken to resolve it. Please also ensure that a junior doctor involved in the specific working pattern validates individual Part C returns.

If further information is needed on what is required for completion of the TPS, Trusts should contact Kevin Hanlon in the Management Executive.

Once Trusts and Health Boards are satisfied that all forms are completed and validated they should be forwarded, along with any supplementary information to Kevin Hanlon, Directorate of Human Resources, Room 133, St Andrew's House, Edinburgh EH1 3DG, **by 26 May 2000.**

Trust Position Statement on New Deal compliance – March 2000

NAME OF TRUST: _____

PART A – WORKFORCE

[A COPY OF PART A SHOULD BE COMPLETED FOR EACH SUB SPECIALTY AND FOR EACH HOSPITAL/SITE (e.g. FOR SURGERY COMPLETE A SEPARATE FORM FOR ORTHOPAEDICS, OPHTHOLOGY, ENT, PAEDIATRIC SURGERY ETC AS APPROPRIATE)]

1.1

1.2 NUMBER OF POSTS

Hospital:				
Specialty/Sub specialty:				
1.3	1. GRADE	2. WHOLE TIME	3. PART TIME	4. TOTAL
	PRHO			
	SHO			
	SpR			
	SR			
	SG			
	AS			
	Consultant			
	Other			
	Total			

N.B. Totals of columns 2 & 3 should equal total at column 4

1.4 PART B

TRUST NAME:_____

ACCOMMODATION & SECURITY (COPY AS REQUIRED)

[PLEASE COMPLETE FOR EACH TYPE OF ACCOMMODATION THAT YOU PROVIDE. EACH LOCATION WITHIN A SITE SHOULD BE LISTED SEPARATELY. ASSESSMENT OF COMPLIANCE SHOULD BE MADE AGAINST THE BMA 1-3 STAR STANDARDS]

[illegible]

TRUST NAME_____

CATERING (please copy this form as necessary)

Outlet name:				
Is it New Deal compliant? Yes/No				
	Opening Hours	Fresh food?	Machine food ?	Other service (please describe, continue overleaf if required)
M-F B/fast Lunch Dinner Or All day				
NIGHT SVCE				
Sat B/fast Lunch Dinner Or All day				
NIGHT SVCE				
Sun B/fast Lunch Dinner Or All day				
NIGHT SVCE				

1.5 PART C – WORKING ARRANGEMENTS

1.6 TRUST NAME_____

[THIS SECTION SHOULD BE COMPLETED FOR EACH WORKING ARRANGEMENT (PARTIAL/FULL SHIFT/ON CALL/HYBRID) AND COUNTERSIGNED BY ONE JUNIOR DOCTOR FROM EACH GRADE INVOLVED. JUNIOR STAFF SHOULD ONLY APPEAR AGAINST ONE WORKING ARRANGEMENT AND SHOULD BE COUNTED AT THE POINT OF SERVICE DELIVERY (THE QUESTION OF WHAT TRUST PAYROLL THE INDIVIDUAL APPEARS AGAINST SHOULD NOT BE A CONSIDERATION). PLEASE APPEND A COPY OF THE ACTUAL ROSTER FOR THE LAST THREE MONTHS TO THIS FORM (WITH EXPLANATION IF NECESSARY)

1.7 BASIC DATA

Specialty:_____

Working Arrangement Name:_____

Minimum repeating cycle for this working arrangement (e.g. 1:5 for on-call = 5 weeks)_____

Numbers of doctors involved in this working pattern and average actual weekly hours worked:

Grade	Total	Average number of actual weekly hours worked						Date last monitored
		56 or less	56 – 60	61 - 65	66 - 70	71 – 80	+ 80	
PRHO								
SHO								
SpR								
SR								
Other:								

Do you consider the working pattern to be:

	TICK ONE BOX
On call	
Partial Shift	
Full shift	
Hybrid (combination of above)	

1.8

1.9 INTENSITY DATA

			Number of ADHs	Class I/II/III
1	How many ADH's are currently paid on this working pattern and at what rate:	PRHO		
		SHO		
		SpR/SR		
2	What are the contracted ADH rates for juniors on this working pattern:	PRHO		
		SHO		
		SpR/SR		
3	If (1) & (2) are different, please explain:			
4	If posts are deemed to be non-compliant, what steps are in place to achieve compliance?			
5	What monitoring mechanism has been instituted to establish the position on compliance?			
6	Do you consider the rota meets the service requirements of the unit?	YES/NO		

7	If answer to (6) is no, please elaborate:	
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TRUST NAME_____

Please describe any other special arrangements instituted that impact upon the workload of junior staff in this department, specifically if any juniors participate in other working arrangements. Please detail:

Do all the junior staff have contracts of employment and job descriptions?

YES / NO

If not, why not?

[N.B. IT IS IMPERATIVE THAT BEFORE SIGNING THIS FORM THE JUNIOR DOCTOR IS SATISFIED THAT CURRENT ADH PAYMENTS ARE ACCURATELY REFLECTED AT Q.1 AND, WHERE THE WORKING PATTERN IS DEEMED TO BE NON-COMPLIANT, INFORMATION ON THE ACTUAL WEEKLY HOURS BEING WORKED HAS BEEN COMPLETED AT Q.7]

1.10 Signature & Name of PRHO involved in working pattern:

1.11 Signature & Name of SHO involved in working pattern:

1.12 Signature & Name of SpR involved in working pattern:
