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Dear Colleague

IMPROVING JUNIOR DOCTOR WORKING LIVES

Summary

1. This DL advises NHSScotland employers of the introduction of a minimum rest period to be applied following full shift night working, and of flexibilities to be implemented to allow Junior Doctors to access leave for significant life events. Both agreements have been reached in negotiation between NHS Employers, Scottish Government and the BMA Scottish Junior Doctors Committee as part of the Improving Junior Doctor Working Lives group.

46 Hours Rest

2. From 7 August 2019 (Junior Doctor rotation date), all Junior Doctor Full Shift rotas will apply a minimum rest period of 46 hours off after any run of full shift night working. **ANNEX A** details this agreement as well as setting a target for February 2019 of 85% compliance with this rule.

Leave for Significant Life Events.

3. Agreement has been reached to ensure Junior Doctors can access leave for significant life events and is detailed in **Annex B**. This applies with immediate effect.

Monitoring

4. MSG and the Scottish Government will monitor progress towards the 7 August 2019 target for implementation of the 46 hour rest period.

DL (2018)16

23 August 2018

Addresses

For action

Chief Executives,
NHS Boards
Special Health Boards
NHS National Services Scotland
(Common Services Agency)

Directors of Human Resources,
NHS Boards and Special Health Boards
and NHS National Services Scotland
(Common Services Agency)

For information

Members, Management
Steering Group
Members, British Medical
Association, Scotland
Members, British Dental
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Enquiries to:

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Action

5. Boards are asked to put the necessary arrangements in place to ensure these deadlines are met.
6. NHS Boards, Special Health Boards and NHS National Services Scotland (Common Services Agency) are asked to ensure that this letter is drawn to the attention of all necessary and interested parties.
7. Employers are asked to make their own arrangements for obtaining additional copies of this Director's Letters (DL) which can be viewed at www.sehd.scot.nhs.uk.

Yours sincerely

A handwritten signature in black ink that reads "Shirley Rogers". The signature is written in a cursive style with a period at the end.

Shirley Rogers

Director, Health Workforce, Leadership and Service Transformation Directorate

BMA/MSG Agreement on 46 Hours rest following a period of Night Shifts

Following negotiation between MSG (representing NHS Scotland employers and the Scottish Government) and the BMA's Scottish Junior Doctors Committee (SJDC), agreement has been reached to implement a minimum period of 46 hours rest following Full Shift night working.

Most Junior Doctor rotas in NHS Scotland are already compliant with this rule but there are a number which are not compliant. It is expected that arrangements are now being put in place by boards to make these rotas compliant by the Junior Doctor rotation date in August 2019

A minimum rest period of 46 hours off will be implemented following any block of Full Shift night working, and should commence on conclusion of the final night shift. This will mean that from finishing the last night shift in any stretch (the majority of rotas work a four / three night split as Junior Doctors no longer work seven nights in a row), a Junior Doctor will not be expected to be back at work for a minimum period of 46 hours.

This is for Full Shift rotas and working only, and does not impact on On Call, Partial Shift or 24 Hour Partial Shift rotas. On a hybrid rota which contains Full Shift night working, then the minimum rest period must be given after any block of Full Shift nights.

Although the implementation of the new rule by August 2019 only applies to Full Night Shifts, MSG and SJDC will undertake further joint work to determine whether there are any rotas where Partial Shift working gives rises to the same concerns about adequate rest. Any concerns arising from this work will be brought to the regular MSG/SJDC meetings for consideration. For the avoidance of doubt, shifting any rota from Full Shift nights to Partial Shifts is unlikely to be an appropriate response to the 46 hours rest rule.

Any proposed changes to the working patterns of SAS doctors working on junior doctor rotas arising from the implementation of the new rule must be made through the established individual job plan review process, in line with the SAS terms and conditions of service.

Implementation Dates

NHS Boards are expected to fully comply with this rule by the Junior Doctor rotation date in August 2019. A milestone compliance target of 85% by the February 2019 rotation date has also been agreed.

Implementation of this agreement will be conducted in a way which maximises staff and patient safety and takes account of service sustainability.

Governance / Monitoring

MSG and SG will work with boards to assess progress and report this regularly to the MSG/SJDC meetings. This monitoring will form part of the routine New Deal monitoring conducted by Scottish Government Health and Social Care Directorates.

There are a range of tools, such as PCAT (Professional Compliance Assessment Tool) and existing hours monitoring arrangements which will support Boards in implementing the agreed provision. In addition, it will be expected that any Boards who are experiencing challenges in implementing within the above timescales will conduct full staff and patient safety, training quality, service sustainability and financial risk assessments. Any issues that arise from these assessments will be discussed at the MSG/SJDC meetings.

Rural General Hospitals

The working group recognised the unique circumstances of the six Rural General Hospitals and the need for further work to be undertaken to determine how sustainability can be maintained while ensuring staff and patient safety. This may require some flexibility in the implementation of the 46 hours rest rule, and the development of solutions based on local circumstances. Proposals for each hospital will be submitted for discussion at the MSG/SJDC meetings. The Rural General Hospitals are:

- Gilbert Bain Hospital, NHS Shetland
- Balfour Hospital, NHS Orkney
- Western Isles Hospital, NHS Western Isles
- Caithness General Hospital, NHS Highland
- Lorn and Isles Hospital, NHS Highland
- Belford Hospital, NHS Highland.

Junior Doctors - Leave for Significant Life Events

Employers recognise the importance of doctors taking annual leave for significant life events and will normally allow annual leave to be taken for such life events (for example a wedding). Where possible, doctors will provide a minimum of six weeks' notice of annual leave to be approved. There may be significant life events that determine the doctor to give less than six weeks' notice, and in these cases, doctors must notify the employer requesting leave as early as possible.



MANAGEMENT STEERING GROUP
29 November 2018

46 Hour Rest Period Post Night Shift Working for Junior Doctors

Purpose

To update MSG on progress toward implementation of a minimum 46 hour rest period following full shift night shift working for Junior Doctors. An 85% compliance target has been set for February 2019, prior to full implementation in August 2019.

NHS Board

February 2019 Compliance Position

NHS Ayrshire and Arran	96% - Three rotas remain.
NHS Fife	100%.
NHS Grampian	100%.
NHS Lanarkshire	96% - Three rotas remaining.
NHS Forth Valley	100%.
NHS Dumfries and Galloway	95% - One rota remaining.
NHS Borders	100%.
NHS Greater Glasgow and Clyde	86% - 25 rotas remaining.
NHS Highland	100%.
NHS Lothian	99% - Two rotas remaining.
NHS Tayside	88% - 10 rotas remaining.

Rural General Hospitals

An exemption was granted for Rural General Hospitals to allow consideration of their unique circumstances. Following consultation I can report the following:

NHS Western Islands	100% compliant
NHS Orkney	100% compliant
NHS Highland	100% compliant
NHS Shetland	100% compliant.

Conclusion

I can confirm that the target of 85% compliance for February 2019 has already been met across NHS Scotland, and action plans for all remaining rotas are in place to ensure that the August 2019 target is met.

I will provide MSG with a further update in Spring 2019.

Daniel MacDonald
Health Workforce Division, Scottish Government.
23rd November 2018.

Junior Doctors' 48 Hour Expert Working Group

Terms of Reference

OVERVIEW

NHSScotland is a first class health service that provides high quality care to the people of Scotland, and is a world leader in the training of Junior Doctors. By enhancing our Junior Doctors working lives, health and well-being, we can contribute to a sustainable workforce that delivers a high level of training, professionalism, clinical care, and safe working practices.

To achieve this, Scotland requires:

- A high quality, motivated Junior Doctor work force which contributes to safe and effective healthcare supported by high quality postgraduate training and best employment practice.
- Best practice guidance and compliance to rota design that balances education and training requirements with medical service continuity whilst recognising and supporting the work life balance of Junior Doctors
- A safe operational level of Junior Doctor vacancies across all disciplines – an organisation the size of NHSScotland, will always have vacancies, but within any discipline, these must be kept minimal and managed to ensure clinical safety and reduce fatigue and stress for Junior Doctors.
- To reduce the demand for temporary staff and the associated costs

Fatigue is recognised as a significant risk inherent to Junior Doctor working, with resultant effects on Junior Doctor safety and wellbeing, retention and absences and patient safety. Progress has already been achieved on improving the working lives of Junior Doctors, by ending the practice of working for seven successive nights, reducing the average maximum number of hours from 58 to 48, introducing (from August 2019) a minimum break of 46 hours following full shift night working and the provision of single employer status for Junior Doctors through the Shared Service programme.

EWG PURPOSE

It is proposed that the Junior Doctors' 48 Hour Expert Working Group will develop risk assessed options for implementing a 48 hour working week (without averaging) taking into consideration Junior Doctor wellbeing, the effects on education and training, continuity of safe and effective service provision and the impact on other staff.

The Group will take a phased approach to how best to develop potential solutions taking into account associated risks and potential mitigation, reporting as outcomes

are achieved or significant stages are reached. The initial phase will be to consider the existing rotas and how they impact on patient safety, training, resources and the effect of fatigue by:

- Evaluating available evidence on optimal rota design taking into account the priorities of continuity of excellence in patient care, training and education and the wellbeing of Junior Doctors.
- Analysing and modelling of current Junior Doctor rotas across Scotland, with the aim of identifying best practice and the reasons for variation in practice.
- Liaising with other groups working on overlapping areas relating to staff wellbeing to ensure coordinated and consistent workstreams and objectives.
- Working with NHS service and medical managers (across different geographies and specialties) to explore opportunities to pilot and evaluate potential rota innovations and changes that work towards the objective of a safe 48 hour maximum working week and the impact on patient care, training and education and Junior Doctor wellbeing.
- Developing recommendations for best practice in rota design and innovation with the aim of reducing Junior Doctors' hours and improving their working lives, taking into account the impact on service continuity, other staff groups and flexible bank/agency arrangements. (Recognising that different solutions will be required in different health service settings and across different specialties).
- Recommending best practice on rota design across appropriate areas of the NHS.
- Identifying potential barriers to effective implementation and making risk assessed recommendations to overcome these.
- Identifying the data and information required to monitor and support improvements in the working lives and conditions of Junior Doctors and recommend the processes necessary to support this.

Throughout this time the Group will keep abreast of Workforce Plans and Service Delivery and any potential impact of proposals on the work of the Group. At the end of this phase the Group will report on their findings and suggest proposals for consideration. It may be necessary to initiate further phases involving wider considerations; these will be detailed in the report and would require to be scoped out.

MEMBERSHIP

EWG Membership comprising:

- Independent chair, appointed by Scottish Ministers
- British Medical Association
- Academy of Royal Colleges and Faculties of Scotland
- NHS Education for Scotland
- Directors of Medical Education
- NHS Scotland Management Steering Group
- HIS Public Partner

The Group will consult with/involve other relevant organisations and individuals as appropriate.

TIMINGS

The EWG is expected to draw preliminary conclusions and make recommendations to the Cabinet Secretary for Health and Sport from the initial phase by December 2019.