

The Scottish Government

Health Workforce and Strategic Change Directorate
NHS Pay and Conditions of Service Team



Dear Colleague

DOCTORS IN TRAINING – NEW DEAL MONITORING GUIDANCE

Summary

1. This pay circular advises NHSScotland employers of the introduction of updated New Deal Monitoring Guidance for Doctors in Training.

Background

2. The new guidance (attached at Annex A) has been agreed with BMA Scotland and the Management Steering Group.

Action

3. NHSScotland employers are asked to:
- note the new guidance and ensure that it is implemented; and
 - draw it to the attention of all doctors in training.

Enquiries

4. **Employees** should direct their personal enquiries to their employing NHS Board or Special Health Board.
5. **NHS Employers in Scotland** should direct enquiries to the Scottish Government contact detailed on page one of this circular.

17 October 2016

Addresses

For action

Chief Executives, Directors of Human Resources, Directors of Finance, NHS Boards and Special Health Boards, NHS National Services Scotland (Common Services Agency and Healthcare Improvement Scotland)

For information

Members, Scottish Partnership Forum
Members, Scottish Terms and Conditions Committee
Members, Scottish Workforce and Governance Group
Management Steering Group

Enquiries to:

Daniel MacDonald
Scottish Government Health and Social Care Directorates
Health Workforce and Strategic Change Directorate
St Andrew's House
EDINBURGH EH1 3DG
Tel no: 0781-8012167



INVESTOR IN PEOPLE



BB004OCT2016

6. NHS Employers in Scotland are asked to make their own arrangements for obtaining any additional copies of this circular. This circular can also be viewed on the SHOW website at:

<http://www.show.scot.nhs.uk/sehd/pcs.asp>

Yours sincerely



SHIRLEY ROGERS
Director of Health Workforce and Strategic Change

The Scottish Government
Health Workforce and Strategic Change
Directorate



DIRECTION

The Scottish Ministers, in exercise of the powers conferred on them by Regulations 2 and 3 of the National Health Service (Remuneration and Conditions of Service) (Scotland) Regulations 1991 and Section 105(7), paragraph 5 of Schedule 1 and paragraph 7 of Schedule 5 to, the National Health Service (Scotland) Act 1978, hereby gives to NHS Scotland Boards and Special Health Boards and NHS National Services Scotland (the Common Services Agency) the following Direction.

The New Deal Monitoring Guidance for Doctors in Training as set out in Annex A to NHS Circular PCS(DD)2016/2 dated 17 October 2016 has been approved by Scottish Ministers and should be implemented with immediate effect.

SHIRLEY ROGERS

Director of Health Workforce and Strategic Change St Andrew's House
EDINBURGH
EH1 3DG
17 October 2016

ANNEX A

DOCTORS IN TRAINING – NEW DEAL MONITORING GUIDANCE

Pre Monitoring

1. All NHS Boards should inform doctors in training of the local monitoring systems and obligations at induction, or other such events soon thereafter. It is important that medical staffing representatives ensure that doctors have access to all of the documents and information required for the monitoring process.
2. Each employer should develop local arrangements for notifying doctors in training of monitoring taking place. Doctors in training must be notified adequately in advance of the monitoring period. Ideally one to two weeks' notice should be given of monitoring taking place, with an opportunity to provide information or feedback on any known or upcoming issues. There is no one size fits all system and it should be determined locally what works best. It is good practice for pre-monitoring meetings to take place, and these should be arranged wherever possible.
3. Information on doctors in training working hours must be collated using agreed local recording methods which align with national framework principles. If paper based systems are used, there should be agreement on how forms will be distributed and collected.
4. NHS Health Boards in Scotland, as employers, have a contractual responsibility to monitor regularly the hours of work of junior doctors. Doctors in training and their employers have a mutual contractual obligation to co-operate with monitoring arrangements. Any monitoring process should have full buy-in from consultant and management staff who should actively encourage doctors in training to participate in monitoring, and accurately record their hours and rest/ breaks.

Monitoring

5. Monitoring should happen twice a year, February to July and August to January, but can be requested any time, in writing, or verbally by any doctor on the rota. Monitoring may be done once a year, but only with agreement of the Scottish Government and local doctors in training representatives.
6. Monitoring will be for a minimum of two weeks. Longer periods may be required where necessary to obtain a representative sample of the rota.
7. All doctors in training should be monitored. There is no requirement to monitor non-training grades. However, custom and practice is that all participants on a rota should be asked to monitor, including non-training grades, and where this is the case, then all information should be included for analysis. However, the return rate will be based on the percentage of doctors in training shifts monitored and monitoring outcomes should not be affected by non-participation of non-training grades.

8. Monitoring should take place at a time which is considered typical and representative, and is likely to give a result which fits with the normal everyday routine of the junior doctors.

9. Previous advice has been to avoid monitoring the first six weeks post the February and August rotation, and during public holidays. Given that rotations and the way in which many areas work has changed, it can be determined locally exactly when a rota should be monitored in the six month period.

10. Once monitoring has commenced, it should only be curtailed in exceptional circumstances with the agreement of the doctors in training being monitored and the Scottish Government. An example of this may be a major incident, eg an outbreak of norovirus.

Monitoring Systems

11. There are two systems in place in NHSScotland:

- DRS Online Monitoring
- Paper Based Monitoring

12. Boards should ensure that staff taking part in monitoring have a full understanding of their local system and, where appropriate, the relevant log-in details. Information provided should include monitoring forms (if paper based), and guidance on how they should be completed, a copy of the template rota, and the follow-up process after monitoring. It should also include the contact details of the "Monitoring Lead" who can be contacted for any queries including post monitoring follow-up.

Post Monitoring

13. Doctors in training should ensure all their monitoring data is completed and returned a maximum of two weeks after the completion of the monitoring period. Data may be accepted after this time depending on individual circumstances and with agreement of the employer. For example, someone may be on leave and therefore unable to return their data by the deadline. Doctors in training are required to sign a declaration/counter fraud statement that the information provided on their monitoring form is correct and complete.

14. The absence of a consultant signature/approval code will not discount or invalidate a monitoring form. Employers are able to query any part of the monitoring return including contacting the relevant Junior Doctor for further information if required.

15. A return rate of 75% of forms and at least 75% of shifts is required for an exercise to be considered valid. This 75% return rate refers to doctors in training and the shifts that they do, and is not impacted by a lack of returns from non-training grades. There may be times where, following discussion and agreement from the Scottish Government, this can be relaxed slightly e.g. where there may be a full return but only 70% of a particular shift. An example of this may be a rota which has a short shift at the weekend such as 9am – 3pm. There may be 19 out of 20 forms returned but the one missing has done two of these weekend shifts, this would mean only two of four shifts have been returned. In such a circumstance, given an almost 100% return, the Scottish Government may decide to relax the 75% rule for this one shift in order to avoid 20 doctors having to re-monitor, when 19 of them have fully participated in the original request.

16. Where this return rate is not achieved, monitoring must be repeated in the same six month period. If this repeat exercise does not yield a valid result, then employers should use the available information to band on best available evidence. This will include the returns received, combined with the agreed template rota to give an indication of how the results may look. Results should be made available to all parties, including directly to the doctors in training concerned and the Scottish Government, within 15 working days of the adequate receipt of monitoring returns. Feedback and analysis of the monitoring results should comply with the minimum data set as per the agreed monitoring summary feedback form. Feedback should include the completion/return rate of the monitoring exercise and results should be published regardless of the return rate(s), even if this is less than 75%.

17. Monitoring can be declared unrepresentative where there are valid and agreed reasons as to why the outcome of the exercise differs from the expected outcome. This must be agreed by all parties involved, and re-monitoring should take place as soon as possible within the same six month period. Use of post-monitoring meetings will support to facilitate this process and ensure there is accurate and robust monitoring of doctors in training working hours.