**JUNIOR DOCTORS – MONITORING GUIDANCE**

NHS Health Boards in Scotland, as employers, have a contractual responsibility to regularly monitor the hours of work of Junior Doctors and Dentists. Junior doctors and their employers have a mutual contractual obligation to co-operate with monitoring arrangements. This Monitoring Guidance is to apply consistency for New Deal Monitoring across the West of Scotland Boards. Any monitoring process should have full buy-in from consultant and management staff who should actively encourage junior doctors to participate in monitoring, and accurately record their hours and rest/ breaks

Junior doctors’ contracts and working arrangements are subject to the strict limits on total hours and minimum rest requirements imposed by both the EWTD and the New Deal. For further details of the hours limits and rest requirements for each working pattern see the BMA Junior Doctor Handbook Chapter 8 (<https://www.bma.org.uk/media/3069/bma_junior_doctors_handbook_2015_full.pdf>)

This Guidance is a base line for employers and junior doctors. It is recognised thatLocal Boards retain local governance over the Monitoring process and have Guidance in place all year round to help support trainees whereby they can raise issues pertaining to start and end times of their shifts, natural breaks, unfinished workload etc. The local Guidance is required to be followed timeously and should be read in conjunction with this Monitoring Guidance

**Pre Monitoring**

1. All NHS Boards should inform junior doctors of the local monitoring systems and obligations at induction, or other such events soon thereafter. It is important that medical staffing representatives ensure that junior doctors have access to all of the documents and information required for the monitoring process including template rotas.
2. A full schedule of monitoring dates for each Health Board will be supplied to the Local Negotiating Committee Junior Doctor Subgroup (LNC JDS) within the first six weeks of each 6 month monitoring period. The LNC JDS will identify named representatives for each area to act as a point of contact for any issues regarding the monitoring period. Any changes to the scheduled dates will also be communicated to the LNC JDS.
3. Each employer should develop local arrangements for notifying junior doctors of monitoring taking place. Pre-monitoring information will be supplied to all junior doctors and named representatives at least two weeks before the commencement of the scheduled monitoring period with an opportunity to provide information or feedback on any known or upcoming issues. Junior doctors who have concerns about their current rota (e.g the ability to take natural breaks, achieve appropriate rest between shifts on a regular basis or if any changes have been made to their template rota pattern*)* should report this to service management, or medical staffing as soon as they are aware of an issue and not wait for monitoring to identify issues.
4. Arrangements may be different in each employer or indeed for each rota, but where possible it is recommended that a pre-monitoring meeting is held (normally virtually) or an instructional video is made available, for all junior doctors to attend or watch on-demand ahead of the monitoring period.
5. Monitoring should happen twice a year, during the period from February to July and August to January, but can be requested any time, in writing, or verbally by any doctor on the rota. In exceptional circumstances, monitoring may be done once a year, but only with agreement of the LNCJDS or nominated representatives and Scottish Government.

1. Monitoring will be for a minimum of two weeks. Longer periods may be required where necessary to obtain a representative sample of the rota. All junior doctors should be monitored. There is no contractual 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 where practicable, and where this is the case, then all information should be included for analysis. However, the applicable 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.
2. Monitoring should take place at a time whereby the service considers it typical and representative and is likely to give a result which fits with the normal everyday routine of the junior doctors.
3. Given that rotations and the way in which many areas work is variable, it can be determined locally exactly when a rota should be monitored in the six month period, although whichever period used must be representative and allow for two weeks notice to those being monitored.
4. If there are any concerns regarding the representativeness of the upcoming monitoring, discussions will be held between service management, the representative for the rota , trainees on the rota and the monitoring team wherever possible no later than one week before the scheduled commencement of monitoring, to determine whether postponement of the monitoring period is appropriate. If there is no agreement the matter will be escalated internally via Senior Medical Management in the first instance and then with the LNC JDS to determine an appropriate course of action.
5. Where it is agreed that monitoring is to be delayed, a new date MUST be identified and communicated in writing to all doctors on the rota within two weeks, where practical to do so.

**During Monitoring**

1. 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, e.g. an outbreak of norovirus.

1. Information on junior doctor working hours will be collated using DRS Online Monitoring. Boards should ensure that staff taking part in monitoring have a full understanding of the DRS Online Monitoring system and the relevant log-in details. Information provided should include DRS guidance and video guide, a copy of the template rota, and the follow-up process after monitoring. It should also include the contact details of the responsible person in the monitoring team who can be contacted for any queries including post monitoring follow-up.

**Post Monitoring**

1. Junior Doctors 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.
2. There is no requirement for any consultant signature or approval code and the absence of same will not discount or invalidate a monitoring return. Local Boards will have a process in place to help support junior doctors who are required to start or finish late, or are unable to take their breaks. Junior doctors should also provide a brief explanation in the comments along with details of the lead consultant on duty for that period. Employers are able to query any part of the monitoring return including contacting the relevant Junior Doctor for further information if required. Wherever possible this should be done within 15 working days after monitoring data has been returned. Individual breaches may be discounted from analysis only if the Junior Doctor concerned agrees they were exceptional.
3. A return rate of 75% of all doctors in training participating in the monitoring round, and 75% of all duty periods worked over the monitoring period is required for an exercise to be valid, provided this is deemed to be a representative figure in both cases. 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.

1. If a junior doctor or a group of junior doctors fail, without good reason, to supply monitoring data, they should receive written notice reminding them of their contractual obligation to cooperate, and be required to participate in a further round of monitoring in the same six month period. Juniors should be aware that persistent failure to comply with monitoring arrangements represents a breach of contract and may result in disciplinary procedures.
2. Results should be made available to all parties, including directly to the junior doctors 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%.
3. 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. If there are any concerns regarding the representativeness of the monitoring exercise, within 2 weeks of the monitoring results being made available a meeting will be held between service management, the trainees on the rota and the monitoring team to determine whether there are valid and agreed reasons why the monitoring period should be declared unrepresentative. It is recognised that it is not always possible to meet in person or virtually. In these circumstances, it is acceptable to communicate electronically via e-mail. If agreement cannot be reached the matter can be referred to a Banding Appeal which will be conducted in line with the Junior Doctor Banding Appeals Good Practice Guidance(<https://www.sehd.scot.nhs.uk/mels/cel2008_17.pdf> ). While the Banding Appeal process is ongoing a further period of monitoring may be carried out.

**ANNEX A**

**FAQS**

**What is a natural break?**

A natural break is at least 30 minutes continuous break after approximately every 4 hours on duty, without an interruption requiring you to do something. Under the New Deal, natural breaks count as ‘work’.

Junior Doctors must start their first natural break before 5 hours has elapsed from their start time.

Up to 5 hours – 0 breaks

5+ hours to 9 hours – 1 break minimum

9+ hours to 13 hours – 2 breaks minimum

13+ hours to 14 hours – 3 breaks minimum

Teaching sessions are work and not rest, or part of a natural break.

The overriding principle that no junior doctor should work more than 5 hours without a break must always apply. For each duty period the minimum number separate natural breaks (as shown above) must always be taken. The timing of these breaks must be arranged to ensure both of these criteria’s are always met. A single one-hour break does not count as 2 natural breaks, nor would two separate 15 minute breaks count as one natural break.

**What is the maximum length of shift for a full shift?**

Under the New Deal may be up to fourteen hours but the EWTD rest requirements mean that unless compensatory rest is given, shift lengths must be a maximum of 13 hours.

**How much rest should I get during an on call shift?**

The New Deal stipulates that junior doctors on on-call rotas should expect to get at least eight hours’ rest during a period of 32 hours on duty, principally within the on-call period. Where possible the greater part of this rest period should be continuous. At least one half of the out-of-hours duty period should be taken as rest. For a weekday on-call, for example, this would mean at least eight hours rest during a period of 32 hours on duty. There must be a minimum of five hours’ continuous rest between 10pm and 8am

**What counts as ‘work’?**

Actual work: all time carrying out tasks for the employer, including periods of formal study/teaching. ‘Actual work’ does not include rest while on-call. For the purposes of defining work after 7pm, work begins when a doctor is disturbed from rest and ends when that rest is resumed. This includes, for example, time spent waiting to perform a clinical duty and time spent giving advice on the telephone.

Rest: all time on duty when not performing or waiting to perform a clinical or administrative task, and not undertaking a formal educational activity; but including time spent sleeping. Natural breaks do not count as ‘rest’.

**If I work a Friday night does that count as a Weekend?**

A weekend worked is one that involves a doctor being on duty at any time during the period from 7pm Friday to 7am Monday.

*out-of-hours* any time outside 9am to 5pm, Monday to Friday

**What happens if I am on leave during the monitoring period?**

You are required to take part in monitoring even if you are on annual, study or sick leave and on days when you are not on site.

If you are going to be taking annual leave during the monitoring period, please record this on your diary card before you go on leave, or e-mail your hours monitoring officer to advise of your leave

**ANNEX B**

**CONTACT DETAILS**

**NHS Greater Glasgow and Clyde**

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Medical Services North & South Anaesthetics North, South & Clyde

Geriatric Medicine North & South Neonatology

Obstetrics & Gynaecology RHC & RAH Paediatric Medicine

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North & South Adult Cardiology

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Diagnostics General/Geriatric Medicine

Regional inc INS Orthopaedics & Urology

Oral Health Mental Health North & South

Paediatric Services for Emergency Medicine Mental Health North & South

Surgery Public Health

Orthopaedics Occupational Health

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