Joint statement on Consultants/SAS doctors working arrangements

All partners agree that the health and wellbeing of doctors, patient safety and sustainable service delivery remain paramount.

The COVID-19 pandemic has placed considerable demands upon the NHS and its staff. Consultants and SAS doctors alongside other healthcare workers have shown high extraordinary levels of commitment and willingness to go above and beyond normal expectations.

We acknowledge the pressures that NHS Scotland management and staff will face as more routine services are re-mobilised, and recognise that the constraints associated with COVID-19 will remain a factor for some time to come. Employers’ responsibilities include protecting staff from COVID-19, maintaining health and wellbeing and adjusting the expectations of and demands on staff.

In acknowledging the challenges that doctors and other NHS staff have been through we continue to recognise that the needs of the service must be balanced with the needs and health and wellbeing of staff. To this end work is ongoing at national level to promote health and wellbeing with a particular emphasis on mental health. A cautious approach is being adopted as NHS Scotland safely, carefully and in a series of stages opens more of the services that had to be paused to ensure COVID-19 capacity and prevent further spread of the virus.

Over the coming months we need to ensure Consultants/SAS doctors’ working arrangements are sustainable. This includes a range of starting circumstances, from those doctors moving away from exceptionally intensive rotas needed to deal with COVID-19 to a more ‘normal’ typical way of working, to others who will be restarting clinical work but working in a very different and challenging environment. Increased remote working, where clinically appropriate, and use of technology to empower patients should continue to be supported on an ongoing basis, not least due to the improvements in environmental impact and efficiency it may offer. In addition there should be increased functionality for home working where appropriate, across a range of both clinical and non-clinical activity.

BMA Scotland and Management Steering Group (MSG as representatives of employers and Scottish Government) have agreed the following principles regarding working arrangements for Scotland’s senior doctors.

**Team Service Planning and Job Planning**

Employers should continue to apply the nationally agreed and negotiated terms and conditions of service, and the flexibilities available in these, during the pandemic period.

**Team Service Planning:** A model of service planning which is inclusive in nature, with meaningful consultant and SAS doctor engagement throughout the year can facilitate better informed individual job
planning, maximising the effectiveness of the annual job planning meeting from the point of view of both Boards, as employers, and individual consultants/SAS doctors.

The principles previously agreed between NHS Scotland, MSG and BMA Scotland and detailed in DL (2016)14 outline how the job planning process can be improved by engaging doctors on an ongoing basis in the development of service objectives through team service planning.

Job planning: All parties agree that the individual job plans in place prior to the emergency short term changes required by the COVID pandemic remain extant. The terms and conditions of service detail the job planning process for consultants and SAS doctors and are clear that individual job planning underpins the service delivery and is a requirement for all consultants and SAS doctors.

The need to reorganise service delivery quickly at the start of the COVID-19 pandemic meant that, of necessity, normal contractual processes were not always followed. As re-mobilisation progresses, employers and doctors should now revert to the contractual arrangements around job planning including mediation and appeals processes where necessary. The starting point for any job plan review should be the individual consultant/SAS doctor’s agreed pre COVID job plan rather than any emergency or temporary working patterns resulting from the COVID response.

As services begin again or continue within a COVID context, some aspects of job planning may need more detailed/different consideration than previously. Not all doctors will have similar concerns and the impact of COVID-19 will need to be considered on an individual basis during job planning. This may include:

**Education and training, CPD, study leave etc: this will impact on all senior doctors:** Most CPD and formal education and training activities were put on hold during the emergency period. However, as more paused services start to be re-mobilised, then, where appropriate and safe to do so, these activities should be reinstated in parallel. Initially there is likely to be a sustained focus on online learning, webinars etc rather than physical events, and it is important that these are recognised as activities that are appropriate for study leave. Entitlement to study leave and payment of relevant fees (which are likely to be substantially reduced in the case of virtual conferences and online learning opportunities) remains a contractual entitlement.

We fully support the statement by the four statutory education bodies calling on medical trainers, trainees and educators to prioritise training and to develop clear plans to address the shortfall in experience that has resulted from the loss of training opportunities during the COVID-19 pandemic. We welcome the Scottish Government’s emphasis that Health Boards ensure that medical training is factored into their planning for the re-mobilisation of services and expect that educational and teaching activities will have re-started in line with the start of a return to more routine clinical activity. We recognise that additional infrastructure and resources may be required to support this, particularly ensuring that educational and clinical supervisors and others involved in teaching and training have sufficient SPA time in their job plans to undertake the required roles.

**Increased remote working:** During the early stages of the pandemic there was a swift rollout of new technology and clinically safe platforms providing alternative pathways to care for patients and very different ways of working for some senior doctors. The rapid introduction of digital means of safe access to consultations across primary and secondary care is one which it is likely to be retained and any changes to such revised working arrangements will have to be reflected in job plans. It should also be recognised that home working has a role to play in maximising social distancing.
Previously it was widely accepted that some SPA time could be undertaken off site/at home; however the range of work that can be done remotely/from home has increased greatly in recent weeks and now incorporates DCC work too. During the pandemic, working from home has been recognised as a reality and if as anticipated this continues over coming months it too should be accommodated in revised job plans. Conversely, due to personal circumstances or infrastructure issues, home working may not be possible for all staff and this should be managed on an individual basis.

**Changing place of work temporarily:** During re-mobilisation doctors may be asked to change their place of work temporarily, but this must be done by agreement through the job planning process. The principal place of work should remain unchanged and excess travel expenses paid as appropriate for commuting and business travel rates and travel time will apply for business travel between sites.

**Doctors with caring responsibilities:** We acknowledge the difficulties faced by many staff in balancing work with caring responsibilities, particularly in the context of COVID-19 and that these may vary according to individual circumstances. In recent months a range of guidance and advice, for example [DL (2020)7](#), has been agreed for all NHS staff in relation to balancing caring responsibilities with work. Consultants and SAS doctors are encouraged to make themselves aware of this advice in terms of the options open to NHS staff in achieving this balance.

**Shielded/high risk doctors:** In line with guidance received from the Scottish Government, Boards are currently putting in place processes to support employees to return to the workplace, including those who have been shielding. These processes will apply to consultants and SAS doctors, as individuals, as they do to other staff.

As with all NHS staff, Occupational Health have a key role in making recommendations required to support a safe and healthy return to work are in place.

**Appraisal/revalidation**

On 23 July, the CMO confirmed that appraisals will recommence for all doctors from 1 October 2020. In his letter the CMO expressed the view that all parties should work together to ensure that forthcoming appraisals focus on the wellbeing of doctors. The communication also recognised that an accommodation will need to be made for the fact that some doctors will have found it challenging to collect meaningful supporting information and that flexibility should be shown by appraisers in relation to the supporting information that a doctor provides in conducting the appraisal, with an emphasis on reflection.

**Annual leave**

Agreed provisions for taking annual leave over the period 2019/20, 2020/2021 and 2021/2022 are as outlined in [DL (2020) 09](#), [DL (2020) 16](#) and [DL (2020) 22](#). As outlined in [DL (2020) 09](#), those who are unable to take their full leave entitlement for 2019-20 as a consequence of COVID-19 may choose to carry this leave forward, up to the end of their 2021/22 leave year if they wish or receive payment instead. In addition doctors’ and dentists’ terms and conditions of service already allow them to carry forward 5 days annual leave between leave years, ‘subject to the exigencies of the service’, with no limit on the carry over where it has not been possible for them to take their full leave allowance.
Quarantine

Guidance on quarantine for NHS Scotland staff returning to the UK has been issued: https://www.sehd.scot.nhs.uk/dl/DL(2020)20.pdf

These have been exceptional times and challenging for all involved. The pace of change necessary to provide service to patients has necessitated flexibility across NHS Scotland and it is likely that in the future all parties (management, staff and staff side organisations) will need to continue the collaborative and flexible approach they have shown so far. We know that everyone involved will pull together. BMA Scotland, MSG and Scottish Government are hugely grateful for the commitment, flexibility and professionalism demonstrated by consultants and SAS doctors in Scotland at this time.

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16 September 2020