



Scottish Government
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MSG/BMA Joint Guidance – Junior Doctors 4th November 2020

Background

On 8th May MSG (NHSS employers and Scottish Government) and BMA Scotland issued a [joint statement](#) on the application of contractual provisions for junior doctors and dentists in Scotland during the Covid-19 pandemic. Partnership discussions have continued over recent months and the purpose of this further joint Covid-19 guidance is to reflect agreements reached on issues as more routine services are re-mobilised and in the event of further pandemic surges. As with the previous joint statement our purpose in issuing this guidance is to reinforce the necessity of applying the extant terms and conditions for junior doctors in Scotland.

This guidance recognises the requirements and principles of the four nation statement by NES (and other national NHS education bodies) on [Maintaining Postgraduate Medical Education and Training – Principles for Educational Organisations during Pandemic Surges](#).

Areas discussed and agreed are as follows:

Rota Banding

In relation to rota banding the joint guidance issued in May stated that:

“No individual will suffer financial detriment as a result of changes made to their pre-Covid-19 working pattern or by agreeing to be placed on a new emergency working pattern.”

The joint guidance further states that:

“If the emergency rota banding is lower than their pre-Covid-19 substantive rota, then overall salary applicable to the usual pre-Covid-19 banding will be maintained for the duration of the emergency rota.”

Under the national [Terms and Conditions](#), Boards cannot re-band a rota downwards without following the formal process as set out in the Terms and Conditions.

New Deal Monitoring

The Scottish Government wrote to NHS Boards on 22 July 2020 to confirm that routine New Deal monitoring processes should re-start on 5 August 2020. Boards are asked to note the [New Deal Monitoring Guidance](#) for Doctors in Training.

In the event that, as the pandemic progresses issues arise in relation to New Deal monitoring either at national or local level these issues will be discussed in partnership between MSG and BMA Scottish

Junior Doctors Committee (if national) and NHS Board management and local LNC Junior Doctor Subcommittees (if local).

Digital monitoring - Many Boards already have this in place and would encourage those Boards not currently using digital monitoring systems to review and assess their current approach.

Pre monitoring meetings - Pre monitoring meetings may not be able to take place in the usual face to face setting. Boards are therefore encouraged to utilise alternatives such as video conferencing to facilitate these meetings. Given the differing circumstances across Boards in terms of IT a “one size fits all” approach may not be appropriate. Boards should therefore seek to agree with the LNC Junior Doctor Subcommittee and implement their own provisions locally.

Working from Home monitoring arrangements - The number of junior doctors in this category is small, however there are a wide range of possible circumstances, both personal and operational which may require consideration. These should be dealt with locally and where applicable, on a one to one basis with those concerned. Junior doctors in this category should not be included in monitoring exercises that are arranged for their colleagues working in a conventional manner.

Trainee Redeployment

Any redeployment of trainees as a consequence of Covid -19, will be with agreement with the Postgraduate Dean and in consultation with the relevant trainees, and will follow the principles set out in the 4 nation statement by NES and the other national NHS education bodies referenced above.

In the event that trainees are aggrieved in relation to a decision to redeploy them they should utilise existing NHS Scotland grievance procedures.

In addition:

- The number re-deployed should be the minimum necessary for safe delivery of the service and where possible time limited to allow return to the base area. This could be achieved by rotating a group of trainees in and out of base and redeployed areas, rather than re-deploying only one or two for the whole duration.
- The new location should be as close to the original location as possible. Trainees should suffer no financial detriment and terms and conditions of service, including pay protection arrangements, apply at all times.
- Trainees should be reminded of the established arrangements for excess travel expenses/relocation financial support (where applicable).
- Subject to the needs of the service, trainees who are at critical progression points should be prioritised to stay in their usual rotas where possible to allow them to meet their expected ARCP date.
- Where possible, trainees who were redeployed once should not be the first to be redeployed in future. Any decision to redeploy should be proportionate and should take consideration of the impact on training.

Less than Full Time Trainees

In line with normal practice and the agreed terms and conditions:

- Where LTFT trainees have increased or changed their working hours this must be remunerated in line with the TCS, and where there is evidence of work towards the attainment of education outcomes this time should be recognised for training
- Those LTFT trainees who temporarily increased or changed their working hours in response to the pandemic should be able to return to their normal hours of work on request. Usual procedures will apply and processes must still be in place to support reasonable adjustments required for health or disability reasons.
- Any trainee who agrees to increase or change their working pattern will not have this considered against future decisions to facilitate LTFT training at their requested percentage.

Annual Leave

Provisions governing annual leave are as set out in DL (2020) 9, 16, and 22. Under these provisions those doctors who opted to carry forward their untaken 2019/20 annual leave must either take it, or select payment instead, before the end of the 2021/22 leave year, which for most junior doctors will be August 2022.

Recognising that graduation ceremonies were postponed from early summer, FY1 trainees may wish to request leave to attend their ceremony in the autumn. In line with DL 2018/16 on leave for life events, where possible employers will make reasonable efforts to allow leave to attend graduation ceremonies to be granted, providing reasonable notice is given.

Reducing Fatigue

Covid-19 response' rotas can include a larger proportion of antisocial working than usual and contribute to fatigue. Where these are in operation, either currently or if resurrected in response to a second wave, care should be taken to avoid unnecessarily fatiguing shift patterns. Existing terms and conditions on working hours, limits on consecutive shifts and rest requirements remain in place. Best practice in good rota design to reduce fatigue would include, for example:

- Using forward rotating shift patterns (day, late, night).
- Avoiding more consecutive shifts than necessary – 7 shifts in a row as the absolute maximum
- Minimum 46 hours rest following full shift night working
- Ideally, limiting the number of long shifts (10 hours or longer) in a week
- No rota to contain more than four nights in a row

Boards should build on existing good practice and the extant terms and conditions in developing, planning, and reviewing alternative rotas to deal with Covid-19 peaks and troughs. Arrangements should be developed to allow trainees to return to their normal working patterns as soon as possible to facilitate their learning and progression in training. As per the [May joint statement](#) for those junior doctors required to be on 'standby' such hours on 'standby' should be reflected accurately as being non-resident on-call.

The provision of rest and catering facilities is an important component of staff health and wellbeing. BMA and MSG are committed to progressing this generally through the Scottish Government's national health and wellbeing workforce.

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. Junior doctors are encouraged to make themselves aware of this advice in terms of the options open to NHS staff in achieving this balance. Employers should take a flexible approach with changes to working patterns due to caring responsibilities.

Working from home, shielded trainees etc.

In light of guidance received from the Scottish Government, Boards are currently putting in place processes to support employees returning to the workplace, including those who have been shielding. These processes will be applied to junior doctors as individuals as they do to other staff.

For trainees who were previously shielding, including those who were assessed as being at high or very risk in relation to contracting Covid-19 or due to ongoing requirements following a risk assessment are unable to fully take the role they would have rotated in to, their rate of pay should be assessed on the banding they would have received had they been able to do so but for Covid-19.

With specific reference to junior doctors, Boards are encouraged to give trainees who are unable to attend work as much opportunity as possible to make educational progress and continue to work in other capacities. NES recently conducted a survey of all doctors in training to identify those who are working differently due to being in a formal shielding or high risk category (or living with someone in such a category). The information from this survey has been shared with employers and Training Programme Directors to ensure appropriate risk assessments and educational planning discussions can take place. NES is also developing a framework document to support trainees and trainers where the trainee is unable to work in their usual manner.

As with all NHS staff, Occupational Health should have a role in ensuring that any reasonable adjustments required to support inclusion and engagement with employment and educational progression are in place. Where such adjustments are not possible and doctors are required to be placed on special leave, then this will be handled sensitively.

Educational progress, including study leave, should be facilitated as far as possible even if full engagement with routine work is not possible, to allow doctors to meet their educational requirements. Consideration can be given to attendance at virtual conferences. This should be used to its full extent where reasonable adjustments do not allow full engagement in routine work. Personalised planning should be undertaken in conjunction with the trainee, employers and NES to assess the full training programme and select any elements (such as management/leadership, audit or QIP, some research) that can be achieved. Completing these elements might then enable the trainee to devote more time to clinical elements when they can return to full working.

NES have also confirmed, in a statement which can be found [here](#), that Outcome 10 will be extended for another 12 months in recognition of the disruption caused by Covid-19.

Teaching , study leave, courses and examinations

Most CPD and formal education and training activities were put on hold during the emergency period. However, as re-mobilisation progresses these activities should be reinstated in parallel. Most education and training activities should continue to be undertaken during a future Covid-19 surge, in line with the 'Principles for Educational Organisations during Pandemic Surges' statement issued by NES and the other national NHS education bodies see link above.

It is accepted that much teaching has traditionally been delivered face –to –face and some of this will require to be modified and developed to different delivery formats and methods. Additional resources and infrastructure may be required to support this. Since much workplace based training is based on clinical activity, re-commencing some education and training activities will be dependent on remobilisation of clinical services. It is essential that, at a minimum, all doctors are able to meet the educational requirements relevant to their curriculum.

Study leave opportunities are available, particularly online, and study leave applications should be considered as normal through agreement with the service. All requests should be considered on an individual basis. In particular, working on a 'Covid-19 response' rota should not be an automatic barrier to taking study leave with the needs of the service being balanced with the needs of the trainee in each case. As non-mandatory courses, conferences and other educational programmes resume, trainees should not be prevented from taking study leave to attend these, again through agreement with the service. Any consideration of overseas travel should take into account Scottish Government quarantine rules, and should be discussed fully with Clinical and Educational Supervisors before any plans are made.

While the 6 weeks' notice period for leave requests remains in effect, where there is agreement for trainee release from service, NES will flexibly consider study leave requests with less than 6 weeks' notice, where practical and subject to service planning needs in boards locally.

Where practical, Foundation doctors who have missed a rotation due to the Covid-19 response can apply for taster weeks. Employers are asked to be supportive of such requests and permit release from rotas to enable access where possible subject to service delivery.


Where mandatory courses and exams are scheduled to occur, trainees should be given priority for release from clinical service. ALS, in particular, should be reinstated as soon as is feasible to do so locally. Where exams are running in different formats from usual, in particular online, trainees who do not have access the requisite technology will be supported by Boards.



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