

Statement on junior doctor monitoring and workforce management during the second wave

by BMA NI junior doctors committee (NIJDC), December 2020

BMA NI statement on the *Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service (Northern Ireland) Terms and Conditions of Service (2002)* and; junior doctor monitoring during the response to the COVID-19 pandemic.

As a second wave of the COVID-19 pandemic progresses, alongside the backlog of elective work, and anticipated winter pressures, we can expect an extraordinary burden will fall on the HSC and those working within it.

To ensure that efforts are sustainable in the weeks and months to come, it is of paramount importance that staff are not working in a manner that compromises their health, safety or wellbeing, nor that of their patients.

The [*Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service \(Northern Ireland\) Terms and Conditions of Service \(2002\)*](#) contain nationally agreed safe working hours restrictions and rest requirements, designed to protect junior doctors from excessive fatigue and burnout.

We are aware that staff in the HSC are likely to still be recovering from the previous surge of the pandemic and it is therefore crucial that these protections must continue to be applied in full whilst managing the ongoing COVID-19 pandemic.

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

Accordingly, it is important that the following principles are adhered to when managing the junior doctor workforce during further waves of COVID-19:

- All junior doctors must be appropriately [risk assessed](#) including specialist occupational health assessment where indicated, and have their safety made paramount. Information on who to contact to carry out risk assessments should be made readily available to junior doctors. Wherever they are working, they must have access to, and relevant training in, the use of appropriate personal protective equipment
- **All junior doctor rotas** must adhere in full to the Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service (Northern Ireland) Terms and Conditions of Service (2002)



- All new and amended rota patterns require monitoring to be carried out for the purposes of correct calculation of hours, safety limits and pay. As specified para 18-23 of the Terms and Conditions, there must be no financial detriment to trainees due to changes outside their control (including where due to risk assessment) and established contractual pay protections will apply.
- 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 DoH NI and BMA NI Junior Doctors Committee (if national) and local LNCs (if local) - (with underlying principle of no detriment).
- A junior doctor should not be asked to be part of a “shadow” rota in the event of potential sickness absence due to COVID-19, as this is outside their Terms and Conditions of Service. However, in these exceptional circumstances some junior doctors may volunteer for these shifts. In cases such as this, these shifts should only be used on a temporary basis, clearly rostered in advance, confirmed to be worked with at least 24 hours’ notice, and paid at appropriate rates.
- Ahead of any rota changes, the affected junior doctors must be consulted and directly involved in any design or modification of a rota, with appropriate notice and time frame for consultation, including allowing for doctors who are on leave to be able to be consulted. **Every effort must be taken to give as much notice as possible to any changes to rotas.**
- Less-than-full-time (LTFT) doctors must have their LTFT status protected, unless they specifically agree otherwise. A LTFT trainee may voluntarily agree to increase their usual LTFT percentage temporarily or work additional shifts on an ad-hoc basis where this is preferable, more practicable or sustainable. There must be no detriment to LTFT trainees who temporarily work above and beyond their usual hours in order to aid the pandemic response.
- Where rota changes are made, all approved annual leave and study requests and leave for examinations must be honoured, along with any previously anticipated days off (including weekends) that a junior doctor is unable to work due to prior commitments based on the preceding pattern, providing they inform their employer as soon as possible; the doctors and employer must explore these impacts within the consultation process.
- **Any rota** impacted by COVID-19, must allow for the reasonable use of annual leave in addition to any already approved; rest and recuperation remains essential for patient and doctor safety. Any leave not able to be taken due to clinical/staffing pressures should be paid or carried forward without detriment.
- All efforts should be made to maintain and deliver teaching, training and access to educational opportunities. Where this is not possible, steps must be taken to mitigate any impacts and collaboratively plan how this will be facilitated later, or in an equivalent alternative format and scheduled within rostered hours.
- Where professional examinations can continue during the pandemic, trainees must be facilitated to sit these so as not to delay training progression including consideration of

the need for study leave. Leave must also be facilitated for specialty recruitment processes.

- Where rota changes are required, employers must give due consideration to planning for de-escalation back to standard rotas. Ideally, these rotas should be reviewed every 2 weeks to assess the need for escalation. Consultation with trainees, adequate notice and protection of existing leave should apply equally during any rota changes made as a result of de-escalation.
- Redeployment from an existing working environment or role to aid the response to COVID-19 related pressures **must be** considered in consultation with the trainees involved **giving adequate notice**, considering personal risk assessments. Redeployment will only occur where there is educational support and will follow the principles set out in the 4-nation statement by NIMDTA and the other national NHS education bodies referenced above. It is essential that due consideration is also given to impacts on health, training, detriments to research and out of programme opportunities, and/or progression prior to any re-deployment.

SUMMARY OF KEY PRINCIPLES

Written confirmation must be received, in advance of any changes, with adequate notice, on the following:

- Agreement that any change to duties will be for a specific limited period only to respond to the current emergency, and that all remaining terms and conditions of employment will be unaffected
- Confirmation of the date as to when redeployment will be reviewed and, if agreed, ended, and;
- Clarification on payment arrangements.

The BMA recognises that the pressures associated with COVID-19 remain a significant burden, and we know that all HSC staff will continue to be under considerable strain for the foreseeable future; we are proud of how responsive and flexible junior doctors have been, and how hard they continue to work to support the HSC response to the pandemic.

This guidance is designed to ensure that staff safety and wellbeing remains paramount through-out this difficult period, whilst recognising the need for a degree of flexibility and adaptation to a rapidly evolving situation.