

Health Service Circular



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sets out a specific action on the part of the recipient with a deadline where appropriate

REDUCING JUNIOR DOCTORS' HOURS

CONTINUING ACTION TO MEET NEW DEAL STANDARDS:

- REST PERIODS AND WORKING ARRANGEMENTS
- IMPROVING CATERING AND ACCOMMODATION FOR JUNIORS
- OTHER ACTION POINTS

For action by: Trust - Chief Executives
Trust - HR Directors
Regional Directors
Regional task force chairmen
Health Authorities (England) - Chief Executives
Postgraduate Deans
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Summary

1. This circular provides guidelines for trusts and other signatories to the New Deal for Junior Doctors on the consistent interpretation of acceptable standards on juniors' working hours and living conditions. It sets out further points for trusts to action in making progress towards New Deal accreditation.

Action

2. The New Deal hours' controls are set out at Annex A. This circular provides agreed national guidance in the following areas:

- rest requirements within New Deal working arrangements (Annex B)
- 24-hour duty periods within partial shift working arrangements (Annex C)
- the circular also sets out, for the first time, guidance on the operation of *hybrid working arrangements*, where junior doctors' working patterns contain significant elements of more than one standard working arrangement (Annex D).

3. Our aim is to encourage a consistent approach across trusts and task forces and to promote understanding where new guidance is being introduced.

Background

4. Since the launch of the New Deal on junior doctors' hours in 1991 there have been major improvements in junior doctors' and dentists' working hours. But we cannot pretend that all the problems of long hours and high work intensity have been solved. There also remains a need for continuing effort by the NHS to ensure that juniors are provided with acceptable living and working conditions, including decent standards for overnight accommodation and out-of-hours catering. Action on both hours and non-hours issues must go hand in hand to ensure that the *quality* of rest as well as its quantity is conducive to the training needs of junior doctors and to patient care.

Ministerial commitment

5. At his speech to the BMA Junior Doctors' Conference on 5 June the Minister for Health recognised that, despite the hard work of NHS staff at all levels there was still a hard core of problem posts. In asking trusts to review their local working arrangements, the Minister signalled that action on long hours will continue as a priority. This is

particularly true in the case of PRHOs, where work intensity often remains unacceptably high and where full hours' compliance is especially important during this first training year.

6. Regional task forces, who provide advice and support to local trusts and who monitor trust returns on hours, will continue in being and will be funded until we have met the New Deal targets. We will expect all NHS trusts employing junior doctors to work with task forces towards New Deal Accreditation, by meeting the hours' targets and by providing decent living conditions.

Current position

7. Earlier this year the Junior Doctors' Hours subgroup of the Advisory Group on Medical Education Training and Staffing (AGMETS) - comprising representatives of juniors, consultants, medical royal colleges, NHS managers, postgraduate deans and the Health Departments - reviewed the working of the New Deal. They recommended that, whilst there was no need to alter the basic substance of the hours' agreement, there would be benefit in clarifying some of the requirements relating to working arrangements set out in the original guidance.

Accommodation and catering

8. We also provide guidance on accommodation and catering. Providing good living conditions alongside decent hours is a vital component of the New Deal and is essential to accreditation. All trusts should make sure that they have plans in place to maintain and improve standards.

Trust responsibility

9. Responsibility for the successful implementation of the New Deal should rest with a named individual at trust board level. Where this is not currently the case, all trust boards should nominate one of their members to take a lead.

Accreditation procedures

10. Task forces will continue to require from accredited trusts, via the LMWAG, a breakdown of juniors' compliance by grade and specialty so that a complete national picture of progress on hours' reductions can be maintained until our targets have been fully achieved. Accredited trusts are encouraged to include a statement on their accreditation status when advertising vacancies for training grade posts.

11. The participation of trusts in the process leading to New Deal accreditation, as established under EL(97)2 from April 1997, has proved instrumental in tackling obstacles to change. Under this HSC we are asking regional task forces to approach all currently unaccredited trusts employing juniors to assess their suitability for accreditation. Each task force will determine a timetable for this assessment but we expect that all trusts will have been approached and assessed *by no later than the end of September 1999*. Trusts should include in their Annual Report details of their progress towards New Deal accreditation or, if already successful, a record of how accreditation is being sustained.

12. The new guidelines in Annex B and Annex C on rest periods and hybrid contracts may have an impact on some juniors' posts in trusts which have previously received full accreditation. To ensure consistency with the approach outlined in paragraph 11 above, task forces should work with already accredited trusts to check that in their ongoing

monitoring they conform to or are able to work towards these guidelines. Those trusts should be re-assessed by no later than the end of September 1999.

Other action points

13. The New Deal has long operated on the premise that local solutions to local problems are the best way to achieve sustainable improvements. But the help and advice of regional task forces should be sought to eradicate seemingly intractable difficulties, often at little or no cost to the employing trust.

14. Task forces have encouraged a wide range of measures to help reduce hours of work by changing working practices or working arrangements. Amongst the more successful measures have been:

skill mix - making the best use of all hospital staff to address a local problem. This may involve employing nurse practitioners, doctors' support workers, bed-managers, etc. There remains scope for further sharing of certain clinical duties with nursing staff. As well as reducing juniors' hours of work, a multi-disciplinary approach has significant benefits for the quality of patient care.

bleep policies - hospitals should ensure that junior doctors have adequate protected rest and sleep periods, and are not disturbed unnecessarily during them. Alternative arrangements, including using the skills of other hospital staff, should be made to ensure that disturbing the juniors does not happen except where absolutely necessary. The protocols for doing this should be agreed locally by all the interested parties.

good practice guides - task forces have produced guides to help trusts in considering measures designed to help reduce hours of work or improve the working and training environment.

local implementation groups - a requirement of accreditation; juniors' participation is vital.

Task forces

14. The task force chairmen and their contact points are listed at Annex F.

This circular has been issued by:

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