



National Health Service in Scotland  
Management Executive

St. Andrew's House  
Edinburgh EH1 3DG

Dear Colleague

**JUNIOR DOCTORS' HOURS OF WORK**

**Summary**

1. This letter reminds Health Boards and Trusts of the 31 December 1994 target date for reducing junior doctors' hours to 72 per week; calls for further statistical returns as at 30 September and 31 December 1994; and informs employing bodies of the availability of the "New Deal" computer software.

**Action**

2. Health Boards and Trusts should:
- reduce the average hours of junior doctors on on-call rotas in hard pressed posts to no more than 72 per week by 31 December 1994 (and to 56 and 64 hours per week respectively for those on full and partial shifts);
  - provide statistical returns for the half year to 30 September 1994 by 14 October 1994;
  - provide statistical returns for the 3 month period from 1 October to 31 December 1994 by 20 January 1995;
  - note the availability of the "New Deal" software for monitoring juniors' hours;
  - copy this Circular to Unit General Managers and Medical and Clinical Directors for action as necessary.
3. Details of what is required are set out in Annex A attached.

Yours sincerely

*M R Sibbald*

M R SIBBALD  
Director of Human Resources

| September 1994

**Addressees**

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General Manager, State  
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<b>COMMON SERVICES AGENCY</b>	
<b>RECEIVED:</b>	
- 5 SEP 1994	
FILE No.	
REFERRED TO	ACTION TAKEN

## JUNIOR DOCTORS' HOURS OF WORK

### 1993 Target Outcome

1. The April 1993 target of no junior doctor being contracted for more than 83 hours of duty per week has been achieved in all but a few cases. Those employing bodies who still have juniors contracted for more than 83 hours must reduce the hours of duty of these posts to within the required level immediately. The Management Executive has written separately to the Health Boards and Trusts concerned.

### 1994 Target

2. The current target is to eliminate by 31 December 1994 those hard-pressed on-call rota posts contracted for more than 72 hours duty per week on average (with those on full and partial shifts to be reduced to a maximum of 56 and 64 hours duty respectively). The reduction in contracted hours should also reflect a reduction in actual hours of work and work intensity. No junior employed full-time should normally be expected actually to work for more than an average of 56 hours a week by 31 December 1994. The maximum hours of work of doctors employed on a part-time basis will vary according to their contractual commitment. However, there should normally be the same relationship between maximum contracted hours of duty and maximum hours of work for part-timers as for those employed full-time.

### The present position

3. The statistical returns of juniors' hours as at 31 March 1994 (summary attached) show that 1,589 doctors were involved in on-call rotas in hard-pressed posts of whom 604 (38%) were contracted for 72 hours of duty per week or less. This leaves 985 posts (62%) whose hours must be reduced to that level by 31 December 1994. Posts in full or partial shifts should already have met this target.

### Doctors in Higher Specialist Training

4. Doctors in higher specialist training may continue to contract for duty of up to a maximum average of 83 hours week when it would be to the benefit of their training and they wish to do so, providing the proper supporting structure exists and the duties are not harmful either to the trainee or to patients (the "English" clause). Few of these posts will be hard-pressed. It is only necessary at this stage to ensure that higher specialist trainees are aware of this option and that they begin to seek any required exemption from September onwards. Each application for such an exemption must be referred by the Health Board or Trust concerned to the local Postgraduate Dean. A note of all posts for which this exemption is sought should be included when submitting the statistical returns referred to in paragraphs 8 to 11 below. No "English" clause optee should have to work on average more than 56 hours a week.

## **Action required**

5. The Government have provided an extra £1.2m for new posts this year to help with hours reductions and this funding has been allocated to employing bodies whose bids were approved on the advice of the Scottish Implementation Group on Junior Doctors' Hours. Every effort should be made to fill posts as soon as possible to maximise their impact before December.

6. This funding will not, however, finance all the measures required to meet the targets and employing bodies must, therefore, find other ways of achieving the required hours reductions. To meet the targets, Health Boards and Trusts will need to use a combination of such measures as:

- additional career grade posts funded from their own resources;
- new and more innovative ways of team working;
- better cross-cover arrangements;
- fewer tiers of on-call cover;
- more full and partial shift working;
- greater use of skill mix;
- rationalisation of services.

Changes in traditional ways of working on the part of both junior doctors and consultants are essential to the achievement of the hours targets. The best results have been obtained when consultants, juniors and NHS management work together towards this common purpose.

7. The hours which juniors actually spend working should match those for which they are contracted. The Government expects the 1994 target average of no more than 56 hours actually worked per week to be met. Problems here may not always be apparent from the statistical returns. The statistical returns have been amended to capture this element. The Government are determined that improvements in junior doctors' hours of work should be real and not merely cosmetic. Employing bodies should be prepared and able to demonstrate that they are complying with those requirements.

## **Statistical Returns**

8. The next statistical returns for the half-year to 30 September 1994 must be submitted to the Management Executive no later than Friday 14 October 1994. Individual Trusts should produce a consolidated return for all their hospitals. Each Health Board should provide one consolidated return for their directly managed units where they have them. The returns must be completed fully and checked for accuracy before they are submitted. Any statistics which are forwarded uncollated, inaccurate or incomplete will be returned by the Scottish Implementation Group secretariat for amendment. The most common errors were listed in MEL(1994)8 to which reference should be made to ensure they are not repeated. You should confirm that the 72 hour target for hard-pressed on-call rota posts will be met, and similarly for full and partial shifts. If there is doubt that the target cannot be met by

31 December in some instances, this should be stated saying where the problems are, eg specialty; why the target cannot be met; and what steps are being taken to meet it.

9. Revised and more comprehensive statistics forms are attached and should be used for the 30 September 1994 return. Please note the extra information required in respect of specialties, shifts and partial shifts.

10. Two further items are now also required:

- (i) the number of posts where the hours actually worked exceed 56 per week; and
- (ii) the posts for which exemption is being claimed under the "English" Clause - see paragraph 4 above. A new form is attached for this purpose.

11. In addition to the statistics for 30 September 1994, a similar return will be required as at 31 December 1994 to show the extent to which the 72 hour target has been achieved. This latter return must be forwarded no later than Friday 20 January 1995.

### **Computer Software**

12. A computer programme has been developed to assist with the monitoring of juniors' hours of work and copies may be obtained from Woodburn Informatics (the new name for the Lothian Health Computer Services Unit), 56 Canaan Lane, Edinburgh EH10 4SG (Tel No: 031-447-9233). The package is free apart from a small charge which may be made to cover copying and distribution costs. The programme can generate work rotas which comply with the "New Deal" requirements and make allowances for prospective cover. The programme can also be used to collate the statistical returns on junior doctors' hours required by the Management Executive. Employing bodies wishing to have a presentation of the programme should contact Dr Connelly at Woodburn Informatics. Training in the usage of the programme can also be provided by the Unit. The cost of a presentation or training will depend on the amount of time required but would be based on the Unit's current charge of £275 per day for such services.

### **Conclusion**

13. It is the responsibility of Health Boards and Trusts to deliver the reductions in junior doctors' hours to which the Government remains fully committed. It is essential that employing bodies ensure that the contracted hours of juniors in hard-pressed posts are reduced to an average of no more than 72 hours per week by 31 December 1994 and that junior doctors are not actually working for more than 56 hours a week by that date.

14. Health Boards should recognise that they have a central role in this as Purchasers. There are many instances where they have already been involved with Trusts in developing strategies but there is much more scope for them to support and influence the "New Deal". Purchasers should have a clear idea of progress in each of their provider units and should work closely with them to achieve this.

DOCTORS AND DENTISTS IN TRAINING - HOURS OF WORK  
AS AT 31 MARCH 1994

HEALTH BOARD, OR TRUST

SCOTLAND

PART 1 (POSTS)

Col 1	Col 2	Col 3		Col 4									
		Total No of funded posts by form of working (a)	Total No of funded posts by form of working (b)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		
	Total No of funded posts in grade	full shift	partial shift	over 83 hrs	83 hrs	73-82 hrs	72 hrs or less	non hard pressed	hard pressed	non hard pressed	hard pressed	non hard pressed	hard pressed
SENIOR REGISTRAR	378.5	10.5	3.5		35	79.5	53	4.5					132.5
REGISTRAR	706	7	75.5	2	42	151	118.5	81					191
SHO	1806.5	176.5	224	4	101	395.5	289	240.5					282
PRHO	623	11	228	1	13	161	144	6					45
TOTAL	3514	205	531	7	191	787	604.5	372.5					650.5

PART 1 - NOTES

1 Dentists to be included in a single speciality of dentistry.

Total of Col 3 should equal total of Col 2.

Col 4(a) - 1:3 rota with prospective cover or worse.

Col 4(b) - 1:3 rota without prospective cover.

2 SR's not on rotas )  
6 SR's work straight hours ) 9  
1 SR does not do on-call )

4 R's work straight hours )  
6 R's do not do on-call ) 10

1 SHO Vacancy )  
3 SHO's work straight hours ) 8  
4 SHO's do not do on-call )

6 PRHO's work straight hours ) 6  
3 SHO's in registrar posts working SHO rotas )

PART 2 (POST HOLDERS)

Col 1	Col 2	Col 3	Col 4
No of honorary staff	No of full-time staff	No of part-time staff	Total No of staff

PART 2 - NOTES

Total of Col 1 should not be included in any other Col.

Total of Col 2 and 3 should equal total of Col 4.

DOCTORS AND DENTISTS IN TRAINING - HOURS OF WORK - As at 30 September 1994

HEALTH BOARD / Trust

PART 1 (POSTS)

Col 1	Col 2	Col 3		Col 4			
		(a)	(b)	(a)	(b)	(c)	(d)
Total No of funded posts in grade as at	Total No of funded posts by form of working	full shift	partial shift	over 83 hrs	83 hrs	73-82 hrs	72 hrs or less
		56 hrs or less	over 64 hrs or less	* hard pressed	* hard pressed	* hard pressed	* non hard pressed
SENIOR REGISTRAR							
REGISTRAR							
SHO							
PRHO							
TOTAL							

PART 2 (POST HOLDERS)

Col 1	Col 2	Col 3	Col 4
No of honorary staff as at	No of full-time staff as at	No of part-time staff as at	Total No of staff as at

PART 1 - NOTES

† Dentists to be included in a single speciality of dentistry.

Total of Col 3 should equal total of Col 2.

Col 4(a) - 1:3 rota with prospective cover or worse.

Col 4(b) - 1:3 rota without prospective cover.

Col 4(c) - 1:4 rota with prospective cover.

Col 4(d) - 1:4 without prospective cover or better.

\* As defined in Annex D of circular SCHHD/DCM(1991)16.

PART 2 - NOTES

Total of Col 1 should not be included in any other Col.

Total of Col 2 and 3 should equal total of Col 4.

DOCTORS AND DENTISTS IN TRAINING - HOURS OF WORK - AS AT 30 SEPTEMBER 1994  
BY SPECIALITY

HEALTH BOARD/TRUST \_\_\_\_\_

GRADE: \_\_\_\_\_

PART 1 (POSTS)

Col 1 Speciality	Col 2 Total No of Funded Posts In Grade As At	CONTRACTED HOURS								Col 4 No of posts worked as on-call rota 72 hrs or Less			
		Col 3 Total No of Funded posts by form of working		(b) 83 hrs		(C) 73-82 hrs		(D) 72 hrs or Less					
		(A) Full Shift 56 hrs or Less	(B) Partial Shift 64 hrs or Less	(C) Rota Over 83 hrs	* hard pressed	non hard pressed	* hard pressed	non hard pressed	* hard pressed		non hard pressed		
A & E Medicine													
Anaesthetics													
Clinical Laboratory Specialities													
Dentistry													
Medicine (excluding Paediatrics)													
Obstetrics and Gynaecology													
Paediatrics													
Psychiatry													
Radiology													
Surgey													

PART 2

No of Posts Where Actual Hours Worked Exceed 56	
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PART 1 - NOTES

♦ Dentists to be included in a single speciality of dentistry.

Total of Col 3 should equal total of Col 2.

Col 4(a) - 1:3 rota with prospective cover or worse.

Col 4(b) - 1:3 rota without prospective cover.

Col 4(c) - 1:4 rota with prospective cover or better.

Col 4(d) - 1:4 without prospective cover or better.

\* As defined in Annex D of circular SOHHD/DGM(1991)16.

**DOCTORS AND DENTISTS IN TRAINING - HOURS OF WORK AS AT 30 SEPTEMBER 1994**

DOCTORS IN HIGHER SPECIALIST TRAINING

HEALTH BOARD/TRUST \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POST <sup>1</sup> (GRADE)	SPECIALTY	HOSPITAL	WORK <sup>2</sup> PATTERN	CONTRACTED HOURS		HOURS ACTUALLY WORKED
				HARD PRESSED	NON-HARD PRESSED	

- NOTES:-**
1. List each post by Grade on a separate line.
  2. Indicate on-call rota, full shift or partial shift.