



17th September 1997

Dear Colleague

**JUNIOR DOCTORS' HOURS: RETURNS FOR
30 SEPTEMBER 1997**

Summary

1. This letter requests the completion and return of the attached data sheets on junior doctors' hours for the 6 months to 30 September 1997.
2. Ministers have recently signalled their commitment to ensuring full compliance with the New Deal standards and targets and a further MEL implementing this commitment will issue shortly.

Action

3. Trusts and Health Boards should:
 - provide statistical returns for the 6 months to 30 September 1997 by 15 October at the very latest. We are aware that some Trusts have had difficulty in complying with deadlines in previous rounds, but it is essential to have this information on time;
 - provide further information on compliance with the New Deal non-hours standards, on class 2 ADH payments for intensive on-call rotas and whether work intensity has been reduced, and on numbers contracted under the English clause;

Addressees

For action:

Chief Executives, NHS Trusts

General Managers, Health Boards

General Manager, Common Services Agency

General Manager, State Hospital's Board for Scotland

For information:

Executive Director, Scottish Council for Postgraduate Medical and Dental Education

Postgraduate Deans and Directors

Chief Executive, Health Education Board for Scotland

Enquiries to:

Mr K McMillan
Directorate of Human Resources
NHS Management Executive
Room 61A
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 2476
Fax: 0131-244 2837

| | |
|---|--------|
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| DATE | 1997 |

JUNIOR DOCTORS' HOURS OF WORK

Statistical Returns for 31 March 1997

1. The main findings of the monitoring exercise at 31 March 1997 were as follows:

Compliance with contracted hours target

86 posts (2.2%) in 12 Trusts did not comply with the contracted hours target compared with 116 (3%) in September 1996.

Compliance with the actual hours worked target

116 posts (7%) in 19 Trusts did not comply with the actual hours target compared with 458 (17%) in September 1996. A total of 5 Trusts presented "unknown" returns.

Compliance with the non-hours standards

20 Trusts (40%) failed to meet the 3 non-hours standards of accommodation, catering and security. 14 Trusts did not comply with one standard, 2 did not comply with 2 standards and 2 did not comply with all 3 standards. 2 Trusts provided "unknown" returns. Information on the non-hours standards was not requested in previous rounds.

2. The reduction junior doctors' contracted and actual hours of work since 30 September 1996 are welcomed and it is clear that the majority of junior doctors are now working within the limits set 6 years ago. It is apparent, however, that there is a hard core of problem posts which are contracted for over 72 hours a week together with the more widespread problems in achieving the target for actual hours worked. There are also difficulties in the intensity of work during out-of-hours duty, the quality and adequacy of rest periods and the non-hours standards. Ministers have agreed a strategy to address these issues and this strategy will be the subject of another MEL which is currently being considered by the Scottish Advisory Committee on the Medical Workforce - New Deal Sub-Committee and will issue shortly.

Statistical Returns for 30 September 1997

3. A set of forms for completion at 30 September is attached. We appreciate that many Trusts have had difficulty in providing accurate information and would stress the need for Trusts to develop effective monitoring systems. If any data is thought to be inaccurate or is not known, a letter is now required to explain the nature of the problem and to describe what action is to be taken to resolve it. Any comments on or proposals for improvements to the forms would be welcome.
4. All returns must be validated by a nominated juniors' representative and the Trust Chief Executive. This gives both staff and management an opportunity to amend or comment on the returns in order to increase their reliability. Where significant problems are being encountered by Trusts or Units in reaching the targets, further details would be welcome.

5. Trusts and Health Boards should ensure that all forms are completed and validated and then forwarded, along with any additional, explanatory information, to Mr K McMillan, Directorate of Human Resources, Room 61A, St Andrew's House, Edinburgh EH1 3DG by **15 October 1997**. Further information may be obtained, if necessary, from Mr McMillan on 0131-244 2476.

FORM 1

**DOCTORS AND DENTISTS IN TRAINING
STATISTICAL RETURNS FOR HOURS OF WORK
VALIDATED POSITION AS AT 30 SEPTEMBER 1997**

Trust/Health Board: _____

SUMMARY

| Grade | Total Number of Posts | Number of Posts meeting | | Number of Posts <i>Not</i> Meeting Contracted and Actual Hours Targets | | | | | | | | | |
|----------------------|-----------------------|--------------------------|----------------------|--|----------------|-------|--------------|----------------|-------|--|--|--|--|
| | | Contracted Hours Targets | Actual Hours Targets | Contracted Hours | | | Actual Hours | | | | | | |
| | | | | Full Shifts | Partial Shifts | Rotas | Full Shifts | Partial Shifts | Rotas | | | | |
| Senior Registrar | | | | | | | | | | | | | |
| Registrar | | | | | | | | | | | | | |
| Specialist Registrar | | | | | | | | | | | | | |
| SHO | | | | | | | | | | | | | |
| PHRO | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | |

FORM 2

**DOCTORS AND DENTISTS IN TRAINING: STATISTICAL RETURNS FOR HOURS OF WORK
VALIDATED POSITION AS AT 30 SEPTEMBER 1997
BY GRADE AND SPECIALTY**

Trust/Health Board: _____

Grade: **PRE-REGISTRATION HOUSE OFFICER**

| Specialty | Total Number of Posts | Number of Posts meeting | | Number of Posts <i>Not</i> Meeting Contracted and Actual Hours Targets | | | | | | | | | |
|--------------|-----------------------|--------------------------|----------------------|--|----------------|-------|--------------|----------------|-------|--|--|--|--|
| | | Contracted Hours Targets | Actual Hours Targets | Contracted Hours | | | Actual Hours | | | | | | |
| | | | | Full Shifts | Partial Shifts | Rotas | Full Shifts | Partial Shifts | Rotas | | | | |
| Medicine | | | | | | | | | | | | | |
| Surgery | | | | | | | | | | | | | |
| O&G | | | | | | | | | | | | | |
| Pathology | | | | | | | | | | | | | |
| Anaesthetics | | | | | | | | | | | | | |
| Paediatrics | | | | | | | | | | | | | |
| A&E | | | | | | | | | | | | | |
| Psychiatry | | | | | | | | | | | | | |
| Dentistry | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | |

FORM 3

**DOCTORS AND DENTISTS IN TRAINING: STATISTICAL RETURNS FOR HOURS OF WORK
VALIDATED POSITION AS AT 30 SEPTEMBER 1997
BY GRADE AND SPECIALTY**

Trust/Health Board: _____

Grade: **SENIOR HOUSE OFFICER**

| Specialty | Total Number of Posts | Number of Posts meeting | | Number of Posts <i>Not</i> Meeting Contracted and Actual Hours Targets | | | | | | | | | |
|--------------|-----------------------|--------------------------|----------------------|--|----------------|-------|--------------|----------------|-------|--|--|--|--|
| | | Contracted Hours Targets | Actual Hours Targets | Contracted Hours | | | Actual Hours | | | | | | |
| | | | | Full Shifts | Partial Shifts | Rotas | Full Shifts | Partial Shifts | Rotas | | | | |
| Medicine | | | | | | | | | | | | | |
| Surgery | | | | | | | | | | | | | |
| O&G | | | | | | | | | | | | | |
| Pathology | | | | | | | | | | | | | |
| Anaesthetics | | | | | | | | | | | | | |
| Paediatrics | | | | | | | | | | | | | |
| A&E | | | | | | | | | | | | | |
| Psychiatry | | | | | | | | | | | | | |
| Dentistry | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | |

FORM 4

DOCTORS AND DENTISTS IN TRAINING: STATISTICAL RETURNS FOR HOURS OF WORK
 VALIDATED POSITION AS AT 30 SEPTEMBER 1997
 BY GRADE AND SPECIALTY

Trust/Health Board: _____

Grade: SPECIALIST REGISTRAR

| Specialty | Total Number of Posts | Number of Posts meeting | | Number of Posts <i>Not</i> Meeting Contracted and Actual Hours Targets | | | | | | | | | |
|--------------|-----------------------|--------------------------|----------------------|--|----------------|-------|--------------|----------------|-------|--|--|--|--|
| | | Contracted Hours Targets | Actual Hours Targets | Contracted Hours | | | Actual Hours | | | | | | |
| | | | | Full Shifts | Partial Shifts | Rotas | Full Shifts | Partial Shifts | Rotas | | | | |
| Medicine | | | | | | | | | | | | | |
| Surgery | | | | | | | | | | | | | |
| O&G | | | | | | | | | | | | | |
| Pathology | | | | | | | | | | | | | |
| Anaesthetics | | | | | | | | | | | | | |
| Paediatrics | | | | | | | | | | | | | |
| A&E | | | | | | | | | | | | | |
| Psychiatry | | | | | | | | | | | | | |
| Dentistry | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | |

FORM 5

**DOCTORS AND DENTISTS IN TRAINING: STATISTICAL RETURNS FOR HOURS OF WORK
VALIDATED POSITION AS AT 30 SEPTEMBER 1997
BY GRADE AND SPECIALTY**

Trust/Health Board: _____

Grade: **REGISTRAR**

| Specialty | Total Number of Posts | Number of Posts meeting | | Number of Posts <i>Not</i> Meeting Contracted and Actual Hours Targets | | | | | | | | | |
|--------------|-----------------------|--------------------------|----------------------|--|----------------|-------|--------------|----------------|-------|--|--|--|--|
| | | Contracted Hours Targets | Actual Hours Targets | Contracted Hours | | | Actual Hours | | | | | | |
| | | | | Full Shifts | Partial Shifts | Rotas | Full Shifts | Partial Shifts | Rotas | | | | |
| Medicine | | | | | | | | | | | | | |
| Surgery | | | | | | | | | | | | | |
| O&G | | | | | | | | | | | | | |
| Pathology | | | | | | | | | | | | | |
| Anaesthetics | | | | | | | | | | | | | |
| Paediatrics | | | | | | | | | | | | | |
| A&E | | | | | | | | | | | | | |
| Psychiatry | | | | | | | | | | | | | |
| Dentistry | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | |

FORM 6

DOCTORS AND DENTISTS IN TRAINING: STATISTICAL RETURNS FOR HOURS OF WORK
 VALIDATED POSITION AS AT 30 SEPTEMBER 1997
 BY GRADE AND SPECIALTY

Trust/Health Board: _____

Grade: SENIOR REGISTRAR

| Specialty | Total Number of Posts | Number of Posts meeting | | Number of Posts <i>Not</i> Meeting Contracted and Actual Hours Targets | | | | | | | | | |
|--------------|-----------------------|--------------------------|----------------------|--|----------------|-------|--------------|----------------|-------|--|--|--|--|
| | | Contracted Hours Targets | Actual Hours Targets | Contracted Hours | | | Actual Hours | | | | | | |
| | | | | Full Shifts | Partial Shifts | Rotas | Full Shifts | Partial Shifts | Rotas | | | | |
| Medicine | | | | | | | | | | | | | |
| Surgery | | | | | | | | | | | | | |
| O&G | | | | | | | | | | | | | |
| Pathology | | | | | | | | | | | | | |
| Anaesthetics | | | | | | | | | | | | | |
| Paediatrics | | | | | | | | | | | | | |
| A&E | | | | | | | | | | | | | |
| Psychiatry | | | | | | | | | | | | | |
| Dentistry | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | |

FORM 7

**DOCTORS AND DENTISTS IN TRAINING
RETURNS FOR COMPLIANCE WITH NON-HOURS TARGETS
VALIDATED POSITION AS AT 30 SEPTEMBER 1997**

Trust/Health Board: _____

| ACCOMMODATION | CATERING | SECURITY |
|---------------|----------|----------|
| | | |

Enter YES in the box if the New Deal standards have been met in full, or NO if they have not. Note below any plans to ensure the New Deal non-hours targets will be met where this is not already the case.

**DOCTORS AND DENTISTS IN TRAINING
STATISTICAL RETURNS FOR HOURS OF WORK
AS AT 30 SEPTEMBER**

**CLASS 2 ADH PAYMENTS FOR
INTENSIVE ON-CALL ROTAS**

Trusts/Health Board: _____

| GRADE | Number of Posts Receiving Class 2 ADHs | Total Number of ADHs | Have the Payments Reduced Work Intensity? YES/NO |
|----------------------|--|-------------------------|---|
| Senior Registrar | | | |
| Registrar | | | |
| Specialist Registrar | | | |
| SHO | | | |
| PRHO | | | |
| TOTAL | | | |

Examples

3 registrars each working 40 standards hours and 19 ADHs
 5 SHOs each working 40 standard hours and 32 ADHs
 Total Number of ADHs = 3 x 19 plus 5 x 32 = 57 + 160 = 217

| | Number of Posts Receiving Class 2 ADHs | Total Number of ADHs | Have the Payments Reduced Work Intensity? YES/NO |
|-----------|--|-------------------------|---|
| Registrar | 3 | 57 | Yes |
| SHO | 5 | 160 | Yes |
| TOTAL | 8 | 217 | |

FORM 9

DOCTORS AND DENTISTS IN TRAINING
 STATISTICAL RETURN FOR HOURS OF WORK
 AS AT 31 MARCH 1997

DOCTORS IN HIGHER SPECIALIST TRAINING
 WHO MAY BE CONTRACTED FOR MORE THAN 72 HOURS PER WEEK
 (The "English Clause")

Trust/Health Board _____

| POST ¹ (GRADE) | SPECIALTY | HOSPITALS | WORK ² 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.
 3. For explanation of the "English Clause" see attached definition.

VALIDATION SHEET FOR FORMS 1-9

TRUST/HEALTH BOARD: _____

The returns are now required to be validated by a representative of the junior doctors and by the Trust Chief Executive. Before being finalised, the forms should be passed to the junior doctor giving him/her the opportunity to amend or annotate them as appropriate on completion. The following questions should be answered by the juniors' representative before signing and passing to the Chief Executive for his signature.

1. Have forms 1-9 been completed to your satisfaction?
YES/NO

2. Are there effective monitoring mechanisms within the Trust or Unit to determine actual hours of duty and actual hours of work?
YES/NO

3. Are you satisfied that these monitoring mechanisms are designed to provide an accurate account of the position on contracted hours of duty, actual hours of duty and actual hours of work?
YES/NO

4. If the answer to question 3 is YES, have the monitoring mechanisms been used in the completion of forms 1-9?
YES/NO

Any other comments (continue on a separate sheet if necessary):

NAME (BLOCK CAPITALS): _____

TRAINING POST HELD: _____

REPRESENTATIVE CAPACITY: _____

SIGNATURE: _____

Please pass this form to the Chief Executive.

I have seen the returns and am satisfied that any necessary checks have been undertaken and any problems concerning their completion have been resolved.

NAME (BLOCK CAPITALS): _____

SIGNATURE: _____