Report of MSG/Scottish Junior Doctors Committee Short Life Working Group on Timing of Rota issue to junior doctors

Background and Recommendations

This report was produced by the MSG/SJDC group, the forum which until recently formed the primary mechanism for discussion between BMA Scotland's Junior Doctors Committee (SJDC) and Management Steering Group (MSG - Scottish Government and NHS Scotland employers) on matters relating to the pay, terms and conditions and working lives of junior doctors in Scotland. The sub group contained representatives from BMA, Scottish Government, MSG, NES (NHS Education for Scotland), and medical staffing.

While the work of the group concluded in early 2023 the report was not presented to the full MSG/SJDC group as this had ceased to meet pending the formation of the new JNC (Scotland) group. It was agreed that the report would be presented to the first meeting of the new group for consideration.

The report was presented at the inaugural JNC (Scotland) meeting on 21st November 2023 and was signed off for circulation within NHS Scotland. Given the length of time between completion and presentation for sign off the final report contains updates reflecting activity within that time.

Recommendations from the group are as follows:

Short Term Recommendations		
Rec No		**Action**
1	**The code of practice is due to be reviewed, this was delayed due to COVID. In the interim, agreed definitions of what can be issued and when, what caveats should be put on information should be agreed.**	**JNC (Scotland)**
2	**Information that should be issued at an early stage should include contact information for rota masters so that doctors can contact them to request leave, or notify life events etc. so that these can be factored in to rota design**	**NHSS Boards**
3	**NES to share internal deadlines and what reports can be produced to improve information flows at a point where resources in Boards are stretched.** **Actions updated Nov 23:** • **NES has shared internal and national (UK) deadlines for recruitment 2023/24** • **NES created change report in collaboration with Board colleagues to show where system had been updated in conjunction with RAG reports of progress on allocations by programme** • **NES shared weekly update on Foundation movement showing withdrawals/changes to allocation**	**NES**

4	**Agreed warning or updates where pressure is expected e.g. around foundation/junior rotas, and specialties where pressures due to gaps have been identified e.g. mental health and surgical** **Actions updated Nov 23:** **NES Foundation movement report shared weekly** **RAG report shared weekly** **Change report updated weekly**	**NES**
5	**Boards to clarify processes for internal sharing of information and how rota masters can be given information quickly – share good practice identified e.g. NHS Grampian**	**NHSS Boards**
6	**Key contacts identified and shared for NES and Boards for easy escalation**	**NES/ NHSS Boards**
7	**NES to identify report capacity to allow LTFT trainees to be easily identified by Boards** **Actions updated Nov 23** **LTFT process expected to be automated quarter 1 of 24/25 fiscal year** **Interim report showing LTFT available**	**NES**
8	**Agree mechanism to monitor progress towards implementation of recommendations**	**JNC (Scotland)**

Medium Term Recommendations		
Rec No		
9	**Analysis of application data where possible to see trends in proportion of overseas applications as an indicator of expected recruitment** **Action updated Nov 23:** **Analysis shows increasing proportion of international graduates applying for medical training over last two years**	**NES**
10	**Consideration given to reimbursing fast track visa application costs if this provides certainty and reduces locum costs of bridging a delayed start** **Action updated Nov 23:** **Implemented for Aug 22 and Feb 23 with small intake (<10) but not required for Aug 23 as UK Visas & Immigration capacity increased and processing time reduced**	**NES**
11	**Softer Landing, Safer Care – clarify expectations of boards and what resource on onboarding/ induction is available that can be shared to minimise duplication of induction and reduce anxiety for doctors awaiting visa confirmation** **Action updated Nov 23:** **Work on improving induction ongoing and expansion of STEP (Scottish Trainee Enhanced Programme) courses for doctors new to Scotland from GP to other specialties in progress**	**NES**
12	**Where possible data from other nations be sought to identify any good practice solutions that can be implemented**	**All**

Long Term Recommendations		
Rec No		
13	**If this pressure is shared across UK nations, is there mileage in moving round 2 deadlines back by 1-2 weeks at UK level? This may be possible due to the changed nature of recruitment processes away from assessment centres and face to face interviews.**	**Scottish Government/BMA**

Report of the SJDC/MSG Short Life Working Group on Timing of Rota issue to Junior Doctors

1. Aim

1.1 The Subgroup was commissioned to review and identify improvements to the issue of rotation and rota information prior to rotation for doctors in training.

1.2 The following paper outlines the issues identified by the group along with some suggestions for improvement.

2. Background

2.1 At changeover points throughout the year, doctors in training rotate to a new placement as part of their training programmes. The main changeover continues to take place on the first Wednesday of August each year, with doctors entering training also starting their training programmes at this date.

2.2 This means that almost all doctors in training will be changing their workplace, some within a location and board and some changing to a geographically different location. This change requires that the doctor is given as much notice as is possible of their new locations and rota patterns.

2.3 An agreed Code of Practice is in place setting timelines for when doctors should expect to be informed of rotations and rotas. This says that rota information should be available at least 4 weeks before the start of the rotation. In practice this is not met for all doctors, and this presents a significant challenge in organising home and life arrangements such as leave and child care.

2.4 Scottish Government, Health Board employers, NES and the BMA agree this is a key issue of wellbeing and the subgroup was convened to identify improvements where possible.

3. Process

3.1 The subgroup asked Boards to identify what proportion of rota information was issued by 6 weeks and 4 weeks before the August 22 changeover. This information was gathered from medical staffing departments and showed a relatively positive picture. However it should be noted that there is a further stage in the process, carried out by the services doctors will be attached to and in some cases the date that the rota reaches the actual doctor will be later than indicated by the data gathered.

3.2 NES was asked to submit data on what proportion of programme rotations was submitted by the internal deadline which was 10 weeks before changeover.

3.3 The BMA was asked to provide data where possible on issues raised by doctors not receiving the information by the 4 week target date.

3.4 The data received was analysed to see if trends or areas of pressure (pinch points) could be identified and if an agreed recommendation for change could be identified to improve the process.

4. Code of Practice

4.1 The Code of Practice First Tier (scot.nhs.uk) covers timelines and availability of information during recruitment including offers of employment and rotation.

4.2 Section 6 of the CoP relates to the information provision at the time of conditional employment offer

Section 6.1 - Once NES has made a training programme offer and provided initial placement information, further information must be provided by the employer about the specific post being offered. This will normally be done a minimum of 6 weeks prior to the start of the first post within a rotation, with the aim to deliver this within 8 weeks. Where the offered Programme comprises several posts, the information will cover the first post within a rotation. Information on later posts will be provided as indicated in section 4 and 5.

- Confirmation of employing Board and name of hospital/location, where known
- Start date and duration of post where known
- Hours – i.e. full or flexible
- Basic pay indicated by reference to relevant national salary scales
- Pension arrangements
- Notice Period
- Excess Travel and relocation arrangements
- Details of any allowances payable to GPStRs
- Requirements of local pre-employment procedures and checks
- Professional registration requirements
- Contact details in relation to accommodation/residence requirements in employing Boards
- Description of induction arrangements for new staff
- The name of whom to contact in the event of any relevant information being missing or requiring clarification

4.3 Section 6.2. Of the CoP states that the employer will normally provide details of rota commitments/working pattern, banding supplement, name of hospital/location no later than 4 weeks prior to the start of the post. Where it is not possible to provide detailed information due to circumstances beyond the employer's control, (e.g. outstanding vacancies/allocation changes) the employer will inform the trainee of this and provide a named contact who will work to resolve any queries or urgent annual leave requests.

4.4 Section 7 of the CoP relates to the requirements for subsequent rotations and commits NES to providing initial rotation information no less than 8 weeks, aspiring to 12 weeks, and for Boards to provide information as section 6.2 for rotas and placement details.

4.5 The Group agreed that, for the August 2022 changeover the deadline for issue should be moved to 4 weeks prior to the changeover. . When discussed by the group management side were amenable to extending this on to a more permanent basis on the grounds that it would give those in medical staffing and the service more time to meet the deadline. BMA were of the view that this had been agreed on a one off basis only and that effecting a permanent change would not be something they would wish to pursue. There was no evidence gathered on a structured basis at the time as to the effect of the deadline change so therefore it was not possible to prove whether it had either been beneficial or otherwise.

4.6 Issues identified include:

- There is insufficient clarity in the code of practice as to the meaning of some of the terms, which leads to confusion and inconsistency of application.
- The issue of rota information can be delayed due to the knowledge that there might be changes – there needs to be agreement on what 'issue of rota information' means, i.e. is the final version or can an initial version with a caveat of possible change, be issued sooner to allow doctors to submit leave requests or questions as soon as possible
- Deadlines are not clear to everyone in the process
- Doctors may know where they are to work but do not know who to contact if they do have leave requests to be built in to the rota before it is issued
- There are inevitably delays between stages of the information flow. This can lead to a mismatch in expectation in reporting against deadlines. For example. NES can report all information is in the system but boards have not had the capacity to extract it at that point, and Boards can report all allocations are in by a deadline but departments may not have yet issued rotas to all doctors.

4.7 Recommendations

1. **The code of practice is due to be reviewed, this was delayed due to COVID. In the interim, agreed definitions of what can be issued and when, what caveats should be put on information should be agreed.**

2. **Information that should be issued at an early stage should include contact information for rota masters so that doctors can contact them to request leave, or notify life events etc. so that these can be factored in to rota design.**

COMMENT - In relation to recommendation 2 above there was consensus that one of the areas that could be improved was communication, particularly between junior doctors and rota masters. There was agreement that steps should be taken to ensure that junior doctors are aware of who their rota masters are/will be. Specifically:

- **Offer letters to junior doctors should always include a named contact. While this does happen in some cases now it should become standard practice across the all Boards**
- **Boards will collect information on rota masters which will be held on their intranets with a signpost to a central NES Hub which will hold this information on a national level**
- **Rota master information in Boards will be updated on a quarterly basis by medical staffing**

5. Current Process

a) Recruitment

5.1 Recruitment of doctors into training programmes is a UK activity, overseen by the Medical and Dental Recruitment System (MDRS) Board consisting of representations from the four nations.

5.2 There are three main recruitment rounds. Foundation recruitment starts in October of the preceding year, round 1 specialties in November (GP, core and run through specialties) and round 2 in November/December (higher specialties).

5.3 Recruitment outcomes are finalised in late April for round 1 and early May for round 2. Foundation should also be mostly complete by May, but can take up to July should there be oversubscription to foundation places and doctors are on a waiting list to be allocated.

5.4 The processes for recruitment and onboarding are attached at **Annex A.**

Issue identified:

5.5 Round 1 recruitment offers and outcomes are normally finalised 15 weeks before the August changeover. Foundation and Round 2 outcomes are 12 weeks before, with foundation potentially still being finalised up to 4 weeks before changeover.

- This leaves very little time for NES to complete the allocation of rotation process to meet the best practice deadline of 12 weeks. NES sets an internal deadline of 4 weeks for rotations to be issued by Training Programme Directors and added to Turas training Management system.
- Employing boards are also under pressure to complete pre-employment processes which may affect placement decisions e.g. doctor wishing to work less than full time

5.6 Recommendations

If this pressure is shared across UK nations, is there mileage in moving round 2 deadlines back by 1-2 weeks at UK level? This may be possible due to the changed nature of recruitment processes away from assessment centres and face to face interviews.

COMMENT – It was agreed that this was a matter that should be raised by Scottish Government with the relevant UK level bodies.

b) Pre-employment

5.7 Once information is added to Turas, boards then can see who is coming to them and begin the onboarding of the doctors allocated to them, including sharing the information internally with rota masters in departments who are drawing up the rotas for the next few months.

Issue identified – data pinch points

5.8 Information in Turas is not easily extracted from the system and at a time when Boards are dealing with the workload around the onboarding, it is time consuming for staff to have to repeatedly check Turas for updated information. It is also not easily visible to Boards if a doctor is currently working less than full time or if there are any requirements for reasonable adjustments for example.

5.9 Allocations have to be made as soon as possible but then are subject to change as doctors circumstances can change between accepting an offer of a training place and taking this up. Resignations within the programme, late approval of out of programme applications and less than full time applications can mean that some rotations have to be reallocated within a programme, and thus the information provided to doctors may have to change after initial issue.

- NES has issued RAG (red, amber, green) reports weekly to inform boards on progress to allocate trainees within programmes to actively direct boards to new information. NES has developed a change report that shows information that has changed or been updated. This is now implemented on Turas Data & Intelligence app.

- Analysis of these reports show that programmes that have unfilled vacancies e.g. mental health specialties, take longer to allocate
- Foundation programmes show the most churn due to withdrawals, exam failure and oversubscription waiting list allocation

5.10 The profile of applications also has an impact on the speed at which information can be finalised and issued for action in rota design. The August 22 intake included a much higher than normal percentage of doctors from overseas who required visas to work in the UK. This coincided with pressure on the UK Visas and Immigration (UKVI) Service arising from the war in Ukraine and the subsequent demand for refugee visas. Fast track applications were suspended. The delay in turnaround meant that a significant proportion of doctors were not confirmed to be able to work in the UK by the changeover date, and the agreed good practice in Safer Landing, Better Care initiative meant that these doctors should not be allocated to out of hours working in the first few weeks of working in the UK if at all possible, thus pressuring rota design further.

5.11 Recommendations

3. **NES to share internal deadlines and what reports can be produced to improve information flows at a point where resources in Boards are stretched.**
4. **Agreed warning or updates where pressure is expected e.g. around foundation/junior rotas, and specialties where pressures due to gaps have been identified e.g. mental health and surgical**
5. **Boards to clarify processes for internal sharing of information and how rota masters can be given information quickly – share good practice identified e.g. NHS Grampian**
6. **Key contacts identified and shared for NES and Boards for easy escalation**

COMMENT – In relation to Recommendation 3 NES have produced reports which are aimed at improving information flows. In relation to Recommendation 5 see attached Grampian Communications Protocol at Annex B

6. International doctors

Issues identified

- Information on expected levels of international doctors would be helpful at application stage so that plans can be put in place to mitigate impact
- Information on progress of visa applications was shared with Boards but this was very volatile and led to delays in rota issue
- Supporting international doctors with a managed start puts pressure on rota design

Recommendations

9 Analysis of application data where possible to see trends in proportion of overseas applications as an indicator of expected recruitment

10. Consideration given to reimbursing fast track visa application costs if this provides certainty and reduces locum costs of bridging a delayed start

11. Softer Landing, Safer Care – clarify expectations of boards and what resource on onboarding/ induction is available that can be shared to minimise duplication of induction and reduce anxiety for doctors awaiting visa confirmation

COMMENT - On recommendation 9 these data should be gathered by NES and discussed with the National HR Medical and Dental Workforce Group. On recommendation 9, we understand that work in this area is now being conducted by a national group on Supplementary Staffing. On recommendation 11 further work will be required with Boards to achieve the necessary clarification.

7. Rota resilience

7.1 Information is passed from medical staffing to departments and rota masters so that rotas can be drawn up with the expected allocation of doctors due to be in post.

7.2 Where there are unfilled posts this can delay the issue of the rota. Many rotas do not have a margin of flexibility and may have to be re-approved if gaps mean a significant redesign or a reduced number of doctors.

Issues identified – rota resilience

- Previously approved rotas may need to be resubmitted for educational and SG approval if there is a change in the number of doctors available which can delay issue of the rota
- Doctors working less than full time are not always identified at an early stage and this can delay rota issue if discussions are required on their contribution to the rota.

Recommendations

7. NES to identify report capacity to allow LTFT trainees to be easily identified by Boards

COMMENT - On recommendation 7 NES piloting report on LTFT trainees with Boards for potential introduction in August changeover.

8. UK nations

8.1 The pressure on rota issue is not a Scottish issue alone, this is a problem across the UK nations. Differences in the contract for junior doctors and therefore rota approval mean it is not easy to compare across nations it is noted that information issue is a contractual issue in England under the new contract.

Issue identified – UK nations

- It would be helpful to have information from other parts of the UK on best practice

Recommendation

12. Where possible data from other nations be sought to identify any good practice solutions that can be implemented

COMMENT - agreed action is that MSG Scottish employers contact other UK employers to identify any good practice in this area

9. Reflections and Conclusions

9.1 The process examined by the group is complex, involving a number of actors with a high degree of interdependence in terms of actions following on from other actions, often carried out sequentially according to a series of deadlines which start at UK level and end up in individual services in Boards. While the process itself is elongated the individual deadlines at different points of the process clearly contain challenges for those involved. A couple of possible questions arise from this.

9.2 Firstly, is change at the very start of the process i.e. at UK level possible or desirable? This could give actors further down the line, such as NES and Board medical staffing and local management, more time to carry out the process. Scottish Government have undertaken to investigate this,

9.3 Secondly are deadlines we set ourselves in Scotland through the extant Code of Practice achievable – or are we setting ourselves up to fail? The Group discussed this in the context of the one off move to a 4 week deadline for the August 2022 changeover. While the management side were amenable to extension of this provision. BMA did not feel that it would be beneficial and it does not therefore form part of the groups agreed recommendations,

9.4 The Group also discussed whether bringing in targets for rotas to reach junior doctors would improve the situation for example 95% of rotas on time by August 2023 changeover and 100% having contact information for rota masters. The group's recommendations reflect a view that the target on communication is achievable and should be pursued. In relation to a set target of 95% for rotas in advance there was no agreement. There are issues in terms of monitoring such a target in the sense that, while Boards will generally be able to report on when information was provided by medical staffing to the service it becomes far more difficult to track what happens after that in terms of service contact with individual junior doctors over hundreds of rotas. For that reason management were not able to accept this proposition and it does not form part of the agreed recommendations in this report.

9.5 Fourthly and finally, a key point which runs through the issues identified and the potential recommendations in this report relate to communication. Even if no structural change is either possible or desirable it seems clear that improvements in communication between NES, TPDs, Boards medical staffing and local service management, and the junior doctors themselves could lead to improvement. This report indicates how these improvements should be pursued.

Signed:

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ANNEX A – Recruitment and Onboarding processes

Employment journey.pdf

ANNEX B

Communications Protocol

NHS GRAMPIAN ROTA PROCESS.docx