

# **Junior Doctors' 48 Hour Expert Working Group**

## **Terms of Reference**

### **OVERVIEW**

NHSScotland is a first class health service that provides high quality care to the people of Scotland, and is a world leader in the training of Junior Doctors. By enhancing our Junior Doctors working lives, health and well-being, we can contribute to a sustainable workforce that delivers a high level of training, professionalism, clinical care, and safe working practices.

To achieve this, Scotland requires:

- A high quality, motivated Junior Doctor work force which contributes to safe and effective healthcare supported by high quality postgraduate training and best employment practice.
- Best practice guidance and compliance to rota design that balances education and training requirements with medical service continuity whilst recognising and supporting the work life balance of Junior Doctors
- A safe operational level of Junior Doctor vacancies across all disciplines – an organisation the size of NHSScotland, will always have vacancies, but within any discipline, these must be kept minimal and managed to ensure clinical safety and reduce fatigue and stress for Junior Doctors.
- To reduce the demand for temporary staff and the associated costs

Fatigue is recognised as a significant risk inherent to Junior Doctor working, with resultant effects on Junior Doctor safety and wellbeing, retention and absences and patient safety. Progress has already been achieved on improving the working lives of Junior Doctors, by ending the practice of working for seven successive nights, reducing the average maximum number of hours from 58 to 48, introducing (from August 2019) a minimum break of 46 hours following full shift night working and the provision of single employer status for Junior Doctors through the Shared Service programme.

### **EWG PURPOSE**

It is proposed that the Junior Doctors' 48 Hour Expert Working Group will develop risk assessed options for implementing a 48 hour working week (without averaging) taking into consideration Junior Doctor wellbeing, the effects on education and training, continuity of safe and effective service provision and the impact on other staff.

The Group will take a phased approach to how best to develop potential solutions taking into account associated risks and potential mitigation, reporting as outcomes

are achieved or significant stages are reached. The initial phase will be to consider the existing rotas and how they impact on patient safety, training, resources and the effect of fatigue by:

- Evaluating available evidence on optimal rota design taking into account the priorities of continuity of excellence in patient care, training and education and the wellbeing of Junior Doctors.
- Analysing and modelling of current Junior Doctor rotas across Scotland, with the aim of identifying best practice and the reasons for variation in practice.
- Liaising with other groups working on overlapping areas relating to staff wellbeing to ensure coordinated and consistent workstreams and objectives.
- Working with NHS service and medical managers (across different geographies and specialties) to explore opportunities to pilot and evaluate potential rota innovations and changes that work towards the objective of a safe 48 hour maximum working week and the impact on patient care, training and education and Junior Doctor wellbeing.
- Developing recommendations for best practice in rota design and innovation with the aim of reducing Junior Doctors' hours and improving their working lives, taking into account the impact on service continuity, other staff groups and flexible bank/agency arrangements. (Recognising that different solutions will be required in different health service settings and across different specialties).
- Recommending best practice on rota design across appropriate areas of the NHS.
- Identifying potential barriers to effective implementation and making risk assessed recommendations to overcome these.
- Identifying the data and information required to monitor and support improvements in the working lives and conditions of Junior Doctors and recommend the processes necessary to support this.

Throughout this time the Group will keep abreast of Workforce Plans and Service Delivery and any potential impact of proposals on the work of the Group. At the end of this phase the Group will report on their findings and suggest proposals for consideration. It may be necessary to initiate further phases involving wider considerations; these will be detailed in the report and would require to be scoped out.

## **MEMBERSHIP**

EWG Membership comprising:

- Independent chair, appointed by Scottish Ministers
- British Medical Association
- Academy of Royal Colleges and Faculties of Scotland
- NHS Education for Scotland
- Directors of Medical Education
- NHS Scotland Management Steering Group
- HIS Public Partner

The Group will consult with/involve other relevant organisations and individuals as appropriate.

## **TIMINGS**

The EWG is expected to draw preliminary conclusions and make recommendations to the Cabinet Secretary for Health and Sport from the initial phase by December 2019.