JUNIOR DOCTOR CONTRACT

Mrs Paula Eyre, Head of Medical HR
Dr Guy Veall, Guardian of Safe Working Hours
Why change?

All parties (BMA, DH, NHS) agreed that the current (New Deal) contract was no longer fit for purpose:

- **Safety:** does not support safe working practices

- **Training:** does not support the educational and training needs of doctors

- **Pay:** has perverse incentives that do not recognise or effectively reward hours being worked or the intensity of work being done.

A new contract needed to be introduced that was safe, fair and effective for both doctors and employers.
Limitations of the New Deal contract 2002

• BMA and DDRB thought basic pay was too low compared with other graduates.

• Perverse incentive: breaching EWTD limits resulted in more pay.

• Significant variation of individual earnings as a trainee moved between posts and placements.

• Did not harmonise education, training, and service needs.

• Pay progression was based on time served, instead of performance, competence, or responsibility.
New Contract Implementation Timeline

• **October 2016**  - Transition to the new terms and conditions of service for:
  – ST3+ in obstetrics and gynaecology training programmes.

• **November – December 2016 (106 doctors)**  - Transition to the new terms and conditions of service for:
  – F1s (taking up next appointment)
  – F2 (taking up next appointment and sharing a rota with F1s)

• **February – April 2017 (34 doctors)**  - All grades taking up next appointments in:
  – Psychiatry
  – Pathology
  – Paediatrics
  – Surgical trainees (under JCST)
  – Any F2 and GP trainees at ST1/2 who share a rota with trainees above in this category.

• **August – October 2017**  - All remaining existing trainees; all new entrants
Main Features of the New Contract

The main features of the new contract are split into 3 categories:

- Safe Working
- Training
- Pay
The New Terms and Conditions (pay)

• Higher basic pay – more stable pay

• More sensitive to variations in working hours

• But - averaged across the working pattern

• Pay progression linked to responsibility and point of training – no longer time served (4 nodal points)

• Reward targeted at doctors working onerous rotas and unsocial hours
## Training Grade Doctors – Old ‘V’ New titles

<table>
<thead>
<tr>
<th>Old Structure</th>
<th>New Structure</th>
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</thead>
<tbody>
<tr>
<td><strong>Foundation Trainees – FY1 &amp; FY2</strong></td>
<td></td>
</tr>
<tr>
<td>Pre-Registration House Officer (PRHO)</td>
<td>Foundation Doctor 1 (F1)</td>
</tr>
<tr>
<td>Senior House Officer (SHO) 1(^{st}) Year</td>
<td>Foundation Doctor 2 (F2)</td>
</tr>
<tr>
<td><strong>Core Trainee’s – CT1, CT2, GPST, StR 1 – 2/3</strong></td>
<td></td>
</tr>
<tr>
<td>Senior House Officer (SHO) Year 3 onwards</td>
<td>Specialty Registrar (CT)</td>
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<tr>
<td><strong>Specialist Trainee – ST3/4 – ST8</strong></td>
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<tr>
<td>Specialist Registrar (SpR)</td>
<td>Specialty Registrar (StR)</td>
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</tbody>
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### PROUD TO MAKE A DIFFERENCE
The new pay system: additional pay

• All additional hours (above 40) in a doctor’s work schedule will be paid at the rate of 1/40\textsuperscript{th} of a full-time salary

• Additional hours will be rounded up to the nearest fifteen minutes (quarter-hour)
The new pay system: night pay

- Night work is defined as work after 2100 and before 0600

- All work falling into the above hours is paid at an enhanced rate of 37% above basic pay

- In some cases (set out in the TCS), the 37% enhanced rate is also paid to hours directly before or after the above, where the hours are worked as part of a night shift.
The new pay system: on-call allowance

- A doctor rostered to be on-call will be paid an allowance. The allowance is the same regardless of the frequency of the on-call duty.

- These will be set as a percentage (8%) of full time basic salary.
The new pay system: weekend allowance

- Shifts/duty periods beginning on a Saturday or Sunday at a minimum frequency of 1 in 8 will be paid an allowance of basic salary:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1 in 2</td>
<td>10%</td>
</tr>
<tr>
<td>&lt;1 in 2 – 1 in 4</td>
<td>7.5%</td>
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<tr>
<td>&lt;1 in 4 – 1 in 5</td>
<td>6%</td>
</tr>
<tr>
<td>&lt;1 in 5 – 1 in 7</td>
<td>4%</td>
</tr>
<tr>
<td>&lt;1 in 7 – 1 in 8</td>
<td>3%</td>
</tr>
<tr>
<td>&lt;1 in 8</td>
<td>No allowance</td>
</tr>
</tbody>
</table>
The new pay system: Flexible Pay Premia

Flexible Pay Premia will be available to the following:

- Hard-to-fill specialties, currently:
  - Emergency Medicine
  - Psychiatry

- OMFS, to recognise the dual qualification requirement

- General Practice

- Integrated academic training pathway

- Return to training pathway after undertaking a higher medical degree on Out of Programme Research (OOPR).

- Exceptional circumstances where the doctor has taken time out of training to do activities of benefit to the wider NHS (none at present).
Existing Working Patterns

As a consequence of the new limits on safe working hours, all existing working patterns are being reviewed to ensure compliance with the new contract.
Work schedules

• Are they job plans for juniors? No…but there are similarities.

• They will set out the expected service commitments and relevant training opportunities required / available in the post.

• Each doctor will have a personalised work schedule which they will discuss at the regular meetings with their educational supervisor. These discussions may lead to a change to the work schedule.
Generic work schedule will:

• Be given to doctors with their contract and prior to starting in placement.

• Include the doctor’s hours/on-call arrangements.

• Include the doctor’s clinical care/service duties.

• Include any specific training requirements for the doctor’s grade (defined by the relevant curriculum).

• Be the basis for their personalised work schedule.
Personalised work schedule will:

• Be agreed with doctors after commencement and updated as necessary to reflect the doctors training needs.

• Be agreed by the doctor and educational supervisor.

• Set out the doctor’s personal objectives in training and service delivery.
Locum work

- Doctors who wish to do additional paid work as locums will be expected to offer this first to the NHS
- This can be for any NHS employer
- It will be paid at national locum rate
Guardian of Safe Working

• This is a new role; Dr Guy Veall appointed September 2016.
• Designed to oversee the Safeguards outlined in the contract and provide assurance that working hours and practices are safe.
• Where problems have not been resolved doctors can escalate their concerns to the Guardian who will be empowered to require departments to take necessary action
• Required to ensure a web-based system of reporting is introduced
The Guardian of Safe Working Hours will:

- Act as the ‘champion’ of doctors’ safe working hours. Provide assurance that doctors are both rostered safely and actually working safely.
- Have sight of all exception reports, and undertake regular reviews of exception reports and work schedule reviews to ensure that hours remain safe.
- Ensure that work schedule review processes are followed. Require a work schedule review to be undertaken where there are regular or persistent breaches in safe working hours, which have not been addressed.
- Escalate issues to the Board where concerns over working hours have not been addressed locally.
- Report regularly to the Board.
- Set up Junior Doctors’ Forum.
Exception reporting

• Variance from this work schedule is called an exception.
• Exceptions may arise from working longer hours or from missing an educational component described in the work schedule.
• An exception must be reported in order that patterns of variance can be addressed and so that junior doctors may be compensated for excess work undertaken.
• Exception reporting is carried out using a web-based system and is overseen by the Guardian.
• An open exception is an exception that has not yet been dealt with, a closed exception has been dealt with and agreed by the doctor and the supervising clinician.
Breaches incurring financial penalty

• The doctor will be paid for the additional hours at the penalty rate.

• The fine will be levied against the department employing the doctor for the additional hours.

• Money raised through fines must be used to benefit the education, training and working environment of trainees.

• The Guardian of Safe Working should devise allocation of funds in collaboration with the Trust Junior Doctor Forum.

• The funds must not be used to supplement resources that are defined by HEE as fundamental requirements for Doctors in Training i.e. study leave, IT etc.
Conclusion

• The principles within the new contract are a constructive addition
• I very much look forward to using the information provided to stimulate improvement in junior doctors working conditions
• Our aim must be to establish a high calibre, motivated and valued junior medical and dental workforce to be part of the team providing the best quality healthcare throughout our Trust
Questions?