



# GOOD PRACTICE CASE STUDY



NORTH WEST JUNIOR DOCTOR ADVISORY TEAM, NHS NORTH WEST



**NHS** North West

## Junior Doctor Advisory Team

### SUPPORTING TRAINEES, SUPPORTING EMPLOYERS

#### SUMMARY

The North West **Junior Doctor Advisory Team (JDAT)** is a successor body to the local regional action team formed to implement a new junior doctor contract (the New Deal) in 1991. This team consists of two junior doctors from different backgrounds and at different stages in their careers, plus a project officer.

The JDAT provides independent guidance and oversight for matters such as New Deal issues and is the point of contact within the NHS North West for Junior Doctors who need help and advice about their rotas and working conditions.

As doctors themselves, the team is in a unique position to give advice to Trusts and to the Strategic Health Authority (NHS North West) by whom they are employed, regarding the day-to-day workings and concerns of junior doctors. The JDAT continues to fulfil an important role in an advisory capacity and in the proactive prevention of working conditions that would be detrimental to doctors' health and result in costly claims against Trusts.

#### KEY OUTCOMES

- The team provides Trusts with detailed knowledge regarding smart junior doctor rota design, and act as mediators between Trusts and trainee doctors. In this way, four potential band 2A and five potential band 3 appeals have been prevented in the latest seven week

period, through proactive workforce and rota management. The potential cost to Trusts of implementing a poorly designed rota, or not resolving rota issues is significant. A single trainee working a Band 3 rota for just one month is entitled to a 100% supplement in addition to their monthly salary. Taking a 5th year specialty trainee for example, who earns a basic pay per month of £3,300, they would be entitled to a 100% supplement if successful in a band 3 claim, costing the Trust an additional £1,600- £3,300. This is just the cost for one doctor over one month; there are normally more than eight doctors on a single rota, and often a banding claim can require back pay for several months. Thus the team potentially helps save hundreds of thousands every year.

- The 2011 Junior Doctor Dragons' Den, an initiative to engage junior doctors in healthcare improvement in their Trusts, attracted 25 applications from across the North West. The winning three business cases secured funding to develop their projects in: non-invasive bilirubin measurement in neonates, inpatient eReferral between specialties, and development of Foundation doctor curriculum topic podcasts.

- The JDAT have been involved in the assessment of an electronic eRostering solution – DRS Realtime. Use of this software has massively reduced a Trust's locum spend and resulted in fewer cancelled clinics / theatre sessions. Additionally, junior doctors' access to training opportunities has improved and the administrative burden on secretarial staff running the rotas has reduced.





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## BACKGROUND

The Junior Doctor Advisory Team (JDAT) is a small division of the North West SHA (NW SHA) based in their Manchester offices. The JDAT supports NHS Trusts in both Deaneries covered by the NW SHA footprint (Mersey and North Western). The team answers queries, and approves new rotas for these Trusts; additionally the team visits the Trusts within the North Western deanery to speak with trainees prior to the full Deans' visit a few weeks later.

The JDAT consists of two full-time junior doctor medical advisors and a project officer. In this role they support hospital Trusts and other trainees to continue to improve junior doctors' working lives, and to implement and sustain rotas which are educationally valuable, safe, and fair.

It has evolved over the years since its first incarnation as a Regional Action Team set up to implement the "New Deal", the new junior doctors' contract negotiated between the BMA and the Department of Health (NHS Management and government). This was implemented in 1991 and was designed to reduce junior doctors' working hours. The New Deal was refined in 1999 through the introduction of a new pay structure: 'banding' (see Table 1).

The JDAT has a long history of employing junior doctors as advisors within the team, often taking time out-of-programme from their clinical training. It is through this real-life experience of working as a junior doctor and knowledge of the New Deal that the JDAT advises Trust HR departments and other trainees on contractual matters.

The regional action teams throughout the country became Improving Junior Doctors Working Lives Teams (IJDWLT) in 2000 and later worked with Trusts to reduce doctors' hours in-line with the implementation of the European Working Time Directive (EWTd). In 2003 the regional action teams disbanded throughout the UK, as widespread compliance with the contract was achieved; but the North West retained their JDAT as an advisory body to local employers and junior doctors, assisting them with ongoing operation of the "New Deal" contract as well as taking on additional responsibilities. In August 2008 the team changed to its current name and became the Junior Doctor Advisory Team.

## KEY AIMS

- Implementation of the New Deal contract and the Working Time Regulations reduced junior doctor hours and necessitated a shift in practice over how health services were provided. Ensuring the continued viability of this way of working, with fewer junior doctor hours available, is an on-going aim of the JDAT.
- Provide support and independent advice to employers, the Deaneries, and trainees in matters relating to the junior doctors' contract and give advice to Trusts on a wide-range of employment issues relating to the junior doctors' terms and conditions of service.
- Support employers and junior doctors to continue to improve, implement, and sustain rotas that are safe, fair, and support training. Also help find solutions where a prospective rota could lead to pay disputes.
- Assist the North Western Deanery in their biennial Trust visits, speaking to junior doctors on the ground, and producing a valuable feedback report for Trusts and the Deanery.
- Offer support and opportunities for junior doctors leading quality improvement initiatives within their Trust, using innovative approaches to engage junior doctors in leadership and management locally.
- Educate final-year medical students and junior doctors about banding, monitoring and the importance of raising issues with working practices, through presentations and rota clinics.
- Develop JDAT Medical Advisors to be the leaders, managers and board members of the future. The NHS is giving greater decision making power to clinicians. Thus another aim of the JDAT, through its work training medical advisors and initiatives such as Junior Doctors Dragons' Den, is to build trainees' leadership and project management skills beyond those utilised "on the ward", developing the clinical leaders of tomorrow.



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## HOW IT WORKS

On a daily basis the team is contacted by Trusts throughout the North West with queries relating to the junior doctors' contract: banding, pay protection, and advice on carrying-out and interpreting working hours monitoring results. Additionally advice is sought by employers on the issues of rota design and in implementing arrangements that balance training and service provision. The JDAT facilitates a dialogue between stakeholders when introducing new working practices and provides an independent opinion on potential solutions.

Rota and banding dispute prevention is a key role, via education of medical staffing and junior doctors. This is achieved by one-to-one meetings with medical staffing employees at Trusts, covering topics such as the subtleties of the contract in relation to annual leave and its impact on 'hours worked', correct use of 'prospective cover', and ensuring adherence to the re-banding protocol. "Rota Clinics" are held specifically for junior doctors to "trouble shoot" any workforce issues.

### New Rota Approval

A core function of the JDAT is in approving new rotas and the salary which those rotas attract. The JDAT also check that a rota's hours and provision of rest observes the health and safety legislation of the European Working Time Directive (EWTD).

Junior doctor pay was negotiated in the New Deal contract, and is based on a 'basic' salary plus a 'banding' supplement. 'Banding' is calculated from the number of hours worked and the percentage of hours worked at antisocial times. For example, a basic 40 hour (0900-1700) week has a 0% banding whilst a 48 hour week with many antisocial hours attracts a 50% banding. Antisocial work is defined as time outside of 0700 to 1900 Monday to Friday, or working one weekend in three or more frequently.

In order to implement a new rota, a protocol specified by the Department of Health must be adhered to. This requires Trusts to obtain the approval of the doctors working in the department for the new rota, which must also

**TABLE 1: BANDING UNDER THE "NEW DEAL" CONTRACT (NOT EXHAUSTIVE):**

BANDING	NO BAND	1B	1A	2A*	3 (contract non compliant)*
SUPPLEMENT ADDED TO BASIC PAY	0%	40%	50%	80%	100%
HOURS	Less than 40 hours. None at antisocial times of day/night.	40-48 hours per week. Moderate amount at antisocial times.	40-48 hours per week. More than one-third at antisocial times.	48-56 hours per week. More than one third at antisocial times.	More than 56 hours and/or unable to take adequate breaks

\* not compliant with the EWTD

be signed off by the Clinical Tutor as having 'educational suitability'. Finally the paperwork is passed to the JDAT for confirmation that the working arrangements are compliant with the EWTD and New Deal (subject to verification of the hours working in practice – through hours 'monitoring'). It is at this stage that the JDAT team pick-up problems with rotas that are vulnerable to falling foul of claims for higher banding (usually claims for band 3 – attracting a 100% supplement) which would increase the salary bill massively and would require the doctors to work rotas that may be unsafe. The JDAT provides potential solutions for the Trust to act upon as they see fit, prior to implementation of the rota, to prevent this from occurring.

It is through this working in partnership with Trusts in the North West that the team strive to ensure that employers' evidence for changes in work patterns and banding is robust. Where due process is not followed then a post remains at its previous band.

### Junior Doctor Dragons' Den

The team support the ongoing application of the junior doctors' contract, and acts to improve patient care, service delivery, and education and training through the annual 'Junior Doctor Dragons' Den'. For the past three years trainees throughout the North West have been invited to submit a business plan for a healthcare quality improvement project. Those shortlisted are invited to present to a panel of 'Dragons' (Board level executives

from the Deanery and employers), with the best projects winning funding and supported roll-out.

### Employer Advice

The JDAT advises Trusts on employing and utilising less-than-full-time (LTFT) doctors. Additionally, they undertake the biennial visits to Trusts in the North Western Deanery hosting doctors in training, speaking to trainees prior to the official Deans' visit; and attempting to uncover problems with working practices and making suggestions for resolution of issues.

### Supporting Junior Doctors/Medical Students

The JDAT receives queries from trainees via direct communications, but also present to a variety of junior doctors and medical students in their base hospitals. Through 'Rota Clinics' the JDAT addresses questions and educates trainee doctors on their obligations under the contract, and the importance of raising concerns with working practices and hours to employers. This facilitates early resolution of problems and limits the amount of time a post may be failing to comply with the EWTD, or be "contract non-compliant / Band 3", a situation that is unsafe for doctors, their patients, and costly to Trusts.





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## DRS Realtime (Electronic Rota Management)

Other previous work by the JDAT has involved an analysis of consultant resident on-call working and assistance in developing and implementing 'DRS Realtime' - a new electronic rota management solution.

Realtime has already been shown to reduce a Trust's locum spend and results in fewer cancelled clinics and theatre sessions. Additionally, junior doctors' access to training opportunities has improved and the administrative burden on secretarial staff running the rotas has reduced.

## RESOURCES

The JDAT is funded by the NHS North West Strategic Health Authority through the Workforce and Education Directorate. The team will transfer to the North West local education and training board (LETB) in April 2013.

## KEY CHALLENGES

- Trusts are mindful of their junior doctors' working hours and attainment of breaks. However, appeals for a higher banding/supplement can occur by workforce variations, change in workload, or infrequently by Trusts not following due process when implementing a new rota. Use of the JDAT helps ensure that problems do not occur from the outset.
- Banding disputes can occur because problems with working patterns are left unattended. The JDAT is working to educate and empower medical students and junior doctors to raise concerns early, and encouraging employers to be proactive in seeking out potential problems rather than waiting for them to become apparent.

## FURTHER LINKS

- JDAT website - <https://www.nwpgmd.nhs.uk/jdat/welcome>
- Junior Doctor Dragons' Den - <https://www.nwpgmd.nhs.uk/jdat/dragons-den-2012>
- A selection of published work by the JDAT:
  - Y Ahmed-Little, M Bluck. The European Working Time Directive 2009. British Journal of Healthcare Management 2006; 12: 373-6.
  - D Kendall, Y Ahmed-Little, D Cousins, H Sunderland, M Johnston, O Najim. Achieving the 48-hour week for junior doctors. British Journal of Healthcare Management 2009; 15: 127-31.
  - J Collum, J Harrop, M Stokes, D Kendall. Patient safety and quality of care continue to improve in NHS North West following early implementation of the European Working Time Directive. QJM 2010; 10: 929-40.

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