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- To: General Manager of:
- Regional health authorities )
  - District health authorities ) for action
  - Special health authorities )
  - Regional Medical officers )
  - Regional Specialists in Community medicine (Medical Staffing) ) for information
  - Chairman of Regional Medical Manpower Committees )

6 June 1988

Dear Manager

**JUNIOR HOSPITAL MEDICAL AND DENTAL STAFF:  
HOURS OF WORK AND "ACHIEVING A BALANCE" SAFETY NET REVIEW**

**Summary**

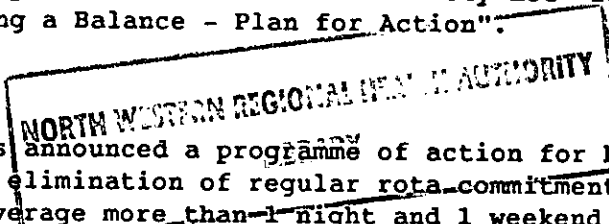
1. This letter asks health authorities to re-convene District Working Parties, under the direction of a Regional Steering Group, to:
  - 1.1. achieve further reductions in the rota commitments of junior doctors and dentists; and to
  - 1.2. provide a district input into the review of "safety net" levels of staffing required in "Achieving a Balance - Plan for Action".

**Objectives**

2. In November 1982, Ministers announced a programme of action for health authorities to work towards the elimination of regular rota commitments requiring junior staff to be on duty on average more than 1 night and 1 weekend in 3, where resources and the needs of patients permit. Detailed procedures were set out in PM (82) 37, AL (MD) 3/83 and PM (85) 1. The Department and the profession remain firmly committed to the objective of the programme, and in particular to the elimination of rotas more onerous than 1 in 3 for practitioners first on call in the hard-pressed specialties. Having reviewed the position with advice from a panel of senior NHS officers, they consider that further progress is most likely to be achieved by combining the examination of rota requirements with the "safety net" review. HC (87) 25 asked RHAs to begin a review in all districts in order to establish what support staff are needed to provide 24-hour cover in the acute specialties. The review is to be completed by 30 September 1989.

**Model proposals**

3. Model proposals for combining these tasks are set out in the Annex to this letter. Since many RHAs will already have set up machinery for the safety net review, any local variations which would achieve the fundamental objectives of this



circular within the timescale indicated would be acceptable, provided that they have been agreed with the Regional Manpower Committee. Special health authorities should either establish their own working parties within the terms of this circular, or should be associated with one or more working parties set up with the relevant districts.

**Timetable**

4. The timetable for action is set out in the Annex. Against this background, I should be grateful if RHAs and SHAs could let me know by 31 July 1988 how they propose to take this exercise forward.

Yours faithfully



**J A PARKER**  
Assistant Secretary

## ANNEX

1. JUNIOR HOSPITAL MEDICAL AND DENTAL STAFF: HOURS OF WORK
2. "ACHIEVING A BALANCE - PLAN FOR ACTION" : SAFETY NET REVIEW

## Model proposals

1. RHAs/Regional Manpower Committees (RMCs) to agree on the composition of a Regional Steering Group (RSG) - which could be the RMC itself or a smaller sub-group including representation of the Hospital Junior Staff Committee - which would oversee the development of a consistent regional approach to the determination of "safety net" levels and junior doctors' and dentists' hours of work. In particular, the RSG would, with the advice of the specialty sub-committees, issue guidance for each district or regional acute specialty on:

1.1. a uniform regional policy to reduce the hours of work of junior practitioners and to eliminate regular rotas more onerous than 1 in 3, particularly those in hard-pressed posts, as defined in paragraph 6 of PM (85) 1;

1.2. the staffing levels likely to be available in the region in the support grades (SHO, R, SR and SG) up to 1998;

1.3. factors likely to be taken into account in determining their allocation to district (split-site working, workload, teaching commitments);

1.4. acceptable cross-cover arrangements (on which further guidance is likely to be issued in the light of advice from the Conference of Royal Colleges);

1.5. statistical information which will be required from districts in support of their safety net proposals.

"Acute specialties" should include those listed in paragraph C.58 of the "Plan for Action", and any other specialties to which in the view of the RSG the principle of the safety net is relevant.

2. District Working Parties (DWP) to be re-established, in consultation with representatives of the profession locally. Each DWP to consist of equal numbers of representatives of staff in the training and career grades, and one or two NHS management representatives, and to be kept small (perhaps no more than six or seven in all). DWPs to have a dual remit:

2.1. to consider the scope for the further reductions in rotas. This might be carried out in two phases:

2.1.1. the first priority would be to look for rota reductions which could be achieved in the short term (ie., before the redeployment of staff under the safety net review - see below - comes into effect), in particular those which would benefit practitioners in hard-pressed posts, as defined in paragraph 6 of PM (85) 1. In any case in which the DWP agrees to recommend the continuation of a regular rota more onerous than 1 in 3, it should specifically justify this to the RSG, and should where appropriate produce proposals for change in the longer and shorter term;

ANNEX (contd.)

2.1.2. In due course, the DWP would consider, in conjunction with the safety net review, any further reductions which might follow from the redeployment of junior staff;

2.1.3. In carrying out this remit, the DWP should advise on the service implications of any proposed changes. It should also have regard to the recommended off-duty periods specified in paragraph 20 of the Terms and Conditions of Service, and satisfy the guidance on leave and time off in lieu of additional duty given in paragraph 8 of PM (85) 1;

2.2. to consider, within the regional guidelines, the number of intermediate-level staff needed to provide the safety net. In considering the potential use of the Staff Grade for this purpose, DWPs should bear in mind the advice given in paragraph C.38 and Annex C.6 of the "Plan for Action".

3. The DWP to submit proposals, after full local consultation, to the RSG, who would:

3.1 challenge the rota proposals if they appeared to make inefficient use of available staff, eg., unreasonable refusal to consider cross-cover;

3.2 as necessary, modify districts' staffing proposals to achieve a consistent approach across the region within available numbers; and

3.3. keep district Medical Executive Committees informed of their recommendations.

4. The DWP would submit its proposals on rota reductions - modified if necessary in the light of the RSG's comments - to district management, who would discuss possible implementation with the responsible consultant[s]. Where the proposals were not acceptable, either to management or the consultant[s] concerned, management or the consultant[s], as appropriate, should present their views, with the DWP's comments attached, to the RSG. If the difficulties could still not be settled, the RSG could, via the RMC, draw the problem to the attention of the RHA, which might seek to resolve the issue with the district or to bring any matters of general principle to the attention of the Department.

5. The RSG would submit its proposals on staffing allocations, via the RMC, to the RHA, who would:

5.1. take the final decisions on the extent and timing of any redeployment of junior staff;

5.2 report back to the Department on the extent to which the available support staff were sufficient to provide a safety net in each district as envisaged in the "Plan for Action".

6. RHAs should be responsible for ensuring overall progress towards achieving the objectives of this circular.

## ANNEX (contd.)

## Local variations

7. Since many RHAs will already have set up machinery for the safety net review by the time they receive this advice, any local variations on the machinery or the timetable which would achieve the fundamental objectives of this circular would be acceptable, provided that they have been agreed with the RMC. RHAs and SHAs should report back to the Department by 31 July 1988 on how they propose to take forward this exercise.

## Timetable

8. The suggested timetable is:

1988	July	Establish DWPs and RSGs. DWPs start work on task 2.1.1.
	September	DWPs give interim report on immediately achievable rota reductions to district management, who will seek early implementation.
	October	RSGs issue guidance (task 1).
	December	DWPs submit initial proposals on rota reductions to RSGs (task 2.1.1).
1989	January	DWPs submit initial proposals on rota reductions to district management for implementation.
	March	DWPs submit proposals on staffing to RSGs (task 2.2).
	April/	RSGs and DWPs discuss/revise staffing proposals.
	June	
	July/ September	RSGs' proposals on staffing to RHAs for decision
	October	RHAs/SHAs report to Department.
	October/ onwards	DWPs consider any further rota reductions following from redeployment of staff.