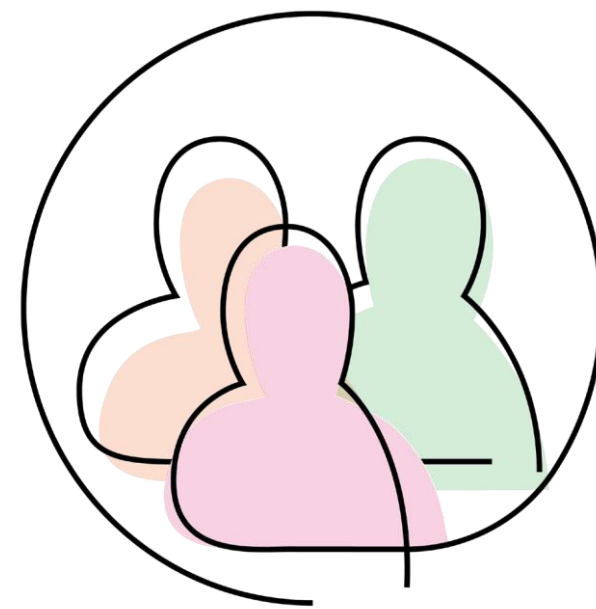


Working Arrangements During A Pandemic



Martyn Ramsay
Employment Relations Manager



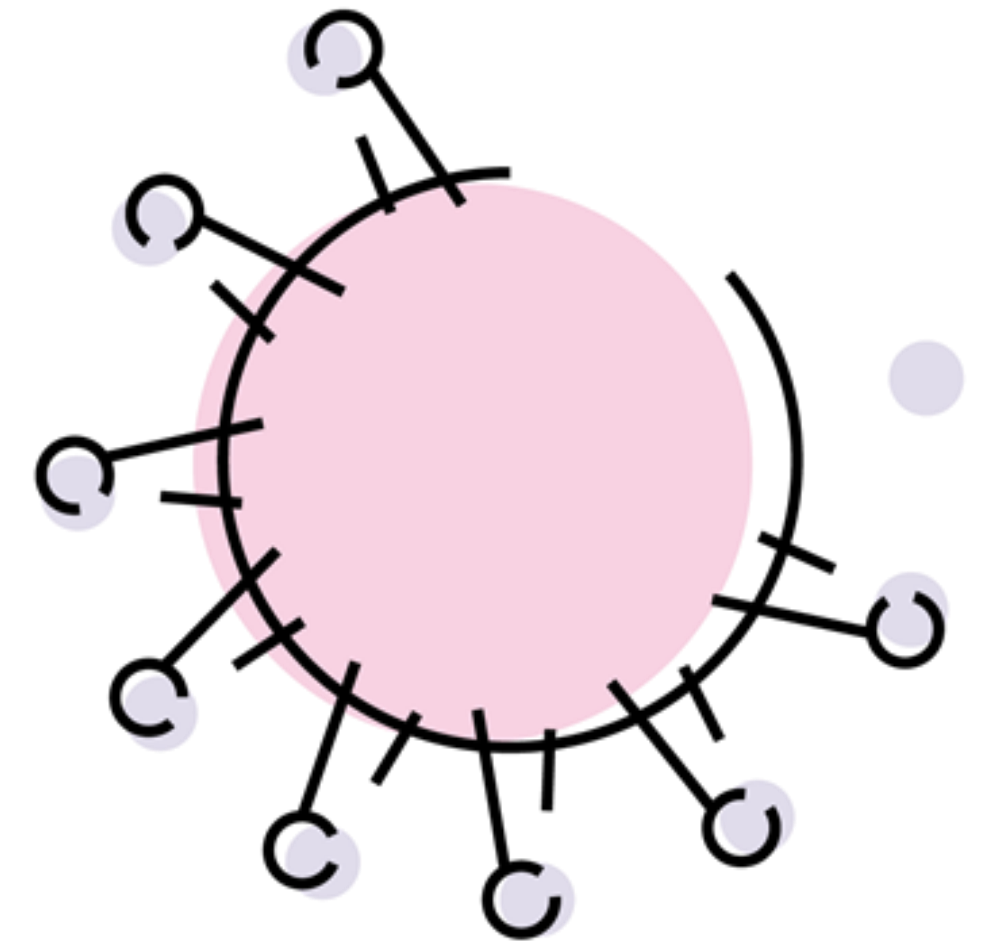
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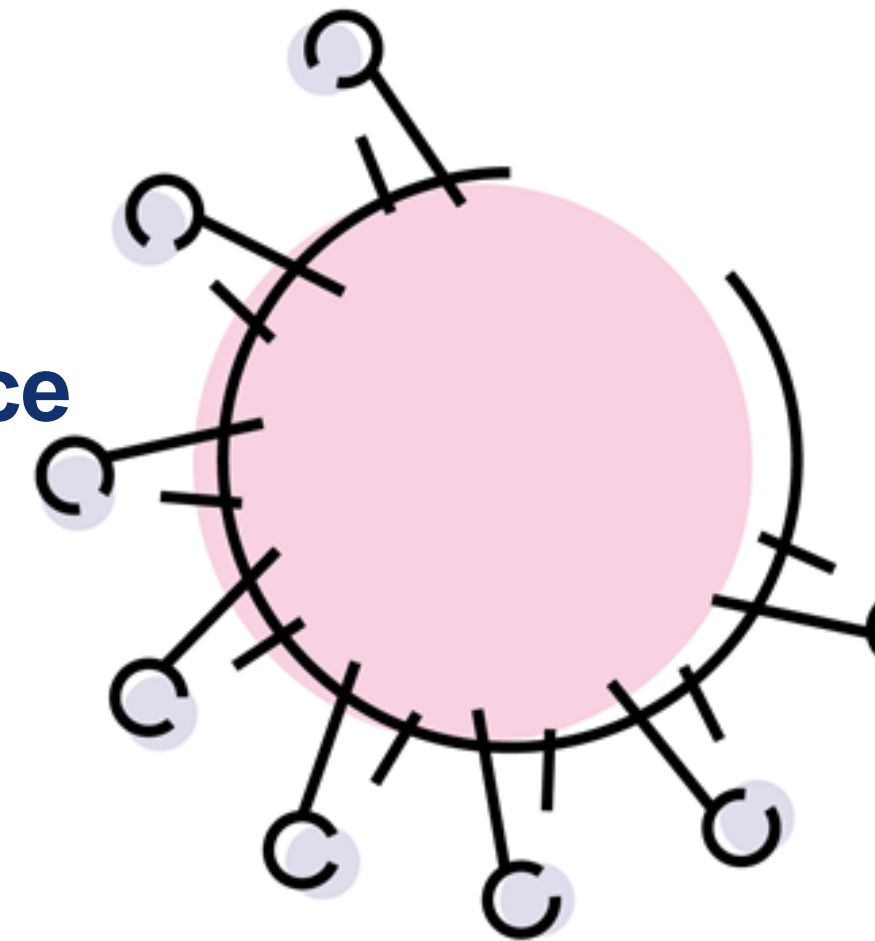
Outline

- **September's Joint Statement**
- **Latest LNC positions**
- **Job Planning and Team Service Planning**



BMA, MSG & Scottish Government Joint Statement for Career Grade Working Arrangements

- A recognition that there needed to be a balance between meeting service needs and health and wellbeing of staff. Focus on mental health
- A need to ensure that working arrangements are always sustainable alongside the need for flexibility
- Where clinically appropriate, a focus on remote working and better use of technology

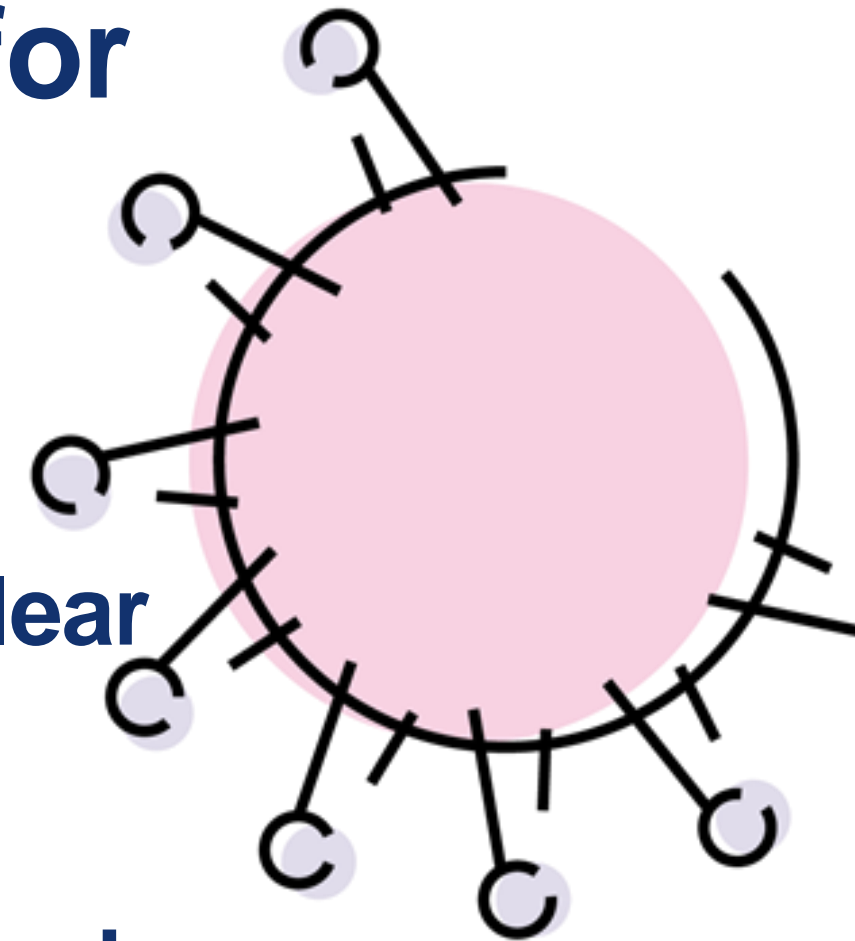


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BMA, MSG & Scottish Government Joint Statement for Career Grade Working Arrangements

- **Primary importance on Team Service Planning and Job Planning. Clear that any JP before emergency changes remains extant.**
- **Impact on education and training, CPD etc. Most were put on hold during emergency periods. Addressing any shortfalls was a clear priority, better use of online resource. Study leave still a contractual right!**

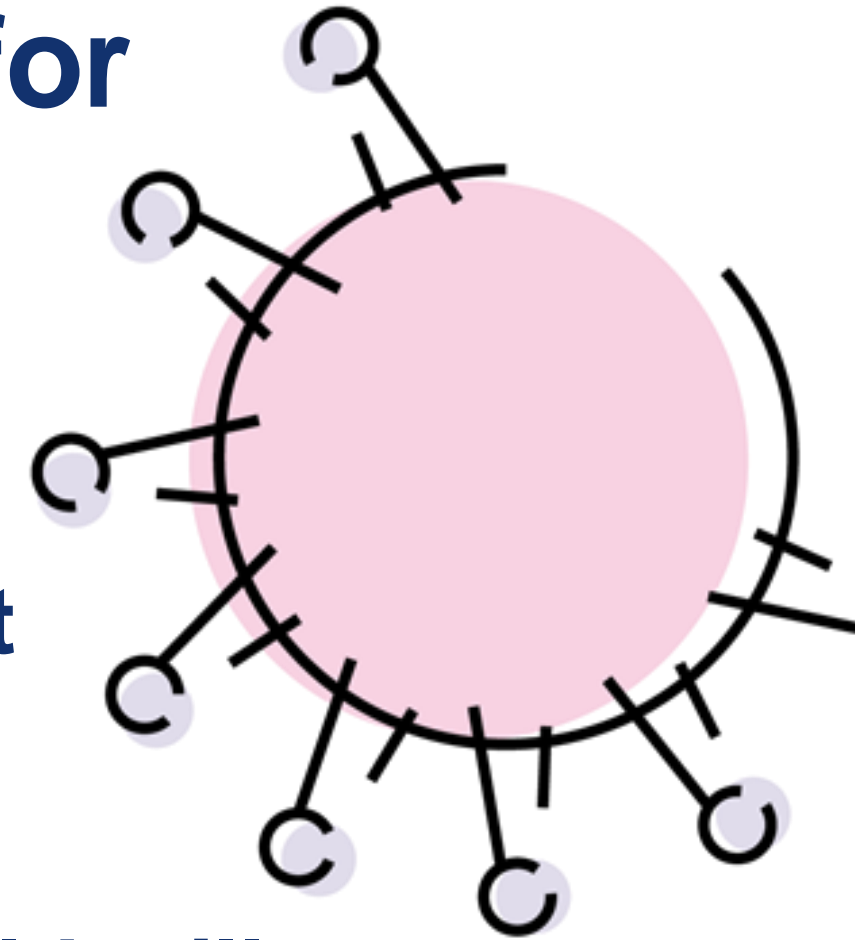


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BMA, MSG & Scottish Government Joint Statement for Career Grade Working Arrangements

- **Increased use of remote working where appropriate. Biggest impact should be felt in SPA time and the ability to do this work at home.**
- **The potential need for changing place of work. Principal place should still apply and excess travel expenses covered.**
- **Annual Leave carry over confirmed. Anyone unable to use their 2019/20 AL allocation due to Covid-19 can carry forward until the end of 2021/22 or receive payment.**

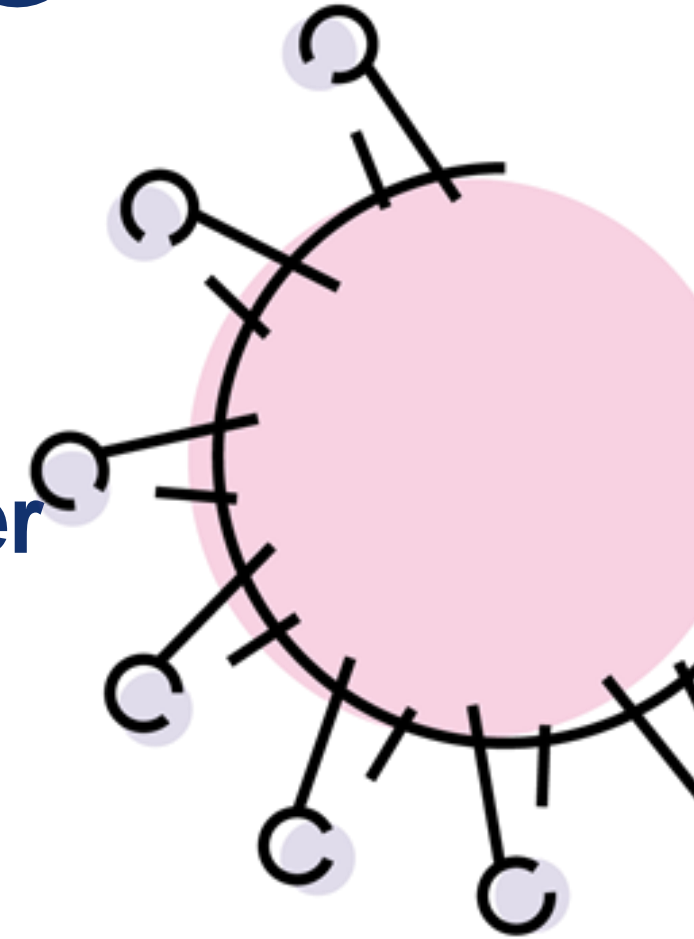


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Remuneration for Additional Work

- It had been hoped that a national agreement could be reached for career grade Drs doing additional work due to Covid-19 emergencies, but that didn't happen.
- Local agreements have been sought for the best part of 2020, by way of the LNCs
- NHS A&A agreed rates for Resident shift working and on-call.



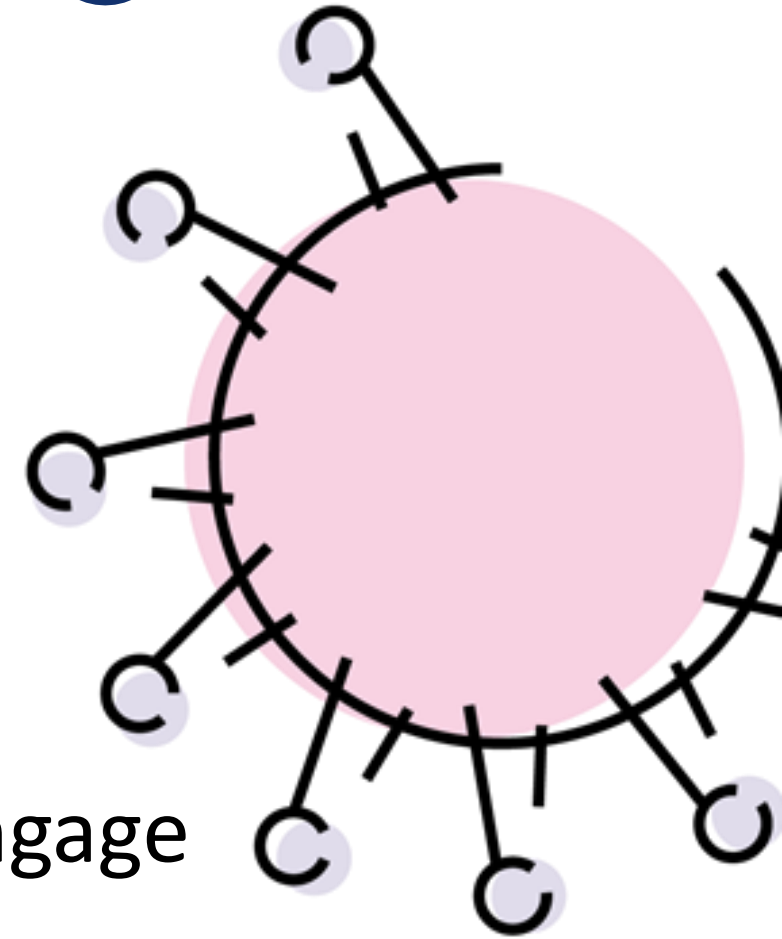
bma.org.uk/advice-and-support/covid-19

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NHS GGC LNC Position



- Your pre-COVID job plan remains extant and should be the starting point for any discussions on changing rotas or job plans
- Any changes should be supported by a process of Team Service Planning to engage all medical and dental staff in planning for the current second wave of COVID and through the winter
- NHS GGC have expressly committed to ensuring that adequate rest is built-in to job plans. Specifically, where job plans involve resident shifts in the out of hours periods, such rest arrangements must be included in job plan discussions.

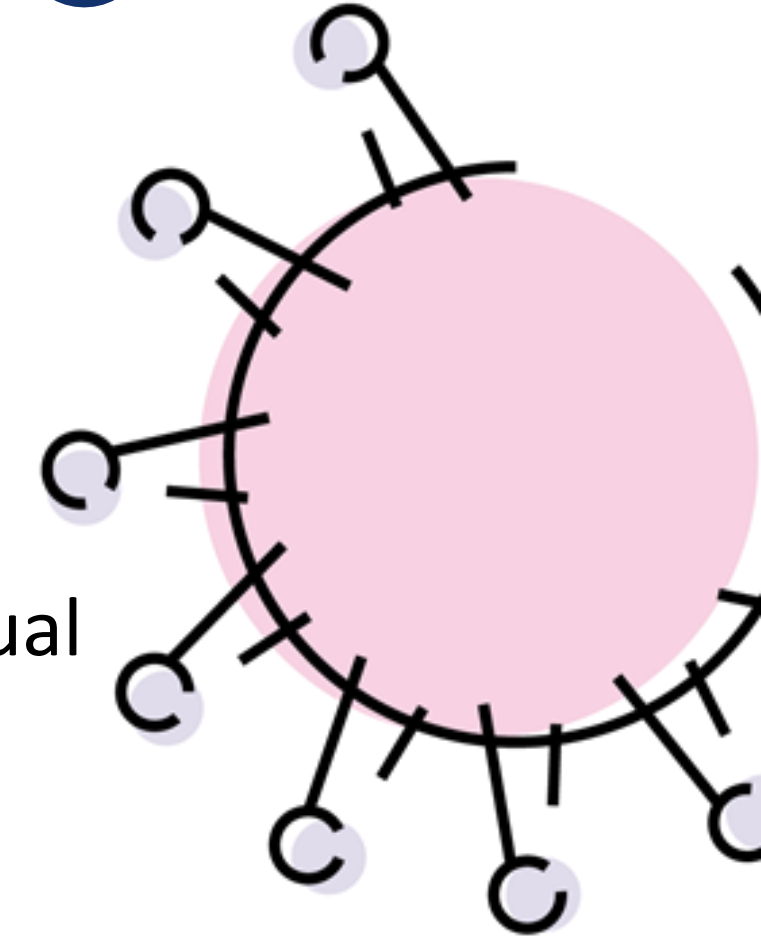


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NHS GGC LNC Position



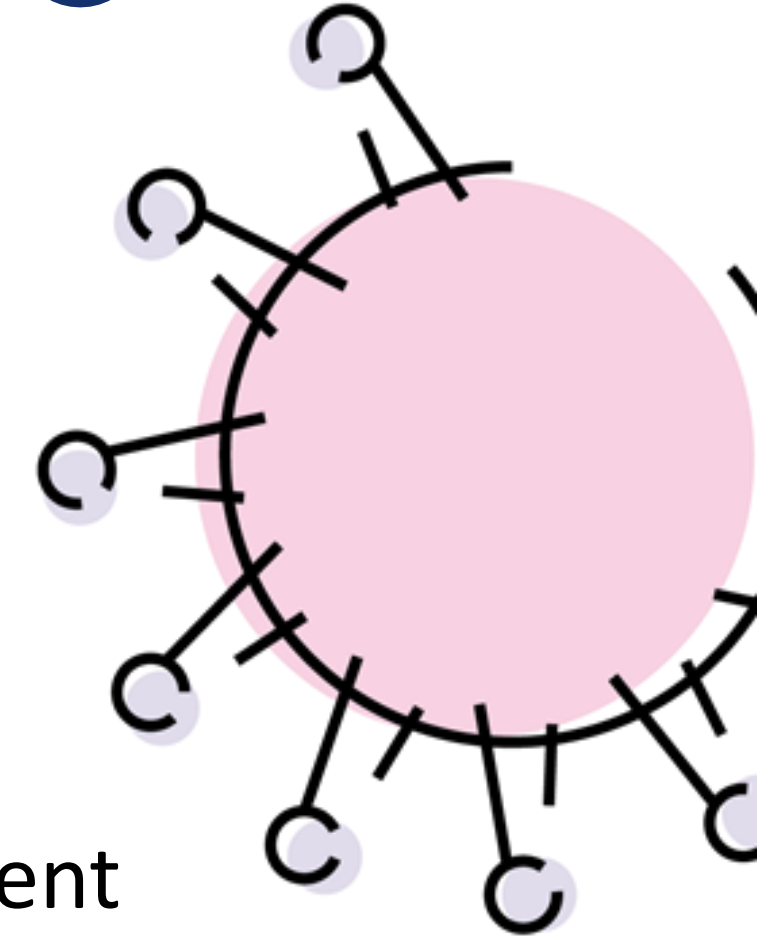
- Whilst the annual job plan review cycle is effectively on hold, no-one should agree to changed working arrangements , or start working on revised rotas, unless a new individual job plan has been agreed
- NHS GGC have declined our offer to agree a pan-GGC enhanced rate for those who substantially change their work patterns , in particular for those being asked to work resident shifts in the out of hours period, despite other NHS Board areas having reached agreements on this element
- **You are under no contractual obligation to accept changes to your job plan.**



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NHS GGC LNC Position

- Associate Specialist may decline any work programmed into the out of hours period and this cannot be taken through job plan mediation and appeal.
- Specialty Doctors and Associate Specialists being asked to undertake and resident on-call duties – i.e. where they have to attend due to the absence of a junior tier on-call - can claim a resident on-call payment of 3 x their hourly rate for the period of resident on-call.



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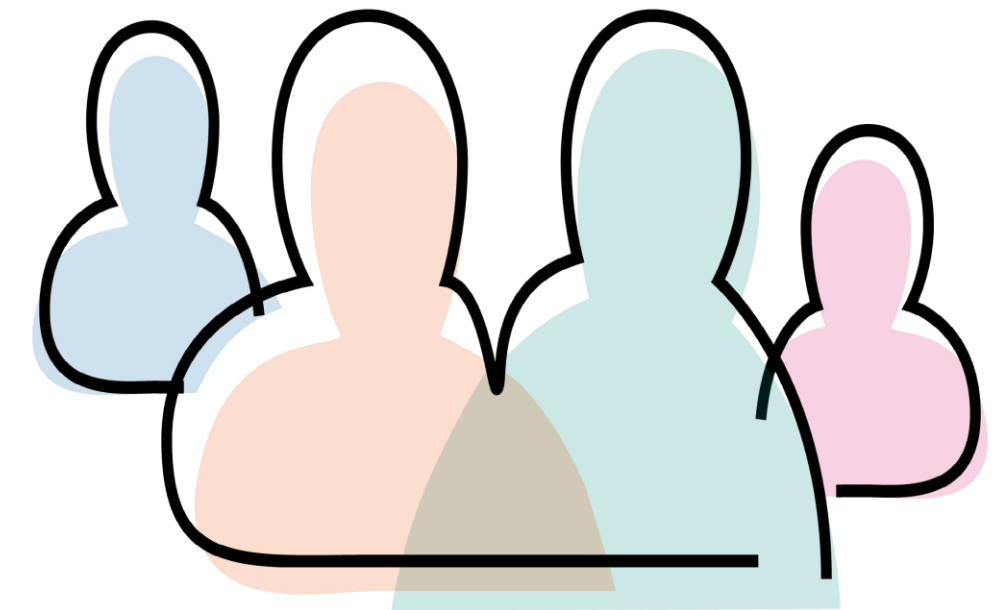


Team Service Planning

Identified in DL 2016/14 as integral to the process of job planning

ALL Career grades in the team should be involved

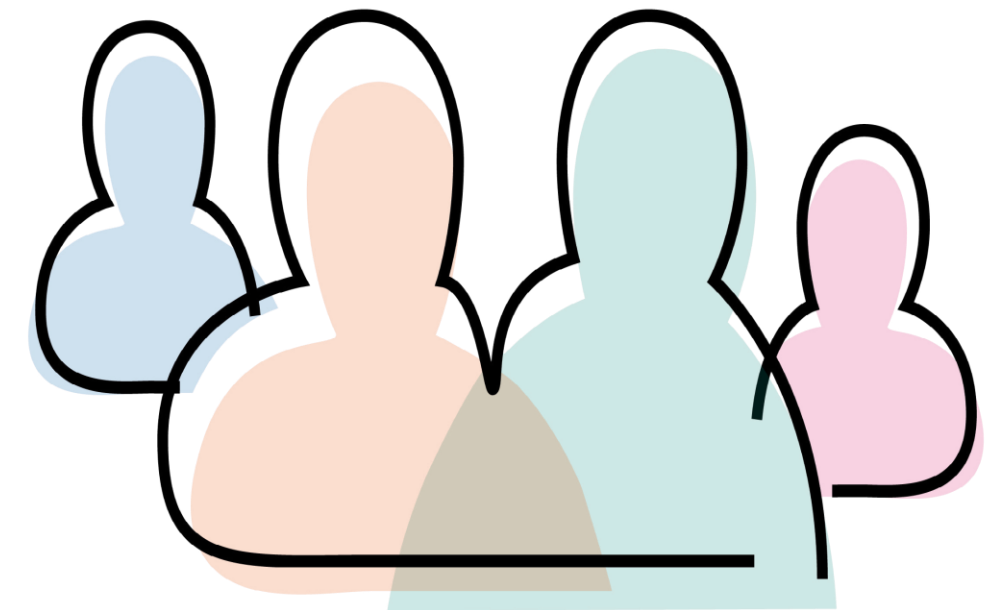
- This should be collaborative, not “done to” staff
- COVID remobilisation makes this a vital step due to ICU surge planning
- Should focus on expected demand, capacity as well as non-DCC requirements
- “Agreements” are not contractual



www.bma.org.uk/media/1282/bma-consultant-team-service-planning.pdf

Team Service Planning

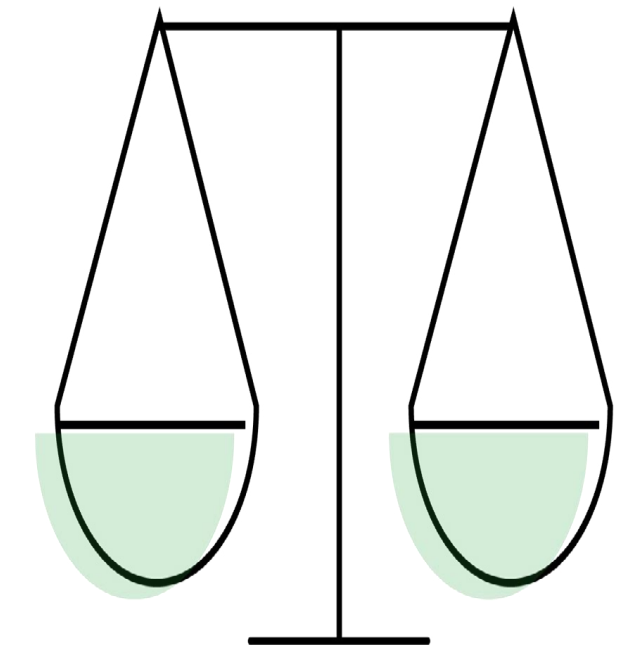
- “Non core” or “Non DCC” requirements are likely to differ across departments and across individuals
- The team are likely to still have a rough demand/requirement for such items
- Quotas or tariffs may be appropriate but should be agreed by all and in line with relevant agreements
- EG – Appraisers should normally have 0.5 PAs for ten appraisees
- Most common agreed “tariff” will be on-call PA allocation



Work/Life Balance

It is important to maintain a healthy work/life balance and many are choosing to reduce their PAs to achieve this or work flexibly.

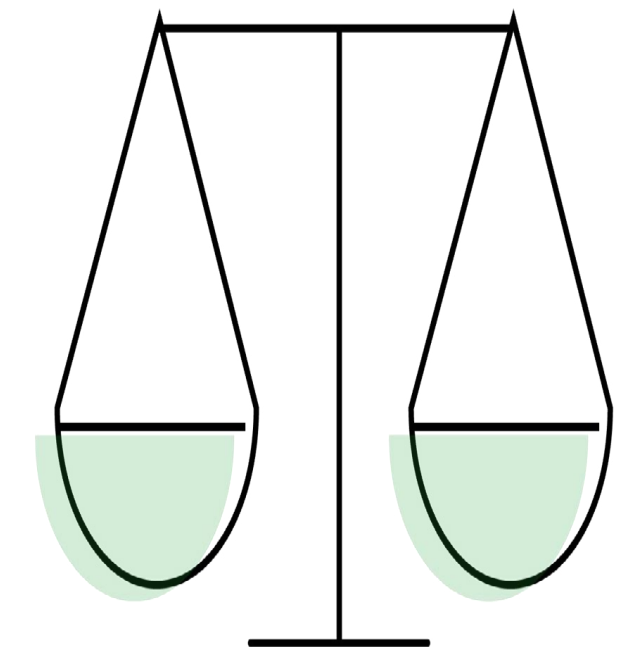
- **COVID-19 has changed views on working.**
- **Lifestyle choices that need more flexible job plans.**
- **Pensions taxation issues have impacted many in later career stages**
- **Ageing workforce may mean that more staff have health reasons to reduce commitments**
- **Increased incidence of rota gaps – burnout!**



Flexible and Remote Working

Flexible and Remote working has become a much more viable option in recent year and this has certainly been accelerated due to the COVID-19 pandemic.

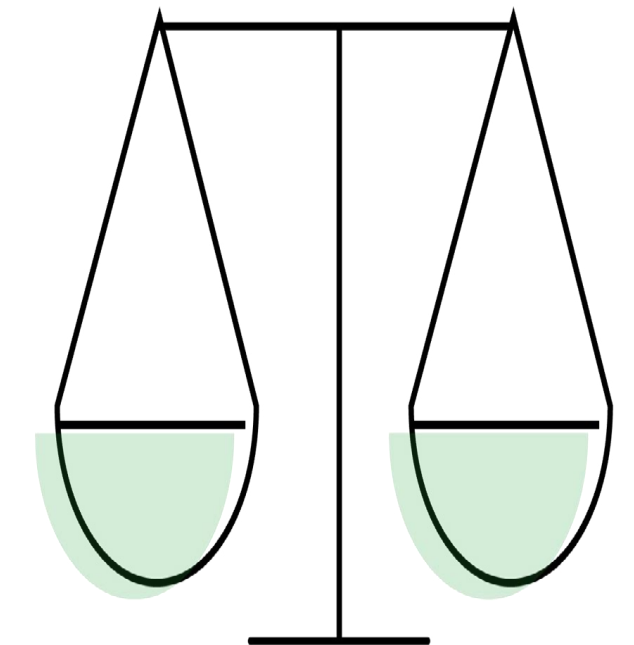
- **Team service planning should be used to establish general principles per department**
- **DEMAND accurate figures for discussions**
- **Cite examples of remote solutions during pandemic and seek justification for non-routine use/roll-out**
- **Remember social distancing**
- **DO NOT AGREE routine requirements to work outside of Mon 8am – Sat 1pm**



How do I reduce my PAs?

Best route will always be a job plan review:

- Ensure you have your arguments laid out clearly and expect to have a transition/notice period
- Consider the departments needs and how you can still assist with these
- Speak to colleagues first if appropriate – will others pick up your PA?
- Do not be afraid to use the mediation process



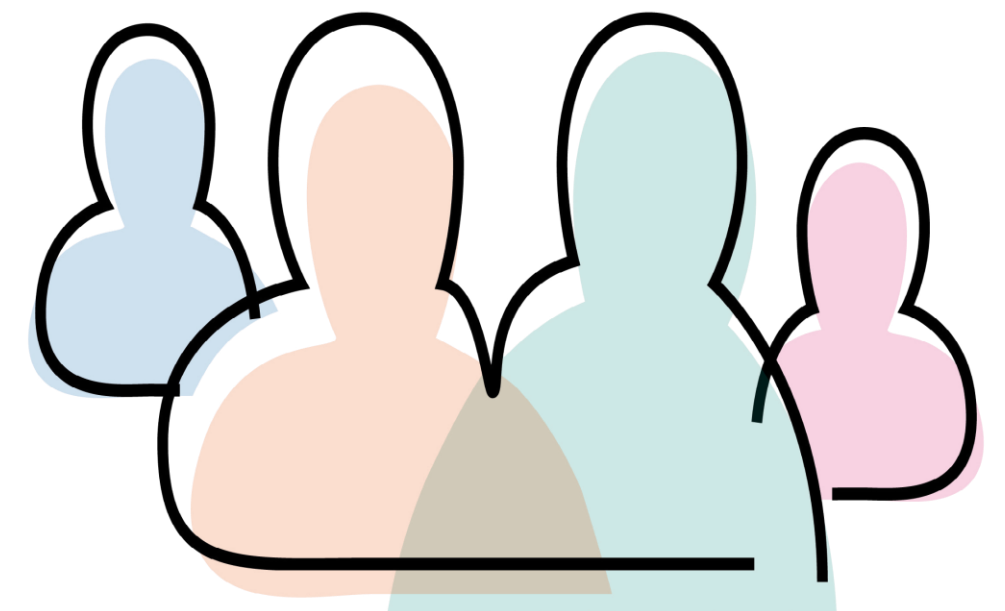
If all else fails, a flexible working request can be submitted:

- Needs to be in writing
- Board must respond with reasons within 28 days
- There is an appeal process
- Remember, though, that there are no guarantees – obligation is to consider

Individual Job Planning

The doctor will meet with the **clinical manager** to:

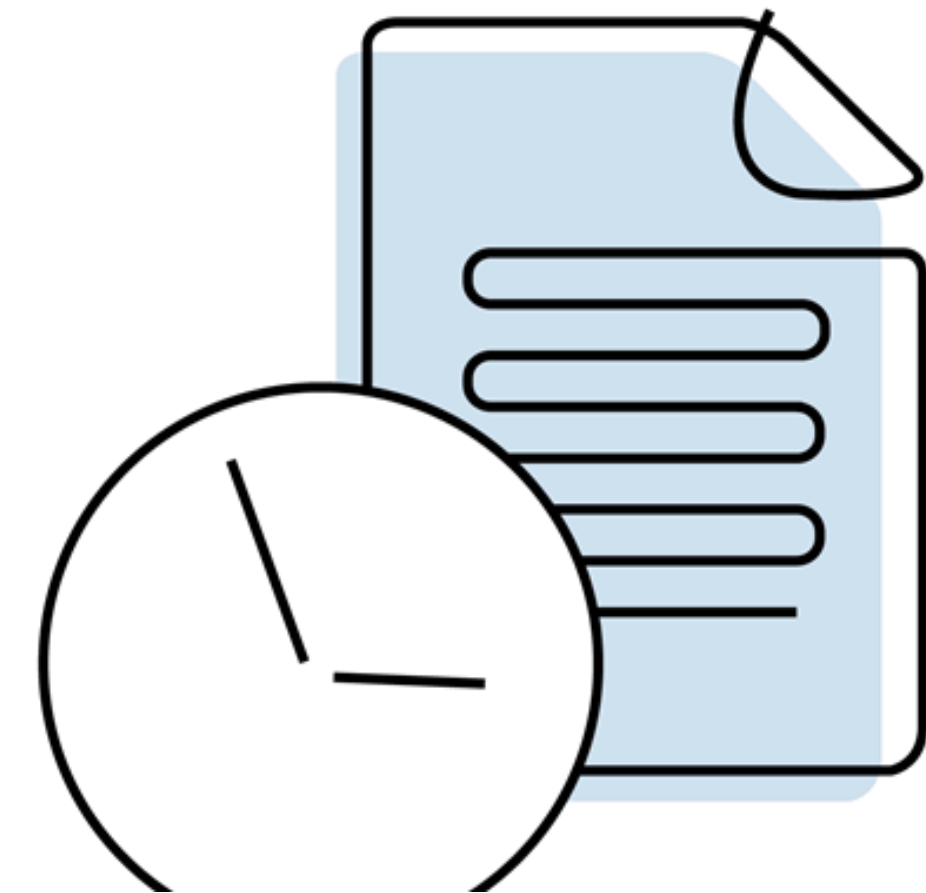
- Review the objectives/ outcomes from the previous job planning round and consider those for the upcoming year;
- Discuss the objectives/ outcomes and potential changes in the direction of the job plan;
- Consider the resources needed;
- Determine whether external duties will be undertaken;
- Consider if flexible working is appropriate;
- For new starts, there should be a review of the indicative job plan three months after commencing in post.
- How do these meetings take place? Does remote negotiation bring problems?



What should be in a Job Plan?

Your job plan should contain:

- Timetable of activities;
- Number of PAs of each type;
- Confirmation of the normal workbase;
- On-call arrangements;
- Any arrangements for acting up/down;
- List of agreed SMART objectives/ outcomes;



That's not all...

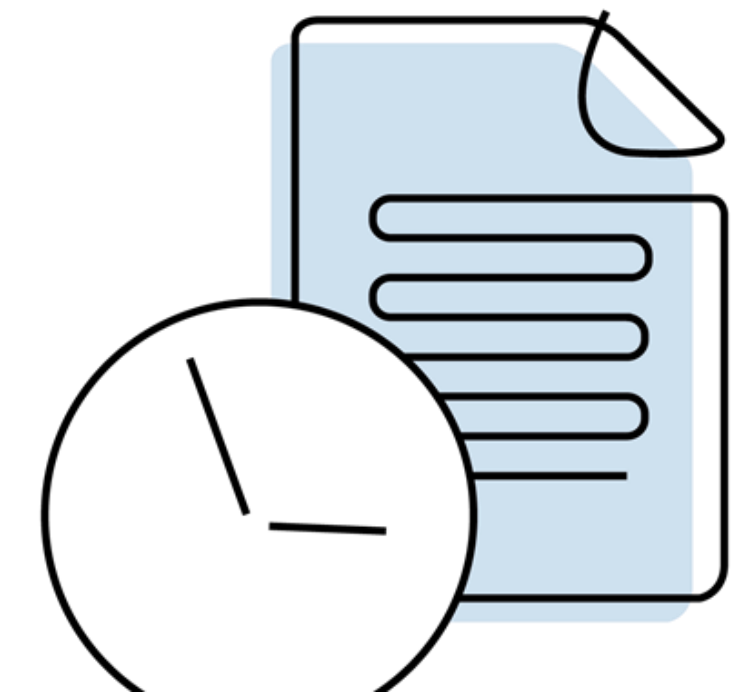
Your job plan should also contain:

- List of supporting resources;
- Description of additional responsibilities to the wider NHS;
- Arrangements for Extra/Additional PAs;
- Details of regular private work and fee-paying services;
- Accountability arrangements;
- Agreed flexible working



All about Programmed Activities

- A PA is a unit of work time, normally 4 hours in length .
- A basic full time job plan contains 10 PAs.
- A PA does NOT have to contain work all of one category.
- The minimum 'unit of currency' is 0.5 PA, normally 2 hours.
- Rounding up is done on the weekly total, not the daily total.
- A PA worked during the hours 8pm to 8 am (7pm-7am for SAS doctors), or at the weekend, or on a public holiday, is reduced to 3 hours OR it is paid at time and a third of the normal rate .



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Electronic Job Planning

Not a replacement for current or contractual job planning processes.

It should be regarded as a recording tool **only**

Currently, most Boards use e-job plans or are developing them.



bma.org.uk/pay-and-contracts/job-planning

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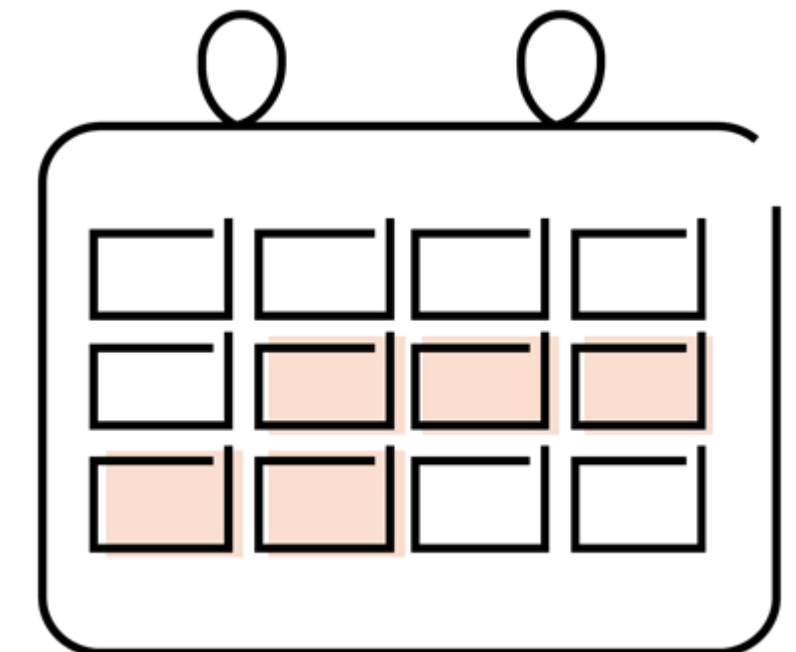


Dr Diary App

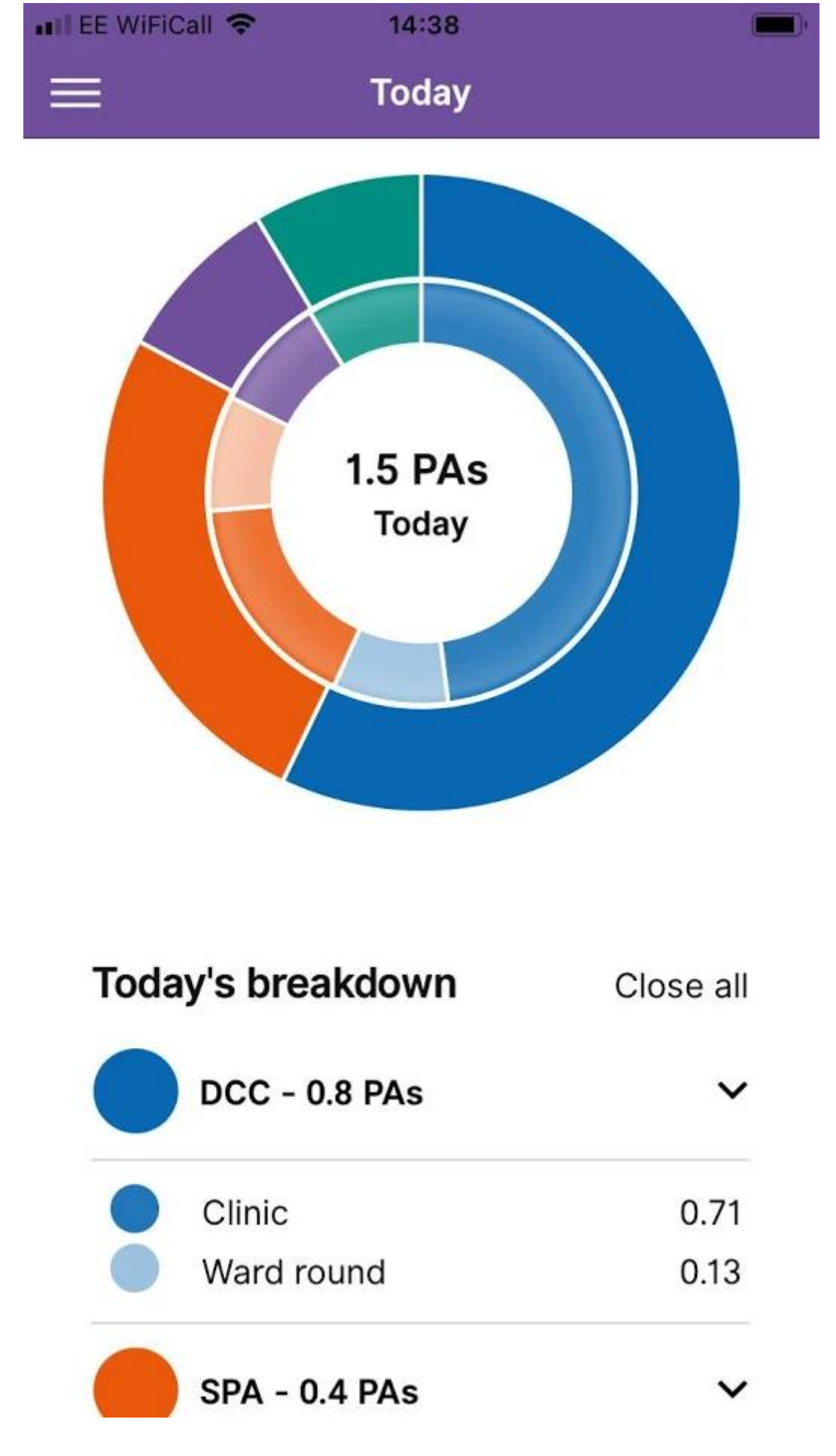
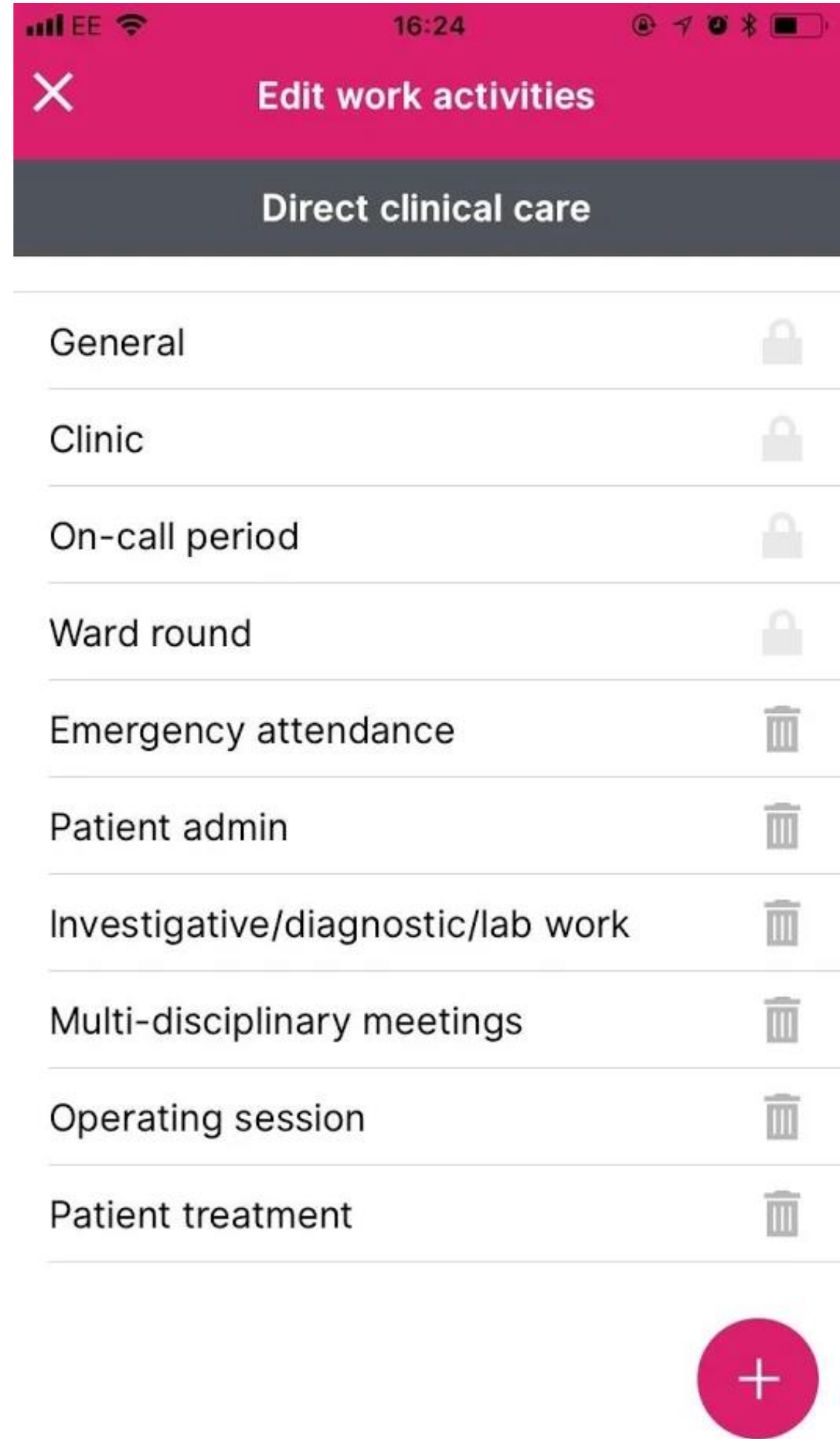
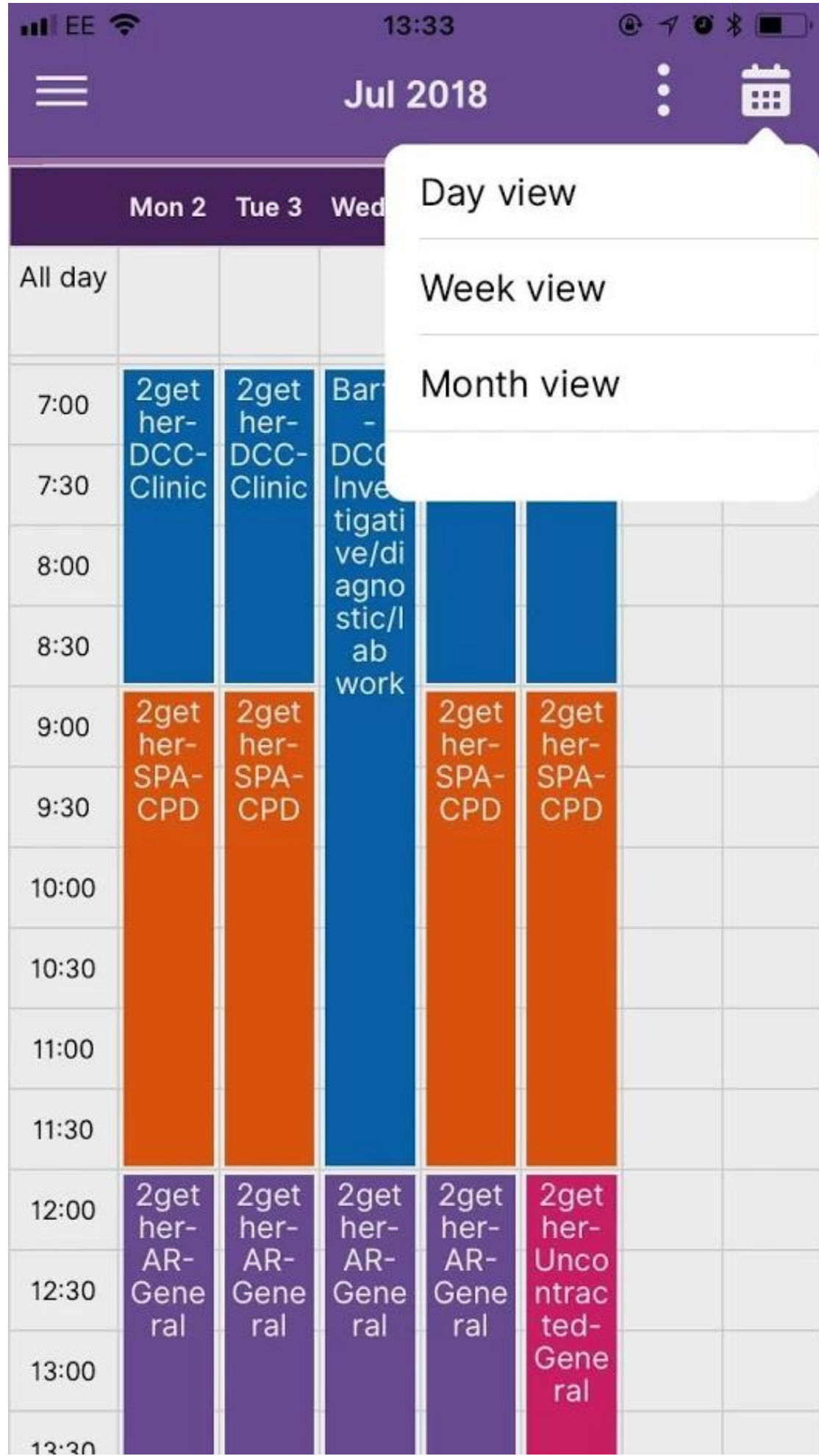
The BMA now have a diary tool for NHS consultants, SAS doctors and medical academics to help address your job planning challenges

This is another form of evidence gathering and allows you to email a .pdf of your diary to your clinical manager

Make sure you agree beforehand that this will be the evidence you intend to use.



bma.org.uk/pay-and-contracts/job-planning/dr-diary/dr-diary-app



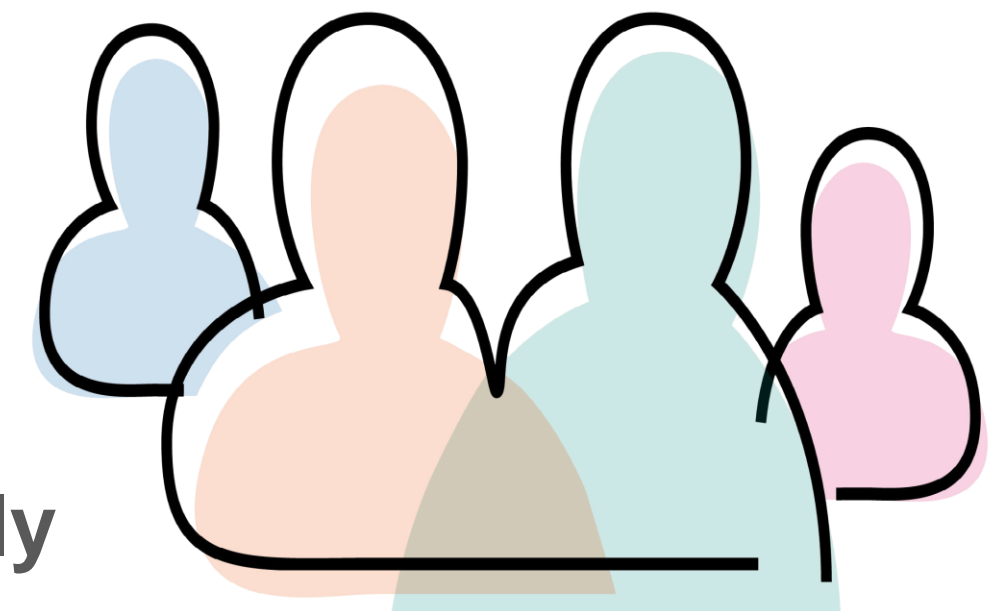
What if I can't reach an agreement?

In the first instance you would proceed to Job Plan mediation.

Job Plan mediation is a protection built into your Terms and Conditions to help you – don't be put off from requesting mediation.

Different formal processes apply to Consultant and SAS Mediation:

- **Consultants have a two stages of mediation whereas SAS normally have one.**
- **Stage 1 Mediation for Consultants will usually be with the AMD, stage 2 will be with the Medical Director.**
- **For SAS, mediation will generally be with the AMD**



In both cases, the emphasis must be on reaching agreement.

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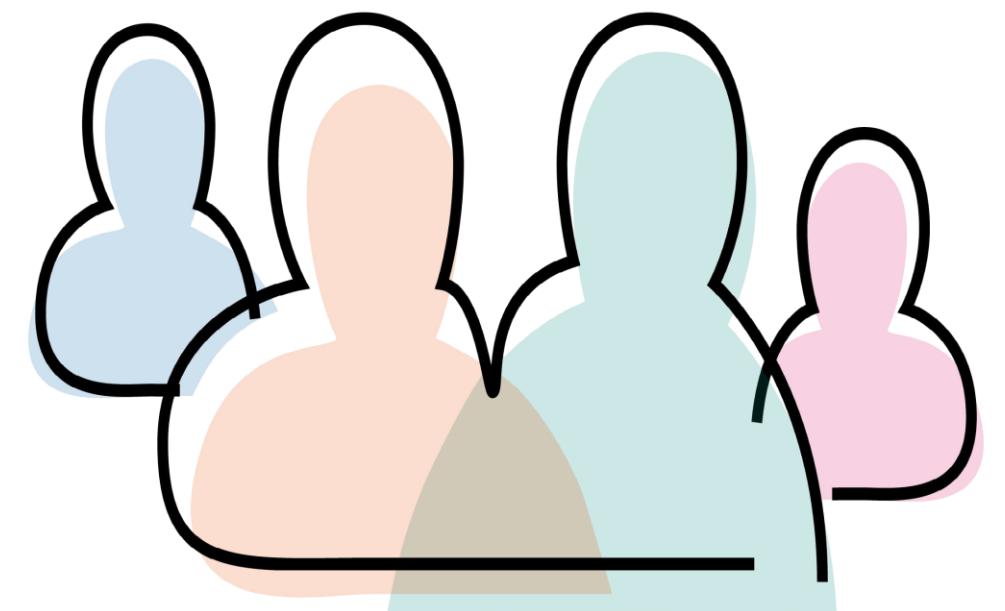


Job Plan Appeals

In some circumstances you may not be able to reach an agreement through the mediation process.

Appeals are heard by a three person independent panel.

The panel consists of a Chair (often a Non-Exec Director), one member appointed by the C/E and one member appointed from the agreed panels list



The decision at appeal is final and binding.

The number of cases which progress to appeal when support is sought from BMA Scotland remains very low.

Signing off the Job Plan

Make sure you take the time to get the job plan right. If there is disagreement, you can leave an issue for further discussion at another time. You may have to compromise on some things.

A record should be made of the job planning meeting but the job plan is only put into effect when it has been reviewed, agreed and signed by all parties.



DO NOT SIGN UNTIL YOU ARE CONTENT WITH THE JOB PLAN

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Your wellbeing

Our confidential counselling and peer support services are open 24/7 and free of charge to all doctors and medical students.

There is always someone you can talk to.

0330 123 1245
bma.org.uk/yourwellbeing



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Contact Us

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MRamsay@bma.org.uk or 0131 247 3047

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