# Media Release from NHS Education for Scotland

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**Improving junior doctors’ working lives**

Employment arrangements for Scotland’s junior doctors and dentists are to be simplified from August, reducing administrative burdens for them.

Junior doctors and dentists move around some of Scotland’s 22 health boards as part of their training. However, to date each time they move they have to change employer. This is time-consuming, and can cause problems for things like mortgages, tax codes, and access to employee service based schemes.

Under the new arrangements, trainees will carry on working where they are, but for administrative purposes, the 22 Health Board employers are being reduced to four, with trainees benefitting from having one employer for the duration of their training programme. This will apply initially to Junior Doctors, but will later include Dentists in Training.

In addition to this, a minimum rest period of 46 hours off for all Junior Doctors following a run of night shift working has been agreed, and will be implemented by August 2019. This complements the actions already undertaken including reducing the maximum number of working days to seven and abolishing Junior Doctors working seven-night shifts in a row.

Health Secretary Jeane Freeman said:

“We want our NHS to be the best place for Junior Doctors to work and train, and these improvements to employment and working patterns show that we continue to lead the way. This change means Junior Doctors will be able to focus on their training and work on safe, sustainable rotas that allow them to be fit for work and well rested.”

NHS Education for Scotland Medical Director Professor Stewart Irvine said:

“The recent GMC review was very positive around both medical education and the wider support we provide in Scotland. We are committed to working with partners to improve the working lives of junior doctors whilst making sure that we carry out the necessary checks required to reassure the public. These new employment arrangements are a very significant step forward - making Scotland an even more attractive place to live, train, work and develop a medical career.”

Chair of BMA Scotland’s Junior Doctors Committee Dr Adam Collins said:

“I am delighted that we have been able to reach agreement on implementing these measures that will make a tangible difference to the working lives of junior doctors.

“Evidence shows that moving from night shifts to day shifts is one of the biggest causes of exhaustion we face in our working patterns. Fatigue is a risk to junior doctors and a risk to our patients, which is why securing a safer approach to rostering doctors has been my highest priority as chair.

“Having a single lead employer during a junior doctor’s training will help to simplify the process of moving post once it is fully implemented, reducing the paperwork involved and avoiding the mistakes that often get made. It will also make working as a doctor more accessible for all.

“Our discussions with the Scottish Government and NHS Boards have made good progress and I hope that in due course we will see agreement on further improvements to the working lives of junior doctors emerge from them.”

The new employers will be:

**NHS Education for Scotland** – for all junior doctors on General Practice, Public Health and Occupational Medicine training programmes.

**NHS Grampian** – for all foundation, core and specialty junior doctors (excluding GPs) in the North Region of Scotland and some of the national programmes.

**NHS Lothian** - for all foundation, core and specialty junior doctors (excluding GPs) in the East Region of Scotland and some of the national programmes.

**NHS Greater Glasgow and Clyde** - for all foundation, core and specialty junior doctors (excluding GPs) in the West Region of Scotland and some of the national programmes.

Health Boards across Scotland will continue to host trainees on placement as part of the training programme. They will be known as ‘placement Boards’. Whilst the employing Boards assume employment responsibilities, the placement Boards retain clinical governance and operational management responsibility for those engaged in providing clinical care to placement Board patients.

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**Further Information From**

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**Notes to Editors**

**1. NHS Education for Scotland (NES) -** is an education and training body and a special health board within NHS Scotland, with responsibility of developing and delivering education and training for the healthcare workforce in Scotland. NES has a Scotland wide role in undergraduate, postgraduate and continuing professional development and maintains a local perspective through centres in Edinburgh, Glasgow, Dundee, Aberdeen and Inverness.

2. The North region encompasses NHS Highland, NHS Orkney, NHS Shetland, NHS Western Isles, NHS Tayside and NHS Grampian. The East region encompasses NHS Borders, NHS Fife and NHS Lothian. The West region encompasses NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Forth Valley, NHS Lanarkshire, National Waiting Times Centre, The State Hospital and NHS Greater Glasgow and Clyde.

3. The GMC review was published on 4 May 2018. It stated: “the standard of medical education and training in Scotland is very high” and “the visit team were impressed with the support, both educational and pastoral to learners across the organisations we visited.”

 is available from <https://www.gmc-uk.org/education/reports-and-reviews/regional-and-national-reviews#ScotlandNationalReview>

4. Details on national programmes is available from <http://hub.nes.digital/lead-employer-arrangements/lead-employer-faqs/introduction-to-the-lead-employer-model/>

5. Dentists in training will move to the new arrangements incrementally from August 2019.

 