Dear Colleague

Medical Staffing Guidance – Covid 19

Over recent days MSG has been approached by Health Boards with queries relating to utilisation of the medical workforce in the context of Covid 19. The purpose of this guidance is to provide advice on the issues raised.

One area raised was a potential suspension of junior doctor monitoring to free up staff to develop the amended rotas which will be necessary to cope with what will be a constantly changing, and challenging, situation over the coming months. Scottish Government colleagues communicated separately with HRDs on this yesterday and monitoring is suspended.

Other areas identified related to deployment of medical staff to protect service provision, for example changing medical rota templates at short notice, changing shift allocations for junior doctors e.g. adding additional staff to cover out of hours, or moving consultants between specialties or away from their agreed job plans.

There were also queries about a temporary change in the application of a number of practices which, although agreed, do not form part of the nationally agreed medical terms and conditions. Examples included potential extension of current provisions for emergency leave cover where necessary for protection of service provision and relaxation of guidance additional to the agreed terms and conditions for junior doctors such as a maximum 7 days working, 46 hours rest post nights, number of consecutive night shifts worked, and fixed annual leave built into rotas to give more flexibility.

In discussion with Scottish Government colleagues it was felt that DL 2020 (5), which was issued after the queries were submitted, defines the approach to be taken in relation to the areas identified. While the DL itself applies to all staff, the principles outlined in this guidance support Boards in terms of dealing with the issues raised above.

In relation to deployment of staff DL 2020 (56) states that:

“In the event of a severe outbreak staff will need to be deployed into different roles and/or locations and across board boundaries (where this is appropriate)

Staff should be flexible in relation to their work location and duties and any changes should be agreed with them”.

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MSG Chair: John Burns
Eglinton House
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB

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In light of the above guidance Boards will have the ability to change medical rota templates at short notice as long as steps taken are in compliance with agreed TCS. While any steps taken should be agreed with the staff involved there is an expectation that service needs will take priority.

In relation to overtime and extra hours the DL states that:

- **Shift patterns and other working arrangements may need to be revised through unsociable hours provisions**
- **Overtime and excess hours payments should be considered for the appropriate staff groups**
- **Staff should be paid at the appropriate rate for any hours worked**

DL 2020 (5) also states that:

- **“Staff should not be made to work excessive hours that would compromise safe practice.”**
- **The health and wellbeing of staff and patient safety should be taken into account at all times.**
- **Staff are likely to be under increased pressure and will therefore need appropriate support”**

Any steps taken to reconfigure services to meet the challenges posed by Covid-19 must take into account the above provisions in terms of compliance with terms and conditions and protecting staff health and wellbeing.

The guidance also alludes to postponement on non-urgent business and in this context that means that both routine job planning and processes such as banding appeals should not be progressed.

Further guidance will be provided as and when required.

Yours sincerely

Ian H Reid

Secretary to MSG

c.c. Chief Executives

Medical Directors