

# How to deal effectively with human resources departments

## Introduction

When doctors start work, they will have a certain amount of contact with human resources (HR), formerly known as personnel. Traditionally, the section that deals specifically with doctors is known by a name such as medical personnel, medical staffing or medical HR.

There is varying knowledge within HR departments about medical staffing matters. Some HR staff show such surprising insight that one could almost believe they have been doctors themselves, while others have rather obvious development needs (Teare, 2010).

## Dealing with human resources

Many HR departments are now integrated, with a generic team covering both medical and non-medical staff. In some NHS trusts, there is no such person as the 'medical staffing manager'. However, there should still be some such expertise. The idea of a joint department is that many processes, such as recruitment, are no different for doctors than for non-medical staff. It also enhances efficiency, reduces wasteful duplication of effort and resources, gives consistency and allows knowledge-pooling. Some HR functions, such as employee relations, disciplinary issues and helpline services, may be outsourced to an external organization or shared NHS service. Even if HR is internal, the office may not be based on the same site as some of the doctors working in the trust. Doctors may, therefore, have to make a special journey to visit the HR department if necessary.

Some tasks are covered by HR, some by clinical departments and some by the medical education (postgraduate) centre – this varies between trusts. Medical staffing and medical education may be co-located, which can work well. Doctors should not blame HR automatically for shortcomings. Given the division of responsibilities, it is possible that a problem is not necessarily under the jurisdiction of HR, but of

either departmental management or medical education. HR itself may be relatively short-staffed because of such devolvement of duties.

Service issues, such as cancelling clinics for leave, are not within HR's remit. Locum tenens bookings may be organized by HR or by clinical departments. Contrary to popular belief, there is no bonus system for declining to book a locum (Hooke, 2010). It is clinical departments that hold service budgets rather than HR. Doctors may increasingly find that they are dealing less with HR and being directed towards their clinical departments, who will take advice from HR.

## Managing leave

Sick leave should be managed within the clinical department, with appropriate advice and input from HR if necessary. The occupational health service is likely to be involved in cases of recurrent or long-term illness or disability. For doctors in training, the Local Education and Training Board will need to be informed of short- or long-term sick leave, as missed days can have implications for completion of training.

Paternity leave, which is currently of relatively short duration, is normally managed within the clinical department. The male or female partner of a pregnant woman or adoptive parent can be eligible for paternity leave. Maternity or adoption leave is more complicated, particularly when it affects different specialties and different trusts or practices in a training rotation. There is usually a coordinated approach to maternity or adoption leave, Keeping in Touch and less than full-time working between the relevant departments, organizations, HR and the Local Education and Training Board. Risk assessment for a pregnant doctor should be undertaken by the clinical department where she is currently based.

## Performance issues

Poor performance or behavioural issues may be dealt with locally, but can be escalated to HR and the medical direc-

tor's office, depending on the scale of the problems. If the employer's disciplinary procedure is invoked, HR will be involved. For doctors in training, there will be input from medical education and the Local Education and Training Board.

## Pay queries

If a doctor believes his/her pay and/or incremental date to be wrong, he/she should simply ask, assuming good faith, but may need to be more persistent if there appear to be delays. There will always be a payroll deadline, usually early in the month for the end of that month, which can be easily missed (Hooke, 2009). If necessary, the doctor should ask to see the medical HR manager or other senior person.

A doctor who has worked in the NHS previously should always provide HR with a recent payslip on joining, so HR can follow the pay and incremental date from that if necessary, particularly if the doctor is staying in the same grade and/or on the same payscale. Doctors should keep old payslips up to a point and, indeed, some retain several years' worth for tax purposes anyway. Doctors should check national pay circulars if in doubt regarding their pay. As well as checking past payslips, HR should verify previous NHS service. In times past, this was a laborious manual form-filling process, but it can now be done electronically in most trusts (Opaneye, 2013). However, it still does not always happen, even if the facility is there; hence, doctors need to check for themselves that everything on payslips is correct and notify HR if not (Hooke, 2009).

HR will not take trade union material (such as the British Medical Association (2012) junior doctors' handbook) as gospel. HR always go by terms and conditions, along with other guidance from NHS Employers and any locally-negotiated agreements. If HR is disputing pay or an incremental point, a doctor should show them the guidance he/she has used and how he/she has worked through it. If HR have got an alternative view, the doc-

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tor should ask them to show him/her the documentation they are referring to. Trusts will try to save money, but they will also want to be fair and consistent and keep within the rules.

Doctors should always be polite, even if they think HR are incorrect. HR are human too and everyone makes mistakes. They also tend to be very busy, processes are more bureaucratic than in the past (Taylor, 2010) and there is less scope for discretion in doctors' favour. Doctors are more likely to get things done comprehensively and in time if they are pleasant to HR.

Doctors should keep their own copies of everything – this helps if trust staff change and/or there is a dispute (Hooke, 2013). If a member of HR staff has skilfully and laboriously worked something out for a doctor, the doctor should keep a record if it has been provided.

## Changeover

The main doctors' changeover in August is a frenetic time for HR. Despite extensive advanced planning and preparation behind the scenes, it is still a lot of work for relatively few staff in a relatively short time. It can be frustrating for doctors if paperwork is inaccurate or not forthcoming. It is also difficult for HR, who may have been given incorrect, inadequate or last-minute information at their end (NHS Employers, 2012).

HR are obliged to abide by the NHS Employment Check Standards and check all identification and immigration documents. Furthermore, personnel files may be randomly audited and HR staff jobs may be on the line if these are not up to standard. Doctors should comply with pre-employment checks (Opaneye, 2013) by attending in advance if possible (Willcock and Julian, 2012), as carrying them out when starting, while induction and shadowing are taking place, can be a nightmare for all concerned.

Foundation year 1 doctors have a formal paid 4-day shadowing period before officially starting. This scheme was introduced in the summer of 2012 (July going into August). Such doctors should check the payment mechanism for this. It is usually at basic pay, but without the 5% uplift for unbanded foundation year 1 doctors which was introduced in April 2010. If the

amount is a designated lump sum separate from normal pay, this is unlikely to have pension contributions deducted or be accounted for in the incremental date or service record. Trusts will arrange for any tax liabilities and national insurance contributions to be accounted for at the time of payment.

## Conclusions

Some HR departments have a separate medical HR section and some are integrated. Doctors should always treat HR with respect, even if they do not agree with what they say. Doctors should ask if they feel that there are inaccuracies in their pay and/or paperwork. Within reason, doctors should keep all documentation and copy everything in case they need it in the future. **BJHM**

*Conflict of interest: Dr R Hooke has worked in both management (including HR) and medicine. Her views are her own and do not necessarily reflect those of her employer or any other organization that she is associated with.*

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## KEY POINTS

- Doctors should always be polite, although they may need to be persistent.
- Doctors should check their pay and incremental date carefully and tell HR if believed to be incorrect.
- Doctors can use trade union documents to argue a case, but HR will use material aimed at employers.
- Doctors should find out whether problems are caused by HR or the specialty and discuss it with the relevant party.
- Doctors should always provide requested relevant documents in good time.

## USEFUL WEBSITES

NHS Employers – medical and dental contracts ([www.nhsemployers.org/PAYANDCONTRACTS/MEDICALANDDENTALCONTRACTS/Pages/Medicalpay.aspx](http://www.nhsemployers.org/PAYANDCONTRACTS/MEDICALANDDENTALCONTRACTS/Pages/Medicalpay.aspx))

NHS Employers – medical and dental pay circulars ([www.nhsemployers.org/PAYANDCONTRACTS/PAY%20CIRCULARS/Pages/PayCircularsMedicalandDental.aspx](http://www.nhsemployers.org/PAYANDCONTRACTS/PAY%20CIRCULARS/Pages/PayCircularsMedicalandDental.aspx))

NHS Employment Check Standards ([www.nhsemployers.org/RecruitmentAndRetention/employment-checks/employment-check-standards/Pages/employment-check-standards.aspx](http://www.nhsemployers.org/RecruitmentAndRetention/employment-checks/employment-check-standards/Pages/employment-check-standards.aspx))