

Guy's and St Thomas' NHS Foundation Trust

Junior Doctor Contract Handbook

Personalised Work Schedule, Exception Reporting, Work Schedule Review and Locum
Work Processes

Contents

| | |
|---|----|
| Introduction | 4 |
| The Guardian of Safe Working Hours | 4 |
| Educational Supervisor Responsibilities | 5 |
| Director of Medical Education (DME) Responsibilities | 5 |
| Junior Doctor Forum | 5 |
| Annual Leave | 6 |
| Less Than Full Time Trainees (LTFT)..... | 6 |
| Personalised Work Schedules | 7 |
| - Purpose | 7 |
| - Responsibility of completing a personalised work schedule | 7 |
| - Process | 7 |
| Exception Reporting..... | 8 |
| - Purpose | 8 |
| - When an exception report should be submitted..... | 8 |
| - Submitting an exception report | 8 |
| - Process for reviewing exception reports | 9 |
| Fines | 10 |
| - Reasons for a fine being issued..... | 10 |
| - How fines are allocated | 10 |
| Work Schedule Reviews..... | 11 |
| - Purpose | 11 |
| - Work schedule review process and stages | 11 |
| Locum Work | 11 |
| - Procedure for locum work | 11 |
| - Pay schedule for locum work | 12 |
| Payslip | 12 |
| - What your payslip may look like | 12 |
| Annex A – Personalised Work Schedule | 13 |
| - Ways a work schedule review can be requested:..... | 13 |

Annex B – Exception Report and Work Schedule Review Processes..... 14

Annex C – Summary of Hours Limits..... 19

Annex D – Structure of Escalation..... 20

Annex E – Rates of Pay for Fines..... 21

Annex F – Guidance on how to complete an exception report..... 23

- How and who to submit an exception report to 23
- When to submit an exception report 23
- Outcome of Exception Report..... 25

Introduction

This handbook has been devised with an aim to guide doctors in training on the processes they will be required to follow to ensure compliance with the new terms and conditions of service.

The safety of patients and doctors is a paramount concern for the NHS. Significant staff fatigue is a hazard both to patients and to the staff themselves. The safeguards around doctors' working hours in the new terms and conditions are designed to ensure that this risk is effectively mitigated and that this mitigation is assured.

There are three functions which oversee the safety of doctors in the training and service delivery domains of their working experience:

- a. The Trust designs schedules of work that are safe for patients and safe for doctors, and ensures that work schedules are adhered to in the delivery of services.
- b. The director of medical education (DME) oversees the quality of the educational experience.
- c. The guardian of safe working hours (hereafter referred to as the guardian) provides assurance to the Trust, on compliance with safe working hours by the Trust and the doctor.

Doctors are responsible for ensuring that both their pattern of work and their total hours of work, including any and all work undertaken for any employer, whether directly or indirectly (for example through an agency or limited company), comply with the limits set out in the new terms and conditions, and that they remain safe to carry out clinical duties.

The Guardian of Safe Working Hours

The guardian shall ensure that issues of compliance with safe working hours are addressed by the doctor and/or the Trust, as appropriate. The guardian shall provide assurance to the Board that doctors' working hours are safe. (This assurance is in addition to the provisions and safeguards as set out in schedules 3, 4 and 5).

The guardian shall:

- a. act as the champion of safe working hours for doctors in approved training programmes
- b. provide assurance to doctors and employers that doctors are safely rostered and enabled to work hours that are safe and in compliance with Schedules 3, 4 and 5 of these terms and conditions of service
- c. receive copies of all exception reports in respect of safe working hours. This will allow the guardian to record and monitor compliance with the terms and conditions of service
- d. escalate issues in relation to working hours, raised in exception reports, to the relevant executive director, or equivalent, for decision and action, where these have not been addressed at departmental level
- e. require intervention to mitigate any identified risk to doctor or patient safety in a timescale commensurate with the severity of the risk
- f. require a work schedule review to be undertaken, where there are regular or persistent breaches in safe working hours, which have not been addressed
- g. have the authority to intervene in any instance where the guardian considers the safety of patients and/or doctors is compromised, or that issues are not being resolved satisfactorily; and
- h. distribute monies received as a consequence of financial penalties to improve the training and service experience of doctors.

Should issues or concerns relating to safe working be raised with the Guardian, the Guardian will take every possible step to ensure that the doctor is treated fairly.

Educational Supervisor Responsibilities

Educational and clinical supervisors shall be responsible for agreeing the personalised work schedules with the doctors' at the start of their placement. During the personalised work schedule meeting educational supervisors will be responsible for determining whether reasonable adjustments are required and escalating this to the service manager/occupational health, as appropriate.

Work schedules will also be reviewed by the supervisor and the doctor when necessary; a work schedule review can be requested by the doctor, the Guardian or the educational supervisor themselves.

Issues relating to a doctor's training needs will be resolved by the supervisor and may be escalated to the DME as appropriate.

Any issues relating to safe working will be escalated to the Guardian.

Full details of the role an educational supervisor will carry out as part of personalised work schedules and work schedule reviews are set out in **Annex A** and **Annex B**.

Director of Medical Education (DME) Responsibilities

The DME will have oversight of all education related issues within the doctors' work schedules. The DME will receive a copy of each exception report that has issues relating to training and the outcome that has been agreed between the doctor and their educational supervisor will be sent to the DME to identify whether further improvements to a doctor's training experience are required.

Junior Doctor Forum

A Junior Doctor Forum has been established with the purpose of informing the Guardian on issues related to safe working, and provide advice and scrutiny to the distribution and expenditure of any fines. During the forthcoming year, it will also discuss issues concerning the local implementation of safe working and exception reporting processes within the trust.

The group will be made up of trainee representatives from each department, elected by their colleagues. There will also be specific representatives for the Foundation Programme whose trainees are spread across a number of different departments but share rotas. LTFT trainees will also have a place to ensure they are specifically represented. The membership will also include; LNC chair and two trainee LNC representatives, DME, Head of HR and the Guardian.

The group will meet quarterly (March, June, September and December) within working hours. Venues are being organised to maximise actual and virtual attendance.

Annual Leave

The annual leave year runs from the start date of the doctor's appointment.

The annual leave entitlement for a full-time doctor is as follows, based on a standard working week of five days:

- a. On first appointment to the NHS: 27 days
- b. After five years' completed NHS service: 32 days.

These leave entitlements include the two extra-statutory days previously available in England under the 2002 Terms and Conditions of Service.

As leave is deducted from the rota before average hours are calculated for pay purposes, leave may not be taken from shifts attracting an enhanced rate of pay or an allowance. Where a doctor wishes to take leave when rostered for such a shift or duty, the doctor must arrange to swap the shift or duty with another doctor on the same rota. It is the doctor's responsibility to arrange such swaps and the department is not obliged to approve the leave request if the doctor does not make the necessary arrangements to cover the shifts.

Where the doctor's contract or placement is for less than 12 months, the leave entitlement is pro rata to the length of the contract or placement.

A doctor working less than full time will be allocated leave on a pro rata basis.

Less Than Full Time Trainees (LTFT)

The process for calculating hours and supplements for less than full time trainees has changed with the introduction of the new contract and going forward service managers will be responsible for calculating their part time doctors' hours and supplements.

The value of basic salary for doctors training less than full time shall be pro rata, based on the proportion of full-time work that has been agreed.

Weekend and availability allowances will also be paid pro rata, based on the proportion of the full time commitment to the weekend rota that has been agreed in the doctor's work schedule. For example, a doctor making a 50 per cent contribution to the rota would be paid 50 per cent of the value of the availability allowance paid to a doctor making a full contribution to the rota.

A less than full time generic work schedule shall not exceed 40 hours, averaged over a reference period defined as being the length of the rota cycle, the length of the placement or 26 weeks, whichever is the shorter.

For doctors entitled to schedule 2 pay protection (grades ST3+), banding will be calculated as per Annex B (page 81-82) of the new Terms and Conditions:

<http://www.nhsemployers.org/~media/Employers/Documents/Need%20to%20know/Terms%20and%20Conditions%20of%20Service%20NHS%20Doctors%20and%20Dentists%20in%20Training%20England%20July%202016.pdf>

Personalised Work Schedules

- Purpose

The purpose of a personalised work schedule is to build on the training opportunities set out in the generic work schedule to include personalised training and service delivery objectives.

Personalised training objectives will build on the intended learning outcomes set out in the generic work schedule which have been mapped to the educational curriculum; therefore, personalised objectives should be consistent with the education/training contract with the Deanery function.

Personalised service delivery objectives are intended to align both the service commitments to the Trust's objectives and to recognise not only that competencies can be achieved through service delivery but that some can only be achieved in this way.

- Responsibility of completing a personalised work schedule

The doctor and educational supervisor are jointly responsible for personalising the work schedule, according to the doctor's learning needs and the opportunities within the post.

A meeting should be arranged between the doctor and educational supervisor as soon as possible upon the commencement of the post; this meeting should incorporate an educational review along with personalisation of the work schedule.

Once completed, the work schedule should be signed off by both the doctor and educational supervisor.

- Process

The process for completing a personalised work schedule is set out in **Annex A**.

Exception Reporting

- Purpose

The purpose of an exception report is to ensure prompt resolution and / or remedial action to ensure that safe working hours are maintained. By submitting an exception report the educational supervisor is given the opportunity to address issues as they arise and to make timely adjustments to work schedules. Issues relating to safety will be copied to the guardian to review and help resolve.

- When an exception report should be submitted

Exception reporting should be used by doctors to inform their educational supervisor when their day to day work varies significantly or regularly from the agreed work schedule.

Primarily the variances will be:

- a. differences in the total hours of work (including opportunities for rest breaks)
- b. differences in the pattern of hours worked
- c. differences in the educational opportunities and support available to the doctor, and/or
- d. differences in the support available to the doctor during service commitments.

Should the doctor have concerns for their own or patient safety, they should immediately communicate this verbally to the consultant on duty who will determine the appropriate action to take; an exception report should also be submitted **within 24 hours** following this.

- Submitting an exception report

Should the doctor's agreed work schedule vary significantly or regularly, an exception report should be submitted using the online DRS system.

The exception report must include the following information:

- a. the doctors name, specialty and grade
- b. the educational supervisor's name
- c. the dates, times and durations of exceptions
- d. the nature of the variance from the work schedule, and
- e. an outline of the steps the doctor has taken to resolve matters before escalation (if any).

Guidance on how to complete an exception report can be found here **Annex F**.

The report should be submitted **no later than 14 days** of the exception occurring, with the exception of safety concerns, in which case a report should be submitted **within 24 hours** for immediate concerns and **within 48 hours** for persistent/single significant safety concerns.

The DRS system automatically notifies the selected supervisor, the dashboard and report is also visible to Director of Medical Education (DME) and Guardian of Safe Working (GOS).

If a shift has been worked and is paid through the Staff Bank, an exception report for additional hours should not be submitted.

When making a claim for additional pay i.e. additional hours were worked to secure patient safety and pre- authorisation from the manager was not possible, the exception report should be submitted **within 7 days**.

Where a manager does not authorise payment the reason for the decision will be fed back to the doctor and copied to the guardian for review. It is at the discretion of the manager as to whether payment or time in lieu is suitable in such situation.

- **Process for reviewing exception reports**

The process for submitting and reviewing exception reports is set out in **Annex B**.

- **Payment for hours approved**

Whether payment or time off in lieu is to be given to the doctor will be determined by their educational supervisor. The doctor cannot choose which they would prefer as the method of compensation is dependent on the safety of the doctor. For example, if a doctor works in excess of 72 hours in 7 calendar days, payment would not be appropriate and TOIL should be given to ensure the safety of the doctor.

The educational supervisor should notify the Service Manager of any additional hours that have been approved.

Payments for additional hours should then be added to ManPowers as overtime.

- **Rate of pay for hours approved**

The doctor will be paid in line with their hourly rate as per their annual salary nodal point i.e. even if the doctor is pay protected based on their salary prior to transition to the new contract, they will be paid the hourly rate on the new contract (2016) pay scale.

- **Time off in Lieu (TOIL)**

The educational supervisor should notify the JD rota coordinator if TOIL has been approved to determine a suitable time for the leave to be taken to optimise staff and patient safety.

TOIL should be allocated based on the doctors need for rest and to ensure safety, therefore the intention of why it was given should be considered.

- **Time off in Lieu (TOIL) not taken before the end of the rotation**

If the department has failed to allocate any TOIL awarded to the doctor through exception reporting before the end of the rotation, payment for these hours should be submitted by the Service Manager through the ManPowers system as overtime.

However, every effort should be made to ensure a doctor can take their approved TOIL as this mechanism is in place to ensure the safety and wellbeing of the doctor and their patients.

Any exceptional reporting of additional hours worked that are not closed by the end of rotation will be required to be paid by the department as overtime and submitted on manpower return.

Fines

- Reasons for a fine being issued

The guardian of safe working will identify and levy a financial penalty to the department in the following situations:

- A breach of the 48 hour average working week over the length of the rota cycle has been identified; or
- A breach of the 72 hour limit in any 7 calendar days; or
- The minimum of 11 hours rest between shifts has been reduced to fewer than 8 hours

- How fines are allocated

The doctor will be paid for the additional hours at the penalty rates set out in the table below, and the guardian of safe working hours will also levy a fine on the department employing the doctor for those additional hours worked.

| | Total hourly value (£) | Hourly penalty rate (£), paid to the doctor | Hourly fine (£), paid to the Guardian of Safe Working Hours |
|------------------------------|---|--|---|
| Basic rate | The total value of the fine is four times the <u>basic</u> hourly rate | x1.5 of the <u>basic</u> hourly locum rate | The total hourly value minus the hourly penalty rate paid to the doctor |
| Enhanced (night) rate | The total value of the fine is four times the <u>enhanced</u> hourly rate | X1.5 of the <u>enhanced</u> hourly locum rate | The total hourly value minus the hourly penalty rate paid to the doctor |

Where a concern is raised that breaks have been missed on at least 25% of occasions across a four week reference period, and the concern is validated and shown to be correct, the guardian of safe working hours will levy a fine at the rate of twice the relevant hourly rate for the time in which the break was not taken.

Please note that the basic hourly rate is calculated based on the 2016 nodal points and is not the hourly rate as per any pay protection arrangements.

Further details on the hourly rates and payments for fines can be found in **Annex E**.

Work Schedule Reviews

- Purpose

The purpose of work schedule reviews is to ensure that the work schedule for the doctor remains fit for purpose, in circumstances where earlier discussions have failed to resolve concerns.

A work schedule review can be requested by the doctor, educational supervisor, manager, or the guardian.

- Work schedule review process and stages

Upon receiving a request for a work schedule review, the educational supervisor shall meet or correspond with the doctor as soon as is practicable, ideally no later than seven working days after receipt of a written request for a review (in the form of an exception report). Where this is in response to a serious concern that there was an immediate risk to patient and/or doctor safety, this must be followed up within seven working days.

The overall review will result in one or more of the following outcomes:

- a. No change to the work schedule is required.
- b. Prospective documented changes are made to the work schedule.
- c. Compensation or time off in lieu is required.
- d. Organisational changes, such as a review of the timing of ward rounds, handovers and clinics, are needed.

The full process for work schedule reviews is set out in **Annex B**.

Locum Work

- Procedure for locum work

Where a doctor intends to undertake hours of paid work as a locum, additional to the hours set out in the work schedule, the doctor must initially offer such additional hours of work exclusively to the service of the NHS via an NHS staff bank. The requirement to offer such service is limited to work commensurate with the grade and competencies of the doctor.

The doctor must inform their employer/host organisation of their intention to undertake additional hours of locum work. This should be done by advising your line manager/rota co-ordinator.

The doctor can carry out additional activity over and above the standard commitment set out in the doctor's work schedule up to a maximum average of 48 hours per week (or up to 56 hours per week if the doctor has opted out of the WTR) .

- **Pay schedule for locum work**

The pay schedule below will come into effect by October 2016, in the interim the Trust bank rates will apply, followed by the LPP rates in June 2017. Please contact the staff bank for more information.

National locum rate - doctors and dentists in training (2016 contract)

| Grade | Stage of training | Nodal point | Hourly rate (£) | Hourly rate with 37% enhancement (£)* | On-call allowance (per on-call period) (£)** |
|---|-------------------|-------------|-----------------|---------------------------------------|--|
| Foundation Doctor Year 1 | FY1 | 1 | 15.42 | 21.12 | 30.54 |
| Foundation Doctor Year 2 | FY2 | 2 | 17.85 | 24.45 | 35.36 |
| Specialty Registrar (StR)(Core Training) / Dental Core Training | CT1 | 3 | 21.12 | 28.93 | 40.90 |
| | CT2 | | | | |
| | CT3 | 4 | 26.77 | 36.67 | 51.84 |
| Specialty Registrar (StR)(Run-Through Training) / Specialty Registrar (StR)(Higher-Training) / Specialist Registrar (SpR) | ST1 / SpR1 | 3 | 21.12 | 28.93 | 40.90 |
| | ST2 / SpR2 | | | | |
| | ST3 / SpR3 | 4 | 26.77 | 36.67 | 51.84 |
| | ST4 / SpR4 | | | | |
| | ST5 / SpR5 | | | | |
| | ST6 / SpR6 | | | | |
| | ST7 / SpR7 | | | | |
| | ST8 / SpR8 | | | | |

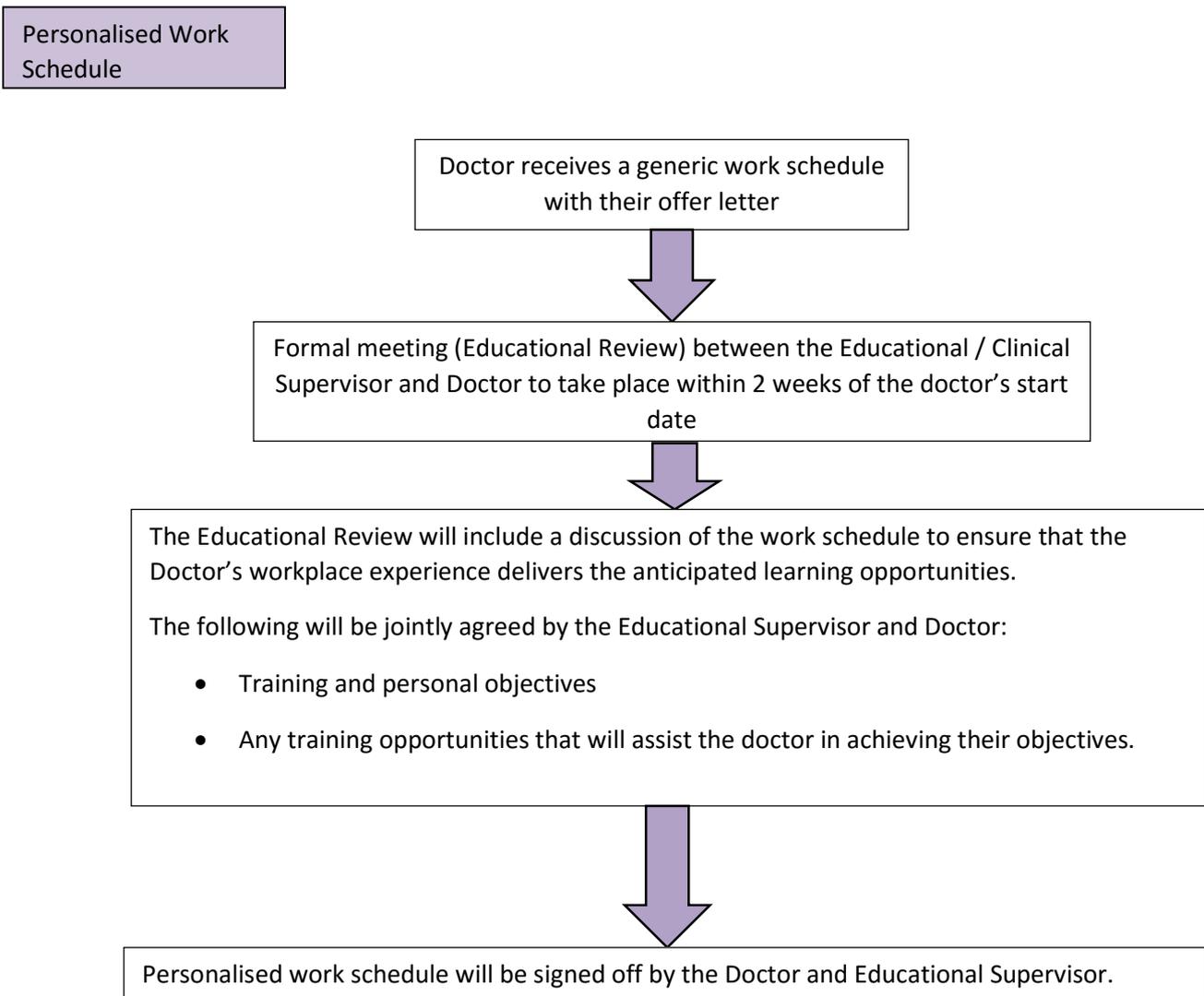
Payslip

Your pay will be broken down in to various components that will make up your overall earnings, unless you are entitled to Schedule 14 Section 2 pay protection. In this case you will continue on your previous incremental pay scale, and receive a banding supplement, so your payslip will continue to look as it does now. To assist you, you may compare your payslip to your work schedule.

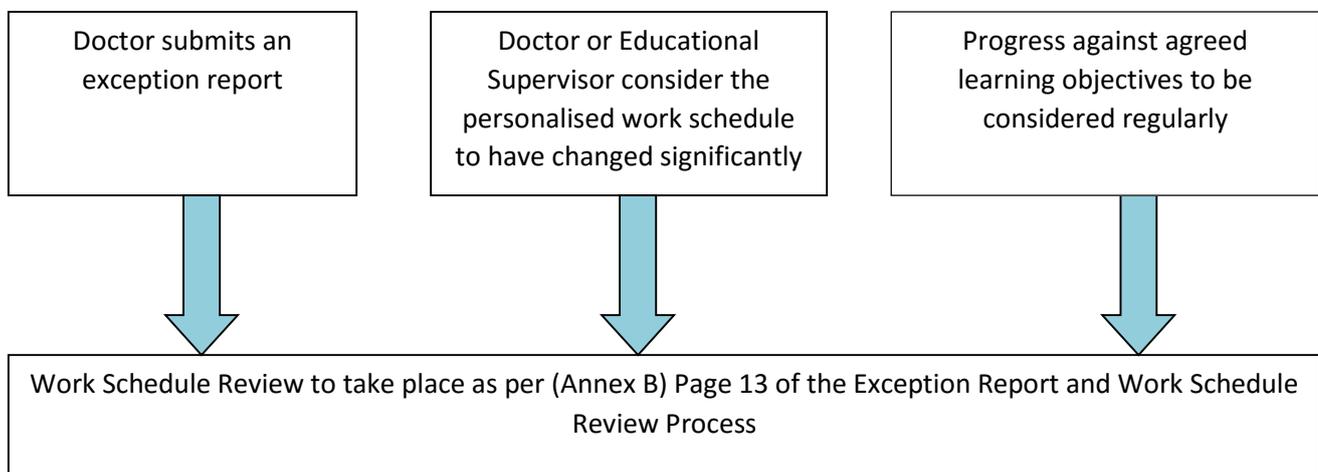
- **What your payslip may look like**

| ASSIGNMENT NUMBER | EMPLOYEE NAME | | LOCATION | |
|---|---|---|---|---------------------------------|
| DEPARTMENT | JOB TITLE | | PAYSACLE DESCRIPTION | |
|  | SAL/WAGE xx,xxx.xx | INC DATE | STANDARD HRS 40 | PT SAL/WAGE xx,xxx.xx |
| | TAX OFFICE NAME | TAX OFFICE REF | TAX CODE | NI NUMBER |
| PAY AND ALLOWANCES | | | | |
| DESCRIPTION | WKD/EARNED | PAID/DUE | RATE | AMOUNT |
| Basic Pay | <i>Relevant information on hours worked, rates of pay, and what is being paid this month will be contained in these sections. NOTE not all doctors will receive all pay elements.</i> | <i>Relevant information on hours worked, rates of pay, and what is being paid this month will be contained in these sections. NOTE not all doctors will receive all pay elements.</i> | <i>Relevant information on hours worked, rates of pay, and what is being paid this month will be contained in these sections. NOTE not all doctors will receive all pay elements.</i> | x,xxx.xx |
| Addn Roster Hours NP | | | | xxx.xx |
| Night Duty 37% | | | | xxx.xx |
| Weekend <1 in 2 - 1 in 4 | | | | xxx.xx |
| On Call Availability | | | | xxx.xx |
| Flex Pay 2016 | | | | xxx.xx |
| Cash Floor Protection NHS | | | | xx.xx |

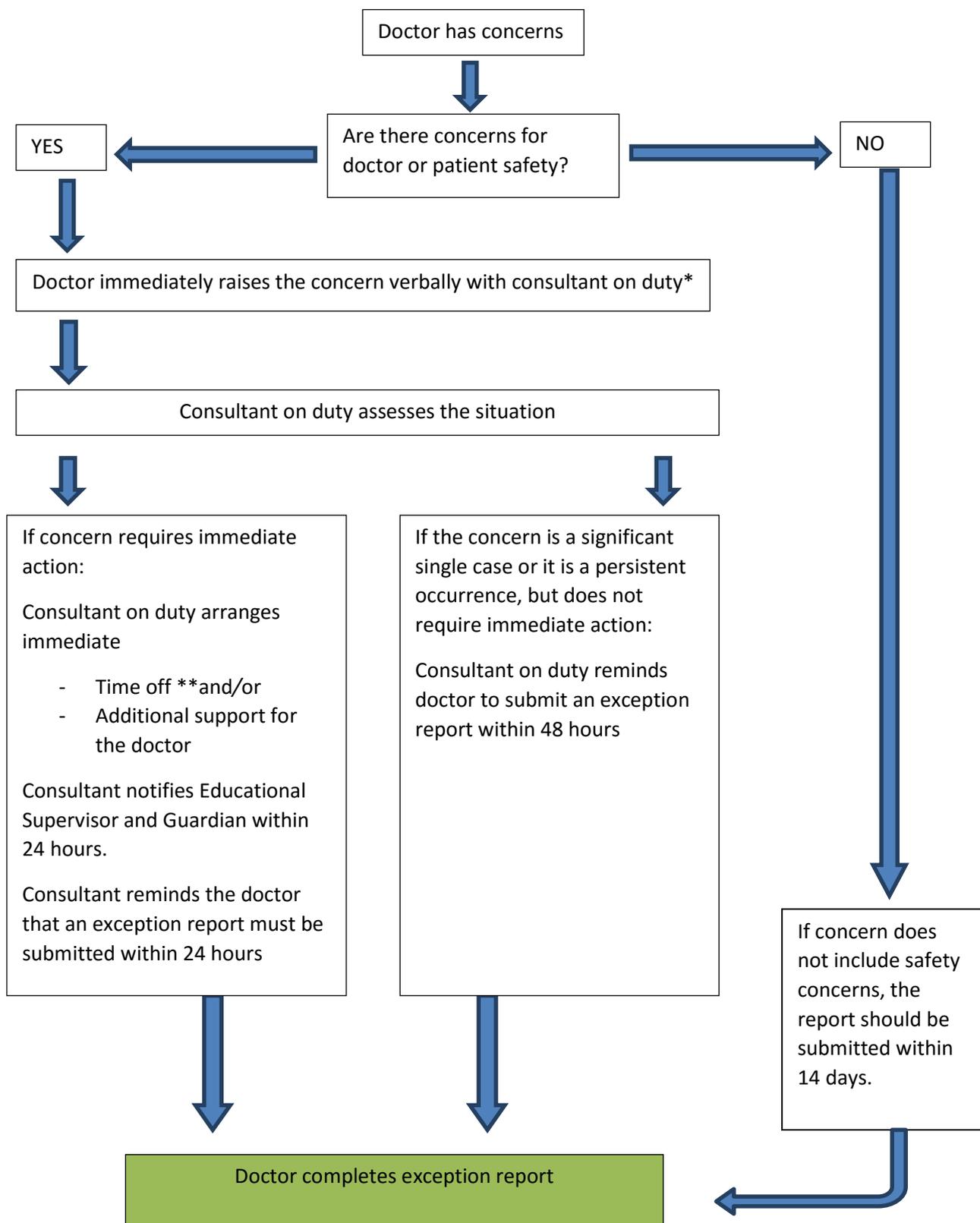
Annex A – Personalised Work Schedule



- Ways a work schedule review can be requested:

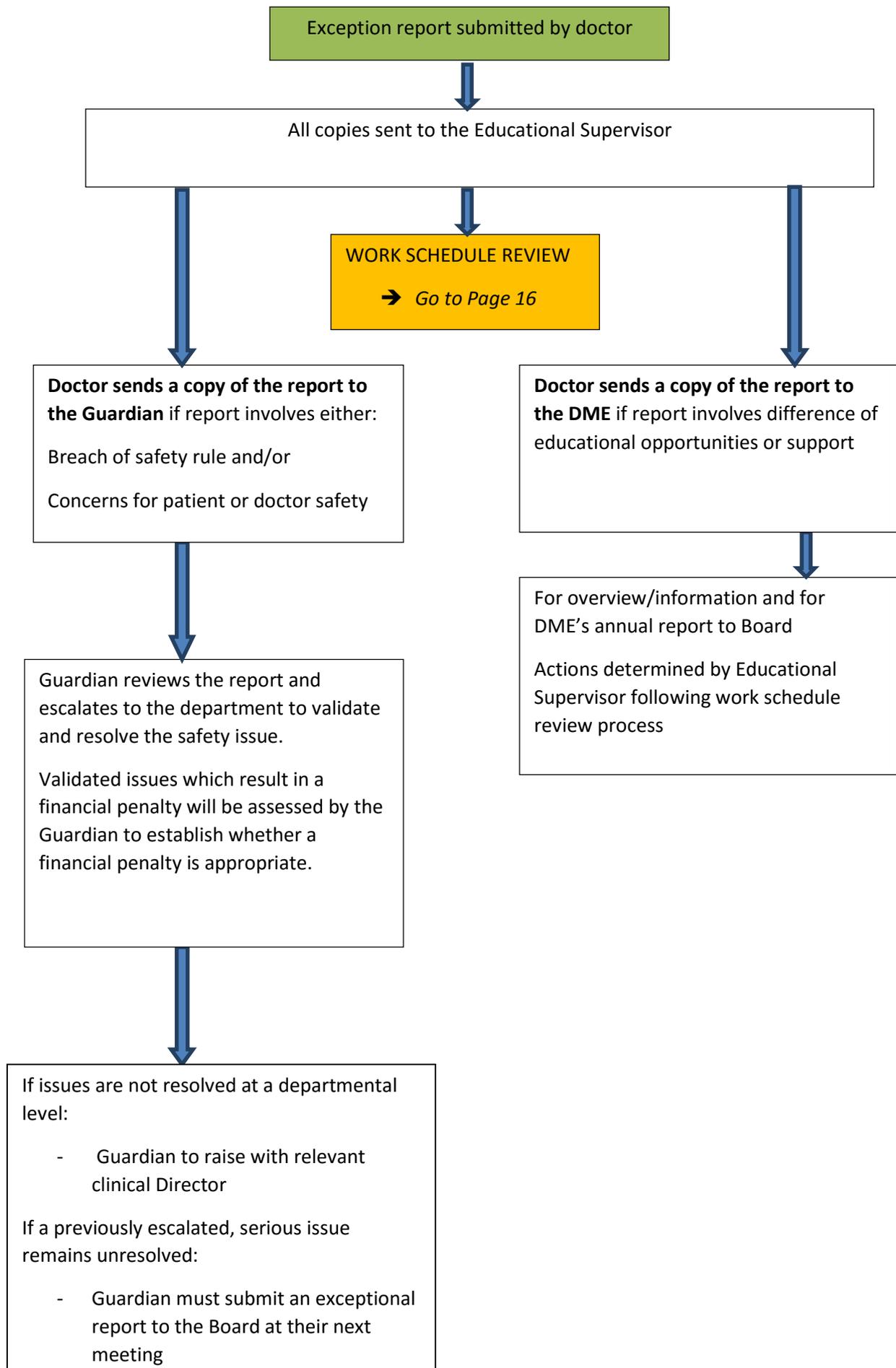


Annex B – Exception Report and Work Schedule Review Processes



*'Consultant on duty' will typically be the consultant on call or the head of service.

** The consultant on duty will use their discretion to establish how much time off is required and this may vary on a case by case basis.



Educational Supervisor actions for WORK SCHEDULE REVIEW

Educational Supervisor and doctor to meet/correspond to discuss action required

- Within 7 days ideally or as soon as is practicable
- If in response to serious concern with immediate risk to patient and/or doctor safety this must be followed up within 7 working days

YES

Educational Supervisor to assess whether there are serious or safety concerns

NO

Carry out an interim review within 7 days

Review at next educational supervisor meeting

Following the review meeting, the Educational Supervisor communicates the agreed outcome in writing to the doctor.

The outcome will be one or more of the following:

- a) No change required
- b) Prospective documented changes are made to the work schedule
- c) Compensation or time off in lieu
- d) Requires organisational changes (within a reasonable time)

If organisational changes are to be implemented, temporary alternative arrangements may be required such as increase to the doctor's pay.

Educational Supervisor sends a copy of the outcome to the doctor

Educational Supervisor sends a copy of the outcome to the Guardian to review

Educational issues: Copy of the outcome to be sent to the DME for review

Doctor accepts the outcome

Doctor does not accept the outcome

Educational supervisor notifies service manager of any changes in hours

Service manager determines whether additional hours should be paid and submits a change form, if necessary,

Medical workforce team processes change forms

Doctor requests Level 2 review

To be submitted in writing to the Guardian within 14 days or receipt of Educational Supervisor report

To include

- a) Areas of disagreement
- b) Desired outcome by doctor

➔ Go to Page 17

LEVEL 2 WORK SCHEDULE REVIEW

Review to be held within 21 days after receipt of the doctor's written request

Panel Membership

- Junior doctor
- Educational Supervisor
- Service representative
- DME or the Guardian depending on the area of concern (or a nominee)
- Academic Supervisor (if doctor is on an integrated academic training program)

Result, to be communicated in writing in 14 calendar days

- a) Level 1 Work Schedule review upheld
- b) Compensation or time off in Lieu
- c) No change to the Work Schedule is required
- d) Prospective changes are made to the Work Schedule
- e) Organisational changes are required

If organisational changes are to be implemented, temporary alternative arrangements may be required such as increase to the doctor's pay.

Doctor accepts outcome

Copy of report to doctor

Doctor does not accept outcome

Service manager is notified of any changes to the doctor's hours

Service manager submits a change form

Medical Workforce team process the change form

Doctor requests Level 3 review (Final stage)

To be submitted in writing to the Guardian within 14 days of receipt of Level 2 report

To include

- c) Areas of disagreement
- d) Desired outcome by doctor

→ Go to Page 18

LEVEL 3 WORK SCHEDULE REVIEW = Formal Grievance Hearing as per local policy: the decision of this review is **FINAL**.

Review to be held within timeframe as per local grievance policy

Panel Membership (as per the Trust's Grievance and Disputes Policy)

- Appropriate manager/director to chair with senior Workforce relations (HR) support
- Employee (and representative)
- Manager and Workforce relations representative (HR)
- *Plus* DME or their nominated representative

Panel members - ADDITIONAL

Where the doctor is appealing a decision previously made by the Guardian, the panel will include a representative from the BMA or other trade union nominated from outside the Trust (to be provided within one month)

Result, to be communicated in writing – timescale to be decided at the hearing

- Level 2 Work Schedule review upheld
- Compensation or time off in Lieu
- No change to the Work Schedule is required
- Prospective changes are made to the Work Schedule
- Organisational changes are required

If organisational changes are to be implemented, temporary alternative arrangements may be required such as increase to the doctor's pay.

Copy of report to doctor

Copy report to Guardian for review:

In the case of systemic issues (not previously identified), the Guardian will raise with the Board for escalation to partner organisations

Service manager is notified of any changes to the doctor's hours

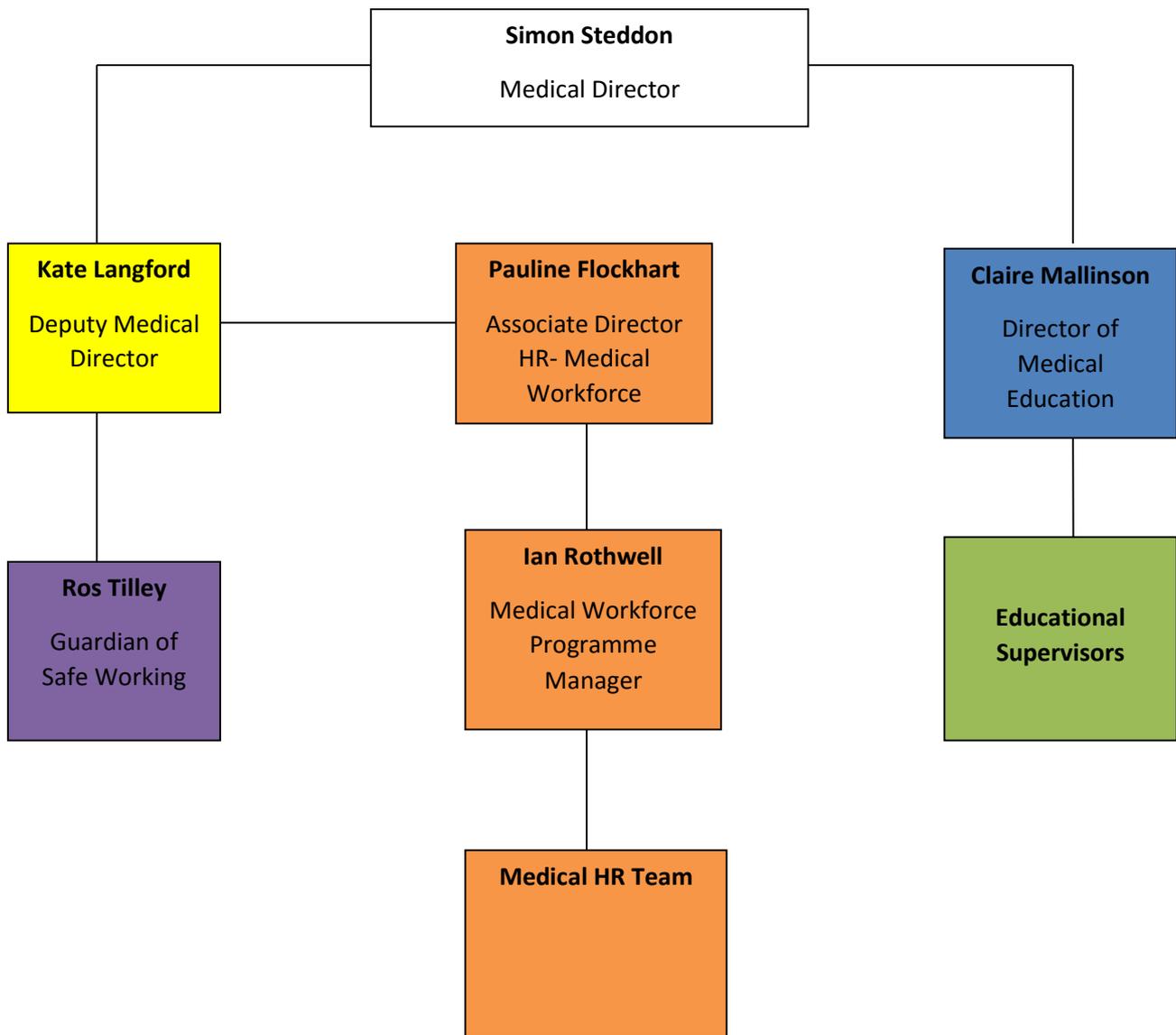
Service manager submits a change form

Medical workforce team process the change form

Annex C – Summary of Hours Limits

| | |
|---|---|
| Weekly hours | |
| Weekly average hours | maximum of 48 |
| Weekly average hours if opting out of WTR | maximum of 56 |
| Absolute limit on hours | maximum 72 in any seven calendar days |
| Maximum shift length | 13 hours |
| Consecutive shifts | |
| Night shifts (more than 3 hours between 2300 and 0600) | maximum 4 consecutive shifts |
| Long shifts (more than 10 hours) | maximum 5 consecutive shifts |
| Long late shifts (more than 10 hours, finishing after 2300) | maximum 4 consecutive shifts |
| All shifts (any length or combination of lengths) | maximum 8 consecutive shifts (with an exception for low intensity non-resident on-call working patterns as defined by the TCS, where up to 12 consecutive shifts can be worked) |
| Weekends (Saturday and Sunday) | |
| No doctor rostered to work more frequently than 1:2 weekends, averaged over the length of the rota cycle, the length of the placement, or 26 weeks, whichever is the shorter. | |
| Rest | |
| Paid meal breaks | 30 mins if shift exceeds 5 hours; 2 x 30 mins if shift exceeds 9 hours |
| After any individual shift | 11 hours' minimum rest |
| After 3 or 4 consecutive night shifts | 46 hours' minimum rest |
| After 5 consecutive long shifts (more than 10 hours) | 48 hours' minimum rest |
| After 4 consecutive long late shifts (more than 10 hours, finishing after 2300) | 48 hours' minimum rest |
| After 8 or more consecutive shifts | 48 hours' minimum rest |
| On-call duty | |
| Length of on-call duty period | maximum 24 hours |
| Rest whilst on call | minimum 8 hours (minimum 5 continuous) |
| Consecutive on-call duties | maximum of 1 duty period (maximum of 2 consecutive duty periods if first one begins on a Saturday)* |
| Shift on day following an on-call duty (or following 2nd on-call duty if 2 are rostered consecutively) | maximum 10 hours (maximum 5 hours if overnight rest not likely to be achieved) |
| Frequency of on-call duties | maximum 3 in 7 days* |

Annex D – Structure of Escalation



Point of contact for any issues with hours and/or work schedules



Point of escalation for any educational issues not resolved by educational supervisor



Point of escalation for safety issues



Point of escalation for issues not resolved by the Guardian via review process



Point of contact for any contractual queries

Annex E – Rates of Pay for Fines

Fine rates to be used for hours worked over 72 hours in a week or over 48 in the 26 week reference period. Fine rates apply to the last hours work in the cycle e.g. if 73rd/48th hour falls in plain time and 74th/49th hour falls in premium time the fine would be one hour at plain time rate and one hour at premium time rate (this is because compensatory rest could have been given at any point prior to the breach happening).

| | Additional Hours | | | | | |
|---|------------------|-------------|-------------|----------------|-------------|---------|
| | | | Nodal Point | | | |
| | | | 1 | 2 | 3 | 4 |
| | | (FY1) | (FY2) | (CT1-2, ST1-2) | (CT3, ST3+) | |
| Hours worked above 72/ over 48 in plain time | 1 | To doctor | £23.13 | £26.78 | £31.68 | £40.16 |
| | | To guardian | £27.41 | £31.72 | £37.56 | £47.58 |
| | | Total | £50.54 | £58.50 | £69.24 | £87.74 |
| | 2 | To doctor | £46.26 | £53.56 | £63.36 | £80.32 |
| | | To guardian | £54.82 | £63.44 | £75.12 | £95.16 |
| | | Total | £101.08 | £117.00 | £138.48 | £175.48 |
| | 3 | To doctor | £69.39 | £80.34 | £95.04 | £120.48 |
| | | To guardian | £82.23 | £95.16 | £112.68 | £142.74 |
| | | Total | £151.62 | £175.50 | £207.72 | £263.22 |
| | 4 | To doctor | £92.52 | £107.12 | £126.72 | £160.64 |
| | | To guardian | £109.64 | £126.88 | £150.24 | £190.32 |
| | | Total | £202.16 | £234.00 | £276.96 | £350.96 |
| | 5 | To doctor | £115.65 | £133.90 | £158.40 | £200.80 |
| | | To guardian | £137.05 | £158.60 | £187.80 | £237.90 |
| | | Total | £164.46 | £292.50 | £346.20 | £438.70 |
| | 6 | To doctor | £138.78 | £160.68 | £190.08 | £240.96 |
| | | To guardian | £164.46 | £190.32 | £225.36 | £285.48 |
| | | Total | £303.24 | £351.00 | £415.44 | £526.44 |
| | 7 | To doctor | £161.91 | £187.46 | £221.76 | £281.12 |
| | | To guardian | £191.87 | £222.04 | £262.92 | £333.06 |
| | | Total | £353.78 | £409.50 | £484.68 | £614.18 |
| | 8 | To doctor | £185.04 | £214.24 | £253.44 | £321.28 |
| | | To guardian | £219.28 | £253.76 | £300.48 | £380.64 |
| | | Total | £404.32 | £468.00 | £553.92 | £701.92 |
| | 9 | To doctor | £208.17 | £241.02 | £285.12 | £361.44 |
| | | To guardian | £246.69 | £285.48 | £338.04 | £428.22 |
| | | Total | £454.86 | £526.50 | £623.16 | £789.66 |
| | 10 | To doctor | £231.30 | £267.80 | £316.80 | £401.60 |
| | | To guardian | £274.10 | £317.20 | £375.60 | £475.80 |
| | | Total | £505.40 | £585.00 | £692.40 | £877.40 |

| | | Additional Hours (37%) | | | | |
|--|-----------|-------------------------------|----------------|----------------|----------------|------------------|
| | | Nodal Point | | | | |
| | | 1 | 2 | 3 | 4 | |
| | | (FY1) | (FY2) | (CT1-2, ST1-2) | (CT3, ST3+) | |
| Hours worked above 72 / over 48 in 'premium' time | 1 | To doctor | £31.68 | £36.68 | £43.40 | £55.01 |
| | | To guardian | £37.56 | £43.46 | £51.45 | £65.20 |
| | | Total | £69.24 | £80.14 | £94.85 | £120.21 |
| | 2 | To doctor | £63.36 | £73.36 | £86.80 | £110.02 |
| | | To guardian | £75.12 | £86.92 | £102.90 | £130.40 |
| | | Total | £138.48 | £160.28 | £189.70 | £240.42 |
| | 3 | To doctor | £95.04 | £110.04 | £130.20 | £165.03 |
| | | To guardian | £112.68 | £130.38 | £154.35 | £195.60 |
| | | Total | £207.72 | £240.42 | £284.55 | £360.63 |
| | 4 | To doctor | £126.72 | £146.72 | £173.60 | £220.04 |
| | | To guardian | £150.24 | £173.84 | £205.80 | £260.80 |
| | | Total | £276.96 | £320.56 | £379.40 | £480.84 |
| | 5 | To doctor | £158.40 | £183.40 | £217.00 | £275.05 |
| | | To guardian | £187.80 | £217.30 | £257.25 | £326.00 |
| | | Total | £225.36 | £400.70 | £474.25 | £601.05 |
| | 6 | To doctor | £190.08 | £220.08 | £260.40 | £330.06 |
| | | To guardian | £225.36 | £260.76 | £308.70 | £391.20 |
| | | Total | £415.44 | £480.84 | £569.10 | £721.26 |
| | 7 | To doctor | £221.76 | £256.76 | £303.80 | £385.07 |
| | | To guardian | £262.92 | £304.22 | £360.15 | £456.40 |
| | | Total | £484.68 | £560.98 | £663.95 | £841.47 |
| | 8 | To doctor | £253.44 | £293.44 | £347.20 | £440.08 |
| | | To guardian | £300.48 | £347.68 | £411.60 | £521.60 |
| | | Total | £553.92 | £641.12 | £758.80 | £961.68 |
| | 9 | To doctor | £208.17 | £330.12 | £390.60 | £495.09 |
| | | To guardian | £246.69 | £391.14 | £463.05 | £586.80 |
| | | Total | £454.86 | £721.26 | £853.65 | £1,081.89 |
| | 10 | To doctor | £231.30 | £366.80 | £434.00 | £550.10 |
| | | To guardian | £274.10 | £434.60 | £514.50 | £652.00 |
| | | Total | £505.40 | £801.40 | £948.50 | £1,202.10 |

N.B. if a shift starts between 20:00 and 23:59 and lasts 8 hours or more the premium rate applies to the whole shift not just those falling between 21:00 and 07:00 therefore if the fine is incurred at the end of the night shift the premium rate will apply

Annex F – Guidance on how to complete an exception report

Exception reports are used by doctors when day-to-day work varies significantly and/or

Regularly from the agreed work schedule. Exception reports could relate to:

- variation in the hours of work and / or rest; or
- the pattern of work; or missed educational or learning opportunities

Exception report is submitted via the Doctors Rostering System (DRS), individual login details are sent within the first week of starting rotation with the Trust.

Exception reporting is every trainee’s right and responsibility. There are no restrictions on what should be reported or indeed how many reports can be submitted. Furthermore, there is no pre-authorisation or sign-off process required before an exception report can be submitted.

Exception reporting is the mechanism to ensure that training can be safeguarded, workloads kept manageable and safeguards maintained both for your health and the safety of the patients you look after. This will facilitate timely adjustments to be made to working patterns where needed, as well as getting sign off for either time off in lieu or additional pay if you've been required to work beyond your scheduled hours.

- How and who to submit an exception report to

Exception reports must be submitted electronically via the Doctors Rostering System (DRS).

Once an exception report is submitted via DRS, a notification is sent to the relevant educational supervisor (or clinical supervisor if appropriate). In addition, the reports and dashboard are visible to the Guardian of Safe Working for issues related to safe working practices or the Director of Medical Education (DME) for issues related to training, in some cases it may be both.

Any enquires regarding DRS access please contact Guardian of Safe Working office by contacting Mary Makinde or Medical HR by contacting Nimao Egal.

- When to submit an exception report

You should submit the exception report as soon as possible after the exception takes place, this should be done within a maximum of 14 days (or 7 days when making a claiming compensation or TOIL).

To submit a new exception report you just need to click the “create new exception button below your name in the top left of the screen.

This will open the exception report on the right half of the screen:

You will need to include the following information:

- Rota name – This is a drop down list of rotas linked to your name (usually only one)
- Educational Supervisor - This is again a drop down list of your Educational or clinical supervisors. This list has been provided by [Medical Education](#), however, we are aware that on occasion Educational Supervisors change or there are errors. If the names are incorrect for your current placement, please contact the Guardian Administrator on: Guardianofsafeworking@gstt.nhs.uk
- Date of exception – Use the smart calendar to the right of the date box to pick the date the exception occurred. Exceptions can be reported up to 14 days after the event, although the timeline is 7 days if you would like payment and 48 hours if you have patient safety concerns
- Nature of Exception

Chose from 2 options each opens further drop down lists:

Hours and Rest: Ticking this box opens a further list

- Early start
- Late Finish
- Unable to achieve breaks – Specify if 1 or 2 breaks missed
- 72 hours worked in 7 days
- Minimum daily working time rest reduced to <8 hours
- Difference in work pattern

Education

- Difficulty in completing WPBA
- Inadequate clinical exposure or experience
- Inadequate supervision
- Lack of feedback
- Teaching cancelled
- Unable to attend clinic/theatre session
- Unable to attend scheduled teaching/training

If on the same day you are reporting two categories of exception these must be submitted on separate exception reports

Immediate safety concern raised - ticking this box opens a freetext box: "Name of consultant concern raised with"

- Nature of exception
- Description of exception:
This is a free text field for you to indicate why the episode occurred or how it is different from your contracted rota and responsibilities e.g. 'I worked an additional two hours this evening as my Consultant didn't commence their ward round until 5pm'. Please do not just enter 'I worked an additional two hours because I was busy completing jobs.' This is not sufficient detail for different exception reports you have submitted to be differentiated. Specific detail such as patient hospital numbers that you looking after are not required and should not be included but basic detail is important for issues to be addressed.

- Steps taken to resolve:
This is a free text field enabling you to indicate, where it has been possible, any previous actions or discussion that have taken place prior to submission of the report e.g. 'My Consultant, Dr Jones, asked me to stay an additional two hours due to clinic overrunning and agreed that I should be paid for these hours' or 'My Consultant, Mr Warren, asked me to stay an additional two hours as our last case in theatre started late and agreed that I could come in two hours later than my normal start time tomorrow'.

On occasions, it may not be possible or reasonable for you to be able to take any steps prior to escalation, e.g. an emergency situation or if you are a senior trainee unable to take breaks during a night shift, but you should endeavour whenever possible to bring the exception to a senior person in a timely manner

There will be occasions where your routine work will take longer than expected and you feel that you are unable to leave it unfinished or hand it over to the next shift. Upon receipt of the exception you will be asked if you have discussed this with your Consultant or Clinical Supervisor or if they are aware of the issue. As such, it would be appropriate for you to raise this with them as soon as is practical after the event. This may or may not be prior to the submission of the exception but it is important that you feel able to discuss issues with your Consultant or Clinical Supervisor.

Once you have completed the required detail you will have the following options:

- Create – saves the exception report and submits the details. A submitted exception report can no longer be edited by the doctor.

- Outcome of Exception Report

You will receive one of two notifications:

- A request for further information

- An Exception Report outcome

Both of these types of notification will be sent to you via your work and personal email address within the system.

If you are asked to provide further information you will be able update the original exception report with the information required. You will then be able to re-submit the report for review.

If you are sent an outcome, at any stage of the process, you are required to either agree or disagree with the decision made.