

Trust Procedure for Exception Reporting and Work Schedule Reviews

Junior Doctor Contract (2016)

1.0 Introduction

The new 2016 junior doctor contract places a mutual obligation on employers and doctors to respect the new limits on work hours and consecutive shifts. The trust has a contractual and regulatory responsibility for ensuring the doctor is not contracted, or otherwise required, to work outside of the limits set out within the contract.

Exception reporting is a new feature of the 2016 contract enabling doctors to raise exception reports where their work schedules do not reflect their work, and to ensure that a work schedule remains fit for purpose. Exception reporting replaces twice yearly monitoring.

Exception reporting should provide real-time information and be able to identify key issues as they arise.

Exception reporting benefits doctors, as issues over safe working or missed educational opportunities can be raised and addressed early on in a placement, resulting in safer working and a better educational experience.

2.0 Roles and Responsibilities

2.1 Medical Director/Workforce and Education Director

The Chief Executive/Trust Executive board will have overall responsibility/oversight for the work schedule process to ensure that concerns are addressed and are being resolved in a timely manner and in line with the terms and conditions of service (2016)

2.2 Guardian of Safe Working

The guardian of safe working hours is required to ensure that concerns about the safety of doctors' working hours are resolved in a timely and appropriate fashion and will have oversight of the trust exception reporting process.

The guardian will also be responsible for reporting to trust board on exception reports and work schedule reviews as well as ensuring that fines are applied as and where required.

The guardian will also be responsible for chairing the junior doctor's forum to address any issues related to the contract, safe working rules and training concerns.

2.3 Doctor

The doctor is responsible for ensuring where possible they are working in line with their generic work schedule and that they raise exception reports as and where their working pattern does not match their work schedule.

It is envisaged that doctors will engage in any work schedule reviews and take an active role in resolving issues with their rotas.

2.4 Educational Supervisor

The Educational supervisor will be responsible for meeting with the doctor at the start of their placement to agree a personalised work schedule and will be responsible for reviewing progress against this throughout the doctor's placement.

The educational supervisor will also have overall responsibility/oversight of the exception reporting and work schedule review processes.

The educational supervisor will be responsible for discussing with the doctor any request for a work schedule review and will ensure relevant parties involved to complete this in a timely manner in line with the terms and conditions of service (2016). The Educational supervisor will be required to provide a written outcome to all level 1 work schedule reviews and attend level 2/grievance procedures if not agreed by the doctor.

2.5 Clinical Supervisor

The clinical supervisor will be responsible where appropriate for reviewing an exception report as and where requested by the educational supervisor. In addition the clinical supervisor will play an integral part in work schedule reviews instigated.

2.6 Director of Post Graduate Medical Education (DPGME)

The DPGME is required to ensure that concerns about education are resolved in a timely and appropriate fashion and will have oversight of the trust exception reporting process.

The DPGME will also be responsible for reporting to trust board on exception reports relating to education issues.

2.7 Medical Staffing

The medical staffing team will be responsible for ensuring rotas are compliant with new safe working rules and will provide support to the educational, clinical supervisors and trust guardian.

Medical staffing will be responsible for issuing doctors with their generic work schedules 6 weeks before a placement commences.

Medical staffing will support educational supervisors to ensure timely resolution of exception reports in relation to safe working hours and will support/facilitate the timely resolution of work scheduling reviews.

3.0 Work Schedule

Work scheduling new feature of the 2016 contract. All doctors in training will be issued with a generic work schedule, this will set out the hours of work, the working pattern, the service commitments and training opportunities available during the placement (please see appendix 1 for the generic work schedule template).

Once a doctor commences in post, the work schedule should be personalised to include appropriate and identified personal objectives that have been agreed between the doctor and his or her educational supervisor, and will set out the relationship between these personal objectives and local service objectives. The objectives will set out a mutual understanding of what the doctor will be seeking to achieve over the placement period and how this will contribute to the objectives of the employing organisation. Work scheduling can be used to drive improvements and quality of patient care.

4.0 Safe Working Rules

For any doctor engaged on the 2016 contract, the trust is required to ensure that rotas are meet the new limits on hours and safeguards on rest.

The limits and safeguards are set out in Schedule 3 of the TCS, and are summarised below:

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*

5.0 Exception Reporting Process

A doctor employed on the junior doctor contract (2016) can report exceptions where day-to-day work varies significantly and/or routinely from that set out in the doctor's work schedule, with respect to either:

- a) the hours of work (including rest breaks); or
- b) the agreed working pattern, including the educational opportunities made available.

Exception reports should be raised using the online system DRS4. All doctors will be provided with a log in for DRS4 at the point of taking up the new contract. Please see appendix 2 for guidance on how to raise an exception report on DRS4.

Exception reports must be raised within 14 days of the variation occurring, should the exception report relate to a financial breach these must be submitted within 7 days of the breach.

Educational supervisors will have overall responsibility for reviewing exception reports and ensuring these are resolved in a timely manner.

Support with this process will be provided by the medical staffing department in relation to hours breaches and the DPGME in relation to education breaches. In addition line managers/clinical supervisors are expected to be involved as and where required.

It is the educational supervisor role to assess issues as they arise and where necessary make timely adjustments through either a routine work schedule review held as part of an educational meeting, or an interim review held in advance of the educational meeting, where this is appropriate on grounds of urgency.

The trust will follow the process as set out in appendix 3 when receiving and reviewing exception reports:

In addition to the process above the trust guardian will make an assessments of exception reports to identify whether they indicate breaches that attract a financial penalty, as set out in Schedule 2 of the 2016 terms and conditions to ensure that the appropriate financial payment is made.

Oversight of the exception reporting process will be the responsibility of the guardian of safe working hours.

6.0 Outcomes of Exception reporting and Payment

The following outcomes can be achieved through the exception reporting process:

- Not approved
- Approved – Time of in Lieu (or where TOIL not possible payment for hours worked)
- Approved – TOIL/Paid - Work Schedule Review Requested

Where exception report breaches are approved and are in relation to any of the following a fine will apply as set out in schedule 2 of the terms and conditions of service:

- A breach of the 48 hour average working week (across the reference period agreed for that work schedule)
- A breach of the max 72 hour limit in any seven days
- Minimum rest between shifts has been less than 8 hours

7.0 Work Schedule Reviews

A work schedule review should be undertaken, wherever there are regular or persistent breaches in safe working hours that have not been addressed, or wherever educational opportunities cannot be accessed due to pressures of workload.

A work schedule review can be triggered by one or more exception report(s), or by a request from either the doctor or the educational supervisor/service manager.

Doctors will be required to submit an exception report requesting a work schedule review is undertaken

Work schedule reviews can relate to both safe working issues, including those related to working hours and rest, as well as any educational issues and/or issues relating to service delivery.

Any work schedule review which highlights a patient safety concern must be addressed within 7 days

7.1 Level 1 Work Schedule Review

The first stage in any work schedule review is an informal discussion between the doctor and the educational supervisor/line manager in an attempt to resolve the issue quickly.

Schedule 5 of the terms and conditions set out potential outcomes to a work schedule review:

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

Following this discussion the educational supervisor must formally document the discussion and provide a response to the doctor.

7.2 Level 2 Work Schedule Review

Following receipt of the level 1 outcome, if the doctor disagrees with the outcome then the doctor can request a level 2 work schedule review within 14 days of notification of the discussion.

This should be submitted via the exception reporting process.

Following receipt of the exception report medical staffing will arrange a level two formal meeting within the next 21 days. Present at this meeting should be educational supervisor, the doctor, a service lead, and a nominee of the employer's (or host organisation's) director of postgraduate medical/dental education.

If agreement can still not be reached at this stage through this meeting then the final level appeal process will be through Lancashire Teaching Hospitals final stage grievance appeal (the guardian of safe working hours may, in some circumstances, be involved at this stage).

8.0 Appendices

Appendix 1 Generic Work Schedule (NHS Employers)

- Appendix 2 DRS4 Guidance - How to raise an exception report
- Appendix 3 Exception reporting (Trust High Level process)