

Non-Consultant Locum Work Policy

V1.0

March 2021

Summary

The Non-Consultant Locum Work Policy aims to provide clear guidance on the local framework that sets out the conditions and payment that will apply to those doctors who provide locum cover.

The policy applies to doctors in training under the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016, as amended, and Trust doctors who are not in a training post.

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We cannot rely on opt out, it must be opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the *Information Use Framework Policy* or contact the Information Governance Team rch-tr.infogov@nhs.net

1. Introduction

1.1. The Trust is committed to minimising the time doctors in training and Trust grade doctors are required to cover the duties of absent colleagues or a vacant post. However, it recognises the need to have a framework in place that sets out the conditions and payment that will apply to those doctors who do provide locum cover.

1.2. The Trust is also committed to having robust processes in place in order to comply with the responsibilities as outlined in the:

- Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016, as amended, and
- RCHT Trust Doctor Terms and Conditions of Service.

This is to ensure that any potential risk to patients or staff, due to potential staff fatigue, is effectively mitigated.

2. Purpose of this Policy/Procedure

The aim of this policy is to provide clear guidance on the local framework in place for undertaking additional hours of paid work as a locum doctor.

3. Scope

The policy applies to:

- doctors and dentists in training (as defined under the terms and conditions of service for doctors and dentists in training (England) 2016, as amended, and
- Trust doctors who are not in a training post.

4. Definitions / Glossary

- **Locum** - a doctor in locum tenens is one who is standing in for an absent doctor or temporarily covering a vacancy in an established position.
- **EWTD and WTRs** - the European Working Time Directive (EWTD) is intended to support the health and safety of workers by setting minimum requirements in relation to working hours, rest periods and annual leave. Domestically, the Directive is implemented in Great Britain by the Working Time Regulations (WTRs) which should, as far as possible, be interpreted as to give effect to the stated purpose of the Directive.
- **Duty of Fidelity** - 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 of their choosing. The requirement to offer such service is limited to work commensurate with the grade and competencies of the doctor rather than work at a lower grade than the doctor is currently employed to work at.

- **TCS** - Terms and Conditions of Service for NHS Doctors and Dentists in Training 2016, as amended. In this policy the term also refers to the RCHT Trust Doctor Terms and Conditions.

5. Ownership and Responsibilities

5.1. Role of Rota Co-ordinators and Service/Authorising Managers

Rota Co-ordinators and Service/Authorising Managers are responsible for:

- highlighting gaps in the rota that require cover
- arranging locum cover.

Service/Authorising Managers are responsible for:

- authorising the employment of external locum doctors if required
- ensuring that any locum additional shift does not breach the contractual limit
- approving additional locum hour claim forms and ensuring the correct remuneration is paid to the doctor.

5.2. Role of doctors wishing to undertake additional hours

All doctors intending to undertake hours of paid work as a locum additional to the hours set out in the work schedule are responsible for:

- informing the Trust (RCHT)/host organisation of their intention to undertake additional hours of locum work by completing the *Intention form to undertake additional hours of locum work* contained at Appendix 3. This need only be done once during their employment with the Trust. The signed form confirms that the member of staff will initially offer their services exclusively to the NHS and 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
- completing and signing the *Working Time Regulations Opt Out form* (Appendix 4) if they wish to carry out additional activity up to a maximum average of 56 hours per week. The form must be agreed with the appropriate manager prior to any hours over and above an average 48 hours per week being undertaken and copies should be sent to the Rota Co-ordinator and the Medical Staffing Department for the personal file. The decision to opt out is an entirely voluntary decision. Such an individual agreement may relate to a specific period or apply indefinitely for the duration of the contract with the Trust. To end an agreement a doctor is required to give the Trust one months' notice in writing
- completing a *Day Duty Swap Sheet* (see Appendix 6) or electronic equivalent.

6. Standards and Practice

6.1. General Principles

6.1.1. In accordance with the Terms and Conditions of Service for NHS Doctors and Dentists in Training 2016, as amended (TCS), doctors who are intending to undertake additional hours of paid work, over and above those set out in the work schedule, must initially offer the additional hours of work

exclusively to the service of the NHS (this is not restricted to the hospital that the doctor works in (see paragraphs 6.2.8. and 6.2.9).

6.1.2. The requirement to offer such service is limited to work commensurate with the grade and competencies of the doctor rather than work at a lower grade than that at which the doctor is currently employed. This means that the Trust cannot, for example, invoke the fidelity clause to require a doctor to accept work at F2 level when the doctor would normally work as an ST3 or higher level. In this example, if F2 work is the only work available then the doctor does not have to accept it and can offer their services to an agency instead.

6.1.3. Work as a locum is where the doctor is booked for additional work for purposes of temporarily filling a gap, carrying out extra duties or substituting for someone, and is being paid additionally for this work (which is not included in the work schedule).

Scenario	Is it paid work as a locum?
Doctor working through a locum agency	Yes, the doctor must have first offered their services to the NHS under the fidelity clause.
Doctor covering a bank shift internally	Yes, and this meets the obligations of the fidelity clause.
Doctor working through a regional NHS bank or a neighbouring trust's bank	Yes, and this meets the obligations of the fidelity clause.
A GP trainee carrying out extra locum shifts within their employing practice at the contractual rates.	Yes, and this meets the obligations of the fidelity clause.
Private professional or fee paying work covered under Schedule 7 of the TCS.	No
Volunteer work, eg work undertaken for the St John's Ambulance	No
Providing medical services at a sport or leisure event	No
Any kind of professional work as a non-medical professional	No

6.2. Managing the locum process

6.2.1. Any doctor intending to work additional locum hours with RCHT or with another employer must have signed the *Intention to undertake additional hours of locum work* form at Appendix 3 and returned this to the Rota Co-ordinator prior to being offered locum work. This enables a doctor to work up to a maximum average of 48 hours per week.

6.2.2. Doctors selecting to work up to a maximum average of 56 hours per week are required to opt out of the working time regulations (WTRs) by completing the *Working Time Regulations Opt Out* form at Appendix 4,

copies of which must be returned to the Rota Co-ordinator and the Medical Staffing department.

6.2.3. When there is a requirement to cover a shift due to a short-term vacancy, ie to cover sickness or annual leave, then doctors within that grade can be contacted and offered the additional hours.

6.2.4. The Service/Authorising Manager and Rota Co-ordinator (or their named delegate) are responsible, along with the doctor, for ensuring that by undertaking the additional shift the doctor does not breach the contractual limits on working hours and protected rest periods as set out in Appendix 5. Full details can be found at Schedule 3 of the TCS 2016 (as amended) which outline the contractual limits binding on both the Trust and the doctor.

6.2.5. For all additional locum shifts the Rota Co-Ordinator will raise a *Smartsheet* for approval by the Service/Authorising Manager. On completion of the additional shift, the clinician will update the *Smartsheet* with the actual hours worked. This will then be forwarded to the Service/Authorising Manager for approval and onward submission to Payroll for payment. (Please note: this is a temporary process pending the implementation of *MedicOnline*.)

6.2.6. The Service/Authorising Manager is responsible for ensuring the correct remuneration is made to the doctor.

6.2.7. Additional locum shifts will be paid as follows:

Grade	*Core Time Rate per hour (*paid at all times except when premium rates apply)	**Premium Time Rate per hour (**See definition below)
F1	£25	£27.50
F2	£35	£37.50
ST & CT 1&2	£40	£45.00
ST 3 and above	£60	£65.00
On call	£18 per hour, replaced by core or premium rates when working	
Locum shifts cancelled within 48 to 24 hours before	50% fee, plus reimbursement of incurred non-refundable travel and accommodation costs	
Locum shifts cancelled within 24 hours	100% fee, plus reimbursement of incurred non-refundable travel and accommodation costs	

Please note that the locum cancellation fees are a proposed temporary arrangement pending consultation on equity with the Trust's approach to the wider workforce.

Payment should be based on the level of work undertaken or at the minimum of the grade of the doctor undertaking the work.

The rate of pay for a senior registrar who acts up as a consultant will be open to negotiation and will be dependent on the accountability required at the time. Shifts will be paid up to a maximum of £80 per hour for non-CCT holders and a premium time maximum rate of £100 per hour for CCT holders.

- **Premium Time** - is a term used to describe the time during which enhanced rates of pay apply, as set out in Schedule 2 of the Terms and Conditions of Service for Doctors and Dentists in Training 2016 (as amended), and summarised below.
 - ❖ 21.00 and 07.00 on any day of the week.
 - ❖ Where a shift is worked which begins no earlier than 20.00 and no later than 23.59, and is at least 8 hours in duration, premium time runs from the start time to hours worked up to 10.00 on any day of the week.
 - ❖ Where a shift ends between 00.00 and 04.00 (inclusive), the entire shift will attract premium rate.

Therefore there is no enhanced rate of pay for working weekends except for during the times specified.

- **Core Time** - paid at all times except when premium rates (specified above apply).
- **On Call** - a doctor is on-call when they are required by the Trust to be available to return to work or to give advice by telephone but are not normally expected to be working on site for the whole period.

6.2.8. Where a doctor is employed by the Trust (RCHT) and is working for the Trust on rotation, it is expected that the doctor will offer additional work to the Trust (RCHT) in the first instance.

6.2.9. Where an employed Trust (RCHT) doctor is working on rotation for a host organisation, it is accepted by the Trust that the doctor will offer additional work to the host employer in the first instance.

6.3. Opting out of the Working Time Regulations

6.3.1. A doctor may voluntarily choose to opt out of the WTRs' average weekly limit of 48 hours per week subject to prior agreement in writing with the Trust. A decision to exercise this option is entirely voluntary and no pressure should be placed on a doctor to take this option.

6.3.2. Under the TCS, doctors who have opted out of the WTRs are restricted to a maximum average of 56 hours per week across all organisations with whom the doctor is contracted to work or otherwise chooses to work. This may be calculated over the reference period defined in the WTRs and TCS or the length of the rota cycle, whichever is shorter.

6.3.3. A doctor opting out of the WTRs weekly limit is still bound by all the other time limits set out in the WTRs and TCS. It is important to note

that where the doctor is participating in other work, even if it is not work as a locum, both the doctor and the employer have a mutual obligation to ensure safe working, taking in to account the limits set out in Schedule 3 of the 2016 TCS.

6.3.4. Where a doctor is employed by a Trust but works for the Trust in its role as a host organisation, the Trust will expect the doctor to sign Appendix 4 (and Appendix 5 if appropriate) prior to completing any locum work.

7. Dissemination and Implementation

7.1. A copy of the policy will be stored electronically in the Medical Staffing section of the HR folder on the Trust's document library on the Trust website.

7.2. A copy of the policy will be circulated to all Rota Co-ordinators, Service/Authorising Managers, Care Group General Managers, Specialty Leads, Clinical Directors and Guardian of Safe Working Policy to ensure awareness of the provisions of the policy.

7.3. A clear communication will be sent to Medical Staffing, Rota Co-ordinators, and Medical Education Senior Managers to enable them to participate in and support the implementation of the policy.

8. Monitoring compliance and effectiveness

Element to be monitored	<ul style="list-style-type: none"> ▪ Cost effective service delivery ▪ Payment of correct rates ▪ Locum working hours
Lead	Chief Operating Officer/Director of People and OD
Tool	<ul style="list-style-type: none"> ▪ Summary of temporary workforce use, cost and roster ▪ Audit checks undertaken by Payroll ▪ Roster templates
Frequency	Quarterly
Reporting arrangements	People and OD senior management meetings and through meetings eg, Operational Workforce Groups/Performance reviews with Care Group General Managers and escalated to the POD committee when appropriate.
Acting on recommendations and Lead(s)	The Medical Director (or nominated deputy) in conjunction with the Director of People and OD will be responsible for ensuring that appropriate recommendations for changes in practice are acted upon within a reasonable timescale.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within the agreed timescale. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders, including JLNC.

9. Updating and Review

The policy will be reviewed every three years or earlier in view of developments which may include legislative changes, national policy instruction (NHS or Department of Health), Trust Board decision or request from Staff-Side or management.

10. Equality and Diversity

10.1. The Royal Cornwall Hospitals NHS Trust is committed to a Policy of Equal Opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

10.2. The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Non-Consultant Locum Work Policy V1.0		
This document replaces (exact title of previous version):	New document		
Date Issued/Approved:	March 2021		
Date Valid From:	March 2021		
Date Valid To:	March 2024		
Directorate / Department responsible (author/owner):	Helen Strickland: People Risk, Policies and Governance Manager (on behalf of Medical Staffing)		
Contact details:	Medical Staffing, 01872 254504		
Brief summary of contents	The policy aims to provide a local framework for undertaking additional hours of paid work as a locum for doctors in training, trust grade doctors not in a training post.		
Suggested Keywords:	Locum cover pay		
Target Audience	RCHT	CFT	KCCG
	✓		
Executive Director responsible for Policy:	Medical Director		
Approval route for consultation and ratification	Executives Joint Local Negotiating Committee (JLNC)		
Senior HR Manager confirming approval processes	Medical Staffing Manager		
Signature of Chair of LNC or nominated deputy	Original copy signed		
Name of Corporate Governance Lead confirming approval	Helen Strickland, People Risk, Policy and Governance Manager		
Links to key external standards	Working Time Regulations 1998 (as amended)		
Related Documents:	<ul style="list-style-type: none"> ▪ Terms and conditions for NHS doctors and dentists in Training (England) 2016 as amended ▪ Terms and conditions of service for Trust doctors ▪ Additional Employment Policy ▪ Counter Fraud Policy 		
Training Need Identified?	No		
Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only

Document Library Folder/Sub Folder	Human Resources/Medical Staffing
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Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
March 2021	V1.0	Initial Issue	Adam Wheeldon, Deputy Director of Finance, and Helen Strickland, People Risk, Policies and Governance Manager

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment Form						
Name of the strategy / policy / proposal / service function to be assessed Non-Consultant Locum Work Policy V1.0						
Directorate and service area: Human Resources/Medical Staffing			Is this a new or existing Policy? New			
Name of individual/group completing EIA Helen Strickland			Contact details: 01872 258594			
1. Policy Aim Who is the strategy / policy / proposal / service function aimed at?		<ul style="list-style-type: none"> ▪ Junior Doctors in Training ▪ Trust grade doctors who are not in a training role ▪ Rota Co-ordinators ▪ Service/Authorising Managers ▪ Specialty Leads and Clinical Directorates 				
2. Policy Objectives		To give clear guidance on the local framework for undertaking additional hours of paid work as a locum for doctors in training and Trust grade doctors not in a training post.				
3. Policy Intended Outcomes		Standardised payment and authorisation processes for all staff.				
4. How will you measure the outcome?		Please see Section 8 of the policy, 'Monitoring compliance and effectiveness'.				
5. Who is intended to benefit from the policy?		Staff and the Trust				
6a). Who did you consult with?		Workforce	Patients	Local groups	External organisations	Other
		✓				
b). Please list any groups who have been consulted about this procedure.		Please record specific names of groups: <ul style="list-style-type: none"> ▪ JLNC ▪ Medical Staffing 				
c). What was the outcome of the consultation?		No concerns were raised. <ul style="list-style-type: none"> ▪ All doctors have equal opportunity to participate in these arrangements and any additional work should be allocated on an equal basis. ▪ Doctors not wishing to undertake additional activity or opt out of the WTRs on working hours will not be discriminated against. 				

7. The Impact Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.

Are there concerns that the policy could have a positive/negative impact on:				
Protected Characteristic	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		✓		The policy applies to all doctors in training and trust doctors who are not in a training role regardless of age.
Sex (male, female non-binary, asexual etc.)		✓		Female members of staff may have more caring responsibilities than their male counterparts. This could potentially prevent them from undertaking any additional hours over and above their work schedule. Notwithstanding, the Trust will ensure the opportunity to undertake additional activity is offered to all doctors.
Gender reassignment		✓		The policy applies to all doctors in training and trust doctors who are not in a training role regardless of gender assignment.
Race/ethnic communities /groups		✓		The policy applies to all doctors in training and trust doctors who are not in a training role regardless of race/ethnicity.
Disability (learning disability, physical disability, sensory impairment, mental health problems and some long term health conditions)		✓		The policy applies to all doctors in training and trust doctors who are not in a training role regardless of disability.
Religion/ other beliefs		✓		The policy applies to all doctors in training and trust doctors who are not in a training role regardless of religion or belief.
Marriage and civil partnership		✓		The policy applies to all doctors in training and trust doctors who are not in a training role regardless of marriage or civil partnership.
Pregnancy and maternity		✓		The policy applies to all doctors in training and trust doctors who are not in a training role regardless of pregnancy or maternity.
Sexual orientation (bisexual, gay, heterosexual, lesbian)		✓		The policy applies to all doctors in training and trust doctors who are not in a training role regardless of sexual orientation.
<p>If all characteristics are ticked 'no', and this is not a major working or service change, you can end the assessment here as long as you have a robust rationale in place.</p> <p>I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.</p>				
Name of person confirming result of initial impact assessment:			Helen Strickland	
<p>If you have ticked 'yes' to any characteristic above OR this is a major working or service change, you will need to complete section 2 of the EIA form available here:</p> <p>Section 2. Full Equality Analysis</p> <p>For guidance please refer to the Equality Impact Assessments Policy (available from the document library) or contact the Human Rights, Equality and Inclusion Lead debby.lewis@nhs.net</p>				

Appendix 3. Intention to undertake additional hours of locum work

INTENTION TO UNDERTAKE ADDITIONAL HOURS OF LOCUM WORK

Section 1: The Working Time Regulations (WTRs)

RE: European Working Time Directive (EWTD) and the Working Time Regulations (WTRs) – what they mean to you.

The WTRs came into force in 1998 to implement the EWTD in the UK and were introduced as a health and safety measure. The legislation provides rights and obligations relating to work and rest.

Should you wish to review the relevant requirements and rest periods of the WTRs and the contract limits of doctors and dentists in training, further information can be found in Appendix 5 of the *Non-Consultant Locum Work Policy* and Schedule 3 of the *Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016, as amended*, a copy of which can be found on the NHS Employers' website.

Regulation 5 of the WTRs states that a worker may agree with their employer not to apply the limit of 48 hours per week. This may be calculated over the reference period defined in the WTRs and TCS or the length of the rota cycle, whichever is shorter. The regulation also requires employers to keep a list of which workers have opted out, how long they have opted out for and how many hours they are working. The provision does not exempt the worker from the rest requirements in the legislation or in their contract.

You are under no obligation to work longer hours or sign an opt-out agreement. You may voluntarily choose to work more hours and to opt out of the WTRs, which allow you to work up to the maximum average of 56 hours per week. You are not allowed to opt out of the rest requirements. Such an individual agreement may relate to a specified period or apply indefinitely. To end an agreement you are required to give your manager one month's notice in writing.

If you intend to work additional locum hours for the Royal Cornwall Hospitals NHS Trust, or another employer, you will need to indicate your choice of maximum working hours by ticking the appropriate field in the table below and reading and signing Section 2.

Section 2: To be completed by all doctors wishing to undertake additional hours of locum work

I intend to carry out additional activity over and above the standard commitment set out in my work schedule up to:

		Please tick to identify your choice of maximum working hours
a)	a maximum average of 48 hours per week, or	
b)	a maximum average of 56 hours per week*	

Please note that if you are selecting to work a maximum average of 48 hours per week you are not required to Opt Out of the EWTD and can undertake additional hours of locum work up to a maximum average of 48 hours per week.

*If you have selected option (b), please complete the Working Time Regulations Opt-Out Form (see Appendix 4 of the Trust's Non-Consultant Locum Work Policy). Copies are available from the Medical Staffing website.

I understand my responsibility when completing locum work not to breach any of the contractual limits on working hours and protected rest periods as set out in Appendix 5 of the Trust's *Non-Consultant Locum Work Policy and TCS*.

This includes locum shifts worked with other employers outside the Royal Cornwall Hospitals NHS Trust as these will also be considered when determining whether I am working within safe limits.

I shall not offer my availability for locum work where this would result in a breach of any of the contractual limits.

I understand this agreement may be cancelled at any time, subject to me giving three months' notice to the Trust.

For those opting to work a maximum average of 56 hours per week only:

I confirm that I have completed and signed a Working Time Regulations Opt-Out Agreement and returned this to the Rota Co-ordinator and Medical Staffing Dept.

Name: <i>(in capitals please)</i>			
Signature:		Date:	
Job title: <i>(ie F1 or F2, etc)</i>			

Appendix 4. Working Time Regulations Opt-Out Form

WORKING TIME REGULATIONS

48-HOUR REGULATION 5(1) 'OPT-OUT' AGREEMENT

This form is applicable to doctors and dentists employed under the Terms and Conditions of Service for Doctors and Dentists in Training (England) 2016, as amended and to Trust Grade Doctors who are not in a training role.

Name: <i>(in capitals please)</i>	
Assignment number:	
Job title: <i>(ie F1 or F2, etc)</i>	
Contracted hours:	
<ul style="list-style-type: none"> ▪ I <i>(enter name)</i> employed as a <i>(enter job title)</i> with the Royal Cornwall Hospitals NHS Trust agree that Regulation 4(1) of the Working Time Regulations 1998 – which states that a worker’s working time including overtime in a reference period of 17 weeks shall not exceed an average of 48 hours for each seven days – shall not apply to me and that I voluntarily agree that I may work in excess of an average 48 hours in each seven-day period indefinitely or until ▪ I understand that this agreement will apply from <i>(enter date)</i> ▪ Notwithstanding my agreement to not apply the working hours limit, I am fully aware that I have a responsibility not to work hours that may impair my efficiency or expose colleagues, patients or the public to risk. ▪ The overall hours are restricted to a maximum average of 56 hours per week. ▪ Additionally, the maximum 72 hours worked in any period of seven consecutive days applies. ▪ I understand that the Trust may require me to keep a record of my working hours and I will do this as and when required. If requested at any time I will produce the record for the Trust or any Health and Safety representative. ▪ I agree to give the Trust not less than one months’ notice in writing to terminate this agreement. ▪ I am aware that I am under no obligation to sign this agreement and that it is illegal for me to be subject to a detriment if I decline to sign. 	
Signature:	Date:

Please send a copy of the completed form to your Rota-Co-ordinator and to the Medical Staffing Department at The Beacon, Royal Cornwall Hospital, Truro TR1 3LJ where it will be held on your personal file

Appendix 5. Safe Working Hours

Please see Schedule 3 of the Terms and Conditions of Service for NHS Doctors and Dentists in Training 2016 (England), as amended, for full details of the contractual limits binding on both the Trust and the doctor.

Weekly Hours

- Maximum average **48** hours working week.
- Opt out capped at maximum average **56** working hours per week.
- Maximum **72** hours' work in any rolling seven-day period.
- Maximum shift length of **13** hours (other than on-call).

Consecutive Shifts

- Up to August 2020 - a maximum of **5** consecutive long shifts (more than 10 hours). After August 2020 - a maximum of **4** consecutive long shifts. Can be extended to **5** where both the Trust and the doctors on the rota have agreed locally that it is safe and acceptable to both parties to do so. The arrangement must be reviewed annually and a doctor has the right to request a work schedule review at any time.
- Where long shifts (more than 10 hours) finish after 23.00, no more than 4 such shifts shall be rostered or worked on consecutive days.
- Maximum of **4** consecutive night shifts (more than 3 hours between 23.00 and 06.00).
- Up to August 2020: a maximum of **8** (any length or combination) consecutive shifts.
 - ❖ After August 2020: a maximum of **7** (any length or combination) consecutive shifts.
 - ❖ Can be extended to **8** where both the Trust and the doctors on the rota have agreed locally that it is safe and acceptable to both parties to do so. The arrangement must be reviewed annually and a doctor has the right to request a work schedule review at any time.
- All reasonable steps must be taken to avoid rostering doctors to work at the weekend at a frequency greater than 1:3 weekends (00.01 Saturday and 23.59 Sunday). Exceptionally, authorisation for a rota using a pattern greater than 1:3 (but no greater than 1:2) can be granted if there is a clear clinical reason identified and agreed with the relevant Clinical Director and Guardian for Safe Working Doctors in training who wish to work at a greater frequency greater than 1 in 3, by undertaking additional work eg as a locum are able to do so but must not work an average frequency of greater than 1 weekend in 2.

Rest

- **48** hours' rest after any **8** (**7** after August 2020) consecutive shifts.
- Where three night shifts (more than 3 hours between 23.00 and 06.00) are worked consecutively (and the doctor is not rostered for a fourth such shift) then there must be a minimum of **46**-hour rest period rostered immediately following the conclusion of the third such shift.
- Where four long shifts are rostered on consecutive days, there must be a minimum 48 hour rest period rostered immediately following the conclusion of the fourth such shift.
- At least **11** hours' continuous rest between rostered shifts (other than on-call periods).
- **30** minutes paid break for every shift rostered over **5** hours, 2x30 mins for shifts rostered over **9** hours, a third 30 minute paid break for a night shift (defined as at least 8 hours in duration that begins no earlier than 20.00 and no later than 23.59)
- No break should be taken within an hour of the shift commencing or held over to be taken at the end of the shift.

On Call

- Maximum of on-call duty **24** hours, which can be extended between 15 minutes and one hour to allow adequate time for clinical handover.
- Frequency of on-call duties – maximum of 3 days in seven days unless by written agreement by the doctor and employer.
- On-call periods cannot be worked consecutively other than at the weekend when two consecutive on-call periods (beginning on Saturday and Sunday respectively) are permitted. Longer runs of consecutive on-call periods covering up to a maximum of 7 consecutive days may be agreed locally where both employer and the doctor agree that it is safe and acceptable to both parties to do so and where such an on-call pattern would not breach any of the other limits on working hours or rest.
- The day following an on-call period (or following the last on-call period, where more than one 24-hour period is rostered consecutively) must not be rostered to last longer than 10 hours.
- Whilst on call, a doctor should expect to get 8 hours rest per 24-hour period of which at least five should be continuous rest between 22.00 and 07.00. Where this is not expected to be possible, then rostered work on the day following the on-call period must not exceed five hours.

Appendix 6. Day Duty Swap Sheet

DAY DUTY SWAP SHEET

This form must be completed and signed by all doctors involved in swaps from their original rota.

Section 1: To be completed by first doctor requesting a swap	
Name: <i>(in capitals please)</i>	
Job title: <i>(ie F1 or F2, etc)</i>	
Department/Specialty:	
Work/E-mail address for correspondence:	
I confirm that in arranging this swap I will be adhering to the New Contract's Terms and Conditions and will not be breaching my working hours.	
Doctor's signature:	Date:

Section 2: To be completed by second doctor requesting a swap	
Name: <i>(in capitals please)</i>	
Job title: <i>(ie F1 or F2, etc)</i>	
Department/Specialty:	
Work/E-mail address for correspondence:	
I confirm that in arranging this swap I will be adhering to the New Contract's Terms and Conditions and will not be breaching my working hours.	
Doctor's signature:	Date:

Section 3: To be completed by rota co-ordinator	
Rota Co-Ordinator to confirm shifts do not breach working hours	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Rota co-ordinator's name: <i>(in capitals please)</i>	

cont'd/...

Section 4: To be completed by service/authorising manager if rota co-ordinator has concerns that the swap will impact ward cover or may breach working hours.

Comments:

Name: *(in capitals please)*

Signature:

Date approved/rejected:

Section 5: To be completed by rota co-ordinator

Doctors informed if swap has been APPROVED	By whom: Date:
Doctors informed if swap has been REJECTED	By whom: Date:
Swap actioned on the rota	Date: