

Extracts from “Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016”, Version 2 - 30 March 2017

Schedule 04 – work schedule

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Personalised work schedule

18. The generic work schedule shall form the basis for a personalised work schedule which will be agreed between the educational supervisor and the doctor, in accordance with the *Gold Guide*¹¹ and/or other relevant documents, as amended from time to time. This will be agreed before or as soon as possible after the commencement of the placement.
19. The doctor and the educational supervisor are jointly responsible for personalising the work schedule, according to the doctor’s learning needs and the opportunities within the post. Should a doctor have a significant caring responsibility, the doctor may raise it as part of the discussion of the personalised work schedule review. Where possible within the constraints of service delivery, adequate account should be taken of reasonable requests when agreeing the personalised work schedule.
20. The educational review with the educational supervisor will include a discussion of the work schedule to ensure that their workplace experience delivers the anticipated learning opportunities.
21. The employer may need to make changes to a work schedule during the placement if there are significant changes in the facilities, resources or services. Every effort should be made to anticipate such changes in the work schedule and reach agreement on such changes.

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Setting and maintaining the work schedule

26. The work schedule brings together activities to achieve service and learning objectives.
27. As a minimum, there should be an educational review and work schedule discussion at the start and finish of the placement for which the work schedule applies.
28. The personalised work schedule will be discussed and agreed at the first formal meeting between the educational supervisor for the placement and the doctor.
29. The doctor and educational supervisor will regularly consider progress against agreed learning objectives determined by the curriculum, and the doctor’s service objectives.
30. Work schedule discussions should establish whether any changes in support or resources, or in planned service duties, are needed to enable the doctor to achieve the objectives within rostered working hours.
31. Discussions shall take place if either the employer or the doctor consider that the training opportunities, duties, responsibilities, accountability arrangements or objectives have changed significantly, or need to change significantly, or that the agreed objectives may not be achieved for reasons outside the doctor’s control.

Resolving disagreements over the work schedule

32. The educational supervisor will make every effort to agree with the doctor appropriate changes to the work schedule, and to implement the changes within a reasonable time, taking into account the remaining duration of the post/placement. If it is not possible to reach agreement or achieve the agreed outcome the doctor may invoke the provisions of Schedule 5.

Schedule 05 – Exception Reporting and Work Schedule Reviews

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Exception reporting

2. Exception reporting is the mechanism used by doctors to inform the employer when their day-to-day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations 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.
3. Exception reports allow the employer the opportunity to address issues as they arise, and to make timely adjustments to work schedules.
4. Exception reports should include:
 - a. the name, specialty and grade of the doctor involved
 - b. the identity of the educational supervisor
 - 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).
5. The doctor will send exception reports electronically to the educational supervisor. This should be as soon as possible after the exception takes place, and in any event within 14 days (or 7 days when making a claim for additional pay, as per schedule 2 paragraph 62-68).
6. The doctor will copy the exception report to the director of medical education (DME) in relation to training issues, and to the guardian of safe working hours in relation to safe working practices. In some cases, the doctor may copy the report to both.
7. Upon receipt of an exception report, the educational supervisor will discuss with the doctor what action is necessary to address the reported variation or concern. The supervisor will set out the agreed outcome of the exception report, including any agreed actions, in an electronic response to the doctor, copying the response to the DME or guardian of safe working hours as appropriately identified in paragraph 6 above.
8. The DME will review the outcome of the exception report to identify whether further improvements to the doctor's training experience are required.

9. The guardian of safe working hours will review the outcome of the exception report to identify whether further improvements to the doctor's working hours are required to ensure that the limits on working hours outlined in these TCS are being met.

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Immediate safety concerns

16. Where an exception report indicates concern that there is an immediate and substantive risk to the safety of patients or of the doctor making the report, this should be raised immediately (orally) by the doctor with the clinician responsible for the service in which the risk is thought to be present (typically, this would be the head of service or the consultant on-call). The doctor must confirm such reports electronically to the educational supervisor (via an exception report) within 24 hours.
17. The employer has a duty to respond as follows:
 - a. Where the clinician receiving the report considers that there are serious concerns and agrees that there is an immediate risk to patient and/or doctor safety, the consultant on call shall, where appropriate, grant the doctor immediate time off from their agreed work schedule and/or (depending on the nature of the reported variation) ensure the immediate provision of support to the doctor. The clinician shall notify the educational supervisor and the guardian of safe working hours within 24 hours. The educational supervisor will undertake an immediate work schedule review, and will ensure appropriate (and where necessary, ongoing) remedial action is taken.
 - b. Where the clinician receiving the report considers that there are serious but not immediate concerns, the clinician shall ask the doctor to submit an exception report to the educational supervisor, describing the concern raised and requesting a work schedule review.
 - c. Where the clinician receiving the report considers that the single concern raised is significant but not serious, or understands that there are persistent or regular similar concerns being raised, the clinician shall ask the doctor to raise an exception report to the educational supervisor within 48 hours.

Work schedule review process

18. Where a doctor, an educational supervisor, a manager, or the guardian of safe working hours has requested a work schedule review, the process set out in paragraphs 19-33 below will apply.

Schedule 07 – private professional and fee paying work

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Disclosure of information about private commitments

7. The doctor must keep the educational supervisor informed of any regular commitments in respect of private professional clinical work. This information must be disclosed as part of

the initial work schedule discussion and include details of the work involved and when it occurs. The doctor must also provide information in advance about any significant changes to this information.

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Study and professional leave

36. Study leave for doctors at Foundation Year 2 and above will include periods of regular scheduled teaching/training sessions, and may also, with approval from the educational supervisor and service manager, include:
- a. undertaking an approved external course
 - b. periods of sitting (or preparing for) an examination for a higher qualification where it is a requirement of the curriculum.

Requests for such leave shall be viewed positively in most circumstances, but with a view to ensuring that the needs of service delivery can be safely met.

Schedule 14 – transitional arrangement (Temporary Schedule)

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Working hours for the purposes of banding at transition

29. For the purposes of calculating the banding supplement for this group of doctors only, refer to Annex B.
30. Monitoring and re-banding will not be used under these new TCS. Doctors continuing to be paid under the 2002 TCS will otherwise be subject to the terms of these TCS. If such a doctor experiences significant and/or regular variation between their day to day work and their work schedule, they should submit an exception report and follow the process as set out in schedule 5 above. A work schedule review should be used to determine whether or not the banding supplement being paid is correct for the doctor's working pattern, and Annex B can be used to pay a different banding supplement to the individual doctor if necessary. Any disagreement between the doctor and their supervisor will be overseen by the guardian of safe working hours as set out in schedule 6 above.