Trust Board Meeting in Public: Wednesday 14 September 2016
TB2016.89

<table>
<thead>
<tr>
<th>Title</th>
<th>Update on Implementation of Junior Doctors’ contract</th>
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</thead>
<tbody>
<tr>
<td>Status</td>
<td>For Information and Support</td>
</tr>
<tr>
<td>Board Lead(s)</td>
<td>Mark Power</td>
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<td></td>
<td>Director for Organisational Development and Workforce</td>
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<tr>
<td>Key purpose</td>
<td>Strategy</td>
</tr>
</tbody>
</table>
### Executive Summary

1. This paper aims to provide the Trust Board with an update on the status of the implementation of the 'Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016' - the new junior doctor contract.

2. The provisions of the existing junior doctor contract are widely acknowledged as being in need of reform, but the negotiations relating to the development and agreement of a new contract have been protracted and acrimonious. Consistent disagreement and rejection of proposals have resulted in a high profile national dispute and associated industrial action on the part of the British Medical Association (BMA).

3. Whilst there is still disagreement between the main negotiating parties, combined with the prospect of further industrial action, employing organisations have been mandated to commence implementation of the new terms and conditions for junior doctors with effect from October 2017. Initial preparatory work has been undertaken locally, including data cleansing activity, and the appointment of a Guardian of Safe Working Hours (which is a national requirement). Concurrently, a governance framework has been established, which includes an implementation project board and implementation working group, both of which include appropriate representation.

4. A number of challenges associated with successful implementation have been identified, but it is considered that the Trust is well-positioned to address these and other emergent issues.

5. The Trust Board is asked to note the contents of this paper and to receive further periodic updates relating to the local implementation of the new junior doctor contract.
2016 Junior Doctor Contract Implementation

1. Purpose

1.1 The purpose of this paper is to provide the Trust Board with an update on the status of the implementation of the ‘Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016’. These terms and conditions of service will supersede the current terms and conditions, which were established in 2002.

1.2 The provisions of the new terms and conditions of service (hereafter referred to as the ‘contract’) apply to all doctors and dentists in approved postgraduate training programmes under the auspices of Health Education England (HEE). These employees are collectively referred to as ‘junior doctors’.

2. Background and Context

Contract Reform and Negotiation

2.1 The current junior doctor contract was introduced in 2002 and sought to improve working conditions for doctors by decreasing hours and ensuring regulated minimum rest breaks. Full time junior doctors’ pay consists of a basic salary for the standard 40 hours worked in a week, plus a variable supplement to reflect how many additional hours are being worked on average; the type of working pattern; the frequency of extra duty, and the antisocial nature of the working arrangements.

2.2 In 2011/12, employers across the NHS called for reform of the junior doctors’ contract, describing it as being both unfair and outdated. In December 2012, the Secretary of State for Health agreed to this request, which had also been made by the BMA consistently since 2007. In entering into discussions regarding the introduction of revised terms and conditions the Government and NHS Employers stated that their key aims were to improve patient outcomes across all seven days of the week, and to reward greater responsibility and professional competence.

2.3 In 2013 NHS Employers and the BMA agreed ‘heads of terms’ to achieve a new contract for junior doctors. The heads of terms set out a framework for negotiation on the design of a new contract and covered working hours, pay, quality of life and training. Later, in 2013, the Department of Health mandated NHS Employers to begin negotiations with the BMA on changes to the junior doctor contract, and also the consultant contract. This mandate specified that revised medical contracts must be broadly cost neutral.

2.4 Negotiations between NHS Employers and the BMA Junior Doctors Committee stalled in October 2014. The BMA expressed a number of concerns about the proposed contract changes, and in particular that doctors' welfare and patient safety were not being sufficiently considered by NHS Employers. At this juncture, the Secretary of State asked the Review Body on Doctors’ and Dentists’ Remuneration (DDRB) and the NHS Pay Review Body (NHS PRB) for their observations on the progress made in the negotiations. In particular, the DDRB was asked to make recommendations about how contract reform could support the
delivery of seven day services. The DDRB set out six criteria that would guide its recommendations, namely: improved patient care; maintaining respect and trust for consultants and junior doctors as leaders and professionals; credibility and practicality of local implementation; appropriate remuneration (in order to recruit, retain and motivate); facilitation of constructive, continuing relationships, and affordability. The DDRB’s report on contract reform for consultants, and doctors and dentists in training, was published in July 2015. In advocating the provision of healthcare services seven days a week the DDRB had endorsed the key principles proposed by the Government and NHS Employers.

2.5 In July 2015, the Secretary of State set a deadline of mid-September of that year for the BMA to re-enter negotiations. The Government also confirmed its intention to impose the new junior doctor contract in time for the new intake in August 2016, if a negotiated settlement was not reached. In response, the BMA Junior Doctors Committee decided not to re-enter negotiations, citing a number of concerns relating to the proposed new contract, namely:

- the replacement of the existing banding system would lead to a significant reduction in overall pay for many doctors;
- the extension of plain time working to evenings and Saturdays would have an unfair impact on specialties that require more work to be undertaken at these times;
- changes would lead to increasing numbers of doctors leaving the NHS at a time when it faced significant recruitment and retention difficulties.

Concessions, Stalemate and Industrial Action

2.6 In September 2015 the BMA balloted for industrial action and achieved an overwhelming mandate in support of strike action by junior doctors. During the period of the ballot, NHS Employers published a detailed offer for a new contract, which included concessions on plain time working and extended pay protection arrangements. In late November an agreement was reached for the BMA to suspend any planned industrial action and for the Department of Health to temporarily suspend implementation of a new contract without agreement. All parties agreed to return to time-limited negotiations and, pending progress, the BMA confirmed that no industrial action would be called before mid-January 2016.

2.7 Further concessions to the provisions of the proposed new contract were announced by NHS Employers in early January 2016. These included the requirement for all employing organisations to appoint ‘guardians of safe working hours’. These concessions were rejected by the BMA and several days of industrial action followed in January and February. In mid-February the Secretary of State announced that a negotiated solution was not realistically possible and so the new contract would be implemented (imposed) in August 2016. The response from the BMA was that further industrial action by junior doctors would be conducted in March and April.
2.8 In May 2016 five days of talks, facilitated by Acas (Advisory, Conciliation and Arbitration Service), took place between NHS Employers, the Government and the BMA, following which there was confirmation of an agreement of negotiated terms between the parties. These terms would, subject to a referendum of relevant BMA members, form the basis for a new contract in 2016. The terms of the contract, which were supported by all those involved in the talks, as well as accepted and endorsed by the then chair of the junior doctors’ committee, included:

- a new approach to pay and reward;
- actions to support equality dimensions of the contract;
- clearer provision for training;
- refinements to previous rota rules;
- changes to mandatory rest periods;
- improvements to flexible pay premia and other terms;
- tighter safeguards around on-call working;
- clarification of the role of the Guardian of Safe Working Hours and financial penalties to trusts for allowing junior doctors to work excessive hours.

2.9 The parties also agreed that a separate process, outside of the contract, should look at improvements to the working lives of junior doctors more broadly, including:

- the removal, as far as possible, of disadvantages faced by those who take time out of training due to, for example, caring responsibilities;
- for HEE to review the process for training placement applications, to consider joint applications by couples and defined travel times for those with caring responsibilities;
- while recognising the protected rights of all NHS staff to raise concerns about their employers under whistleblowing legislation, junior doctors should be given the right to raise concerns regarding the work of HEE without detriment, from either their employer or HEE.

3. Current Status

3.1 In early July 2016, the BMA announced that its members had rejected the proposed new contract by a margin of 16 per cent and subsequently called for further escalated and extended industrial action to be staged in September, October, November and December (NB: the five day full withdrawal of labour strike action planned for September was withdrawn). Notwithstanding the BMA’s current position, the Secretary of State has mandated all employing organisations to begin implementing the new junior doctor contract from October 2016, the terms of which reflect the agreement reached in May 2016. The published implementation timeline, detailed at Appendix 1, provides for a transitional approach to implementation that, in the main, will conclude in October 2017. In effect, doctors will migrate to the new contract between rotations or at the end of their fixed term contract.

3.2 The key differences between the existing contract provisions (2002) and the new 2016 contract terms and conditions are summarised at Appendix 2.
4. **Local Actions**

4.1 Local actions are being taken in preparation for contract implementation to start in October 2017. Much of the work to date has involved data ‘baselining’ activity to ensure all current working practices and rotas associated with the junior doctor workforce are properly documented and fully understood. Concurrently, in accordance with the requirements of the national implementation timeline, the Trust has appointed a medical consultant to the role of Guardian of Safe Working Hours, who commenced in post in early August. Dr Robert Stuart (a consultant clinical oncologist) was appointed by an interview panel consisting of Trust senior management and junior doctor representatives. With a reporting line to the Trust Board, the role will ensure that issues of compliance with safe working hours are addressed as they arise, between the doctor and their department. The key responsibilities associated with the Guardian role are detailed in the job description, at Appendix 3.

4.2 In order to effectively manage the implementation of the new contract, two assurance committees have been established, namely an ‘implementation project board’, and ‘implementation working group’. The membership of the project board includes:

- Director of OD and Workforce; (chair);
- Director of Clinical Services
- Medical Director;
- Director of Finance;
- Director of Medical Education;
- Guardian of Safe Working Hours;
- Head of Recruitment and Retention;
- six representative members of the junior doctor workforce elected by peers.

Meeting on a monthly basis, the board will have overall responsibility for ensuring the efficient and timely implementation of the new contract across all specialties and training grades.

4.3 Reporting to the project board, the working group will convene on a fortnightly basis. The working group consists of representatives of the Medical Staffing, Medical Education, E-Rostering and Payroll teams, and is chaired by the Head of Recruitment and Retention. The Medical Staffing team (which is part of the OD and Workforce Directorate) has appointed additional administrative expertise in support of the following key activities:

- managing the implementation of the new contract against the project plan;
- providing expert and timely advice to all junior doctors affected by the implementation;
- providing training to rota co-ordinators, educational supervisors and Divisional management teams;
- reviewing rotas and testing against the 2016 contractual limits on working hours and protected rest periods;
- preparing work schedules for issue to junior doctors prior to transition;
ensuring basic pay and other allowances are amended by Payroll and applied in accordance with the new nodal pay points (to include pay protection, where required);

- issuing new contracts of employment that reflect the 2016 terms and conditions of service;

- providing administrative support to the Guardian of Safe Working Hours;

- working with the Guardian of Safe Working Hours, managing any exception reports received from doctors once they have transitioned to the new contract.

5. Anticipated Challenges

Continued National Uncertainty

5.1 The implementation of the new junior doctor contract represents a substantial programme of work. The Trust (along with all employing organisations) is mandated to commence implementation from October 2016 against a national backdrop of continued unrest and the remaining prospect of further industrial action being undertaken during the transition phasing. Against this backdrop, a significant challenge for the Trust is to maintain the effective engagement with, and involvement of, the junior doctor workforce, and potentially other medical staff, in the implementation process. Assurance has been provided to the junior doctor body that the Trust’s senior management team wishes to work in partnership with doctors to ensure local concerns and issues are effectively raised and addressed. The active inclusion of representatives of the junior doctor body on the implementation project board is recognised as being a key success criterion in this respect, and the Guardian of Safe Working Hours has also commenced engagement with doctors and senior operational managers.

Medical Rotas

5.2 Currently, almost one hundred separate junior doctor rotas are in operation across the organisation. These are all being tested for continued suitability using dedicated rota compliance software. As a consequence of this testing, some specialties and services may need to adapt their current rotas to ensure they are fully consistent with the 2016 contract provisions. During the course of implementation, the Medical Staffing team is to provide training and close support to specialties and departments and will assist in the re-design of rotas, where necessary. Particular issues associated with non-compliance will be escalated to the project board.

Run-through Training Posts

5.3 Within a number of specialties, but in particular Neurosurgery, there are established run-through training posts, which are of significant duration. The run-through posts which commenced in August 2016 will not fully complete until 2026. Whilst other junior colleagues who are working on the same rota will transition at an earlier stage, run-through trainees may not do so (unless by choice) until the end of their run-through training, or August 2022, whichever is sooner. This has important implications for rota monitoring, since varying terms and conditions of service may
apply to individuals who share the same rota. This issue will be assessed and closely monitored by the implementation project group and escalated accordingly.

6. Summary

6.1 In summary, negotiations relating to the development and agreement of a new contract for junior doctors have been protracted and highly contentious. Failure to reach agreement at a national level has resulted in a number of episodes of industrial action, which have caused significant disruption to services and inconvenience to patients. Although final agreement between the Government, NHS Employers and the BMA on the provisions of a new contract remains elusive, there is a clear expectation that employing organisations will commence implementation from October 2016, and in accordance with a prescribed implementation timetable.

6.2 The Trust has been making preparations for implementation for some time and has established a governance framework within which the transition process will be managed. Importantly, this framework includes the participation of elected representatives of the junior doctor body, which is recognised as being essential in ensuring success. The Trust has appointed a medical consultant as the Guardian of Safe Working Hours, who will also undertake an important role in the implementation process, and beyond.

6.3 A number of challenges associated with the implementation of the new terms and conditions have been identified, and others are likely to emerge. However, in establishing an effective infrastructure, the Trust is well-placed to address any such issues.

7. Recommendation

7.1 The Trust Board is asked to note the contents of this paper and to receive further periodic updates relating to the local implementation of the new junior doctor contract.

Appendices:

1. New Contract National Implementation Timeline
3. Guardian of Safe Working Hours - Job Description

Mark Power
Director of OD and Workforce

September 2016

Report prepared by:

Laura Bick, Head of Recruitment and Retention
## Appendix 1: New Contract National Implementation Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>July 2016</td>
<td>Appoint Guardians of Safe Working Hours</td>
</tr>
<tr>
<td>26 July 2016</td>
<td>Guardian of Safe Working Hours Conference (London)</td>
</tr>
<tr>
<td>3 August 2016</td>
<td>Contract is live</td>
</tr>
<tr>
<td>October 2016</td>
<td>Transition to the new Terms and Conditions of Service (TCS) for:</td>
</tr>
<tr>
<td></td>
<td>• Obstetrics ST3 and above</td>
</tr>
<tr>
<td>November - December 2016</td>
<td>Transition to the new TCS for:</td>
</tr>
<tr>
<td></td>
<td>• F1 doctors taking up next appointments</td>
</tr>
<tr>
<td></td>
<td>• F2 doctors taking up next appointment and sharing rotas with F1 doctors</td>
</tr>
<tr>
<td>February - April 2017</td>
<td>Transition to the new TCS for:</td>
</tr>
<tr>
<td></td>
<td>• Psychiatry trainees taking up next appointments (all grades)</td>
</tr>
<tr>
<td></td>
<td>• Pathology trainees (lab based) (all grades)</td>
</tr>
<tr>
<td></td>
<td>• Paediatrics trainees taking up next appointments (all grades)</td>
</tr>
<tr>
<td></td>
<td>• Surgical trainees (all disciplines) taking up next appointments (all grades)</td>
</tr>
<tr>
<td></td>
<td>• F2 doctors and GP trainees (ST1/2) taking up next appointments and sharing rotas with any of the above</td>
</tr>
<tr>
<td>August - October 2017</td>
<td>All remaining trainees taking up next appointments (all grades)</td>
</tr>
<tr>
<td></td>
<td>All new starters (all grades)</td>
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</tbody>
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### Notes:

1. The above does not include trainees employed on long-term contracts in lead employer arrangements (other than those who joined such arrangements on a single placement contract in August 2016, or those who joined such arrangements on a single placement contract in August 2016, or those whose contracts have a clause allowing for them to be varied in this way); these trainees will remain on the 2002 terms and conditions of service until they finish training and/or their current contracts expire.

2. There will be some parts of the country where rotation dates do not coincide precisely with the above timetable. In such cases, trainees will move to the new terms at the next rotation date following their scheduled transition date, and by October 2017 at the latest.
## Appendix 2: Junior Doctor Contracts (2002/2016) Comparison

<table>
<thead>
<tr>
<th>Main Provisions</th>
<th>2002 (the current contract)</th>
<th>2016 (the new contract)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pay progression</strong></td>
<td>Annual automatic incremental time-based pay progression</td>
<td>4 point nodal pay scale with pay ‘frontloaded’ earlier in the career, funding for new ‘senior decision-maker’s allowance’ in future to increase pay further at end of training</td>
</tr>
<tr>
<td><strong>Pay protection</strong></td>
<td>Pay protected if you switch and re-train in a different specialty</td>
<td>Pay protected if you re-train in a shortage specialty (GP, ED, psychiatry) or in any specialty for reasons relating to disability or caring responsibilities. Qualifying period of six months, zero for disability reasons. GMC-led review to support appropriate recognition of experience when transferring training paths</td>
</tr>
<tr>
<td><strong>Basic pay</strong></td>
<td>Pay made up of basic pay plus banding supplement</td>
<td>Basic pay (40 hour week) plus range of other pay elements which could all apply, including up to 8 additional rostered hours, weekend allowance, night work enhancement, on-call availability allowance, flexible pay premia, pay for all hours of work done</td>
</tr>
<tr>
<td><strong>Non-resident on-call</strong></td>
<td>Non-resident on-call paid as part of your banding supplement</td>
<td>On-call availability allowance of 8% of basic pay for on-call duty. Prospective average estimate of hours worked on-call paid, plus pay for any additional hours worked over the average estimate. Clarification that work on call includes travel time, answering phone calls and non-clinical work off site</td>
</tr>
<tr>
<td><strong>Night working</strong></td>
<td>7pm-7am Monday-Friday and all weekend considered ‘premium time’, paid at a premium rate as part of the banding supplement</td>
<td>Enhancement of 37% of basic pay paid on hours worked between 9pm-7am any day of the week, and shifts of 8 hours or more that start no earlier than 8pm and no later than midnight will receive the enhancement for the whole shift up to 10am the next day</td>
</tr>
<tr>
<td><strong>Weekend working</strong></td>
<td>7pm-7am Monday-Friday and all weekend considered ‘premium time’, paid at a premium rate as part of the banding supplement</td>
<td>When work is rostered at the weekend (one or more shifts/ duties starting on a Saturday or Sunday) at a minimum frequency of 1 in 8 across the rota cycle a weekend allowance of between 3% and 10% of basic pay will apply</td>
</tr>
<tr>
<td>Restrictions on hours</td>
<td>Range of limits on hours mainly drawn from the Working Time Regulations. No limit on consecutive weekends, maximum weekly work limit of 91 hours, no contractual limit on consecutive night shifts</td>
<td>Comprehensive list of hours restrictions and rest requirements, including new maximum weekly work limit of 72 hours, no more than 1 in 2 weekends, max limit of eight consecutive shifts, limit of four consecutive night shifts</td>
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<tr>
<td>Breaks</td>
<td>At least a 30 minute continuous paid break after approximately every 4 hours continuous duty</td>
<td>One 30 min break after five hours, a second 30 min break after nine hours. Breaks should be taken separately but if combined must be taken in middle of shift. If breaks are missed on at least 25% of occasions the guardian will fine the trust at twice the hourly rate</td>
</tr>
<tr>
<td>Flexible pay premia</td>
<td>GP training supplement of 45% of basic pay: pay protection when returning to training after a second degree or other academic qualification, in some cases</td>
<td>Flexible pay premium of £8,200 for GP trainees and £20,000 for emergency medicine, psychiatry and OMFS, split across the training programme. Rate fixed at time of application and paid until trainee completes programme</td>
</tr>
<tr>
<td>Safeguards</td>
<td>Financial safeguard to disincentivise safe hours and rest limit breaches in the form of the banding system</td>
<td>Penalty rate applies if juniors breach safe working limits, clarification that guardian fine money must be spent on additional benefits for juniors at the trust and not facilities that should be provided as standard. Elected junior doctor forum to scrutinise use of fine money and spending reported in transparent accounts</td>
</tr>
<tr>
<td>Pay for all work done</td>
<td>Juniors can request rota monitoring which must have a 75% response rate and may lead to re-banding of a rota. No mechanism to be paid for individual hours of overtime</td>
<td>Exception reporting system to report breaches of the work schedule and/or safe working limits, and missed training opportunities. Pay at a penalty rate for breaches of safe limits, TOIL or pay offered for additional hours works – TOIL for rest requirement breaches must be taken within 24 hours or the doctor is paid. Ability to claim for pay for all hours worked on-call above the prospective hours estimate. Pay for all hours of work done</td>
</tr>
<tr>
<td>Work scheduling</td>
<td>Rota specifies juniors’ work based on service need, not their training needs</td>
<td>Work schedule must be agreed between junior doctor and their supervisor, including both service commitments and training. Work schedule reviews can be requested at any time, with the guardian of safe working overseeing any disagreements. Step by step escalation process, with final stage panel that must include trade union representation</td>
</tr>
<tr>
<td>Monitoring</td>
<td>Juniors have option of requesting monitoring and going to a banding appeal if they are not being treated fairly, potential for disagreement between employees and employer with no independent oversight</td>
<td>Guardian of safe working is independent senior appointment in each trust to oversee new safe working system, appointment panel must include 2 juniors and reach consensus on appointment. They are advised by elected junior doctors’ forum. Guardian must report quarterly, reports must include detail on rota gaps in trust and plan to resolve these. Separate instructions to ensure guardian role works for GP trainees in smaller practices and employers with less than 10 trainees (public health, palliative, etc.)</td>
</tr>
<tr>
<td>Fee paying work</td>
<td>Junior doctors can retain fees received for fee paying work</td>
<td>Junior doctors can either remit the fee to their employer, or keep the fee and make the time up later, or have the relevant amount deducted from their salary (if the fee is greater than the salary they earned for that time, for example)</td>
</tr>
<tr>
<td>Leave</td>
<td>Fixed leave is routinely used</td>
<td>Fixed leave should not be used for any reason. Special recognition given to the importance of annual leave for significant life events (e.g. weddings). Ability to participate in local schemes to buy annual leave</td>
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Appendix 3: Guardian of Safe Working Hours - Job Description

Post: Guardian of Safe Medical Working Hours  
Grade: NHS Consultant  
Accountable to: Trust Board via Medical Director  
Time Commitment: 2 PAs  
Remuneration: At same salary level as substantive appointment and in line with time commitment  
Tenure: Three years, subject to annual review  
Notice Period: Three months  
Key Relationships: Junior Doctors, Trust Board, Trust Management Executive (TME), Director of Medical Education (DME) or equivalent officer, Local Education and Training Board (LETB), Director of Quality, Head of Medical Staffing, Local Negotiating Committee (LNC), Service Leads and Managers

Job Summary

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

The Guardian is a senior person, independent of the management structure within the organisation for which the doctor in training is working and/or the organisation by which the doctor in training is employed. The Guardian is responsible for protecting the safeguards outlines in the 2016 TCS for doctors and dentists in training. The Guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the doctor and/or employer, as appropriate; and will provide assurance to the Trust Board that doctors’ working hours are safe.

Key Areas of Responsibility

The Guardian will:

- Act as the champion of safe working hours for doctors in approved training programmes and ensure that action is taken to ensure that the working hours within the Trust are safe.
- Provide assurance to the Trust Board that doctors are safely rostered and are working hours that are safe and in compliance with the TCS.
- Record and monitor compliance with the restrictions on working hours stipulated in the TCS, through receipt and review of all exception reports in respect of safe working hours.
- Ensure that exception reports regarding training hours, as set out in the work schedule, are sent to the DME or equivalent officer.
• Work in collaboration with the DME and the LNC to ensure that the identified issues within exception reports concerning both working hours and training hours are properly addressed by the employer and/or host organisation.

• Escalate issues in relation to working hours raised in exception reports to the relevant executive body for decisions where these have not been addressed at a local level.

• Require a work schedule review to be undertaken where there are regular or persistent breaches in safe working hours which have not been addressed.

• Directly receive exception reports where there are immediate or serious risks to safety and ensure that the organisation at a local level has addressed the concerns that led to the exception report. Where this is not addressed within the timescales identified in Schedule 5 of the 2016 TCS and the Guardian deems it appropriate, the Guardian will raise this with the executive of the employing and/or host organisation.

• Review the reports received when a manager does not authorise payment for hours worked beyond those described in the work schedule in order to secure patient safety, and recommend action where appropriate.

• Have the authority to intervene in any instance where the Guardian feels the safety of patients and/or doctors is compromised, or that issues are not being resolved satisfactorily.

• Distribute monies in agreement with Medical Director, Director of Clinical Services and Director of Workforce and Organisational Development received as a consequence of financial penalties to improve the training and working experience of all doctors. Examples may include but should not be limited to:
  > IT systems
  > Facilitating study leave
  > Rest facilities
  > Handover systems
  > Expertise in rota design
  > Service improvement projects
  > Examination/course/professional support
  > Role redesign pilots
  > Staff engagement
  > Library facilities
  > Corporate journal subscriptions

• Prepare, not less than quarterly, a report for the Trust Board which summarises all exception reports and work schedule reviews and provides assurance on compliance with safe working hours by both the employer and doctors in approved training programmes.

• Prepare, no less than annually, a plan for improvement on rota gaps, and submit the plan in a statement in the Trust’s Quality Account, which will also need to be signed off by the Trust’s Chief Executive.

• Submit details of the disbursement of fines for inclusion in the organisation’s annual report, including clear detail for where fines have been spent.
• Jointly establish with the DME, a junior doctors forum (or fora) to include relevant representatives from the Local Negotiating Committee (LNC), including the Chair, and other elected junior doctor members to provide quality assurance of safe working practice, and scrutinise the distribution of fines.

• Oversee all diversity and equality issues associated with ensuring safe working practices. This will include liaison with the Director of Medical Education to ensure that a member of the educational faculty in the Trust is designated as a champion for flexible training.

Assignment and Review of Work
• Accountable to the Trust Board and line-managed by the Medical Director.
• The work of the post holder is generated through exception reporting and work schedule reviews made by doctors in training.
• The post holder is also expected to generate work in response to areas of concern.
• The post holder will agree objectives with the line manager, who will also appraise or contribute to the appraisal for the post holder. The system of performance management will include the opportunity for representatives of the doctors in training to contribute to the assessment, for example, through a system of 360° appraisal.

Communications and Working Relationships
• The role of the Guardian must be independent from the line management arrangements in the host and/or employing organisation to ensure that the post holder has the confidence of doctors in training.
• The post holder must be of sufficient seniority to ensure that the role has an effective voice within the organisation.
• The post holder will have regular contact with doctors and dentists in training, the DME and any associate DMEs, educational and clinical supervisors, the Postgraduate Dean, other senior staff within the HEE area office/Deanery, the LNC and both executive and non-executive board members.
• The post holder will also have links with other guardians in other organisations.

Terms of Appointment
The provisions for appointing the Guardian will be in line with those set out in local appointment policies and with the provisions of Schedule 6 of the TCS.

Note
The Guardian of Safe Medical Working Hours is a separate role from, and should not be confused with, other guardian roles within the organisation (e.g. Caldicott Guardian).
## Guardian of Safe Medical Working Hours Person Specification

### FACTORS – Essential

#### Qualifications/Training
- Medical or dental practitioner with postgraduate qualifications or appropriate HR or management qualifications.

#### Experience
- Minimum Consultant/GP level or equivalent senior management level.
- Relevant experience and or employment with a local NHS organisation.

#### Personal Qualities
- Enthusiasm for preserving safeguards for the benefit of patients and doctors in training.
- Excellent communication skills.
- Clear understanding of equal opportunities.

#### Skills and abilities
- Knowledge and understanding of terms and conditions of all junior doctors in training.
- Knowledge and understanding of Working Time Regulations and safe working patterns and rotas for doctors in training.
- Facilitation, interpersonal, mediation and negotiation skills in order to promote medical and dental education and challenge practice within the LEP.
- Ability to manage a budget.
- Proven ability in leadership to achieve goals, manage change and deal with constraints.
- Ability to act as an effective champion for safe working.

### Desirable

- Previous experience of postgraduate education and training.
- Previous management experience and training.
- Knowledge of recent developments in medical education and of key issues.

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June 2016