Dear Colleague,

**JUNIOR DOCTORS**
**CONTRACT IMPLEMENTATION GUIDANCE**

**Summary**

1. This circular provides guidance for Trusts on action needed to implement the new contract for junior doctors.

2. The associated technical amendments to the Hospital Medical and Dental Terms and Conditions of Service, including new pay scales and related issues for particular groups of doctors will follow shortly by way of a PCS Circular.

3. This agreement covers both full-time doctors and dentists in training and flexible trainees in posts and placements in the Hospital and Community Health Service (HCHS). These posts or placements are in the training grades of PRHO, Dental HO, SHO, and SpR (including Registrars and Senior Registrars).

**Background**

4. Agreement has been reached with Junior Doctors on the framework for a new contract. The new banding system which has been designed to replace the current ADH system will:

   • support the modernisation of working practices in the NHS;

   • provide a simpler, better-targeted system for rewarding juniors, offering the highest rewards to those in the highest intensity posts, working the most unsocial hours;

   • provide clear incentives to NHS employers to secure compliance with the New Deal and to reduce hours and intensity of work in line with the commitment to implement the Working Time Directive in due course.

**Addresses**

**For action**

Chief Executives, NHS Trusts
HR Directors, NHS Trusts
General Managers, Health Boards
General Manager, CSA
General Manager, State Hospital

**For information**

Executive Director, Scottish Council for Postgraduate Medical and Dental Education
Postgraduate Deans and Directors
Chief Executive, Health Education Board for Scotland
Scottish Junior Doctors Committee, British Medical Association

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Action

5. Trusts and Health Boards should apply the guidance set out in the summary, annex and appendices to this circular to ensure full implementation of the new contract arrangements by 1 December 2000.

Yours sincerely

ROBIN NAYSMITH
Acting Director of Human Resources
Summary

The new contract arrangements as outlined in the attached annex and appendices signify a major change in the way doctors in training are remunerated.

The key stages for implementation of these new arrangements are necessarily timebound to ensure that all activity is undertaken in advance of the 1 December 2000 deadline. This is the key date by which all junior doctor posts must have been allocated to a pay band and notification sent to payroll.

These key stages are detailed in the timetable below.

<table>
<thead>
<tr>
<th>By date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/10</td>
<td>Distribute banding questionnaire</td>
</tr>
<tr>
<td>27/10</td>
<td>Completed banding questionnaires returned by junior doctors</td>
</tr>
<tr>
<td>17/11</td>
<td>Analysis of questionnaires completed and banding allocation results notified to junior doctors and Clinical Directorates. Copies of all documentation to be available to the ISG.</td>
</tr>
<tr>
<td>1/12</td>
<td>Notification of bandings to payroll in advance of the December cut-off</td>
</tr>
</tbody>
</table>
1. **Appendix A – Framework of the Junior Doctor Contract**

This sets out the agreed position reached with the JDC in May. This describes the framework of the new contract in broad terms; and describes the agreed criteria that will be used to allocate posts into the new band structure; arrangements for pay protection, the future of the present intensity payment scheme and the mechanism for appealing against decisions on banding. There is also a firm commitment that no junior doctor will be forced to work any longer as a result of the new pay structure, and an agreed timetable for including the New Deal in junior doctors’ contracts. [The hours and rest targets in the New Deal will be contractually binding in all PRHO contracts issued from August 2001 and from August 2003 for all other junior doctor grades].

2. **Appendix B - General guide to the new pay system for junior doctors and dentists**

   a. From 1 December 2000, the Additional Duty Hours (ADH) system will be replaced with a banding system. The bands will reflect whether the post is New Deal non-compliant, whether the doctor works up to 48 or 56 hours per week; the type of working pattern, the intensity of work and the anti-social nature of the working arrangements

   b. ADHs will be abolished and there will no longer be an hourly rate of pay for hours worked over the basic 40 hour week. Instead, junior doctors will receive a basic salary as at present and, unless they are working a maximum of 40 hours entirely within the hours of 8am to 7pm Monday to Friday, they will receive an out-of-hours supplement. This supplement will be a single sum of money, calculated as a proportion of the basic salary and added to the monthly salary to remunerate overall time on duty and reflecting the working pattern, intensity of work and the anti-social nature of the post. There are different levels of supplement depending on the nature of the post.

**Appendix B** provides detail on:

- The criteria applicable to each of the six bands for full-time trainees, supplements applicable over the period December 00 – December 02, and salaries for each grade and incremental scale point at 1 December 2000;
- The criteria applicable to flexible trainees, supplements applicable and salaries for each grade and incremental scale point
- Arrangements for full-timers working up to 40 hours per week
- Procedures for junior doctors entitled to claim for extra payment for over-intensive working under the ADH system
- Protection of intensity payments
- Pay protection arrangements
- Hours protection

Appendix B also contains a glossary of New Deal definitions, guidance on hours of work and rest requirements (amended in respect of weekend rest requirements) and advice on calculating hours of actual work.
3. **Appendix C - Monitoring Guidance**

a. A requirement has existed since the launch of the New Deal in 1991 for trusts to operate hours monitoring systems that are capable of recording hours worked by doctors in training and measuring those hours against a set of hours limits and controls. These hours limits and controls are defined in MEL (1999) 40 dated April 1999.

b. The monitoring guidance located at Appendix C details the requirements on both trusts and junior doctors in the monitoring process to ensure that New Deal limits are being met. It also includes:

- an outline of the key principles for a national monitoring framework
- operational guidance for pay banding monitoring requirements
- ongoing requirements for monitoring hours in accordance with current New Deal targets
- what data needs to be collected both for New Deal and banding purposes;
- details on who should be monitored;
- when data should be collected;
- sanctions to be applied in the event of non-monitoring;
- local action in advance of monitoring exercises;
- the methodology for data collection and
- how this should be processed and analysed.

4. **Appendix D: Banding Questionnaire for full-time and flexible trainees**

a. All junior doctors are required to complete a banding questionnaire (Appendix D). Completed questionnaires must be returned to source within the trust by 27 October 2000. Trusts will then have until 17 November to determine pay bandings.

b. Under the new contract there will be an obligation on employers to monitor junior doctors’ New Deal compliance and the application of the banding system; and on individual junior doctors to co-operate with these monitoring arrangements.

c. The process of allocating junior doctors to a pay band is separate from any monitoring process which the trust may have in place. While the monitoring process may be used to validate banding allocations it should not delay the initial allocation of junior doctors to pay bands.

5. **Appendix E - New Deal Education and Training Guide**

The Implementation Support Group (ISG) has produced an Education and Training document which takes the reader through the process of understanding both the New Deal and how to interpret the compliance status of working patterns. It is an invaluable reference tool for staff both at HR and Clinical Directorate levels and will provide necessary background information to help those responsible for the assessment of New Deal compliance within trusts.
JUNIOR DOCTORS' PAY STRUCTURE

1. The new pay system has two elements:
   - a new structure to reflect varying levels of work intensity and unsocial working hours, which will comprise six bands, two relating to 56 hours of work, three relating to 48 hours of work and a band to cover doctors in posts which remain non compliant with the New Deal.
   - new pay supplements for each band phased in over 3 years. After that, the supplements will be free-standing, reviewable annually by DDRB.

The new pay structure

2. Whole time doctors will be classified into six bands on the following principles:

   Band 1 - for posts where the actual hours worked are on average 48 or less. This will be sub-divided into 3 categories (A, B or C), depending on simple measures of work intensity and unsocial working.

   Band 2 - for posts where the actual hours worked are on average above 48. This will be sub-divided into 2 categories (A or B), depending on simple measures of work intensity and unsocial working.

   Band 3 - for doctors in posts not compliant with the New Deal.

   For those doctors who are on duty for no more than 40 hours per week entirely between 8am and 7pm Monday to Friday, no additional supplement would be paid i.e. basic pay only.

3. Flexible trainees will no longer be paid as a simple pro rata of their full time colleagues. An additional band - Band F - has been created to accommodate flexible training within the banded system, for trainees who do less than 40 hours of actual work per week. Band F is split into Band FA, FB and FC, according to hours and patterns of work criteria.

4. If a flexible trainee does 40 hours or more of actual work per week they will, for pay purposes, be treated in exactly the same way as whole time trainees, and allocated to a band using the same criteria as full timers. Those flexible trainees in posts which do not comply with New Deal limits will meet the criteria for Band 3, and will receive the full pay for that band.

5. Both sides have agreed simple but robust and explicit national criteria for the banding system. These are attached.

New pay supplements

6. The following non-pensionable multipliers apply to the basic pay of whole time doctors (and flexible trainees working 40 hours or more a week or in New Deal non-compliant posts):
1.0 = basic salary; >1.0 = total salary to be paid, consisting of basic pay plus a supplement expressed as a multiplier of the basic salary.

7. The following multipliers will apply to the basic pay of flexible trainees working less than 40 hours of actual work per week:

<table>
<thead>
<tr>
<th>Band</th>
<th>1 Dec 2000 onwards</th>
</tr>
</thead>
<tbody>
<tr>
<td>FA</td>
<td>1.25</td>
</tr>
<tr>
<td>FB</td>
<td>1.05</td>
</tr>
<tr>
<td>FC</td>
<td>*</td>
</tr>
</tbody>
</table>

* Flexible trainees with no duty outside the period 8am to 7pm Monday to Friday, will be paid according to the following formula: (hours of duty/40) x basic pay.
PAY BANDING CRITERIA

General

For the purposes of deciding pay bands for full time trainees and for flexible trainees the following definitions will apply:

Hours of actual work: All time on duty carrying out tasks for the employer, including periods of formal study/teaching. For the purposes of defining actual work after 7pm, work begins when a doctor is disturbed from rest and ends when that rest is resumed. This includes, for example, time spent waiting to perform a clinical duty* and time spent giving advice on the telephone.

* Example: a doctor waiting for the operating theatre to be prepared; not a doctor on duty who has been notified of a need to return to the hospital or unit, but not immediately.

Weekend: A weekend worked is one which involves the doctors being on duty at any time during the period from 7pm Friday to 7am Monday.

Pay bands are determined principally by a combination of actual hours worked, on-call frequency or the proportion of unsocial hours work, and work intensity.

The Questions below will inform the allocation of pay band.

BAND 3

All doctors working in posts which are non-compliant with the hours' limits and rest requirements of the New Deal will be placed in Band 3. New Deal compliance is defined in MEL (1999) 40, as modified by agreement on weekend rest periods with effect from 1 December 2000, the detail of which is contained in Guidance: Part C, Appendix B. Band 3 may also apply to flexible trainees (see Guidance Part A, Appendix B.)

TRAINEES IN NEW DEAL COMPLIANT POSTS

On call rotas

Band 2: Applies to posts which are compliant with the New Deal but where the actual hours worked are on average above 48 hours per week.

To identify whether a post falls in Band 2A or Band 2B, the following questions need to be answered:

Q1a Is the doctor working an on call rota of 1 in 6 including prospective cover or more frequently?

OR
Q1b Is the doctor working a rostered duty period between 7pm on Friday and 7am on Monday one weekend in three or more frequently?

AND

Q2 Does the doctor have an expectation that on 50% or more of their out of hours duty periods:

(a) they will be working after 7pm and will be required, for clinical or contractual reasons, to be resident at their place(s) of work; or

(b) they will be required to work, for clinical or contractual reasons, for four hours or more after 7pm.

If the answer to both Questions 1 and 2 is YES, the doctor is in Band 2A.
If NO, the doctor is in Band 2B.

Band 1: Applies to posts which are compliant with the New Deal where the actual hours worked are on average 48 hours per week or less. To identify whether a post falls in Band 1A, or Band 1B, or Band 1C the following questions need to be answered:

Q1 Is the doctor working an on call rota of 1 in 6 including prospective cover or more frequently?

Q2a Is the doctor working an on call rota of 1 in 8 including prospective cover or more frequently?

OR

Q2b Is the doctor working a rostered duty period between 7pm on Friday and 7am on Monday one weekend in four or more frequently?

AND

Q3 Does the doctor have an expectation that on 50% or more of their out of hours duty periods:

(a) they will be working after 7pm and will be required, for clinical or contractual reasons, to be resident at their place(s) of work; or

(b) they will be required to work, for clinical or contractual reasons, for four hours or more after 7pm.
APPENDIX A

Q4 Is the doctor working an on call rota of 1 in 8 without prospective cover or less frequent and not required to be resident, for clinical or contractual reasons, at their place(s) of work when on duty out of hours?

If the answer to Question 1 is YES, the doctor is in Band 1A.
If the answer to Question 2 and 3 is YES, the doctor is in Band 1A.
If the answer to Question 4 is YES, the doctor is in Band 1C.
Otherwise, the doctor is in Band 1B.


**Shifts**

**Band 2:** Applies to posts which are compliant with the New Deal but where the actual hours worked are on average above 48 hours per week. To identify whether a post falls in Band 2A or Band 2B, the following questions need to be answered:

**Q1a** Do more than one third of the doctor’s duty hours fall outside the period 7am to 7pm Monday to Friday?  
**OR**  
**Q1b** Does the doctor work one weekend in three or more frequently?

*If the answer to either Question 1a or 1b is YES, the doctor is in Band 2A.  If NO, the doctor is in Band 2B.*

**Band 1:** Applies to posts which are compliant with the New Deal but where the actual hours worked are on average 48 hours per week or less. To identify whether a post falls in Band 1A or Band 1B or Band 1C, the following questions need to be answered:

**Q1a** Do more than one third of the doctor’s duty hours fall outside the period 7am to 7pm Monday to Friday?  
**OR**  
**Q1b** Does the doctor work one weekend in four or more frequently?

*If the answer to either Question 1a or 1b is YES, the doctor is in Band 1A.  If NO, the doctor is in Band 1B.*

**Hybrids**

Doctors working on a hybrid rota are assessed under the banding criteria which apply to shifts. For the purposes of Q1a for each band, the proportion of hours outside 7am to 7pm Monday to Friday is used, regardless of whether those hours were worked on an on-call rota or shift.

**FLEXIBLE TRAINEES IN NEW DEAL COMPLIANT POSTS**

There will be an additional set of bands for flexible trainees working on average less than 40 hours of actual work per week, as detailed below:

**Band FA** - flexible trainees with more than one third of duty hours outside the period 7am to 7pm Monday to Friday, or working 1 in 5 weekends or more frequently, or working an on-call rota frequency of 1 in 10 or more frequently with prospective cover, will receive a supplement of 25% (= 1.25 x basic salary);
**Band FB** - all other flexible trainees with duty outside the period 8am to 7pm Monday to Friday, will receive a supplement of 5% (= 1.05 x basic salary);

**Band FC** - flexible trainees with no duty at all outside the period 8am to 7pm Monday to Friday, will be paid a pro rata of the basic pay, according to the following formula: \( \text{hours of duty} / 40 \times \text{basic pay} \). All duty hours will be taken into account, not just contracted 'sessions'.
APPENDIX A

CONTRACTUAL OBLIGATION TO MONITOR THE NEW DEAL

There will be a contractual obligation on employers to monitor New Deal compliance and the application of the banding system (through robust local monitoring arrangements supported by national guidance) and on individual junior doctors to co-operate with those monitoring arrangements.

These arrangements will be subject to:

a. review by the ISG;

AND

b. for employers, their performance management systems.

PAY PROTECTION AT TRANSITION

Pay protection will apply from 1 December 2000 to any junior doctor whose total pay under the ADH system (at current ADH percentages) in the post they are occupying on 1 December 2000, or in any post in a rotation accepted before 1 December 2000 where a formal ADH assessment has been made, would be higher than that due under the proposed new contractual arrangements.

Until 1 December 2003 pay protection will also apply to any post or placement in a rotation accepted before 1 December 2000 where no formal ADH assessment was made but where the post, at the time the junior doctor accepted the rotation, was paid at a higher rate under the ADH system than is the case under the new contractual arrangements when the junior doctor takes up the post.

For these purposes a rotation is a series of posts or placements forming part of a training programme which might be at PRHO, SHO or SpR level. Such a rotation may involve the trainee having a series of different employing trusts and contracts but will not involve a new appointment panel.

PROTECTION OF INTENSITY PAYMENTS

On 1 December 2000, where a post attracts a higher rate ADH payment in recognition of excessive intensity under MEL (1996) 23 or MEL (1998) 40, then the post shall attract the same overall salary for so long as it is more favourable, until the intensity problem has been shown to be resolved. This shall also apply where a claim with full supporting evidence has been lodged by 30 November 2000 in accordance with these circulars, which is later agreed.
MECHANISM FOR THE ALLOCATION OF BANDING

APPENDIX A

First phase

1. National guidance on the implementation of the new pay structure will be issued to all NHS trusts (or health authorities) who employ junior hospital doctors and will incorporate centrally-agreed documentation in good time to implement intensity bandings from 1 December 2000.

2. All junior doctors will complete the documentation (including a “questionnaire”). All junior doctors sharing the same rota, shift or partial shift will be assigned the same banding.

3. At this first phase, New Deal local implementation groups could be involved to help resolve difficulties and to ensure consistency.

Second phase

4. Where agreement is reached on banding, the employer should notify the outcome in writing to the junior doctors concerned and any relevant consultants and clinical directors. Copies of all documentation should be available to the ISG which will give its opinion in any case where there is a dispute or in other cases at its discretion. Where agreement cannot be reached during the initial phase, the parties will record the issues to be resolved.

Third phase – appeal

5. If the parties do not accept the ISG opinion, there will be a right of appeal – on the grounds of fact – which will be the responsibility of the employer to operate fairly and transparently. Appeals will be heard by a local trust committee which should be convened as soon as possible and trusts are expected to do so while the doctors remain in post. The appeal panel should be constituted of two representatives of the trust nominated by the chief executive or the medical director (one of whom will chair the panel), a junior doctor representative from the trust (agreed with the junior doctor appellant) conversant with the working patterns involved, a junior doctor from a regional list supplied by the UK JDC and an independent external assessor nominated by the ISG. No member of the panel should have been involved in the original banding allocation decision. The decision of the panel is final.

Monitoring

6. Trusts will keep records of the banding of all posts which must be made available under a [to be] agreed external monitoring process which will be operated by the ISG.
APPENDIX A

HOURS PROTECTION

The objective of the contract is, over time, to reduce the hours worked by junior doctors. The changes in contractual terms must not be used as a justification to increase the hours worked in any post. On and following implementation, any substantive change to the working pattern of any existing post which may lead to an increase in the hours worked can only be introduced with the assent of the postholder and the approval of the ISG.
PART A: A GENERAL GUIDE TO THE NEW PAY SYSTEM

Introduction

1. This agreement applies to doctors and dentists, including flexible trainees, in the training grades, i.e. PRHOs, HOs, SHOs, Registrars, Specialist Registrars and Senior Registrars.

2. From 1 December 2000, the Additional Duty Hours (ADH) pay system will be replaced with a pay banding system. The bands will reflect whether the post is New Deal non-compliant, whether the doctor works, up to 40, 48 or to 56 hours a week; the type of working pattern, the intensity of work and the unsocial nature of the working arrangements.

3. ADHs will be abolished and there will no longer be an hourly rate of pay for hours worked over 40 a week. Instead, junior doctors will receive a basic salary as at present and, unless they are working a maximum of 40 hours a week entirely within the hours of 8am to 7pm Monday to Friday, they will receive an out-of-hours supplement. This supplement will be a single sum of money, calculated as a proportion of the basic salary (see table below) and added to the monthly salary to remunerate overall time on duty and reflecting the working pattern, intensity of work and the anti-social nature of the post. There are different levels of supplement depending on the nature of the post.

4. If a flexible trainee works in a post which does not comply with the New Deal, they will meet the criteria for Band 3 and will receive the full pay for that band with no pro rata reductions (ie from 62% supplement rising to 100%). If a flexible trainee does 40 hours of actual work per week or more they will be treated exactly the same as a full time trainee. This means that they will be allocated to a band using the same criteria as full timers and will receive the full pay for that band with no pro rata reduction. Please see paragraphs 18-22.

5. The Hospital Medical and Dental Terms and Conditions of Service will be amended in due course to incorporate these changes.

How the system will work

6. There are three bands in the new system:

   - Band 3 will include all juniors whose posts are non-compliant with the hours limits and/or the rest requirements of the New Deal, as stipulated in MEL (1999) 40, modified by agreement on weekend rest periods.
• Band 2 will include all juniors whose posts are compliant with the New Deal and who work over 48 hours and up to and including 56 hours of actual work per week.

• Band 1 will include all juniors whose posts are compliant with the New Deal and who work up to and including 48 hours of actual work per week.

7. Band 2 is split into Bands 2A and 2B, and Band 1 is split into Bands 1A, 1B and 1C:

• Bands 2A and 1A will include all juniors who, within their respective hours’ limits, work at high intensity and at the most unsocial times, as defined by the banding criteria.

• Bands 2B and 1B will include all juniors who, within their respective hours’ limit, work at less intensity at less unsocial times.

• Band 1C will include all juniors working on a low frequency on-call rota from home.

8. The total salary of junior doctors will comprise a basic salary to which a supplement, calculated as a proportion of the basic salary, will be added according to the band to which the doctor is allocated, as set out below. Figures in brackets show total salary expressed as a multiple of basic salary:

<table>
<thead>
<tr>
<th>Band/date</th>
<th>1 December 2000</th>
<th>1 December 2001</th>
<th>1 December 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 3</td>
<td>62% (1.62)</td>
<td>70% (1.7)</td>
<td>100% (2.0)</td>
</tr>
<tr>
<td>Band 2A</td>
<td>50% (1.5)</td>
<td>60% (1.6)</td>
<td>80% (1.8)</td>
</tr>
<tr>
<td>Band 2B</td>
<td>42% (1.42)</td>
<td>42% (1.42)</td>
<td>50% (1.5)</td>
</tr>
<tr>
<td>Band 1A</td>
<td>42% (1.42)</td>
<td>42% (1.42)</td>
<td>50% (1.5)</td>
</tr>
<tr>
<td>Band 1B</td>
<td>30% (1.3)</td>
<td>30% (1.3)</td>
<td>40% (1.4)</td>
</tr>
<tr>
<td>Band 1C</td>
<td>20% (1.2)</td>
<td>20% (1.2)</td>
<td>20% (1.2)</td>
</tr>
</tbody>
</table>

Important Notes on Implementation

9. **For full-timers working up to 40 hours per week** – full-time doctors whose entire working week consists of 40 hours or less between 8am and 7pm, Monday to Friday, will receive no additional supplement and their post will therefore not be allocated to one of the above bands.
10. **For those in Band 3** – where a junior doctor would have been entitled to claim for extra payment for over-intensive working under the ADH system according to MEL (1996) 23 or MEL (1998) 40, and where this payment would have resulted in a higher salary than that given by Band 3, the doctor will be entitled to a total supplement of 80% for as long as the working arrangement continues. This mechanism will continue until 1 December 2002 when Band 3 will give a supplement of 100%.

Example: a junior doctor on 32 Class III ADHs working at full shift (Class I) intensity would have been entitled under these circulars to have their ADHs paid at Class I rate, giving a total salary of basic plus 80% (1.8). This is higher than the Band 3 rate in December 2000 (1.62) and December 2001 (1.7) and so the doctor will be entitled to a supplement of 80% (1.8) for as long as the working arrangement continues. From 1 December 2002, it will be more advantageous for the doctor to be paid under Band 3 instead as this will give a supplement of 100% (2.0), and so this mechanism will be discontinued.

11. **Protection of intensity payments** – On 1 December 2000, where a post attracts a higher rate of ADH payment in recognition of excessive intensity under MEL (1996) 23 or MEL (1998) 40, then the post will attract the same overall salary for so long as it is more favourable, until the intensity problem has been shown to be resolved. This will also apply where a claim with full supporting evidence has been lodged by 30 November 2000 in accordance with these circulars, which is later agreed.

12. **Pay protection arrangements** – pay protection in compliant posts will apply from 1 December 2000 to a junior doctor whose total pay under the ADH system in the post they are occupying on 1 December 2000, or in any post in a rotation accepted before 1 December 2000 where a formal ADH assessment has been made, would be higher than that due under the new arrangements.

Until 1 December 2003, pay protection will also apply to any post in a rotation accepted before 1 December 2000 where no formal assessment was made but where the post, at the time the junior doctor accepted the rotation, was paid at a higher rate under the ADH system than under the new arrangements when the junior doctor takes up post.

13. **Hours protection** – the changes in contractual terms must not be used as a justification to increase the hours worked in any post. Any substantive changes to the working arrangement, which might lead to an increase in hours worked, can only be introduced with the agreement of the postholder and the approval of the ISG.
APPENDIX B

Nature of the regional approval system

Trusts are encouraged to discuss informally with the ISG any proposed change to existing posts which would lead to an increase in hours worked. To obtain approval for such a change, the trust must:

- submit a clear written statement to the ISG explaining the valid reason behind the change;
- confirm with the ISG that the change will not lead to a breach of the New Deal;
- obtain confirmation from the postgraduate dean that the proposed change will not adversely affect the educational content of the post;
- satisfy the ISG that all affected postholders have been consulted on the proposed changes and have given written agreement.

Once this has been done, the ISG can then give written approval for the change. Failure to obtain such approval means that the trust cannot introduce the change. If it is envisaged that the change will be brought in at the change of postholder, agreement should be obtained from both outgoing and incoming doctors, and a clear indication of the proposed change should be detailed in the job advertisement and description.

14. **New Deal hours limits and rest requirements** – from 1 December 2000, failure to apply the New Deal contracted hours limits (72 hours for an on-call rota (except under the English Clause where the maximum is 83 hours - English Clause posts must be New Deal compliant in all other respects); 64 hours for a partial shift and 56 hours for a full shift) will mean the trust is in breach of contract. For all contracts issued from 1 August 2001 for PRHOs and from 1 August 2003 for SHOs and SpRs, trusts must clearly demonstrate that posts are fully compliant with the hours' limits of the New Deal (as set out in Part C) or they will be in breach of contract.

15. **Definition of work** – for the purposes of banding, the definition of hours of actual work will be those definitions used in the New Deal (ie includes all time carrying out tasks for the employer, but does not include rest while on-call). For the purposes of defining work after 7pm, work begins when a doctor is disturbed from rest and ends when that rest is resumed. This includes, for example, time spent waiting to perform a clinical duty* and time spent giving advice on the telephone. [* eg: a doctor waiting for the operating theatre to be prepared; not a doctor on duty who has been notified of a need to return to the hospital or unit, but not immediately.]

16. **Definition of weekend** – a weekend worked is one which involves the doctors being on duty at any time during the period from 7pm Friday to 7am Monday.
APPENDIX B

17. Salaries for each grade and incremental scale point for each pay band as at 1 December 2000: Note: Para 8 above shows the full 3-year range of supplements

<table>
<thead>
<tr>
<th>Grade</th>
<th>Point</th>
<th>Basic salary</th>
<th>+ 20% Band 1C</th>
<th>+ 30% Band 1B</th>
<th>+ 42% Bands 1A &amp; 2B</th>
<th>+ 50% Band 2A</th>
<th>+ 62% Band 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRHO</td>
<td>Min</td>
<td>17260</td>
<td>20712</td>
<td>22438</td>
<td>24509</td>
<td>25890</td>
<td>27961</td>
</tr>
<tr>
<td>PRHO</td>
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</tr>
<tr>
<td>PRHO</td>
<td>2</td>
<td>19480</td>
<td>23376</td>
<td>25324</td>
<td>27662</td>
<td>29220</td>
<td>31558</td>
</tr>
<tr>
<td>SHO</td>
<td>Min</td>
<td>21535</td>
<td>25842</td>
<td>27996</td>
<td>30580</td>
<td>32303</td>
<td>34887</td>
</tr>
<tr>
<td>SHO</td>
<td>1</td>
<td>22980</td>
<td>27576</td>
<td>29874</td>
<td>32632</td>
<td>34470</td>
<td>37228</td>
</tr>
<tr>
<td>SHO</td>
<td>2</td>
<td>24425</td>
<td>29310</td>
<td>31753</td>
<td>34684</td>
<td>36638</td>
<td>39569</td>
</tr>
<tr>
<td>SHO</td>
<td>3</td>
<td>25870</td>
<td>31044</td>
<td>33631</td>
<td>36735</td>
<td>38805</td>
<td>41909</td>
</tr>
<tr>
<td>SHO</td>
<td>4</td>
<td>27315</td>
<td>32778</td>
<td>35510</td>
<td>38787</td>
<td>40973</td>
<td>44250</td>
</tr>
<tr>
<td>SHO</td>
<td>5 *</td>
<td>28760</td>
<td>34512</td>
<td>37388</td>
<td>40839</td>
<td>43140</td>
<td>46591</td>
</tr>
<tr>
<td>SpR</td>
<td>Min</td>
<td>24070</td>
<td>28884</td>
<td>31291</td>
<td>34179</td>
<td>36105</td>
<td>38993</td>
</tr>
<tr>
<td>SpR</td>
<td>1</td>
<td>25290</td>
<td>30348</td>
<td>32877</td>
<td>35912</td>
<td>37935</td>
<td>40970</td>
</tr>
<tr>
<td>SpR</td>
<td>2</td>
<td>26510</td>
<td>31812</td>
<td>34463</td>
<td>37644</td>
<td>39765</td>
<td>42946</td>
</tr>
<tr>
<td>SpR</td>
<td>3</td>
<td>27730</td>
<td>33276</td>
<td>36049</td>
<td>39377</td>
<td>41595</td>
<td>44923</td>
</tr>
<tr>
<td>SpR</td>
<td>4</td>
<td>29200</td>
<td>35040</td>
<td>37960</td>
<td>41464</td>
<td>43800</td>
<td>47304</td>
</tr>
<tr>
<td>SpR</td>
<td>5</td>
<td>30670</td>
<td>36804</td>
<td>39871</td>
<td>43551</td>
<td>46005</td>
<td>49685</td>
</tr>
<tr>
<td>SpR</td>
<td>6</td>
<td>32140</td>
<td>38568</td>
<td>41782</td>
<td>45639</td>
<td>48210</td>
<td>52067</td>
</tr>
<tr>
<td>SpR</td>
<td>7 *</td>
<td>33610</td>
<td>40332</td>
<td>43693</td>
<td>47726</td>
<td>50415</td>
<td>54448</td>
</tr>
<tr>
<td>SpR</td>
<td>8 *</td>
<td>35080</td>
<td>42096</td>
<td>45604</td>
<td>49814</td>
<td>52620</td>
<td>56830</td>
</tr>
</tbody>
</table>

* awarded automatically, except in cases of unsatisfactory performance (refer PCS/DD1999/3)

18. Pay banding arrangements for flexible trainees

- Flexible trainees will no longer be paid on a simple pro rata equivalent of their full time colleagues. The exception will be those flexible trainees who perform all their duty between 8am and 7pm Monday to Friday, who will be paid in a pro rata system (see Band FC below).

- An additional band (Band F) has been created to accommodate flexible training within the banded system. Band F will be for flexible trainees who do less than 40 hours of actual work per week.

- Band F is split into Band FA, FB and FC, according to hours and patterns of work criteria.

- The supplement will be paid in full, not adjusted in any way according to a proportion of full time salary, (eg Band FB has a supplement of 5%, which means the salary will be 1.05 x full basic salary for all flexible trainees in that band).
19. **Flexible trainees not complying with the New Deal**

If a flexible trainee works in a post which does not comply with the New Deal, they will meet the criteria for Band 3 and will receive the full pay for that band with no pro rata reductions (ie from 62% supplement rising to 100%).

Example: a flexible trainee SpR on the fourth point of the pay scale (£27,730 at 1 April 2000) would, on 1 December 2000, get a 62% supplement giving a total salary of £44,923.

20. **Flexible trainees doing 40 hours (or more) actual work per week**

If a flexible trainee does 40 hours of actual work per week or more they will be treated exactly the same as a full time trainee. This means that they will be allocated to a band using the same criteria as full timers and will receive the full pay for that band with no pro rata reduction.

21. **Flexible trainees doing less than 40 hours actual work per week**

There will be a set of pay bands for flexible trainees working less than 40 hours of actual work per week, as detailed below:

- **Band FA** - flexible trainees with more than one third of duty hours outside the period 7am to 7pm Monday to Friday, or working 1 in 5 weekends or more frequently, or working an on-call rota frequency of 1 in 10 or more frequently with prospective cover, will receive a supplement of 25% (= 1.25 x basic salary).

- **Band FB** - all other flexible trainees with duty outside the period 8am to 7pm Monday to Friday, will receive a supplement of 5% (= 1.05 x basic salary).

- **Band FC** - flexible trainees with no duty at all outside the period 8am to 7pm Monday to Friday, will be paid a pro rata of the basic pay, according to the following formula: hours of duty/40 x basic pay. All duty hours will be taken into account, not just contracted 'sessions'.

Example, a flexible trainee SpR on the fourth point of the pay scale in December 2000, doing 30 hours a week wholly within the period 8am to 7pm Monday to Friday will be paid 30/40 x £27,730 = £20,798. Pay multiplier shown in brackets.

<table>
<thead>
<tr>
<th>Band</th>
<th>1 Dec 2000 onwards</th>
</tr>
</thead>
<tbody>
<tr>
<td>FA</td>
<td>25% (1.25)</td>
</tr>
<tr>
<td>FB</td>
<td>5% (1.05)</td>
</tr>
</tbody>
</table>
22. Salaries for each grade and incremental scale point for flexible trainees in Bands FA and FB from 1 December 2000 [NB: unlike their full time counterparts, this multiplier does not alter after Year 1]

<table>
<thead>
<tr>
<th>Grade</th>
<th>Basic salary</th>
<th>+ 5% Band FB</th>
<th>+ 25% Band FA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1 PRHO</td>
<td>Min 17260</td>
<td>18123</td>
<td>21575</td>
</tr>
<tr>
<td>PRHO</td>
<td>1 18370</td>
<td>19289</td>
<td>22963</td>
</tr>
<tr>
<td>PRHO</td>
<td>2 19480</td>
<td>20454</td>
<td>24350</td>
</tr>
<tr>
<td>SHO</td>
<td>Min 21535</td>
<td>22612</td>
<td>26919</td>
</tr>
<tr>
<td>SHO</td>
<td>1 22980</td>
<td>24129</td>
<td>28725</td>
</tr>
<tr>
<td>SHO</td>
<td>2 24425</td>
<td>25646</td>
<td>30531</td>
</tr>
<tr>
<td>SHO</td>
<td>3 25870</td>
<td>27164</td>
<td>32338</td>
</tr>
<tr>
<td>SHO</td>
<td>4 27315</td>
<td>28681</td>
<td>34144</td>
</tr>
<tr>
<td>SHO</td>
<td>5* 28760</td>
<td>30198</td>
<td>35950</td>
</tr>
<tr>
<td>SpR</td>
<td>Min 24070</td>
<td>25274</td>
<td>30088</td>
</tr>
<tr>
<td>SpR</td>
<td>1 25290</td>
<td>26555</td>
<td>31613</td>
</tr>
<tr>
<td>SpR</td>
<td>2 26510</td>
<td>27836</td>
<td>33138</td>
</tr>
<tr>
<td>SpR</td>
<td>3 27730</td>
<td>29117</td>
<td>34663</td>
</tr>
<tr>
<td>SpR</td>
<td>4 29200</td>
<td>30660</td>
<td>36500</td>
</tr>
<tr>
<td>SpR</td>
<td>5 30670</td>
<td>32204</td>
<td>38338</td>
</tr>
<tr>
<td>SpR</td>
<td>6 32140</td>
<td>33747</td>
<td>40175</td>
</tr>
<tr>
<td>1.1.2 SpR</td>
<td>7* 33610</td>
<td>35291</td>
<td>42013</td>
</tr>
<tr>
<td>SpR</td>
<td>8* 35080</td>
<td>36834</td>
<td>43850</td>
</tr>
</tbody>
</table>

* To be awarded automatically, except in cases of unsatisfactory performance (refer PCS(DD)1999/3)
Do you comply with ND hours & rest limits?

- YES
  - Do you work an on-call rota?
    - NO
      - Do you work more than 48 hours of actual work?
        - NO
          - BAND 3
        - YES
          - BAND 2A
    - YES
      - Do you do a 1 in 6 (inc PC) or more frequently, OR work 1 weekend in 3 or more frequently
        - YES
          - NO
        - NO
          - BAND 2B
      - NO
        - BAND 1A
  - NO
    - BAND 1B
    - BAND 1C

Criteria R - are you resident and carrying out any work after 7pm, or non-resident and doing 4 hours work after 7pm on 50% of occasions?

PC = prospective cover
Weekend = Friday 7pm - Monday 7am
PART B: DEFINITIONS

Working patterns:

- The criteria that define compliance with the New Deal for each working pattern are defined in MEL (1999) 40 or equivalent in other UK health departments.
- **However, for pay banding purposes, it is important for junior doctors and trusts to have a simple working definition for the relevant working patterns to aid completion of the banding questionnaire. These are not intended to be exhaustive definitions, but are designed to minimise potential inconsistency in allocating bands.**
- Trusts and/or juniors may wish to consult the ISG or local BMA office if they are unclear about which pattern is appropriate.

On-call rota:

Doctors on on-call rotas usually work a set working day on weekdays, from Monday to Friday. The out-of-hours duty period is covered by doctors working “on call” in rotation. **Juniors are rostered for duty periods of more than 24 hours.**

*Example 1:* If six doctors share a rota equally between them, but locums are employed for leave, this is a 1 in 6 rota without prospective cover. This means each doctor will, for the whole duration of their contract or placement, work less than one-sixth of all on call duty periods, unless they do not take any leave. If, for example, six doctors share a rota equally between them and cover each other’s leave, this is a 1 in 6 with prospective cover. The contribution of non-training grades and flexible trainees in the frequency of on-call rotas should be taken into consideration.

*Example 2:* If eight doctors share a rota equally between them, but locums are employed for leave, this is a 1 in 8 rota without prospective cover. This means each doctor will, for the whole duration of their contract or placement, work less than one-eighth of all on call duty periods, unless they do not take any leave. If, for example, eight doctors share a rota equally between them and cover each other’s leave, this is a 1 in 8 with prospective cover. The contribution of non-training grades and flexible trainees in the frequency of on-call rotas should be taken into consideration.

(See below for definition of prospective cover)

Partial shifts:

On most weekdays doctors on partial shifts work a normal day. But, at intervals, one or more doctors will work a different duty for a fixed period of time, eg evening or night shifts. Doctors can expect to work for a substantial proportion of the out-of-hours duty period, during which time they will expect to achieve some rest in addition to natural breaks. **Juniors will be rostered for duty periods of not more than 16 hours.**
24 hour partial shifts:

Weekdays are usually worked as normal days. In rotation, a duty period is rostered, not exceeding 24 hours including handovers, for the weekend and out-of-hours cover. Juniors will be rostered for duty periods of more than 16 hours, but less than or equal to 24 hours.

Full shifts:

A full shift will divide the total working week into definitive time blocks with doctors rotating around the shift pattern. Doctors can expect to be working for the whole duty period, except for natural breaks. Juniors will be rostered for duty periods which do not exceed 14 hours.

Hybrid working arrangements:

A hybrid working pattern involves a combination of two or more of the above patterns (See MEL (1999) 40 Appendix D). Each component duty pattern must conform to its appropriate definition and hours' controls, as above.

Actual work:

All time on duty carrying out tasks for the employer, including periods of formal study/teaching. For the purposes of defining actual work after 7pm, work begins when a doctor is disturbed from rest and ends when that rest is resumed. This includes, for example, time spent waiting to perform a clinical duty* and time spent giving advice on the telephone.

*Example: a doctor waiting for the operating theatre to be prepared; not a doctor on duty who has been notified of a need to return to the hospital or unit, but not immediately.

Rest

All time on duty when not performing or waiting to perform* a clinical or administrative task, and not undertaking a formal educational activity; but including time spent sleeping. Natural breaks do not count as rest.

* Example a doctor waiting for the operating theatre to be prepared; not a doctor on duty who has been notified of a need to return to the hospital or unit, but not immediately.

Weekend

A weekend worked is one which involves the doctors being on duty at any time during the period from 7pm Friday to 7am Monday.
Prospective cover:

When the doctor is contracted to provide internal cover for colleagues when they are on annual and/or study leave, ie if no locums are provided. Prospective cover is also in operation when on-calls are required to be swapped when taking leave or when leave is fixed in advance. When a doctor not on the rota acts as a “floater”, ie covering any doctors on the rota who are away on holiday, prospective cover is not in operation.
PART C: GUIDANCE ON HOURS OF WORK AND REST REQUIREMENTS

New Deal hours limits and rest requirements as set out (for the NHS in England) in MEL (1999) 40 amended in respect of weekend rest requirements.

**Maximum number of contracted hours for each working pattern**

<table>
<thead>
<tr>
<th>Working pattern</th>
<th>Maximum continuous duty</th>
<th>Minimum period off duty between duty periods</th>
<th>Minimum period off duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-call rotas</td>
<td>72 hours per week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial shifts</td>
<td>64 hours per week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full shifts</td>
<td>56 hours per week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hybrids: Hours’ calculation is based on a combination of each working pattern involved (as defined in MEL (1999) 40)

**Maximum number of actual hours**

Irrespective of the number of contracted hours, the number of hours on duty and the working pattern, no junior doctor should be expected to undertake more than 56 hours of actual work a week.

**Controls on duty periods**

<table>
<thead>
<tr>
<th>Working pattern</th>
<th>Maximum continuous duty</th>
<th>Minimum period off duty between duty periods</th>
<th>Minimum period off duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Full shift</td>
<td>14 hours</td>
<td>8 hours</td>
<td>48 hours + 62 hours in 28 days</td>
</tr>
<tr>
<td>Partial shift</td>
<td>16 hours (except 24 hour partial shifts)</td>
<td>8 hours</td>
<td>48 hours + 62 hours in 28 days</td>
</tr>
<tr>
<td>On-call rota</td>
<td>32 hours (56 hours at weekend)</td>
<td>12 hours</td>
<td>48 hours + 62 hours in 21 days</td>
</tr>
</tbody>
</table>

Notes:

- Maximum number of continuous duty days for all working patterns is 13 days, followed by a minimum of 48 hours off duty
- Duty hours: all hours working or on-call (including rest while on duty)
- Actual hours: all hours on duty carrying our tasks for the employer, including periods of formal study leave or teaching
## Rest requirements

<table>
<thead>
<tr>
<th>Working pattern</th>
<th>Natural breaks</th>
<th>Minimum rest during the whole of each duty period</th>
<th>Minimum continuous rest guide</th>
<th>Timing of continuous rest</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full shift</strong></td>
<td>Yes</td>
<td>Natural breaks</td>
<td>At least a 30 minute continuous break after approximately 4 hours continuous duty</td>
<td>At least a 30 minute continuous break after approximately 4 hours continuous duty</td>
</tr>
<tr>
<td><strong>Partial shift</strong></td>
<td>Yes</td>
<td>Natural breaks if no out of hours duty. Otherwise one quarter of the out of hours duty period *</td>
<td>Frequent short periods of rest are not acceptable</td>
<td>At any time during the duty period</td>
</tr>
<tr>
<td><strong>24 hour partial shift</strong></td>
<td>Yes</td>
<td>6 hours</td>
<td>4 hours</td>
<td>Between 10pm and 8am</td>
</tr>
<tr>
<td><strong>On-call rotas</strong></td>
<td>Yes</td>
<td>Mon-Fri: one half of the out of hours duty period **. Weekends: see revision note below</td>
<td>Minimum 5 hours</td>
<td>Between 10pm and 8am</td>
</tr>
</tbody>
</table>

Notes:

Reasonable expectation of rest: in each of the working patterns, rest targets must be met during at least 75% of all rostered duty periods.

* eg: 5pm to 9am Mon to Fri = 4 hours; 8am to midnight Sat or Sun = 4 hours

** eg: 5pm to 9am Monday to Friday = 8 hours
Revision of weekend rest requirements for on-call rotas

Important note: this amends and replaces the definition contained in MEL (1999) 40

1. If the agreed total rest expectation of 50% of the out-of-hours duty period within the duty period is achieved, this is acceptable and no further action is needed. For a weekend duty period of 9am Saturday to 5pm Monday, this would mean a total of 24 hours rest during that period.

OR

2. At weekends, if the rest requirement equivalent to that for a weekday is achieved (8 hours for 24 hour period, 5 continuous between 10pm and 8am, on at least 75% of duty periods), but the total rest does not meet the requirement for the weekend (at least 50% of the out of hours duty period on 75% of occasions), the requirements of the New Deal will still be met if:

   (i) “equivalent paid rest” is built into the rota for each weekend worked, in the form of working days or half days (to count as a day or half day on duty for total hours purposes). This rest should be taken by the end of the Monday of the following week (ie within 8 days).

   However, in exceptional circumstances, the period of equivalent paid rest built into the rota may be taken at another time in the rota cycle. This must be with the agreement of the individual trainee and apply to no more than 25% of weekends worked.

   and

   (ii) the trust clearly demonstrates that the post is fully compliant with all the other hours limits and rest requirements of the New Deal, including the limit of an average 56 hours a week of actual work.

Equivalent paid rest will be awarded for each weekend worked where the total rest requirement is not met, on the following basis:

<table>
<thead>
<tr>
<th>Total rest achieved per 48 hours weekend</th>
<th>Equivalent paid rest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater than 20 hours, less than 24</td>
<td>Half day (4 hours)</td>
</tr>
<tr>
<td>Less than/equal to 20 hours</td>
<td>Full day (8 hours)</td>
</tr>
</tbody>
</table>

If less than 16 hours rest is attained, the post is New Deal non-compliant and changes must be made to the working pattern. In the meantime, full day equivalent paid rest will be awarded on such occasions.

3. If the conditions at (1) and (2) cannot be met, other actions will be necessary in order to meet the New Deal requirements governing weekend rest.
PART D: CALCULATING HOURS OF ACTUAL WORK
(Source document: BMA)

Identify the working pattern you are on: on-call rota, partial shift, 24 hour partial shift, full shift or hybrid.

On-call rotas

Work out the length of your normal working day (NWD) and thus the weekly daytime work done, eg 8am to 5pm is 45 hours per week = a

Next, work out the actual hours worked when on-call using the following formula:

The number of hours of work done during a weekday on-call period = x
The number of hours of work done during the weekend on-call period = y
The number of doctors on the rota = z

Actual on-call work done without prospective cover = (5x + y)/z = b

If prospective cover (PC) is in operation, calculate the extra weekly hours thus:

PC hours = b * L/(52-L) = c where L is the combined annual and study leave for each doctor on the rota.

Therefore, the total hours of actual work is: a + b when there is no PC, or a + b + c when PC is in operation.

Example:

6 SHOs on an on-call rota with PC (z).

NWD is 8am to 5pm. Daily hours per week (a) = 45 hours

Average 6 hours of actual work each on-call night (x), and 14 hours of actual work each day over the weekend (y).

Thus, actual on-call work done each week = (30 + 28)/6 = 9.7 hours

Add in PC allowance: 9.7 * 10.5/(52-10.5) = 2.4

Total actual work per week = 45 + 9.7 + 2.4 = 57.1 hours

The chart below gives an indication of hours of actual work based on a working day of 8, 9 or 10 hours, and 50% intensity (ie rest = one half of the out-of-hours duty period) during the out-of-hours period.
The best way to determine the number of hours of actual work is through detailed monitoring of work and rest. The chart below assumes that rest is achieved to the maximum of the New Deal requirement (equivalent to 50% of the number of hours of duty in the out-of-hours duty period). Therefore, it is merely a guide and not a definitive calculation for each on-call rota frequency.

On-call rotas: A guide to the number of hours of actual work for each rota frequency with on average an 8 hour, 9 hour or 10 hour normal working day

Assumption: 50% rest (≈ New Deal maximum) is achieved when working on-call
<table>
<thead>
<tr>
<th>Rota frequency</th>
<th>Average day length (hours)</th>
<th>Hours of actual work&lt;sup&gt;1&lt;/sup&gt;</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>With no PC&lt;sup&gt;2&lt;/sup&gt;</td>
<td>With 6.5 weeks PC&lt;sup&gt;2&lt;/sup&gt; per annum for annual leave only&lt;sup&gt;4&lt;/sup&gt;</td>
<td>With 10.5 weeks PC&lt;sup&gt;2&lt;/sup&gt; per annum for annual + study leave</td>
<td>With 11.5 weeks PC&lt;sup&gt;2&lt;/sup&gt; per annum for annual + study leave</td>
</tr>
<tr>
<td>1 in 4</td>
<td>8</td>
<td>56</td>
<td>58.5</td>
<td>60.5</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>60.5</td>
<td>63</td>
<td>64.5</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>65</td>
<td>67</td>
<td>68.5</td>
<td>69</td>
</tr>
<tr>
<td>1 in 5</td>
<td>8</td>
<td>53</td>
<td>55</td>
<td>56</td>
<td>56.5</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>57.5</td>
<td>59</td>
<td>60.5</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>62</td>
<td>63.5</td>
<td>65</td>
<td>65.5</td>
</tr>
<tr>
<td>1 in 6</td>
<td>8</td>
<td>51</td>
<td>52.5</td>
<td>53.5</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>55.5</td>
<td>57</td>
<td>58</td>
<td>58.5</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>60</td>
<td>61.5</td>
<td>62.5</td>
<td>63</td>
</tr>
<tr>
<td>1 in 7</td>
<td>8</td>
<td>49.5</td>
<td>50.5</td>
<td>51.5</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>54</td>
<td>55</td>
<td>56</td>
<td>56.5</td>
</tr>
<tr>
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Figures in bold highlight the number of hours of actual work per week above the New Deal limit of 56 hours.

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<sup>1</sup> An average normal working day of 9am to 5pm, for example, is 8 hours. However, junior doctors frequently start earlier than 9am and finish later than 5pm, thereby often working 9 hour days (eg. 8am to 5pm) or 10 hour days (eg. 8am to 6pm).

<sup>2</sup> Actual work = all time on duty carrying out tasks for the employer, including periods of formal study leave/teaching. For the purposes of defining work after 7pm, work begins when a doctor is disturbed from rest and ends when that rest is resumed. This includes, for example, time spent waiting to perform a clinical duty and time spent giving advice on the telephone.

<sup>3</sup> Prospective cover is when you are contracted to provide internal cover for colleagues when they are on annual and/or study leave, ie if no locums are provided. Prospective cover is also in operation when on-calls are required to be swapped when taking leave or when leave is fixed in advance. When a doctor not on the rota acts as a “floater”, ie covering any doctors on the rota who are away on holiday, prospective cover is not in operation.

<sup>4</sup> 6.5 weeks prospective cover per annum, if in operation, applies only to PRHOs and any other junior doctor whose prospective cover includes annual leave only and not study leave.

<sup>5</sup> 11.5 weeks prospective cover per annum applies only to SpRs on the 3<sup>rd</sup> incremental point of the pay scale and higher.
APPENDIX B

Shifts (partial shifts, 24 hour partial shifts and full shifts)

Work out how many shifts are done each week (including all doctors on the rota).

Next, determine the work done on each shift. For full shifts, this will usually be equal to the full duty period.

Add together all the work done each week.

Divide this total by the number of doctors on the rota to give the hours of actual work for each doctor each week.

If prospective cover applies to all shifts, add an allowance for PC using the formula in the on-call rotas section above. In many partial shifts, prospective cover does not apply to those shifts or parts of shifts that fall during the normal working day. In this case, it is best to calculate hours of duty and hours of actual work separately for these two components and add them together.

Example:

10 SHOs work a partial shift. Prospective cover applies to all periods outside the normal working day. They work 9am to 5pm normally, but 2 doctors work 9am to 10pm each day, including Saturdays and Sundays. One doctor works a night shift, 10pm to 9am. The average work done is 8 hours between 9am to 5pm, 3 hours between 5pm and 10pm, and 7 hours between 10pm and 9am.

Total number of shifts: 7 * 5 "normal weekdays", 2 * 7 extended days and 7 nights

Total hours of actual work during the NWD = 9 * 5 * 8 = 360 hours

Total hours of actual work outside the NWD = (2 * 5 * 3) + (2 * 2 * 11) + (7 * 7) = 123 hours

Plus prospective cover for these hours = 123 * 10.5/(52-10.5) = 31.1 hours

Total hours of actual work = 360 + 123 + 31 = 514 hours

Divide by 10: Total hours of actual work per week per doctor = 51.4 hours

Hybrid working arrangements

Use the methods for the above working patterns for each one contained in your hybrid working arrangement.

Please refer to the BMA Junior Doctors Committee’s website for further information: www.bma.org.uk
PART A: INTRODUCTION

Background

1. The New Deal has required, since 1991, an hours' monitoring system capable of recording and checking hours worked by doctors in training against a set of hours limits and controls. This was further refined in 1998 under MEL (1999) 40, which introduced new guidelines and controls on rest periods, to make sure that the quality of rest as well as its quantity was properly defined. This was in line with our continued commitment to improve the working lives of junior doctors.

Requirement for change

2. During recent years it had become increasingly apparent that, without apportioning blame or criticism, there were shortcomings in local monitoring arrangements, both in terms of coverage and accuracy. This is no longer sustainable, and for three reasons:

   • new pay structure: from 1 December 2000 juniors' working hours will need to be monitored for duration and intensity, as this will be key to determining individual pay bandings;

   • the future contractual requirement (agreed as a fundamental part of the new contractual and pay structures) that no junior, regardless of working pattern, will be expected to work more than 56 actual hours a week on average. This will be introduced in two phases, from August 2001 for PRHOs and from August 2003 for SHOs and SpR grades;

   • the extension of the Working Time Directive to doctors in training, over a series of target dates agreed by the European Community, and shortly to be introduced into UK law. This will introduce legal limits on the working week and provide for rest periods within and between duty periods.

3. These developments broadly herald a move away from considerations of simple percentages in or out of New Deal targets and towards a more refined assessment of contractual working hours and work intensity.

Mutual obligation to monitor hours

4. From 1 December 2000 there will be a contractual obligation on employers to monitor junior doctors' New Deal compliance and the application of the banding system, through robust local monitoring arrangements supported by national guidance, and on individual junior doctors to cooperate with those monitoring arrangements.

5. These arrangements will be subject to:
• review by the Implementation Support Group (ISG); and
• for employers, the performance management systems.

6. In practice, if either the employer or the employee is not fulfilling their obligations, this could affect the means of determining pay banding and lead to financial and contractual uncertainty. Paragraphs 22 and 23 at Part C below cover the circumstances in which sanctions may apply.

National framework

7. To ensure consistency across Scotland in implementing the new contract, the paragraphs below provide a **national framework, containing an agreed set of key principles and standards, together with detailed operational guidance.** The guidance outlines what should be monitored, and when, so that information can be properly aggregated in trusts and regions and supplied centrally for strategic purposes. The guidance also covers the respective responsibilities of the key parties involved in monitoring.

8. A national framework will endorse and develop those systems which are tried and tested, which meet the principles and standards below, which command confidence, and which are achievable and affordable. ISG regional support teams will be used to work alongside HR staff or medical staffing officers in supporting hours' monitoring and improving local awareness. Currently there are a number of monitoring systems in use, and many trusts have successfully monitored using different approaches. We are, however, giving central backing to moves to investigate future technological support capable of producing an affordable, workable, accurate and standardised approach to monitoring in the longer term.
PART B: KEY PRINCIPLES FOR A NATIONAL MONITORING FRAMEWORK

9. The **eight** key principles listed below are supported by detailed guidance on responsibilities, methodology, timing, data requirements etc in Part C below.

- *Agreed national set of standards and guidance*

- *Simple to use and easy to understand*

- *Targeted and comprehensive: a framework which covers juniors' posts to the extent necessary to provide sufficient information to determine New Deal compliance and pay banding allocations*

- *Accurate and transparent: a framework which is accurate and reliable, open to scrutiny, and which commands the confidence of key parties at all levels*

- *Clear performance management lines of accountability within trusts and externally*

- *Audit trail: full data records must be kept locally for a minimum of 6 years and available on reasonable request to inform decisions and allow for review or appeal where appropriate*

- *Properly resourced locally, with the ultimate contractual responsibility for providing and overseeing monitoring processes resting with NHS Trusts as the employers of junior doctors*

- *Monitoring systems must be capable of adaptation to take into account any future changes in contractual or legal requirements and the extent of the data required, on an ongoing basis, at local level to reassess hours' compliance and/or to resolve disputes.*
PART C: OPERATIONAL GUIDANCE FOR INTRODUCING A NATIONAL MONITORING FRAMEWORK

10. Trusts will need to ensure they collect and analyse data sufficient to implement the new pay bandings and juniors' contract from 1 December 2000, and to build on this for the future for reassessing hours' compliance and/or resolving pay or contractual disputes. Junior doctors, in turn, will be responsible for recording data on hours worked, and forwarding that data, at the employer's request. This annex therefore outlines (a) pay banding monitoring requirements and (b) ongoing requirements for monitoring hours, in accordance with current New Deal targets and, subsequently, with agreed new transitional hours limits through the Working Time Directive.

What data should be collected?

11. Trust medical data systems must record

- Grade and specialty
- Contracted working arrangement (shift, on-call rota, etc)
- Contracted duty hours
- Information on the frequency and pattern of on-call or shift working, including the number of posts in the rota/shift and prospective cover arrangements
- Information on work intensity (the work/rest ratio)

12. For measuring compliance against New Deal targets the following controls or limits must be assessed:

- contracted hours
- hours of duty, and when those hours occur
- hours of actual work, and when those hours occur
- total and continuous rest periods
- maximum continuous duty
- gaps between shifts
- number of consecutive days worked
- gaps between periods of time off duty
- natural breaks
- leave and cover arrangements.

13. The New Deal criteria for hours limits and rest requirements for each working pattern are detailed in MEL (1999) 40 (as modified by changes to weekend rest requirements - see Banding Guidance)
14. In addition, for pay banding purposes, information will be required as outlined in the banding criteria on:

- residency status when on-call
- frequency of weekend working
- rest attained.

Who should be monitored?

15. Data should be collected by the trust from all PRHOs, Dental HOs, SHOs, and SpR/Reg/SRs - including flexible trainees and locum doctors in training employed by the trust during the whole monitoring period. Career grade doctors and other non-training grade medical staff will be covered by their own pay, hours and WTD contractual arrangements, so should not be monitored under this guidance.

16. Doctors who have identical duties and responsibilities when working on a shift or an out-of-hours portion of an on-call rota should be assessed as working on the same rota or shift. Where this is not the case, those with different duties and responsibilities should be assessed separately. This will enable trusts to ensure that banding decisions can be made which accord with the core principle that **all doctors working on the same rota or shift are allocated to the same pay band.**

17. Each duty period must be assessed individually to determine whether the New Deal requirements have been met on the required proportion of occasions as defined in MEL (1999) 40 (as amended for assessing weekend rest in pay banding guidance).

When should the data be collected?

18. For pay banding purposes to take effect from 1 December 2000, all doctors in training must have completed a banding questionnaire.

19. Re-monitoring at the request of either party must be undertaken within a reasonable period of time.

   This may arise where, for example, an individual doctor can produce well founded reasons why their hours of work or work intensity are not adequately reflected in the results of the monitoring, or where the results vary substantially from the anticipated outcome, or following a major organisational change, or in cases of contractual dispute. Re-monitoring should usually involve the same set of doctors.

20. For ongoing monitoring, ie for both pay and New Deal purposes, hours should normally be recorded and checked at a minimum of twice a year. Non-typical periods should be avoided: eg change of house, bank holidays, examination periods.
A monitoring period of two weeks is recommended. Twelve-monthly monitoring may be considered in cases where all parties including the ISG agree:

- That posts have clearly been shown to be compliant with the New Deal, and
- Which pay band the post should be in, and
- That the pay banding is unlikely to change within the next twelve months.

21. Alternatively, monitoring may be agreed more frequently

- where posts are substantially non-compliant
- in cases of contractual dispute
- where there is a demonstrable and substantial change in working pattern or working practices in the post(s) during the training period; or
- following an agreed change in working pattern or practice.

**Sanctions in the event of non-monitoring**

22. If the trust does not implement monitoring after 1 December 2000 which meets the key principles set out above in Part B, the ISG will serve an improvement notice. If the trust subsequently fails to implement an appropriate monitoring system within six months, it must pay the junior doctors concerned as if they were in New Deal non-compliant posts (in terms of hours controls) ie at Band 3 pay rates. These rates will apply until such time as the ISG confirms that the trust now meets its contractual requirement to monitor.

23. Where an individual junior or group of junior doctors in a rota or rotational placement fails, without good reason, to meet their contractual responsibility to supply monitoring data, they shall receive a written notice of their contractual obligation to cooperate, and be required to participate in a further round of monitoring. Persistent failure to comply with monitoring arrangements will represent a breach of contract and may result in disciplinary procedures. In such circumstances, the trust will determine what it regards as the correct pay band, on the basis of the available information.

24. Hours’ information must use agreed local recording methods, (eg diary cards, optical mark readers, barcode readers) which accord with the national framework principles listed at Section B.

APPENDIX C

Hours should be recorded during the agreed monitoring period, preferably during or at the end of the duty period worked, rather than through potentially less reliable retrospective questionnaires or telephone surveys. This process is particularly recommended in the busier acute specialties.
What needs to be done locally?

25. Junior doctors and relevant working colleagues (eg. medical and other clinical staff, medical staffing officers etc) must be notified adequately in advance of the agreed monitoring period. Those being monitored must have received at their induction or soon thereafter local guidance and instructions on the purposes of monitoring and what is entailed. Job descriptions, letters of appointment and individual contracts should remind all juniors of their contractual obligation to monitor hours on request. In turn, every effort should be made by trusts to assist and encourage full participation in the exercise. Juniors should know where to send the information recorded, adequate collection points on-site shall be established, and they should know how to get feedback on the outcome of their participation.

How should the data be collected?

26. Much of the data needed for assessing banding criteria or New Deal compliance as listed above will already be available in trusts' Medical Staffing sections, eg contracts of employment, contracted duty periods, calculations for prospective cover within the team, weekly shift/rota timetables.

This data will need to be supplemented by accurately recorded data; eg actual length of working week, including early starts/late finishes, rest achieved during the day and overnight, natural breaks, actual working times as opposed to rostered duty periods.

Monitoring may throw up situations where the working reality is very different from the expected working patterns, and could indicate the likely source of non-compliance.

27. Under this national framework a minimum return rate for monitoring data should be set at 75% of all doctors in training in each rota or shift (irrespective of grade) participating in the monitoring round, and at 75% of all duty periods worked over the monitoring period, provided this is deemed to be a representative figure in both cases. This threshold is important for making a valid and accurate assessment of hours worked and rest attained.
How should the hours data be processed and analysed?

28. There should be clear local arrangements for the designation of staff who will process, record and analyse data collected, together with robust performance management structures at all levels in the NHS to ensure that national framework guidance is observed in all trusts employing junior doctors.

29. The system selected for the processing of data should comply with the key principles at Part B. It should be consistent across trusts within Scotland, compatible with other data and capable of determining New Deal compliance and pay banding. Original data and summary documents should be kept by trusts for a minimum of six years in case of future dispute. The requirements of the Data Protection Act regarding access to individual records and maintaining confidentiality must be followed at all stages.

30. The processing of data should take place immediately after the exercise, allowing adequate time to chase up ‘non-returns’ or follow up individual queries. The trust should then publish a summary report within 15 working days of receipt of an adequate sample of monitoring data. The report should be set out in a simple, easy to understand format through which duty and working hours can be clearly assessed against New Deal requirements and pay banding criteria. The summary should serve as helpful feedback to individual juniors thereafter.

In addition, results on the monitoring exercise should be published locally, broken down by grade and by specialty, and giving response rates in each case. Publication will provide information on problem areas and allow for subsequent discussion by trusts, juniors and others on action plans for the future. This will encourage greater joint ownership of problems raised in the drive for workable, sustainable solutions.

31. For pay banding purposes the mechanisms for agreeing whether monitoring results are valid are laid down in the accompanying guidance. For ongoing compliance purposes, results should be made available to the local New Deal implementation group and/or the BMA junior doctors representative(s) nominated as monitoring validation officer(s). The implementation group or nominated junior can then check to see if monitoring procedures were properly applied, and can test current data against previous monitoring outcomes and any subsequent known changes in working practices, working arrangements or workload pressures. The opportunity for re-monitoring should be given where formally requested either by the trust or junior(s):
APPENDIX C

- in cases of contractual dispute over the results
- where there is a demonstrable and substantial change in working pattern or working practices in the post(s) during the training period; or
- in the circumstances outlined in paragraph 19

and where reference to the ISG for advice or independent arbitration is unlikely to result in early local resolution without further hours' information.

Who else needs monitoring information?

32. Hours' monitoring must become a familiar aspect of local performance management requirements. Data publication should include

- dissemination to the New Deal Implementation Group and local negotiating group (LNC)
- individual feedback to juniors participating in monitoring
- a summary report sent to the ISG
- information for other local/regional bodies eg postgraduate deans, workforce planning/development groups etc.
- data may also be used as a quality indicator and made more openly available, eg for prospective juniors, patient groups.

33. The ISG will be responsible for checking the summary data provided to them for consistency and for their analysis of compliance trends across Scotland. They will also be available to arbitrate on banding disputes, to assist appeals panels where appropriate and to provide advice and support where requested on working patterns, working practices and their impact on patient care.

34. Information may also be requested by appropriate bodies nationally for strategic purposes, eg for Ministerial accountability, or to consider new systems of incentives and sanctions, repercussions for workforce planning, education and training, and particularly to check for consistent and comprehensive performance management arrangements and performance development plans or outcomes.
APPENDIX D

**Banding questionnaire for junior doctors**

Please note: junior doctors are required to complete this questionnaire, in order to assess into which pay band they should be allocated.

Please tick either Yes or No to each of the questions as appropriate.

**Once your answers have led to a Band being allocated DO NOT continue completing the questionnaire.** Please complete and sign the declaration at the end and return the questionnaire to your medical staffing department.

Please read the following accompanying guidance before completing the questionnaire:

- General guide to the new pay system for junior hospital doctors
- Flowchart
- Glossary of definitions
- Guidance on New Deal hours limits and rest requirements
- Guidance on calculating hours of actual work

1. Are you a flexible trainee?  
   - Yes: Go to Q 2  
   - No: Go to Q 3

2. Do you work 40 hours or more of actual work\(^1\) per week?  
   - Yes: Go to Q 3  
   - No: Go to Q 60

3. If you work\(^2\) • an on-call rota (duty periods of more than 24 hours)  
   - Go to Q 4
     - a partial shift (duty periods of up to 16 hours only)  
     - Go to Q 21
     - a 24 hour partial shift (duty periods of 16 to 24 hour)  
     - Go to Q 29
     - a full shift (duty periods of up to 14 hours)  
     - Go to Q 38
     - a hybrid working pattern (two or more of the above)  
     - Go to Q 45
APPENDIX D

ON-CALL ROTAS

Doctors on on-call rotas usually work a set working day on weekdays, from Monday to Friday. The out-of-hours duty period is covered by doctors working “on call” in rotation. Juniors are rostered for duty periods of more than 24 hours.

4. Do you work 56 hours or less of actual work\(^1\) per week and do you comply with the New Deal contracted hours’ limit and controls on duty periods? 
   (please refer to the guidance on calculating hours of actual work and the guidance on hours of work and rest requirements)
   
   Yes:  Go to Q 5
   No:  Band 3

5. Does your total working week consist of a maximum of 40 hours duty entirely between 8am and 7pm Monday to Friday with no other out-of-hours work or duty?
   
   Yes:  **No supplement**
   No:  Go to Q 6

6. When on duty out-of-hours, do you get 5 hours continuous rest\(^3\) between 10pm and 8am on at least 75% of occasions\(^4\) ?
   
   Yes:  Go to Q 7
   No:  Band 3

7. When on duty out-of-hours during the week, do you get rest\(^3\) totalling one half of the out-of-hours duty period\(^5\) on at least 75% of occasions\(^4\)?
   
   Yes:  Go to Q 8
   No:  Band 3

8. When on-call between Saturday morning and Monday morning, do you get at least 16 hours rest\(^3\) in total per 48 hours on duty, on at least 75% of occasions\(^4\)?
   
   Yes:  Go to Q 9
   No:  Band 3

9. When on-call between Saturday morning and Monday morning, do you get 24 hours rest\(^3\) or more in total per 48 hours on duty?
   
   Yes:  Go to Q 11
   No:  Go to Q 10
APPENDIX D

10. When on-call from between Saturday morning and Monday morning -

(i) do you get more than 20 hours but less than 24 hours rest\(^3\) in total per 48 hours on duty and a rostered half day (4 hours) off\(^6\) ?

OR

(ii) do you get less than/equal to 20 hours rest\(^3\) in total per 48 hours on duty and a rostered full day (8 hours) off\(^6\) ?

Yes: Go to Q 11
No: **Band 3**

11. Do you work more than 48 hours of actual work\(^1\) per week ?

Yes: Go to Q 12
No: Go to Q 16

12. Are you on duty at the weekend (any time between 7pm Friday and 7am Monday) 1 in 3 or more frequently ?

Yes: Go to Q 14
No: Go to Q 13

13. Are you on-call 1 in 6 (including prospective cover)\(^7\) or more frequently ?

Yes: Go to Q 14
No: Band 2B

14. When on-call, are you resident\(^8\) and carrying out any work\(^9\) after 7pm on 50% or more of occasions ?

Yes: Band 2A
No: Go to Q 15

15. When on-call, are you non-resident and working\(^9\) for 4 hours or more after 7pm on 50% or more of occasions ?

Yes: Band 2A
No: Band 2B

16. Are you on-call 1 in 6 (including prospective cover)\(^7\) or more frequently ?

Yes: Band 1A
No: Go to Q 17

17. Are you on-call 1 in 8 (including prospective cover)\(^10\) or more frequently OR on duty at the weekend (any time between 7pm Friday and 7am Monday) 1 in 4 or more frequently?

Yes: Go to Q 18
No: Go to Q 20
APPENDIX D

18. When on-call, are you resident and carrying out any work after 7pm on 50% or more of occasions?
   Yes: Band 1A
   No: Go to Q 19

19. When on-call, are you non-resident and working for 4 hours or more after 7pm on 50% or more of occasions?
   Yes: Band 1A
   No: Band 1B

20. Are you on-call 1 in 8 (without prospective cover) or less frequently and not required to be resident when not on-call?
   Yes: Band 1C
   No: Band 1B

END OF QUESTIONNAIRE FOR JUNIOR DOCTORS WORKING ON-CALL ROTAS – PLEASE COMPLETE THE DECLARATION
PARTIAL SHIFTS

On most weekdays doctors on partial shifts work a normal day. But, at intervals, one or more doctors will work a different duty for a fixed period of time, eg evening or night shifts. Doctors can expect to work for a substantial proportion of the out-of-hours duty period, during which time they will expect to achieve some rest in addition to natural breaks. **Juniors will be rostered for duty periods of not more than 16 hours.**

(Note: if you are working a 24 hour partial shift, please see the separate section below questions 29 to 37)

21. **Do you work 56 hours or less of actual work\(^1\) per week and do you comply with the New Deal contracted hours' limit and controls on duty periods ?**
   (please refer to the guidance on calculating hours of actual work and the guidance on hours of work and rest requirements)
   
   Yes: Go to Q 22
   No: **Band 3**

22. Does your total working week consist of a maximum of 40 hours duty entirely between 8am and 7pm Monday to Friday with no other out of hours work or duty?
   
   Yes: **No supplement**
   No: Go to Q 23

23. When on duty out-of-hours, do you get rest\(^3\) totalling one quarter of the out-of-hours duty period\(^{12}\) on at least 75% of occasions\(^5\)?
   
   Yes: Go to Q 24
   No: **Band 3**

24. Do you work more than 48 hours of actual work\(^1\) per week ?
   
   Yes: Go to Q 25
   No: Go to Q 27

25. Are you on duty at the weekend (any time between 7pm Friday and 7am Monday) 1 in 3 or more frequently ?
   
   Yes: Band 2A
   No: Go to Q 26

26. Do more than one third of your duty hours fall outside the period 7am to 7pm Monday to Friday ?
   
   Yes: **Band 2A**
   No: **Band 2B**

27. Are you on duty at the weekend (any time between 7pm Friday and 7am Monday) 1 in 4 or more frequently ?
   
   Yes: **Band 1A**
   No: Go to Q 28
28. Do more than one third of your duty hours fall outside the period 7am to 7pm Monday to Friday?

Yes: Band 1A
No: Band 1B

END OF QUESTIONNAIRE FOR JUNIOR DOCTORS WORKING PARTIAL SHIFTS – PLEASE COMPLETE THE DECLARATION
APPENDIX D

24 HOUR PARTIAL SHIFTS

Weekdays are usually worked as normal days. In rotation, a duty period is rostered, not exceeding 24 hours including handovers, for the weekend and out-of-hours cover. Juniors will be rostered for duty periods of more than 16 hours, but less than or equal to 24 hours.

29. Do you work 56 hours or less of actual work\(^1\) per week and do you comply with the New Deal contracted hours’ limit and controls on duty periods? (please refer to the guidance on calculating hours of actual work and the guidance on hours of work and rest requirements)

   Yes: Go to Q 30
   No: Band 3

30. Does your total working week consist of a maximum of 40 hours duty entirely between 8am and 7pm Monday to Friday with no other out of hours work or duty?

   Yes: No supplement
   No: Go to Q 31

31. When on duty, do you get 6 hours rest\(^3\) in total on at least 75% of occasions\(^4\)?

   Yes: Go to Q 32
   No: Band 3

32. When on duty, do you get 4 hours continuous rest\(^3\) between 10pm and 8am on at least 75% of occasions\(^4\)?

   Yes: Go to Q 33
   No: Band 3

33. Do you work more than 48 hours of actual work\(^1\) per week?

   Yes: Go to Q 34
   No: Go to Q 36

34. Are you on duty at the weekend (any time between 7pm Friday and 7am Monday) 1 in 3 or more frequently?

   Yes: Band 2A
   No: Go to Q 35

35. Do more than one third of your duty hours fall outside the period 7am to 7pm Monday to Friday?

   Yes: Band 2A
   No: Band 2B

36. Are you on duty at the weekend (any time between 7pm Friday and 7am Monday) 1 in 4 or more frequently?

   Yes: Band 1A
   No: Go to Q 37

APPENDIX D
37. Do more than one third of your duty hours fall outside the period 7am to 7pm Monday to Friday?

Yes: Band 1A
No: Band 1B

END OF QUESTIONNAIRE FOR JUNIOR DOCTORS WORKING 24 HOUR PARTIAL SHIFTS – PLEASE COMPLETE THE DECLARATION
FULL SHIFTS

A full shift will divide the total working week into definitive time blocks with doctors rotating around the shift pattern. Doctors can expect to be working for the whole duty period, except for natural breaks. **Juniors will be rostered for duty periods which do not exceed 14 hours.**

38. Do you work 56 hours or less of actual work\(^1\) per week and do you comply with the New Deal contracted hours’ limit and controls on duty periods?  
(please refer to the guidance on calculating hours of actual work and the guidance on hours of work and rest requirements)

- **Yes:** Go to Q 39  
- **No:** [Band 3]

39. Does your total working week consist of a maximum of 40 hours duty entirely between 8am and 7pm Monday to Friday with no other out-of-hours work or duty?  

- **Yes:** [No supplement]  
- **No:** Go to Q 40

40. Do you work more than 48 hours of actual work\(^1\) per week?  

- **Yes:** Go to Q 41  
- **No:** Go to Q 43

41. Are you on duty at the weekend (any time between 7pm Friday and 7am Monday) 1 in 3 or more frequently?  

- **Yes:** [Band 2A]  
- **No:** Go to Q 42

42. Do more than one third of your duty hours fall outside the period 7am to 7pm Monday to Friday?  

- **Yes:** [Band 2A]  
- **No:** [Band 2B]

43. Are you on duty at the weekend (any time between 7pm Friday and 7am Monday) 1 in 4 or more frequently?  

- **Yes:** [Band 1A]  
- **No:** Go to Q 44

44. Do more than one third of your duty hours fall outside the period 7am to 7pm Monday to Friday?  

- **Yes:** [Band 1A]
No: **Band 1B**

APPENDIX D

END OF QUESTIONNAIRE FOR JUNIOR DOCTORS WORKING FULL SHIFTS – PLEASE COMPLETE THE DECLARATION
HYBRIDS

A hybrid working pattern involves a combination of two or more of the above patterns (See MEL (1999) 40 Appendix D). Each component duty pattern must conform to its appropriate definition and hours’ controls, as above.

45. Do you work 56 hours or less of actual work\(^1\) per week and for each working pattern do you comply with the New Deal contracted hours’ limit and controls on duty periods? (please refer to the guidance on calculating hours of actual work and the guidance on hours of work and rest requirements)

   Yes: Go to Q 46  
   No: Band 3

46. Does your total working week consist of a maximum of 40 hours duty entirely between 8am and 7pm Monday to Friday with no other out of hours work or duty?

   Yes: No supplement  
   No: Go to Q 47

47. Does your hybrid working pattern\(^2\) consist of -

   a) an on-call rota  
   and/or Answer Q 48 to 52

   b) a 24 hour partial shift  
   and/or Answer Q 53

   c) a partial shift  
   and/or Answer Q 54

   d) a full shift  
   Go to Q 55

48. When working the on-call rota part of your hybrid working pattern, do you get 5 hours continuous rest\(^3\) between 10pm and 8am on at least 75% of occasions\(^4\)?

   Yes: Go to Q 49  
   No: Band 3

49. When on-call out-of-hours during the week, do you get rest\(^4\) totalling one half of the time of the out-of-hours duty period\(^5\) on at least 75% of occasions\(^4\)?

   Yes: Go to Q 50  
   No: Band 3

50. When on-call between Saturday morning and Monday morning, do you get at least 16 hours rest\(^3\) in total per 48 hours on duty, on at least 75% of occasions\(^4\)?

   Yes: Go to Q 51  
   No: Band 3
APPENDIX D

51. When on-call between Saturday morning and Monday morning, do you get 24 hours rest\(^3\) or more in total per 48 hours on duty?

   Yes: Answer Q 53/54 if applicable, otherwise go to Q 55
   No: Go to Q 52

52. When on-call between Saturday morning and Monday morning -

   (i) do you get more than 20 hours but less than 24 hours rest\(^3\) in total per 48 hours on duty and a rostered half day (4 hours) off\(^6\) ?

OR

(ii) less than/equal to 20 hours rest\(^3\) in total per 48 hours on duty and a rostered full day (8 hours) off\(^6\) ?

   Yes: Answer Q 53/54 if applicable, otherwise go to Q 55
   No: Band 3

53. When working the 24 hour partial shift part of your hybrid working pattern -

   (i) do you get 6 hours rest\(^3\) in total on at least 75% of occasions\(^4\) ?

   AND

   (ii) 4 hours continuous rest\(^3\) between 10pm and 8am on at least 75% of occasions\(^4\) ?

   Yes: Answer Q 54 if applicable, otherwise go to Q 55
   No: Band 3

54. When working the partial shift part of your hybrid working pattern, do you get rest\(^3\) totalling one quarter of the time of the out-of-hours duty period\(^12\) when on duty out-of-hours on at least 75% of occasions\(^4\) ?

   Yes: Go to Q 55
   No: Band 3

55. Do you work more than 48 hours of actual work\(^1\) per week?

   Yes: Go to Q 56
   No: Go to Q 58
56. Are you on duty at the weekend (any time between 7pm Friday and 7am Monday) 1 in 3 or more frequently?

   Yes: Band 2A  
   No: Go to Q 57

57. Do more than one third of your duty hours fall outside the period 7am to 7pm Monday to Friday?

   Yes: Band 2A  
   No: Band 2B

58. Are you on duty at the weekend (any time between 7pm Friday and 7am Monday) 1 in 4 or more frequently?

   Yes: Band 1A  
   No: Go to Q 59

59. Do more than one third of your duty hours fall outside the period 7am to 7pm Monday to Friday?

   Yes: Band 1A  
   No: Band 1B

END OF QUESTIONNAIRE FOR JUNIOR DOCTORS WORKING HYBRIDS – PLEASE COMPLETE THE DECLARATION
FLEXIBLE TRAINEES

Flexible trainees working 40 hours or more of actual work\(^1\) per week should start from question 3. This section is for flexible trainees working less than 40 hours of actual work\(^1\) per week.

60. For your working pattern\(^2\), or each part of it if working a hybrid, do you comply with the New Deal contracted hours’ limit, the controls on duty periods and the rest requirements? (please refer to the guidance on hours of work and rest requirements)

   Yes: Go to Q 61
   No: Band 3

61. Does your working pattern\(^2\) consist of:

   a) an on-call rota? Answer Q 62 to 66
   and/or
   b) a 24 hour partial shift? Answer Q 67
   and/or
   c) a partial shift? Answer Q 68
   and/or
   d) a full shift? Go to Q 69

62. When working on-call, do you get 5 hours continuous rest\(^3\) between 10pm and 8am on at least 75% of occasions\(^4\)?

   Yes: Go to Q 63
   No: Band 3

63. When on-call out-of-hours during the week, do you get rest\(^3\) totalling one half of the time of the out-of-hours duty period\(^5\) on at least 75% of occasions\(^4\)?

   Yes: Go to Q 64
   No: Band 3

64. When on-call between Saturday morning and Monday morning, do you get at least 16 hours rest\(^3\) in total per 48 hours on duty, on at least 75% of occasions\(^3\)?

   Yes: Go to Q 65
   No: Band 3

65. When on-call between Saturday morning and Monday morning, do you get 24 hours rest\(^3\) or more in total per 48 hours on duty?

   Yes: Answer Q 67/68 if applicable, otherwise go to Q 69
   No: Go to Q 66
APPENDIX D

66. When on-call between Saturday morning and Monday morning:
   (i) do you get more than 20 hours but less than 24 hours rest in total per 48 hours on Duty and a rostered half day (4 hours) off?

OR

(ii) do you get less than/equal to 20 hours rest in total per 48 hours on duty and a rostered full day (8 hours) off?

Yes: Answer Q 67/68 if applicable, otherwise go to Q.66
No: **Band 3**

67. When working a 24 hour partial shift -
   (i) do you get 6 hours rest in total on at least 75% of occasions?

   AND

   (ii) 4 hours continuous rest between 10pm and 8am on at least 75% of occasions?

Yes: Answer Q 68 if applicable, otherwise go to Q 69
No: **Band 3**

68. When working a partial shift, do you get rest totalling one quarter of the time of the out-of-hours duty period when on duty out-of-hours on at least 75% of occasions?

   Yes: Go to Q 69
   No: **Band 3**

69. Do you work any duty at all outside the period 8am to 7pm Monday to Friday?

   Yes: Go to Q 70
   No: **Band FC**

70. Are you:
   (i) on duty at the weekend (any time between 7pm Friday and 7am Monday) 1 in 5 or more frequently?

   Yes: **Band FA**

OR

(ii) on an on-call rota of 1 in 10 (with prospective cover) or more frequently?

   Yes: **Band FA**

OR
(iii) on a working pattern in which more than one third of your duty hours fall outside 7am to 7pm Monday to Friday?

Yes: **Band FA**

No to all parts of Q 70: **Band FB**

END OF QUESTIONNAIRE FOR FLEXIBLE TRAINEES WORKING LESS THAN 40 HOURS OF ACTUAL WORK – PLEASE COMPLETE THE DECLARATION
APPENDIX D

Declaration

I hereby declare that this questionnaire has been completed accurately to the best of my knowledge.

Name

Grade

Specialty

Pay band claimed

Signature

Date
Appendix E was revised on 16 December 2003.

Please click here to view the revised version.

(If you wish to view a copy of the original Appendix E, please contact ISD Library)