

Rota Design and Rostering Policy – Junior Doctors & Dentists (Trainees & Trust Posts)

Issue Date	Review Date	Version
September 2019	September 2024	1

Purpose

To ensure a consistent approach to rota design, rostering and management for all junior doctors & dentists both in training and trust posts across University Hospital Plymouth NHS Trust (UHP).

To ensure that generic work schedules are supported and approved by the junior doctors, GSWH, relevant educational overseer such as College Tutor, Foundation program director and service line lead.

To embed principles as set out in the joint document between NHS Employers and BMA in Good Rostering Guide in line with the 2016 TCS for Junior Doctors

<http://www.nhsemployers.org/-/media/Employers/Publications/NHSE-BMA-Good-rostering-170518-final.pdf>

and in the joint document between BMA, NHS Employers and HEE in the 2016 Code of Practice.

<https://www.nhsemployers.org/-/media/Employers/Documents/Recruit/Code%20of%20Practice%202016%20England.pdf>

Who should read this document?

Rota Co-ordinators

Managers including senior medical staff at all levels responsible for junior doctor & dentists rotas

Doctors & dentists of all grades

Medical HR

Key Messages

There will be a consistent approach to rota design and rostering for all junior doctors employed at UHP.

Generic work schedules will be supported and approved by the junior doctors, GSWH, relevant educational overseer such as College Tutor, Foundation Program Director or Service Line Lead.

The principles as set out in the joint document between NHS Employers and BMA in Good Rostering Guide in line with the 2016 TCS for Junior Doctors and in the joint document between BMA, NHS Employers and HEE in the 2016 Code of Practice will be followed.

The process will be clear and transparent with equal opportunity for both UHP and junior doctors to input and with a commitment to reach agreement on final rota design.

Junior doctors are individuals with lives, families, commitments and priorities outside work. Thoughtful rostering that takes this into account will help improve work/life balance having a significant impact on overall quality of life for doctors. This is vital when ensuring trainees with protected characteristics are afforded their rights under equalities legislation.

Core accountabilities	
Owner	Guardian of Safe Working Hours
Review	Medical Staff Panel
Ratification	Director of People
Dissemination (Raising Awareness)	Guardian of Safe Working Hours
Compliance	Medical Staff Panel
Links to other policies and procedures	
Exception reporting and work schedule policy – Junior Doctors G:\DocumentLibrary\UHPT Trust Documents\Human Resources\Exception reporting and work schedule policy - Junior Doctors.pdf	
Leave for all Junior Doctors and Dentists including Trainees, Military Trainees and Trust Doctors G:\DocumentLibrary\UHPT Trust Documents\Human Resources\Leave Policy for all Junior Doctors and Dentists including Trainees, Military Trainees and Trust Doctors.pdf	
Version History	

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

**An electronic version of this document is available on Trust Documents.
Larger text, Braille and Audio versions can be made available upon request.**

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1 Introduction

The arrangements set out in this document are intended to ensure a consistent approach across University Hospitals Plymouth NHS Trust (UHP) for the management of all rotas and rosters that involve any junior doctor in line with the national recommendations from NHS Employers, the BMA and Health Education England.

2 Purpose

To ensure a consistent approach to rota design and rostering for all junior doctors employed at UHP.

To ensure that generic work schedules are supported and approved by the junior doctors, GSWH, relevant educational overseer such as College Tutor, Foundation Programme Director or Service Line Lead.

To embed principles as set out in the joint document between NHS Employers and BMA in Good Rostering Guide in line with the 2016 TCS for Junior Doctors <http://www.nhsemployers.org/~media/Employers/Publications/NHSE-BMA-Good-rostering-170518-final.pdf> and in the joint document between BMA, NHS Employers and HEE in the 2016 Code of Practice.

<https://www.nhsemployers.org/~media/Employers/Documents/Recruit/Code%20of%20Practice%202016%20England.pdf>

3 Definitions

3.1 Rota; A template working pattern/design, which meets the safe working hours guidelines and underpins the work schedule, pay and contract.

3.2 Roster; A template populated with specific details including staff names, dates, times and place of work.

3.3 Service Line Lead; Senior clinician responsible for leading and managing the service line.

3.4 Service Line Manager; Manager responsible for business organisation of the service line.

3.5 Rota Coordinators; Any staff responsible for the production of a rota, roster, approving leave and booking locums doctors for shift work.

3.6 Senior Medical Staff; Consultant and SAS doctor or dentist on substantive contract.

3.7 Junior doctor; Junior doctor includes all medical and dental trainees, military trainees and trust doctors (including fellows) at grades Foundation stage 1 and 2, core trainees, specialty registrar and specialist registrar.

3.8 Physicians Associates/Nurse Practitioner; A professional who supports medical clinical practice under a supervising senior clinician.

3.9 Leave; Includes all types of leave (annual leave, study leave etc.) as set out in schedule 9 of the TCS 2016 and Trust Leave Policy for Junior Medical Staff.

3.10 Medical HR; Staff responsible within human resources responsible for managing the recruitment of junior doctors and advising on contractual terms and conditions of employment.

3.11 Exception Reporting; The process by which junior doctors can report a variation to their work schedule as set out in the Trust Exception Reporting Policy.

3.12 Guardian Safe Working Hours; The Guardian of Safe Working is responsible for overseeing compliance with the rota rules and to champion safe working for junior doctors.

4 Duties

4.1 Service Line Managers and Service Line Leads

- 4.1.2 Agree and publish core numbers of staff required at all times of day to deliver a safe service including at bank holidays and weekends.
- 4.1.3 Agree number of junior doctors allowed away at any one time assuming no vacancies.
- 4.1.4 Develop/design rota template & generic work schedule in collaboration with junior doctors and rota co-ordinators to support each roster with agreed numbers of staff needed to support and provide a safe service.
- 4.1.5 Ensure the generic work schedule is agreed, published and available for distribution to junior doctors a minimum of eight weeks before the rotation starts.
- 4.1.6 Ensure junior doctor's local induction includes all aspects of rota and roster management.
- 4.1.7 Ensure that the roster allows paid time for completion of all UHP requirements in relation to induction (to include online induction) and UHP required statutory & mandatory training.
- 4.1.8 Approve roster before final publication ensuring that the roster not only provides the service but also facilitates training and enables junior doctors to take all their leave allocation.
- 4.1.9 Ensure rosters are regularly reviewed and that any rota redesign follows the pathway as set out in this policy.
- 4.1.10 Provide all support and advice required by rota co-ordinators in producing the working roster.
- 4.1.11 Develop a plan to manage the gaps and vacancies on any roster in conjunction with rota co-ordinators and Medical HR.
- 4.1.12 Regularly review exception reports for each roster and take appropriate action as required.

4.2 Rota Co-ordinators

- 4.2.1 Create the roster ensuring compliance with the published and agreed rota template and work schedule of the junior doctor.
- 4.2.2 Publish the roster once approved by the service line lead/manager within the contractual time frame such that the junior doctor receives it a minimum of six weeks before the roster starts.
- 4.2.3 Ensure any changes to the published roster made by the service line and approved by the SLL are made with ***the explicit agreement of all junior doctors affected*** with the reasons for the change noted and kept.
- 4.2.4 Authorise all trainee led swaps that are time neutral and compliant with the 2016 TCS.

- 4.2.5 Facilitate all leave requests of junior staff that are in line with the Leave Policy
- 4.2.6 Understand that junior doctors are not responsible for swapping shifts for any leave that does not attract an enhanced rate of pay (Enhanced pay only applies between 2100-0700hrs and up to 1000hrs after night shifts).
- 4.2.7 Clearly identify rota gaps to service line manager and lead.
- 4.2.8 Publish and manage unfilled shifts escalating to Doctors Direct where necessary.
- 4.2.9 Only in exceptional circumstances with written agreement from junior doctor to book them directly onto any shift through Doctors Direct.
- 4.2.10 Ensure any Rota redesign follows the pathway as set out in this policy.
- 4.2.11 Half way through any placement ensure junior doctors are aware of how much leave has been taken and how much remains unallocated.

4.3 Medical HR

- 4.3.1 Ensure contract with work schedules and template generic rotas are sent to junior doctors within the contractual time scales (a minimum of 8 weeks before placement starts) in line with the Code of Practice 2016 and recommended checklist of what needs to be done before a junior doctor starts (see section 10).
- 4.3.2 Ensure any Rota redesign follows the pathway as set out in this policy.
- 4.3.3 Keep the documentary evidence of any agreed changes to the work pattern.

4.4 Junior Doctors

- 4.4.1 Work collaboratively with all other staff to support the production of work schedules and rotas.
- 4.4.2 Work as flexibly as able to support safe working with late changes due to unforeseen circumstances with the roster.
- 4.4.3 Book all leave types as early as possible and within contractual guidelines as per the Leave Policy.
- 4.4.4 To understand that they are responsible for swapping shifts that attract an enhanced rate of pay (Enhanced pay only applies between 2100-0700hrs and up to 1000hrs after night shifts) if leave is requested after roster publication.
- 4.4.5 To work collaboratively with the rota coordinators to support any other shift swaps after the rota is published to facilitate leave taking.
- 4.4.6 Ensure that leave is booked pro-rata across each rotation.
- 4.4.7 Exception report as appropriate.
- 4.4.8 Ensure that all time-neutral trainee-led swaps meet safety standard of 2016 TCS and the rota co-ordinator is informed.
- 4.4.9 Report to GSWH any rota/roster management that does not follow this policy such as late (less than 6 week notice) production of rosters

4.5 Guardian Safe Working Hours

- 4.5.1 Oversee compliance with the rota rules
- 4.5.2 Approve and advise on work schedule reviews as set out in this policy
- 4.5.3 Note and report any rota or rostering issues and deviance from this policy in Board Reports

5.1 Developing and designing the rota template

- 5.1.1 Define the number of staff required for each duty and shift type.
- 5.1.3 Define the number of junior doctors required to support the roster requirements and safe working. Develop a generic rota template (using feedback from all stakeholders) based on whole time equivalent staff, which is compliant with the TCS of the 2016 contract.
- 5.1.4 Ensure this is a clear, transparent and collaborative process, with equal opportunity for both UHP and junior doctors to input with an equal commitment to reach agreement on final rota design.
- 5.1.5 All rotas should comply with both the letter and the spirit of the law. A rota may be strictly compliant within the rules, but can still be poorly designed. Being compliant with all the relevant rules in the terms and conditions is the minimum that is required. Workload intensity should also be taken into account when considering whether a working pattern is safe, enabling breaks to be taken.
- 5.1.6 A well-designed rota avoids excessive variability of shifts which can increase fatigue. It has a balanced rota cycle, with different types of shifts evenly distributed, allowing for flexible access to annual leave so that all those on the rota have an even share.
- 5.1.7 When designing rotas, managers will need to ensure that all junior doctors can take their full leave allowances (study, annual, etc) with sufficient capacity to be prepared for unexpected absences such as sick leave. The rota should allow junior doctors the ability to take blocks of leave (1 week for 4 month posts and 2 weeks for posts >4 months duration) which do not include premium time.
- 5.1.8 Rotas should reflect a realistic and safe assessment of service need, with actual work done when on-call, shift handover, and administrative time included accurately.
- 5.1.9 Working patterns rostered below the contractual limit and the rota/work schedule give capacity to accommodate additional hours/shifts where required, enabling greater flexibility.
- 5.1.10 The process of rota design should start as early as possible, to ensure that accurate job information can be made available well in advance of the start of a post to ensure adherence with the Code of Practice timeframes (see below).
- 5.1.11 Training is work for junior doctors, and rotas should be structured around training needs as well as service needs to ensure that there is sufficient time for training and access to study leave. Shifts should be rostered according to genuine service and training needs, not in a way that is designed to reduce the payment of enhancements such as for night and weekend work.
- 5.1.12 Rotas for LTFT doctors should be designed taking into account the specific needs of the trainee instead of being planned with a full-time worker as the automatic default.

- 5.1.13 Non-resident on-call (NROC) rotas should have a roster that accurately reflects the work that will be done, to allow for fair pay with sufficient rest and breaks.
- 5.1.14 Consideration should be given to whether the rota needs to be designed to be a standalone or whether it could be combined with another to create a greater pool of resource and allow greater flexibility.
- 5.1.15 Rotas should be designed intelligently and thoughtfully, taking into account the negative implications of fatigue for doctors and patients. Rotas must be designed and managed to enable juniors to get the breaks they are contractually entitled to.
- 5.1.16 Working patterns vary significantly across different specialties and work. The views of trainees with knowledge and experience of a given specialty, or working pattern type, should be taken into account to ensure rotas are designed correctly for them.
- 5.1.17 The rota template becomes the basis of the contracted hours for all doctors contributing to the relevant roster unless work schedule review is undertaken as per the rota redesign pathway set out below.

5.2 Developing and managing the roster from the rota

- 5.2.1 Technological solutions to improve both rostering and managing a live roster should be used wherever possible, particularly to support safe shift swapping where needed.
- 5.2.2 Staffs on a rota are individuals with lives, families, commitments and priorities outside work. Thoughtful rostering that takes this into account can help improve work/life balance having a significant impact on overall quality of life for doctors. This is vital when ensuring trainees with protected characteristics are afforded their rights under equalities legislation.
- 5.2.3 The service line in conjunction with the rota coordinators should ensure that there is a clear process in place for managing the live roster, in particular ensuring flexibility is possible for those booking leave or anyone who needs to swap shifts.
- 5.2.4 Once a roster is designed and finalised it should not be forgotten about, but regularly checked and updated where necessary, taking into account unforeseen issues that may arise when it is used in practice.
- 5.2.5 No changes to the published roster can be made without discussion and agreement of all staff affected.
- 5.2.6 The existence of rota gaps should be acknowledged and steps taken to find a resolution, adhering to rota-specific minimum safe staffing levels and any other constraints, such as the required flexibility for leave across the roster.
- 5.2.7 It is important to ensure training time is protected for all trainees, including LTFT trainees, and not compromised by reduced working hours. Flexibility is also especially important for a number of trainees, for example those who have caring responsibilities or health needs. Where a doctor has specific working requirements for health reasons, recommendations made by occupational health must be factored into the design of the roster.

- 5.2.8 Rotas should facilitate the commitment in the 2016 contract for compensation, such as pay or time off in lieu (TOIL), for any additional work junior doctors are required to do outside of their agreed work schedule. Rotas should be amended accordingly where exception reporting leads to a work schedule review.
- 5.2.9 The roster should be developed based on the agreed rota. If there is a shortage of junior doctors this should be clearly identified to the service line lead who together with the service line manager should agree how the gap on the roster is covered. Changes to the work schedule and rota must follow the path as set out below.

5.3 Undertaking a rota or work schedule review - *Principles of organisational change*

- 5.3.1 Examples of reasons to undertake a work schedule review include, but are not limited to, junior doctors not receiving their training/educational opportunities, working differently from the published rota/work schedule or due to inability to take breaks.
- 5.3.2 Any junior doctor affected by a change to their working lives should be given the opportunity to suggest alternatives or ask questions prior to the change occurring. Reasons for change should be clearly communicated to junior doctors affected, and every reasonable effort made to ensure that these reasons are understood.
- 5.3.3 The Trust has a right and a duty to make changes to services in light of changing demands or new ways of working. However, 'change' should be done with a clearly defined benefit at the end of it, whether that is for service improvement, staff welfare or financial savings.
- 5.3.4 Any change should be implemented based on robust reasoning, and the impact of change should be evaluated and addressed.

5.4 Undertaking a rota or work schedule review - *Formal Consultation*

- 5.4.1 Junior doctors should be involved in shaping decisions that affect their future, and should be given the opportunity throughout the process to make suggestions and queries on the process. This should be within the timeline set out in the Code of Practice (see below).
- 5.4.2 Once a decision has been made that changes to a junior doctor rota are necessary, the junior doctors should be provided with a written explanation of the changes proposed. This should explain the rationale for the change, the impact on junior doctors and include a clear explanation of any impact on duties, hours and pay. The paper should confirm whether pay protection will be available to any junior doctors who would otherwise suffer a reduction in salary as a result of the proposed changes.
- 5.4.3 At this stage, affected junior doctors should be met with formally to advise them of the changes and the impact on them, and to take any queries/alternative suggestions.
- 5.4.4 This can be on a group basis, if it is a group of staff that is affected. Junior doctors are advised to have trade union representation present at this meeting where possible.

- 5.4.5 Junior doctors also have the right to an individual meeting, along with a trade union representative or a workplace colleague. At this meeting, the manager should outline the specific impact on the individual, what the process will be, and take any further questions or suggestions.
- 5.4.6 Dependant on the circumstances, it may be ideal to have regular individual and/or group meetings with junior doctors, to keep them up to date with progress.
- 5.4.7 Managers should be aware that if it is proposed to introduce a new junior doctor rota and work schedule at changeover time they should make every effort to involve future post-holders in the consultation exercise.

5.5 Undertaking a rota or work schedule review - *Approval of Rota Implementation for Junior Doctors*

- 5.5.1 Upon completion of the relevant consultation period the Approval Forms in appendix 1 will be completed. This will record approval for the rota change from the Guardian of Safe Working Hours (GSWH), current and future post-holders along with educational approval from the appropriate College Tutor and the Director of Medical Education. All three parts of the Approval Form must be completed as part of the implementation exercise.
- 5.5.2 For junior doctors employed on the 2002 Terms and Conditions of Service rotas will be monitored within 6 weeks of implementation with full results made available to all junior doctors working upon the rota within 15 days of data submission/completion.
- 5.5.3 For junior doctors employed on the 2016 Terms and Conditions of Service the service line manager supported by the HR Business Partner (Medical Staffing) and GSWH will produce a report summarising all exception reports submitted by junior doctors working upon the new rota after it has been in place for 6 weeks.
- 5.5.4 In the unlikely event of a failure to reach agreement on a new rota following a formal consultation exercise the advice should be sought from the Guardian of Safe Working Hours and trade union representatives on how to proceed. Should the Trust decide to proceed with the implementation of a rota without agreement this will only take place with the written approval of the Medical Director and Director of People. Junior doctors are advised to have trade union representation advice.

5.6 Undertaking a rota or work schedule review - *Additional Considerations*

Where more than one level of trainees are working together on a given rota, all should be involved in the consultation process, and it should be made clear what effects the changes will have on each group. Where differing contractual arrangements apply, such as annual leave and study/professional leave entitlements, calculations for leave adjustments on hours/prospective cover must be applied to each group separately.

- 5.6.1 Consideration must be given for current and future Less Than Full Time (LTFT) trainees within the rota template. Each department should produce relevant bespoke LTFT rota templates for job shares and LTFT trainees working in single slot training posts. These templates should be subject to the same approval process for full time rota templates. These example LTFT rota templates are

intended as a guide and may be amended in collaboration with incoming LTFT trainees to suit their individual training needs and requirements.

5.7 Code of Practice - provision of information for Postgraduate Medical Training

<https://www.nhsemployers.org/~media/Employers/Documents/Recruit/Code%20of%20Practice%202016%20England.pdf>

The Code of Practice requires employers to provide junior doctors with their rotas in their generic work schedules a minimum of 8 weeks before their post commenced. The duty roster will be made available at 6 weeks before commencement of post. It is therefore essential for any formal consultation exercise with junior doctors about changes to their working patterns to commence at least **12 weeks** before any change is to be implemented.

5.8 Archiving

All approved rota templates and amended sign off documentation is to be archived centrally by Medical HR for the Trust and will be available for access/review at any time through appropriate channels. For Lead Employer trainees new rotas and relevant documentation will be copied to the Lead Employer for their information and records.

5.9 Grievance

Any disputes which arise over the application of this policy should be referred to the Trusts Grievance and Dispute Procedure.

6 Overall Responsibility for the Document

Director of People.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Junior Doctor Forum, Local Negotiating Committee agreed at Medical Staff Panel and ratified by the Director of People.

Non-significant amendments to this document may be made, under delegated authority from the Director of People, by the nominated owner. These must be ratified by the Director of People.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter. In addition direct communication will be sent to all those who have duties within the policy.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director of People and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

9.1 Compliance

Compliance will be assessed with analysis of

- 1) Exception reports by GSWH/Medical HR
- 2) Work schedule reviews by GSWH/Medical HR
- 3) Any ad hoc reports and concerns raised by junior doctors

9.2 Effectiveness

Effectiveness will be assessed by analysing any deviation in compliance from this policy and will form part of the GSWH report to the board.

10 References and Associated Documentation

NHS Employers and BMA - Good Rostering Guide in line with the 2016 TCS for Junior Doctors
<http://www.nhsemployers.org/-/media/Employers/Publications/NHSE-BMA-Good-rostering-170518-final.pdf>

BMA, NHS Employers and HEE - 2016 Code of Practice

<https://www.nhsemployers.org/-/media/Employers/Documents/Recruit/Code%20of%20Practice%202016%20England.pdf>

HEE – Supporting winter pressures safely through managed education and training programmes 2019
<https://www.hee.nhs.uk/sites/default/files/documents/HEE%20winter%20pressures%20guidance%20FINAL.pdf>

Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016
<https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Junior-Doctors/NHS-Doctors-and-Dentists-in-Training-England-TCS-2016-VERSION-4.pdf>

Checklist – what needs to be done before a doctor starts

<https://www.nhsemployers.org/-/media/Employers/Documents/Need-to-know/Checklist---information-provision-to-doctors-August-2016.pdf?la=en&hash=D1FDF84B0DF3F5FFD09DD15B25C5A633CC3B5B4D>

Trust policies

Exception reporting and work schedule policy – Junior Doctors

<G:\DocumentLibrary\UHPT Trust Documents\Human Resources\Exception reporting and work schedule policy - Junior Doctors.pdf>

Leave for all Junior Doctors and Dentists including Trainees, Military Trainees and Trust Doctors

<G:\DocumentLibrary\UHPT Trust Documents\Human Resources\Leave Policy for all Junior Doctors and Dentists including Trainees, Military Trainees and Trust Doctors.pdf>

Dissemination Plan			
Document Title	Rota Design and Rostering Policy – Junior Doctors & Dentists (Trainees & Trust Posts)		
Date Finalised	11 th September 2019		
Previous Documents			
Action to retrieve old copies	N/A		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team
Review Checklist			
Title	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y	
	Does the style & format comply?	Y	
Rationale	Are reasons for development of the document stated?	Y	
Development Process	Is the method described in brief?	Y	
	Are people involved in the development identified?	Y	
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
Content	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited and in full?	Y	
	Are supporting documents referenced?	Y	
Approval	Does the document identify which committee/group will review it?	Y	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y	
	Does the document identify which Executive Director will ratify it?	Y	
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y	
	Does the plan include the necessary training/support to ensure compliance?	Y	
Document Control	Does the document identify where it will be held?	Y	
	Have archiving arrangements for superseded documents been addressed?	Y	
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y	
	Is there a plan to review or audit compliance with the document?	Y	
Review Date	Is the review date identified?	Y	
	Is the frequency of review identified? If so is it acceptable?	Y	
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y	

Core Information	
Date	September 2019
Title	Rota Design & Rostering Policy – Junior Doctors & Dentists (Trainees & Trust Posts)
What are the aims, objectives & projected outcomes?	<p>To ensure a consist approach to rota design, rostering and management for all junior doctors & dentists both in training and trust posts across University Hospital Plymouth NHS Trust (UHP).</p> <p>To ensure that generic work schedules are supported and approved by the junior doctors, GSWH, relevant educational overseer such as College Tutor, Foundation program director and service line lead.</p> <p>The principles as set out in the joint document between NHS Employers and BMA in Good Rostering Guide in line with the 2016 TCS for Junior Doctors are embedded within UHP.</p>
Scope of the assessment	
The key elements set out in this document apply to all Junior Doctors employed by UHP.	
Collecting data	
Race	There is currently no data collected to show whether there will be an impact in this area. However data will be monitored through workforce data reporting and analysis.
Religion	There is currently no data collected to show whether there will be an impact in this area. However data will be monitored through workforce data reporting and analysis.
Disability	There is currently no data collected to show whether there will be an impact in this area. However data will be monitored through workforce data reporting and analysis.
Sex	There is currently no data collected to show whether there will be an impact in this area. However data will be monitored through workforce data reporting and analysis.
Gender Identity	There is currently no data collected to show whether there will be an impact in this area. However data will be monitored through workforce data reporting and analysis.
Sexual Orientation	There is currently no data collected to show whether there will be an impact in this area. However data will be monitored through workforce data reporting and analysis.
Age	There is currently no data collected to show whether there will be an impact in this area. However data will be monitored through workforce data reporting and analysis.
Socio-Economic	There is currently no data collected to show whether there will be an impact in this area. However data will be monitored through workforce data reporting and analysis.
Human Rights	There is currently no data collected to show whether there will be an impact in this area. However data will be monitored through workforce data reporting and analysis.

What are the overall trends/patterns in the above data?	No trends or patterns identified at this stage. However, workforce data will be monitored and any trends or patterns will be identified and appropriate actions will be put in place.
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Involving and consulting stakeholders				
Internal involvement and consultation	Junior doctors forum, Guardian of Safe Working, Medical HR Business Partner, Rota Coordinators, Service Line Managers			
External involvement and consultation	N/A			
Impact Assessment				
Overall assessment and analysis of the evidence				
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Specific issues and data gaps that may need to be addressed through consultation or further research	Not yet known.			

Appendices

Appendix 3

Agreement of Trainees to Proposed Changes in Work Pattern

Proposed Work Pattern for the

Insert rota template here.

Anticipated band of rota if any doctors on 2002 T+C (subject to confirmation):

Number of doctors on rota "[Click and type here]"

Type of working pattern "[Click and type here]"

Expected date of Implementation "[Click and type here]"

(must be no less than 8 weeks away)

Summary of Changes Pre & Post leave adjustment;

Hours: total & weekly average hours "[Click and type here]"

Out of Hours/Premium Time (Nights) "[Click and type here]"

Weekend Allowance "[Click and type here]"

Non Resident On Call Allowances "[Click and type here]"

Leave Allowances (AL/BH/SL) "[Click and type here]"

This document MUST be accompanied by generic work schedule & rota analysis documents for BOTH previous and proposed templates.

The aim of this document is to confirm that the majority of incumbent or incoming post holders have been consulted and are in agreement regarding proposed work pattern/rota changes that have been made either to improve training or patient care.

*This document will be retained by the Medical HR Department to provide robust evidence in the **re-banding process of the 2002 contract**. This process is outlined in paragraph 22 m of the 2002 **Terms and Conditions of Service**. While this is not a requirement of the 2016 terms and conditions it is considered best practice to ensure fair working patterns for trainees.*

Declaration of the post-holders:

We the undersigned represent the majority of the current/future post-holders. We agree that the proposed rota detailed above is acceptable to us and accept these arrangements provided that:

1. Necessary banding is confirmed through a monitoring exercise (for doctors on the 2002 terms and conditions of service) within 6 weeks of implementation and
2. A written report of all exception reports submitted by doctors on the 2016 terms and conditions of service will be provided by the Medical HR Department to the Junior Doctors working upon the rota and the Guardian of Safe Working Hours.

We understand that in exceptional circumstances immediate implementation cannot take place and accept that all proposed changes (including banding) will commence with the next change of house (i.e. at changeover).

Current Cohort

Full Name	Position	Signature	Email Address	Date

In-coming Cohort

Full Name	Position	Signature	Email Address	Date

Agreement of Guardian of Safe Working Hours to Proposed Changes in Work Pattern

Proposed Work Pattern for

Anticipated band of rota if any doctors working under the 2002 T+Cs (subject to confirmation):

Number of doctors on rota:

Type of working pattern:

Expected date of Implementation:

Declaration of Guardian of Safe Working Hours:

I confirm that the proposed working arrangements, outlined above, are compliant with both the 2002 and 2016 Terms and Conditions of Service

Signature:

Date:

Name:

Position:

Educational Agreement to Proposed Change in Work Pattern

Proposed Work Pattern for the

Number of doctors on rota

Type of working pattern

Expected date of Implementation

Declaration of delegated authority of the Dean¹:

I confirm that the above rota meets educational and training requirements for all affected junior doctors training at this grade within this specialty.

Signature

Date

Name

Position

¹ to be completed by the **Post-graduate Clinical Tutor** or College Tutor if PGCT unavailable – please give details in these cases