

Your rights at work

BMA

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What this talk will cover

- The BMA
- Your F1 contract
- Pay
- Working hours and rotas
- Work scheduling
- Exception reporting
- Access to rest
- Speaking up

Welcome to your new contract

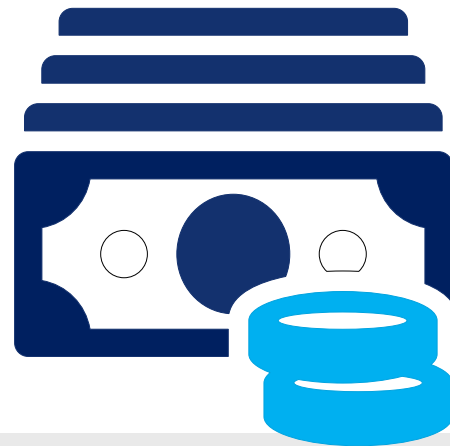
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- Salary
- Working hours and rotas
- Leave
- Duration of placement
- Location



Junior doctors in England are on the **2016 contract**

- Paid a basic salary at a nodal point linked to grade
- Five nodal points on pay scale
- More basic pay at an earlier stage of training



Basic salary (as of 1 April 2020)

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Stage of training	Annual salary value (£)
FY1	28,243
FY2	32,691
CT1-CT2	38,693
ST1-ST2	
CT3	49,036
ST3-ST5	
ST6-8	52,036

Actual salary

Basic salary +

— Payment for up to 8 additional hours worked over the standard 40-hour week (or above contracted hours if less than full-time) – this is paid at 1/40th of basic pay

— Weekend allowance

Frequency	Percentage
1 weekend in 2	15%
Less frequently than 1 weekend in 2 and greater than or equal to 1 weekend in 3	10%
Less frequently than 1 weekend in 3 and greater than or equal to 1 weekend in 4	7.5%
Less frequently than 1 weekend in 4 and greater than or equal to 1 weekend in 5	6%
Less frequently than 1 weekend in 5 and greater than or equal to 1 weekend in 6	5%
Less frequently than 1 weekend in 6 and greater than or equal to 1 weekend in 7	4%
Less frequently than 1 weekend in 7 and greater than or equal to 1 weekend in 8	3%
Less frequently than 1 weekend in 8	No allowance

Actual salary

- On-call availability allowance 8%
- Payment for work undertaken while on-call
- Enhanced rate +37% of basic pay for work 21.00-07.00
- Flexible pay premia (FPP) if applicable
- LTFT (less than full time): Annual allowance £1000
- London weighting



Payslip guidance

Juniors new payslip guide

ASSIGNMENT NUMBER	EMPLOYEE NAME		LOCATION	
DEPARTMENT	JOB TITLE		PAYSACLE DESCRIPTION	
	SAL/WAGE xx,xxx.xx	INC.DATE	STANDARD HRS 40	PT SAL/WAGE xx,xxx.xx
	TAX OFFICE NAME	TAX OFFICE REF	TAX CODE	NI NUMBER
PAY AND ALLOWANCES				
DESCRIPTION	WKD/EARNED	PAID/DUE	RATE	AMOUNT
Basic pay Additional rostered hours Night duty Weekend allowance Non-resident on-call Flexible pay premia Cash floor protection	Relevant information on hours worked, rates of pay, and what is being paid this month will be contained in these sections. NOTE not all doctors will receive all pay elements*.	*Same applies	*Same applies	xx,xxx.xx xxx.xx xxx.xx xxx.xx xxx.xx xxx.xx xx.xx

Leave

Annual leave

- 27 or 32 days (after 5 years' service)
- Life-changing events
- Not be fixed to a working pattern
- Sick pay
- Study leave



Sick leave and pay

Entitlements:

During the first year of service	One month's full pay and two months' half pay
During the second year of service	Two months' full pay and two months' half pay
During the third year of service	Four months' full pay and four months' half pay
During the fourth and fifth years of service	Five months' full pay and five months' half pay
After completing five years of service	Six months' full pay and six months' half pay

Study leave

Grade	Days per annum
Foundation Doctor Year 1	15
All other doctors in training	30

- F1 year study leave contains regular, scheduled teaching.

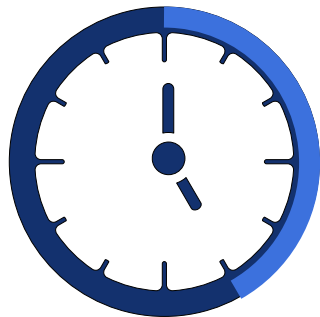
Working hours

Important point; there are many limits!

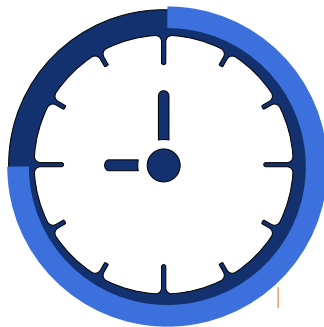
- Average weekly work
- Total weekly work
- Maximum weekends
- Maximum consecutive shifts
- Maximum length of shift
- Rest after night shifts
- On call periods

Working hours

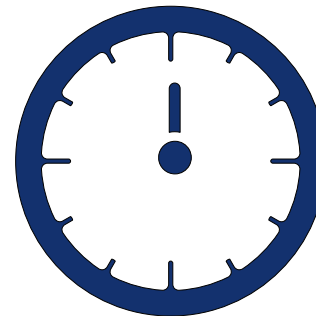
No more than 48 hours of work per week on average, and no more than 72 hours in any **168 hour rolling period**



5-hour shift =
at least one 30-
minute break



9-hour shift =
at least two 30-
minute breaks



12-hour shift = at
least three 30-
minute breaks

Working hours

- Maximum 1 in 3 weekends (except exceptional circumstances)
- Maximum 7 consecutive shift
- Maximum 4 consecutive long day shifts
- Minimum 46 hours rest after nights
- Maximum 13 hour shift length
- Consecutive on call periods only at weekends

Breaches of working hours

- Fines incurred for breaches of working hours or rest
 - Missing 25% of breaks over 4 weeks
 - Breach of maximum working hours
 - Breach of 13 hour shift length
 - Breach of 11 hours rest in 24 hour period
 - Breaches of continuous or total rest during NROC

Work schedule

- Work commitments and training outcomes
- Details of your working supervisors, pay, hours, and training
- Your rota
- Safeguarding officer details
- Rota provided – 8 weeks
- Personal duty roster – 6 weeks
- Must meet with ES within 4 weeks of your start date to **personalise** the work schedule

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Generic Work Schedule
Training Programme: Obstetrics and Gynaecology run-through training
Specialty placement: Obstetrics and Gynaecology
Grade: ST3
Length of placement: 12 months
Employing organisation: St Elsewhere NHS Foundation Trust
Host organisation (if different from the above): N/A
Site(s): St Elsewhere District General
Educational Supervisor: Dr G. Smith
Clinical Lead/Rota Co-Ordinator: Dr C. Sultant
Name of Guardian: Dr J. Khan
Contact details of Guardian: g.angel@stelsewhere.uk , 01234 567890
Medical Workforce Department Contact Details: medicalstaffing@stelsewhere.uk , 0987 654321

Working pattern:

Shift rota

Rota Template:

Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	0900-1800				0900-2200	0900-2200	0900-2200
2	0900-1800		0900-2200	0900-1800	0900-1800		
3	2100-1000	2100-1000	2100-1000	2100-1000			
4	0900-1800	0900-2200	0900-1800	0900-1800	0900-1800		
5	0900-2200	0900-1800	0900-1800	0900-1800			
6		0900-1800	0900-1800	0900-1800	2100-1000	2100-1000	2100-1000
7				0900-1800	0900-1800		
8	0900-1800	0900-1800	0900-1800	0900-2200	0900-1800		

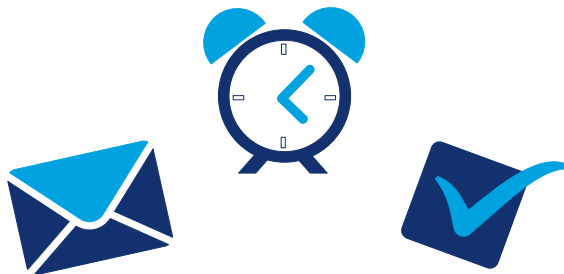
Exception reporting

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Where a work schedule does not reflect the reality of what you are doing – in terms of service or training – submit an exception report.

‘significant or regular departure’

- Variation to working hours
- Missed training opportunity
- Safety concerns



Exception reporting – key points

- Submit within 7 or 14 days
- Compensated with pay/TOIL
- May generate work schedule review
- Closed within 7 days

Guardian of safe working

What do they do?

Provide independent scrutiny and accountability to internal trust mechanisms to ensure that juniors work safely

- Senior appointment
- Independent
- Oversees working hours issues
- Appraised by trainees

Freedom to Speak up Guardian



Junior doctor forums

- Contractual obligation
- Facilitated by the GoSW
- Forum to raise concerns/issues
- Holds the 'fine pot'

Training entitlements

- Your Trust (employer) are commissioned via HEE to provide your training.
- Your training is governed by a system that exists within and beyond your Trust.
- Trust – Educational Supervisor, Foundation Programme lead, Guardian of Safe Working, Director of Medical Education
- Deanery – Foundation Programme Director, Postgraduate Dean
- National – Health Education Body, General Medical Council

Managing fatigue

- All Trusts in England are signed up to the BMA fatigue and facilities charter

Catering

- A catering facility must be:
 - be open 365 days a year
 - provide adequate, varied, efficiently served and freshly prepared meals
 - offer healthy eating and vegetarian options, and options for a range of cultural and dietary requirements
 - serve hot food for extended meal times for breakfast, lunch and dinner, where possible with a minimum late opening until 11pm and a further two-hour period between 11pm and 7am.
- Make hot food available if the canteen is closed, through a supply of microwave meals or a similar arrangement. Supplies should be sufficient for all staff on duty, readily accessible to doctors in training, and regularly restocked. Offer card payment or change machines where necessary.

Travel

- Provide sufficient parking, with a short and safe route to and from the hospital, and reserved spaces for doctors expected to travel after dark. This includes those who are non-resident on-call overnight. Refer to each department's rotas to calculate the number of spaces required.
- Where possible, provide an appropriate sleep facility for doctors advising that they feel unable to travel home after a night shift or a long, late shift due to tiredness.
- Where this is not possible, ensure that alternative arrangements are made for the doctor's safe travel home.

Rest facilities for doctors working on-call

- Make sleep facilities available free of charge for all staff who are rostered or voluntarily resident on-call at night. An individual room should be provided, with:
 - a bed, of good quality, with linen changes every three days and for every new occupant
 - an independently controlled source of heating
 - towels, changed daily and for every new occupant
 - a telephone with access to hospital switchboard
 - electrical power points
 - adequate sound- and light-proofing to allow good quality sleep day and night.

Fixing problems

- Appoint a nominated employer representative for dealing with fatigue and facilities.
- Situations where standards set out in this charter are not met should be raised with the employer representative and an action plan brought to the LNC for agreement.
- The action plan should be implemented within six months of the date that the issue was raised.
- Occasions where an action plan is not implemented by the deadline should be included in the guardian of safe working's quarterly report to the employer's board, or for employers without such a guardian, reported directly to the board.

Rostering and rota design

- When designing rotas, refer to joint guidance from NHS Employers or equivalent and the BMA, where available.
- Use forward-rotating rota designs (day-evening-night) which minimise frequent transitions between day and night shifts.
- Give adequate recovery time after nights to re-establish normal sleep patterns – at least 46 hours after completing the final night shift.
- Design rotas with no more than four long shifts in a row, a maximum of seven consecutive shifts and no more than 72 hours in a 168-hour period.
- Emergency requests for cover should stay within these limits.
- Provide clearly rostered breaks that comply with rest/break entitlements. For example, for junior doctors:
 - under the 2002 terms and conditions: at least 30 minutes' continuous rest after approximately four hours' duty
 - under the 2016 terms and conditions: at least one 30-minute paid break for a shift rostered to last more than five hours, and a second 30-minute break for a shift of more than nine hours.
- Support a team-based 'hospital at night' approach, including bleep filtering and policies to enable consistent breaks for all hospital staff at night.
- Help doctors to raise issues with missed breaks – eg through monitoring or exception reporting systems – and create action plans committing the employer to ensure all breaks are taken.
- Ensure rosters and staffing numbers take account of the need to give the full allocation of annual, study, and other kinds of leave, with enough flexibility for doctors to take leave when sufficient notice is given.
- Ensure rosters and staffing numbers are sufficient to allow safe cover if doctors are unexpectedly absent, eg for sickness or compassionate leave.

Induction and training

- At induction, provide basic education on sleep and working nights, as well as general healthy lifestyle advice.
- Offer regular screening of shift workers for primary sleep disorders.
- Make all staff aware of the importance of taking their breaks, and run regular campaigns to encourage it.
- Give information about the location of rest facilities and how to access them.
- Recognise the importance of rest in reducing human error, in organisational standards and responses to raised concerns, missed breaks, or rostering problems.

Common room or 'mess'

- Provide an easily accessible mess with appropriate rest areas 24 hours a day, seven days a week, allowing staff to nap during breaks.
- Ensure nap/rest areas are separate from food preparation or routine break areas, and that the mess is not used for organised shift handovers or other clinical work – it should be an area of rest and not a clinical environment.
- Provide these areas on site for staff (not necessarily exclusively junior doctors), wherever is most appropriate:
 - lounge (with power points, telephone connection and TV aerial)
 - office/study area (with power points, telephone connection and internet access)
 - kitchen (with sink, hotplate, microwave, toaster, fridge, freezer, kettle, coffee machine and supply of tea, coffee, milk and bread)
 - changing facilities and showers
 - storage area including lockers for doctors
 - secure cycle storage.

Speaking up

- You have a professional duty, under Good medical practice (paragraph 25), to raise concerns about anything that impacts patient safety or could impact patient safety
- You can use the GMC's [raising and acting on concerns flowchart](#) to help you decide whether to raise a concern.
- Follow your employer's raising concerns policy & keep a written record
- You have legal protections
- Utilise your Freedom to Speak Up Guardian

The BMA as a trade union

An organisation of members who are usually workers or employees. It looks after their interests at work by doing things like:

- Negotiating pay and conditions
- Discussing members' concerns with employers
- Representing members to disciplinary and grievance meetings

Who are we?

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- Trade union for doctors and medical students, representing you locally and nationally
- Individual employment support
- Professional development

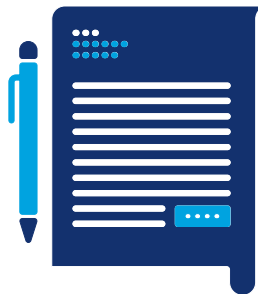


BMA support

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Individual employment
support



Contract checking
service



Learning and
development

0300 1231233

Local negotiating committee

- The BMA at a local level
- BMA Representatives of all grades
- Includes IRO
- Negotiates on:
 - Terms and conditions
 - Policies and procedures
 - Collective issues

Look after your wellbeing

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The spread of Covid-19 is likely to cause high levels of stress and anxiety among doctors and medical students. It's important to look after each other, as well as your patients.

There is always someone you can talk to...

Wellbeing support services

COUNSELLING | PEER SUPPORT
0330 123 1245



Questions?

