

Working time and hours monitoring: Background and key points for junior doctors

During your contract, you will be required to monitor your working hours. This document was originally prepared for medical PRHOs, SHO's, and CFs on full-shift rotas in May 2006, after we discovered we had been under-reporting our hours through ignorance of the current legislation. We hope it is also useful for you.

European Working Time Directive [EWTD]

Current law and policy is set out by the Department of Health.^{1,2,3} Points to note include:

- If you are in the hospital, and your bleep is on, you are working, regardless of whether you are touching a patient or in the mess. The Department of Health themselves note "... Put another way, **doctors resident on-call but asleep will count as working.**"^{4,5} Rest while on duty counts as work. This supersedes previous definitions.⁶ Similarly, periods of formal study leave at the place of work, or teaching, count as work.⁷
- The "New Deal" (1991, updated 1999) preceded the EWTD (2004, phased implementation to 2009). Where the New Deal and the EWTD both specify restrictions on the hours of work, the more stringent (i.e. the more favourable to the doctor) now apply.⁸
- The EWTD has applied to doctors in training from August 2004, with one specific temporary exemption (the total number of hours worked per week). "The Working Time Regulations are UK health and safety legislation. Contracts requiring doctors in training to work outside the regulations will be illegal."
- The main features of the EWTD are:^{9,10,11}
 - No more than 48 hours work per week (averaged over a reference period of 26 weeks) [for doctors, this is extended temporarily: no more than 58 hours from 2004; no more than 56 hours from 2007; full compliance from 2009]. **Days on which the doctor is on leave should be excluded from the calculation.**
 - A maximum of 13 hours continuous duty on a full-shift rota;
 - 11 hours' continuous rest in 24 hours;
 - 24 hours' continuous rest in seven days (or 2 x 24 hour rest periods in 14 days; or 1 x 48 hour rest period in 14 days); plus 62 hours off (= 2.58 days!?) every 28 days;
 - never more than 12 consecutive days on duty (followed by a minimum of 48 hours off duty);
 - minimum of 4 weeks' paid annual leave;
 - a 20 minute break in work periods of over 6 hours;
 - for night workers, an average of no more than eight hours work in 24 over the reference period.

Rest and natural breaks

- What are natural breaks? The combined effect of the New Deal and the EWTD¹² is the following: for a full-shift rota, natural breaks are "at least a 30 minute continuous break after approximately every 4

¹ DoH Policy & Guidance: *European Working Time Directive FAQ*.

http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/WorkingDifferently/EuropeanWorkingTimeDirective/EWTDFAQ/fs/en?CONTENT_ID=4053234&chk=5%2BfDI

² <http://www.bma.org.uk/ewtd>

³ [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFtimesup2/\\$FILE/TimesUp2.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFtimesup2/$FILE/TimesUp2.pdf)

⁴ DoH Policy & Guidance: *The SiMap ruling*.

http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/WorkingDifferently/EuropeanWorkingTimeDirective/EWTDSiMapRuling/fs/en?CONTENT_ID=4051942&chk=WK2niL

⁵ DoH, *A Compendium of Solutions to implementing the Working Time Directive for Doctors in Training from August 2004*, <http://www.dh.gov.uk/assetRoot/04/08/26/35/04082635.pdf>

⁶ DoH, *Guidelines on Working Patterns for Junior Doctors*, <http://www.dh.gov.uk/assetRoot/04/06/99/67/04069967.pdf>

⁷ *Guidance on the Working Time (Amendment) Regulations 2003*, <http://www.dh.gov.uk/assetRoot/04/07/55/54/04075554.pdf>

⁸ *Guidance on the Working Time (Amendment) Regulations 2003*, <http://www.dh.gov.uk/assetRoot/04/07/55/54/04075554.pdf>

⁹ *Guidance on the Working Time (Amendment) Regulations 2003*, <http://www.dh.gov.uk/assetRoot/04/07/55/54/04075554.pdf>

¹⁰ DoH, *Guidance on Implementing the EWTD for Doctors in Training*, <http://www.dh.gov.uk/assetRoot/04/01/22/98/04012298.pdf>

¹¹ [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFtimesup2/\\$FILE/TimesUp2.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFtimesup2/$FILE/TimesUp2.pdf)

¹² *Guidance on the Working Time (Amendment) Regulations 2003*, <http://www.dh.gov.uk/assetRoot/04/07/55/54/04075554.pdf>

hours on duty”. The “reasonable expectation of rest” is that rest targets must be met on “at least 75% of all rostered duty periods”.

- The New Deal Implementation Support Group agreed¹³ that a natural break is a minimum period of 30 minutes’ continuous rest. (A single one-hour break cannot count as two natural breaks, and two 15-minute breaks cannot count as one natural break.) Being bleeped during a natural break is acceptable unless the doctor has to act on the call, or unless the bleeping is repeated and therefore disruptive to the break. They also note that for the purposes of hours calculation, **natural breaks count as work, not rest.**¹⁴ To explain the “approximately every 4 hours” clause, the NDISG give an overriding principle that **a doctor should not work for more than 5 hours without a break.** They also note that for a shift lasting 5 hours, zero breaks is acceptable; a shift from 5.01–9 hours must have at least one break; a shift from 9.01–13 hours must have two breaks; a shift from 13.01–14 hours must have three breaks; a shift over 14 hours is automatically non-compliant. Both the total number of breaks per shift and the “never more than 5 hours continuous without a break” rule must be met. For monitoring purposes, **the natural break rules must be met on 75% of duty periods** for the rota to be compliant.
- “Rest” is different from “natural breaks”.¹⁵ We usually don’t get “rest” on full-shift patterns. This is OK, but we should get natural breaks instead. “Rest” is a term that applies more to old-style on-call and partial shift rotas.¹⁶

Pay banding

- The formal definition of bands is given by the Department of Health.^{17,18}
- A brief summary of the bands is given by the Improving Doctors’ Working Lives group.¹⁹ Basically,
 - band 3 (100% salary supplement): noncompliant with New Deal requirements (over the weekly hours limit, or rest guidelines not met);
 - band 2A (80%): >48 h/week of work but under the overall maximum, more than 1/3 of hours unsocial [**current medical SHO and PRHO banding in May 2006**];
 - band 2B (50%): >48 h/week but under the overall maximum, less than 1/3 of hours unsocial [**current medical clinical fellow banding in May 2006**];
 - 1a (50%): 40–48 h/week, more than 1/3 of hours unsocial
 - 1b (40%): 40–48 h/week, less than 1/3 of hours unsocial
 - 1c (20%): 40–48 h/week, low frequency non-resident on call
 - Basic salary: ≤40 h/week, all between 8am and 7pm.“Unsocial” hours mean outside 7am–7pm Mon–Fri.
- A flowchart on how to band a post is given by the BMA.²⁰ Rebanding is a multi-step process.^{21,22}
- To change a pay banding requires agreement of the majority of the post-holders, approval from an “action team”, and educational approval. **“To offer future posts at a new banding in advance of actual monitoring should be considered exceptional and any such offer should be strictly**

¹³ New Deal Implementation Support Group and Scottish Executive, *New Deal for Junior Doctors: Natural Breaks*, http://www.show.scot.nhs.uk/sehd/mels/HDL2003_10.pdf

¹⁴ See also DoH, AL(MD) 1/01, also known as AL(MD) 1/2001, or “Pay and conditions of service of hospital medical and dental staff and doctors in public health medicine and the community health service”, Annex B, <http://www.dh.gov.uk/assetRoot/04/01/10/64/04011064.pdf>

¹⁵ DRS, *A Definition of Rest*, <http://drsusers.com/help/html/definitionofrest.htm>

¹⁶ Medical PRHOs, CFs, and SHOs at Addenbrooke’s currently work on a full shift system. Different shift systems (on call, partial shift, full shift, hybrid) are explained at http://www.aagbi.org/gat_juniordoctors02.html

¹⁷ DoH Pay Banding Criteria: <http://www.dh.gov.uk/assetRoot/04/05/38/77/04053877.pdf>

¹⁸ DoH, AL(MD) 1/01, also known as AL(MD) 1/2001, or “Pay and conditions of service of hospital medical and dental staff and doctors in public health medicine and the community health service”, Annex B, <http://www.dh.gov.uk/assetRoot/04/01/10/64/04011064.pdf>

¹⁹ Improving Doctors’ Working Lives: summary of banding grades (and other information): <http://www.idwl.info/workinghours.html>

²⁰ Appendix VI of the *Junior Doctors’ Handbook*, <http://www.bma.org.uk/ap.nsf/Content/jdhandbook~appendixvi>, also at <http://www.bma.org.uk/ap.nsf/Content/jdhandbook~appendixvi>

²¹ DoH, AL(MD) 1/01, also known as AL(MD) 1/2001, or “Pay and conditions of service of hospital medical and dental staff and doctors in public health medicine and the community health service”, Annex B, <http://www.dh.gov.uk/assetRoot/04/01/10/64/04011064.pdf>

²² DoH, *Protocol for the Rebanding of Training Posts*, <http://www.dh.gov.uk/assetRoot/04/05/38/78/04053878.pdf>

provisional, requiring confirmation by monitoring.”^{23,24} “Such occasions will be rare. It cannot be taken for granted, for example, that full shifts will be always be compliant as natural breaks may not be achieved or shifts may over-run.”^{25,26} For example, posts banded as 1A have been rebanded as band 3 following appeals because rest requirements were not being met.²⁷

- Note that if a pay band for a post changes after you’ve started it, or a pay band for a post in a rotation changes after you’ve accepted the rotation, pay protection applies.²⁸

Hours monitoring

- It’s compulsory for trusts to monitor hours, and for doctors to cooperate with monitoring arrangements. **The minimum return rate is 75% of doctors participating in the monitoring return rate, and 75% of all monitored duty periods to be documented.**²⁹ (What happens if this threshold is not achieved is not specified by the DoH, but anecdotally Trusts feel free to ignore monitoring exercise results if the 75% target is not met.)
- Falsification of hours monitoring (for the benefit of either the doctor or the trust) is fraud, and a breach of health and safety legislation.
- **Trusts and (individual) doctors can both request re-monitoring, which must be undertaken within a reasonable period of time.**³⁰
- **Non-typical periods should be avoided: e.g. bank holidays, examination periods.**³¹
- The Trust must keep original data for six years in case of dispute; the Data Protection Act governs access to individuals’ records (i.e. individuals can request and correct information about themselves, but not about others).³²
- The trust gets us to use the **MonitorWorks**³³ web site for the monitoring exercise. At present, we don’t know how MonitorWorks calculates its summaries. Other groups have published their software’s calculation methods.^{34,35,36}

The correct way to fill out MonitorWorks timesheets

- Enter your actual start time and end time for the day. MonitorWorks knows what hours you are meant to be working, based on the shift type you tell it (e.g. “normal day” = 0830–1800, “PTWR” = 0800–1300); **fill in the actual start and end time (when you turned up, and when you left).**
- For any time that you were working, colour in the sheet accordingly to specify the type of work (e.g. ward work, teaching [e.g. Grand Round], research, clinic).
- In the unlikely event that you were not working, not in a meeting, not in teaching, not available, and with your bleep not on, then fill in that time as “rest”.

²³ [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFtimesup2/\\$FILE/TimesUp2.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFtimesup2/$FILE/TimesUp2.pdf)

²⁴ DoH, *Protocol for the Rebanding of Training Posts*, <http://www.dh.gov.uk/assetRoot/04/05/38/78/04053878.pdf>

²⁵ Scottish Executive, *Junior Doctors: New Deal Compliance: Re-Banding of Doctor in Training Posts*,

http://www.show.scot.nhs.uk/sehd/mels/HDL2002_33.pdf

²⁶ DoH, *Protocol for the Rebanding of Training Posts*, <http://www.dh.gov.uk/assetRoot/04/05/38/78/04053878.pdf>

²⁷ <http://www.bma.org.uk/ap.nsf/Content/listofbandingappeals>

²⁸ DoH, AL(MD) 1/01, also known as AL(MD) 1/2001, or “Pay and conditions of service of hospital medical and dental staff and doctors in public health medicine and the community health service”, Annex B, paragraph 21, <http://www.dh.gov.uk/assetRoot/04/01/10/64/04011064.pdf>

²⁹ DoH, Junior Doctors’ House: Monitoring Guidance, <http://www.dh.gov.uk/assetRoot/04/05/38/82/04053882.pdf>

³⁰ DoH, Junior Doctors’ House: Monitoring Guidance, <http://www.dh.gov.uk/assetRoot/04/05/38/82/04053882.pdf>

³¹ DoH, Junior Doctors’ House: Monitoring Guidance, <http://www.dh.gov.uk/assetRoot/04/05/38/82/04053882.pdf>

³² DoH, Junior Doctors’ House: Monitoring Guidance, <http://www.dh.gov.uk/assetRoot/04/05/38/82/04053882.pdf>

³³ MonitorWorks, <http://www.monitorworks.co.uk/>

³⁴ DRS is software free to the NHS, written by regional hours monitoring teams; <http://drsusers.com>

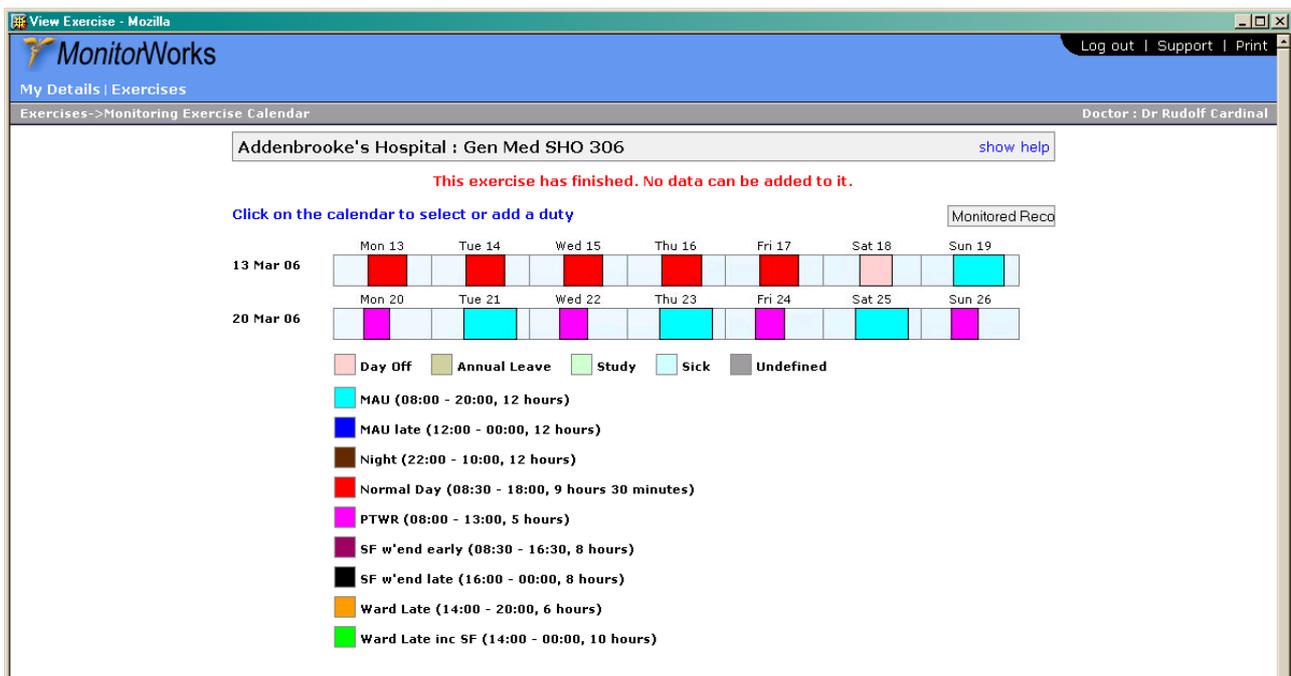
³⁵ DRS, <http://drsusers.com/help/html/diarycardsgroupanalysis.htm>

³⁶ DRS, <http://drsusers.com/help/html/diarycardsaveragedutyworkcalculation.htm>

- **Expect to see no blocks filled in as “rest”**, since it is unlikely that you would not be contactable at any point during the working day.
- If you got your natural breaks (at least a 30min continuous break approx. every 4h, without an interruption requiring you to do something, and meeting the absolute requirement of no more than 5 hours’ work without a break), tick the “Natural breaks” tick-box. **If you didn’t, untick it**, and say why.
- Thus, a good day is a day completely filled in as work, with “Natural breaks” ticked, and with the start/end times matching the contracted start/end times. A bad day is a day completely filled in as work with “Natural breaks” unticked \pm the start/end times extending beyond the contracted hours.
- Note that comments you type into the free-text boxes won’t count towards the hours monitoring summary that Medical Staffing use for pay calculations!

Further on MonitorWorks: practical tips and examples

- You can access MonitorWorks even past the diary exercise in question, so you can go back to view old monitoring exercises. When you log in, you can choose from your monitoring exercises. For a completed monitoring exercise, you see the two-week colour-coded pattern (as below).



- Click on the button labelled “Monitored Records” to view a summary of the monitoring exercise. On the summary page, there’s a button labelled “Export to Word”, which allows you to save an HTML document. In my version of Word, this doesn’t load, but if you rename the resulting file from MonitoredRecords.DOC to MonitoredRecords.HTML, you can load it with a web browser.
- Alternatively, click on an individual day to view the diary card in detail. To save an individual day’s diary card, you should be able to save the web page (**File** → **Save As** in Internet Explorer) to keep a permanent record of that day. Alternatively, you can press **Alt+PrtSc** (Alt+“Print Screen” together) to take a screenshot, which you can **Paste** (typically Ctrl-V or Edit → Paste) into another program, such as Word, or an image editor such as Paint (in Windows, Start → Programs → Accessories → Paint).
- Over the page are some examples of how to extend the start/end times, and how not to record lunch.

This is what a bad day looks like (rota 0830–1800; actual 0830–1910 with 7 minutes for lunch).

Diary Card - Mozilla
Log out | Support | Print

MonitorWorks

Exercises->Diary Card Doctor : Dr Rudolf Cardinal

Addenbrooke's Hospital : Gen Med CF 1105

Choose Record Type [show help](#)

Work
 Annual Leave
 Study Leave
 Sick Leave
 Day Off

Select Duty Being Worked [show help](#)

Duty Normal Day (08:30 Thu 10 Nov 05 - 18:00 Thu 10 Nov 05)

Record Actual Duty Start and End Times [show help](#)

Start Date Thu, 10 Nov 2005
 Start Time 08:30
 End Date Thu, 10 Nov 2005
 End Time 19:15
 Duration 10 Hours, 45 Minutes
 Reason for Late Finish Very busy day (also for Superfirm A, who's from our firm this week). SpRs in clinic in morning; ill patient needed to go to HDU; usual WR; unexpectedly ill patients on elective side needing admission. Finish time 1910, not 1915.

Record Work Episodes [show help](#)

N.B. Only record periods of work. Do not record rest.

Thu 10 Nov
15 30 45

| | | | | |
|-------|--|--|--|--|
| 08:00 | | | | |
| 09:00 | | | | |
| 10:00 | | | | |
| 11:00 | | | | |
| 12:00 | | | | |
| 13:00 | | | | |
| 14:00 | | | | |
| 15:00 | | | | |
| 16:00 | | | | |
| 17:00 | | | | |
| 18:00 | | | | |
| 19:00 | | | | |

ERASE WORK

- Clinic
- MAU/K2
- Other (please specify)
- Research/library
- Teaching/Meeting
- Telephone advice
- Ward Duties

Total work recorded 10 hours, 45 minutes

Comment

Record Natural Breaks [show help](#)

Natural Breaks

Untick box if natural break(s) were not achieved.

Reason for not Getting Natural Breaks Lunch between 1338 and 1345 (7 min). No other break.

Form of Certification

I have checked the information on this form, and certify that it is correct and complete to the best of my knowledge. I understand that if I knowingly make a false declaration this may result in disciplinary proceedings, civil action and/or prosecution and the incident being reported to the General Medical Council...

To enable the NHS to check that this form has been completed appropriately and honestly, and in order to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information to and by the Hospital Trust, the NHS Counter Fraud and Security Management Service, and Inland Revenue.

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Find stopped.

5

Below is what **not** to do. This was a good day (start 0830, finish 1800, with lunch 1230–1300 and Grand Round 1300–1400). But lunch isn't "rest", it's a natural break, and should have been filled in as **work**, not rest.

Diary Card - Mozilla

MonitorWorks Log out | Support | Print

Exercises->Diary Card Doctor: Dr Rudolf Cardinal

Addenbrooke's Hospital : Gen Med SHO 306

Choose Record Type [show help](#)

Work
 Annual Leave
 Study Leave
 Sick Leave
 Day Off

Select Duty Being Worked [show help](#)

Duty: Normal Day (08:30 Wed 15 Mar 06 - 18:00 Wed 15 Mar 06)

Record Actual Duty Start and End Times [show help](#)

Start Date: Wed, 15 Mar 2006 Start Time: 08:30
 End Date: Wed, 15 Mar 2006 End Time: 18:00
 Duration: 9 Hours, 30 Minutes

Record Work Episodes [show help](#)

N.B. Only record periods of work. Do not record rest.

Wed 15 Mar
15 30 45

| | | | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|
| 08:00 | | | | | | | | | |
| 09:00 | | | | | | | | | |
| 10:00 | | | | | | | | | |
| 11:00 | | | | | | | | | |
| 12:00 | | | | | | | | | |
| 13:00 | | | | | | | | | |
| 14:00 | | | | | | | | | |
| 15:00 | | | | | | | | | |
| 16:00 | | | | | | | | | |
| 17:00 | | | | | | | | | |

ERASE WORK

- Clinic
- MAU/K2
- Other (please specify)
- Research/library
- Teaching/Meeting
- Telephone advice
- Ward Duties

Total work recorded 9 hours, 0 minutes

Comment
Enter any comments about your work episodes here.

Record Natural Breaks [show help](#)

Natural Breaks

Untick box if natural break(s) were not achieved.

Form of Certification
I have checked the information on this form, and certify that it is correct and complete to the best of my knowledge. I understand that if I knowingly make a false declaration this may result in disciplinary proceedings, civil action and/or prosecution and the incident being reported to the General Medical Council.

To enable the NHS to check that this form has been completed appropriately and honestly, and in order to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information to and by the Hospital Trust, the NHS Counter Fraud and Security Management Service, and Inland Revenue.

Close

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(end)