

## The Working Week and The New Junior Doctor Contract (NJDC)

**NOTE** – NJDC applies to all trainees who commenced GP training since Aug 2016, so all ST1s and most ST2s. ST3s and those LTFT trainees or other trainee who started training before Aug 2016 remain on the old contract. If in doubt check with your trainee or HR in Gloucester which contract your trainee is on.

The basic working week requirements for trainees on the NJDC and the old contract are the same with regard to proportion of clinical and educational activity. Trainees on the NJDC are entitled to paid breaks and so these have to be included. OOH are part of the 40 working week not in addition to it for trainees on the NJDC, see below for more details on NJDC and OOH.

The 40 hr working week is divided into 10 x 4hr nominal sessions but this does not fit well with most GP working days so it is easier to think about it in terms of hours. So **on average** trainees should do the following per week:

- **28 hrs clinical activity** with 1 hr of clinical admin time for every 3 hrs of patient contact (booked appointment, unscheduled care (duty doctor), visits) = 21 hrs direct patient contact and 7 hrs clinical admin.
- **12 hrs educational activity:** 4 hrs external structured education; 4 hrs practice based structured teaching and 4hrs independent educational activity.

**External structured education** includes: Teaching Programme Induction days, Half Day Release Course (HDRC), Timetabled Education Provider Organisation (EPOs such as BGPET, SGPET, GGPET) Topic Teaching, AKT and CSA courses provided by local RCGP Faculty, Careers Faire, attending ST3 practice for ST2 trainees.

**Practice based structured teaching** includes: Tutorials, joint surgeries, clinical supervision and debriefing after surgeries, practice based learning events, some induction activities.

**Independent learning activity** should be planned and agreed with the educational / clinical supervisor to meet individual trainee's learning needs and should be recorded in appropriate learning log entries to demonstrate learning achieved. Expect that a significant amount of this time will be used to undertake quality improvement project(s) within the practice. Other activities that might be undertaken in this time could include: sitting in with other HCP eg nurse practitioner chronic disease management clinic; attending practice meetings, attending CCG meeting; attending speciality clinics eg dermatology; AKT and CSA preparation; tutorial preparation, teaching medical students (can use up to 10 sessions a year for medical student teaching), some induction activities.

Every week will not be the same given study leave, annual leave and public holidays etc so over a 12 month ST3 year there should be approximately:

- 44 x 4hr External Structured Teaching Sessions - come out of study leave.
- 44 x 4hr Practice based structured education (2hrs of 4hrs protected)

- 44 x 4hr Independent education activity sessions

For ST2 trainees in a 6 month post the numbers would be halved.

### **Study Leave**

ST3 trainees are entitled to up to 30 days or 60 sessions (60 x 4hrs) of study leave so they will have approx. 16 sessions left to use once the external teaching sessions are accounted for. ST2 trainees are entitled to up to 15 days (15 x 4hrs) study leave in a 6 month post so will have about 8 sessions left to use after external teaching accounted for. Trainees need to apply to use these additional days/sessions.

### **Professional Leave**

GPSTs are also entitled to up to 5 days professional leave a year. Professional leave can be used for attending committee meetings, the PESC or EESC to help trainers, practice visits and similar activities that are not primarily educational but are of benefit to the medical community.

After these educational and professional activities have been scheduled the rest of the trainee's time should be spent on clinical activity. In practice there is regularly an overlap between clinical and educational activity with debriefing and clinical supervision taking place at the same time as clinical activity.

### **LTFT Trainees**

Same principals as for full time trainees so all of the above pro-rata per year or count the total for however long they are ST2 or ST3 eg 20 months at 60% to complete 12 months FTE.

### **New Junior Doctor Contract (NJDC) and Out of Hours (OOH)**

#### *Summary of 'The rules'*

- 72hrs OOH work in 12 months ST3, 36hrs OOH work in 6 months ST2 (pro-rata for LTFT)
- OOH work included in 40 hour working week so time back from usual working week required but average of 40hrs per week and can be averaged out over 26 weeks. Must remain compliant with safe working regulations:
  - Max 72hrs in any 7 consecutive days
  - Max 13 hr shift length
  - Max 8 consecutive days (Therefore couldn't work Sat and Sun without having Mon off)
  - 11hr break between shifts
  - 30 min break for 5hrs worked, 2<sup>nd</sup> 30 min break for more than 9 hrs.
- Work a maximum of 6 weekends a year.
- Work no fewer than 12hrs and no more than 22hrs between the hours of 9pm and 7am. (NJDC has a 0.5hr/wk night enhancement in the GP practice work schedule hence this rule.)

Time back for OOH work does not have to be in the same week because the 40 hour working week can be averaged over 26 weeks. One option would be for practices to schedule in 6 hours a month or 4 x 9 hr practice days in every 26 week period as time back for OOHs and then trainees would be free to organise their OOHs as they currently do with the onus being on the trainee to ensure they did not breach working time rules ie if organise at least 6 weeks in advance can work with practice to ensure surgery following an evening shift starts late if necessary but if a trainee wants to pick up a shift at the last moment they can if they chose to knowing the practice can't move surgeries at short notice but that their time back has been scheduled in. The time back can come from education time as well as clinical time and it could be argued that certainly in ST2 when trainees may be observing in OOH or closely supervised this is more educational than clinical activity, always recognizing that it is difficult to separate the two activities in practice as much clinical activity is educational.

### **Working Week in Practice**

Many GP days start with booked surgeries before 9am and go on until 6.30pm or beyond with extended hours and clinical administration. Unless trainees are going to be scheduled strictly 9-5 and not be exposed to the full GP day they are going to need at least one shorter day to compensate for the longer days. Pragmatically many practices schedule in an afternoon off and for some this works well on a Wednesday after teaching particularly if local geography means a significant travel time between the location of teaching and the practice.

#### *Split of hours for FT and LTFT trainees – Old and New Contracts*

<b>ST3 old contract 40 hours plus ooh</b>	<b>Education</b>	<b>Clinical Admin</b>	<b>Direct Patient Contact</b>
100%	12 hrs(	7 hrs	21 hrs
80% (32 hrs total)	9 hrs 30 mins	5 hrs 30 mins	17 hrs
60% (24 hrs total)	7 hrs 15 mins	4 hrs 15 mins	12 hrs 30 mins
<b>ST2 new contract 36.5 hours*</b>	<b>Education</b>	<b>Clinical Admin</b>	<b>Direct Patient Contact</b>
100%	11 hrs	6 hrs 15mins	19 hrs 15 mins
80% (29 hrs 15min)	8 hrs 45 mins	5 hrs	15 hrs 30 mins
60% (22 hrs)	6	3hrs 45mins	12 hrs 15mins

**\* 40 hours includes 2hrs for breaks and 1.5hrs for OOH**

#### *New Contract with paid breaks and OOH*

Can calculate this different ways. The 40hrs working week can be averaged out over 26 weeks and so could be considered over the whole 6 month time period, including annual leave and study leave.

For every period of work over 5 hrs have to have a 30 min paid break so if work on a usual work schedule of four 9 hour days in practice (tutorial and independent learning time timetabled into these days) and one 4 hour day when attending teaching at day release then need to factor in 2 hrs for breaks. Then there is 36 hrs of OOHs to consider – could either pay back some time each week and therefore reduce each week by 1.5 hours but this does not take account of weeks when on annual leave or study leave. Suggest it is

probably easier to give the 36hrs for OOHs back by giving four clinical days off (4 x9hr days making 36hrs) or other time back as agreed with the trainee. So if taking off breaks only and working on a four x 9hr day plus one x 4 hour day gives the following proportions.

<b>ST2 new contract 38hrs plus 2hrs breaks</b>	<b>Education</b>	<b>Clinical Admin</b>	<b>Direct Patient Contact</b>
100%	11hrs 30 mins	6 hrs 30 mins	20 hrs
80% 30hrs +2hr breaks	9 hrs	5 hrs	16 hrs
60%22.5hrs +1.5hrs breaks	6 hrs 30 mins	4 hrs	12 hrs

The exact amounts for the 80% and 60% depend on how their week is structured for periods of work and therefore how much paid break time they have and would have to be calculated for each individual. For example if they were working 4 days a week for 80% that would be 32hrs total which could be one 10 hour day, two 9 hour days and one 4 hour day (going to teaching), in which case then you would still need 2 hours of breaks because any day over 9 hours needs 2 x30 min breaks.

NHS Employers TCS <http://www.nhsemployers.org/case-studies-and-resources/2017/03/junior-doctors-terms-and-conditions-of-service-march-2017>

Work Schedule guidance and Templates <http://www.nhsemployers.org/your-workforce/pay-and-reward/medical-staff/doctors-and-dentists-in-training/terms-and-conditions-contracts/work-scheduling-templates-and-guidance>