Rota Monitoring – the essentials

A doctor's guide to rota monitoring

BMA

Introduction

Accurate, fair and robust hours monitoring is an important part of our practice today and is the best way we have to demonstrate the true duration and intensity of work that we do. Its role will continue to be vital in the future as we begin to monitor compliance with the European Working Time Directive (EWTD). For most of us, monitoring has become a part of our day-to-day working lives. However, there is still sometimes confusion about how hours monitoring is carried out, what our responsibilities are and what to do if we feel something has gone wrong. This guide aims to give you the knowledge to understand more about monitoring and how to gain the maximum benefit from it.

New Deal & European Working Time Directive

There are two different regulations but both the EWTD (European Law and Health & Safety Legislation) and the New Deal have profound influences on our working patterns and training. New Deal compliance became a contractual requirement from August 2003 and the first stage of the EWTD became UK law in August 2004. Summaries of the requirements of both the New Deal and the EWTD can be found in the back cover of this booklet. The New Deal already requires regular monitoring and the new provisions of the EWTD will also require to be integrated into this process. This will need to take account of the different definitions of 'work' (the European Court of Justice has ruled that all hours spent compulsorily resident at the place of work will count as work for the EWTD, whereas under the New Deal, time spent resting at the place of work is not included).

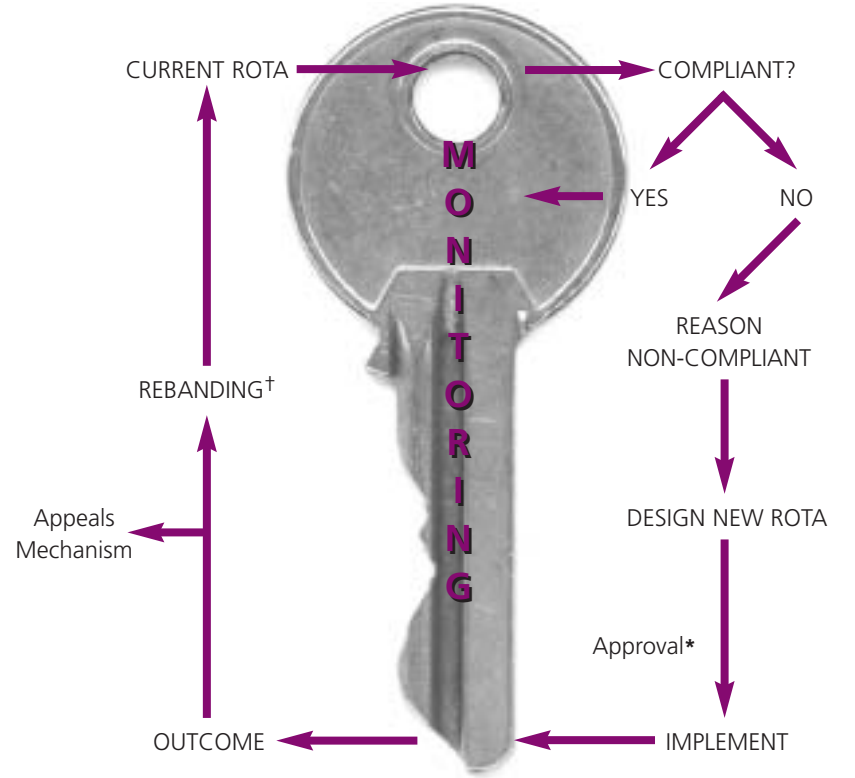
Monitoring of Working Time – the process explained

Monitoring of hours and rest is pivotal to ensure that in practice we are working in a safe and sensible manner. Many questions about monitoring are asked by doctors (both trainees and seniors) as well as trust officials. Many of these stem from a lack of understanding of the process or reasons for monitoring. The following section will hopefully answer some of these and help you understand the importance of the monitoring process.

Why do we have to monitor?

Monitoring is the key method we have to demonstrate the true number of hours that we are being required to work by our trusts. It may be assumed on paper that a normal working day is eight hours long, whereas in reality doctors may be working for up to 10 hours on a normal day, thus increasing the hours worked quite substantially. Monitoring also provides documentary evidence of how much rest you

are able to achieve during your working time. This may have an effect on banding or indeed whether the rota is compliant. The diagram below demonstrates how hours monitoring fits into the overall process.



Junior doctors should be involved at every stage

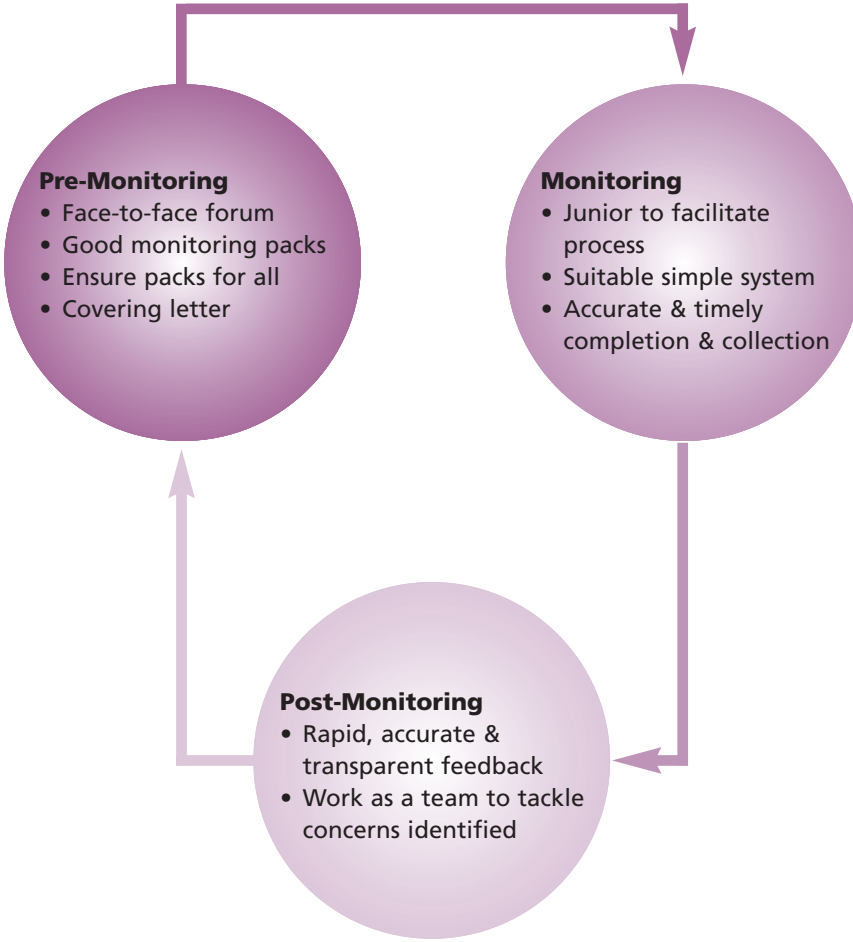
* new working patterns must be approved by the majority of trainees, post graduate dean and the New Deal Regional Action Team (Strategic Health Authority) **prior to rota being implemented**.

† further information on rebanding can be found in our publications, 'Time is Running Out' and 'Time's up' (see BMA website) as well as in the rebanding protocol see page 12.

Every junior doctor has a contractual obligation to comply with monitoring exercises and to provide truthful, timely and thorough information. It is also your employer's responsibility to provide a robust framework to allow for accurate recording of hours, rest and breaks.

What is good monitoring practice?

There will probably never be a perfect way to conduct hours monitoring, as hospitals, departments and rotas vary so widely. The following, based on a survey of trusts and training grade doctors, gives suggestions of how we feel the process may best be carried out. Not all trusts will follow best practice, and you may be able to suggest some of the following advice in your own area. We believe that these measures will help provide a framework to deliver a high return rate of forms and accurate data. The monitoring process, like any audit cycle, can be broken down into several components and the power of the audit is dependant on all the steps being completed thoroughly.



Pre-Monitoring

This is a crucial and often ignored aspect of the whole monitoring process. It is not good enough to assume that doctors will instinctively know when the monitoring period is to start, what forms to use and how to return the forms. The following are suggestions to try to improve understanding of the process before it takes place. It is helpful to view the monitoring cycle as something to be achieved collectively between the trust, senior medical staff and the doctors on the rota.

1. Documentation pack

This will include the monitoring form/booklet but should also contain other information relevant to the monitoring period:

- dates of monitoring period
- copy of the template rota
- details of the rest and break requirements
- sample completed monitoring form to demonstrate the information required, including details of what to do if on leave
- contact details in case you require further information
- ideally this pack should be supplied with a covering letter signed by a lead consultant as well as a junior doctor representative. It is important to show senior leadership as well as teamwork in the process.

2. Face-to-face forum

Best practice would be a meeting between the trust officer responsible, the lead consultant with responsibility for the rota and the trainees, held at a suitable time so that as many trainees as possible can attend, eg before a teaching session or at a handover period. This is better than receiving documents through internal mail or being expected to pick them up from elsewhere. It provides an opportunity to:

- ensure that all trainees have received a pack
- look at the monitoring forms and document pack
- ensure that everyone is monitoring the same rota!
- outline the importance of accurate monitoring
- ask questions about the process.

Despite best efforts, it is likely that some doctors will not attend the meeting. It is vital to ensure that these doctors receive all the relevant information. Spare copies of the packs should be readily available to ensure that each doctor involved is in a position to accurately monitor their working pattern. Systems should be in place to ensure everyone has all of the documents and information for the monitoring process.

During the Monitoring

1. Simple suitable system

Many different systems are used to collect data on working hours. The system should ideally be as simple to complete as possible, while capturing all the data required. A diary booklet has proven popular rather than multiple sheets that are easily lost. Whatever the system, make sure you understand it.

2. Junior doctor rota representative

Available to help with facilitating the process, answering questions and encouraging a good return rate.

3. Timely completion

Complete the forms as you go, not retrospectively. This will provide the most accurate information. It is hard to remember accurately the rest or breaks you had days ago.

4. Accurate Completion

Accurate data is required for you to be properly paid for the work you do now, but also to enable the service to plan for the future. If you under-report your hours then this may lead to changes that expose patients and juniors to inadequate levels of cover. The GMC also takes probity very seriously and this includes completion of monitoring data. Recording rest and breaks is just as important as the total hours worked. As our hours have gradually decreased over the last few years, work intensity has increased. It is vital to ensure that we get the appropriate amount of rest to ensure safe practice.

Post–Monitoring

1. Robust returns system

This is one area of monitoring that trusts frequently complain that we do badly. Several methods of ensuring returns have been employed but the following have proved the most successful:

- regular collection of sheets from the work area by the monitoring officer
- nominated junior doctor representative collects forms
- addressed envelope enclosed in pack to enable easy return
- collection by monitoring officer at an appropriate time following monitoring eg handover, teaching.

It is, unfortunately, the case that many monitoring attempts fail due to an inadequate return (a minimum of 75 per cent fully completed returns are required to properly analyse the monitoring episode). Whatever the system, it is your duty to ensure you get your completed forms returned.

2. Rapid, accurate and transparent feedback

Once all of the forms are collected, the trust is required to analyse the data and feedback within **15 working days**. This is best done in a face-to-face manner like the pre-monitoring forum, although if that is not possible then at least, a letter should be sent to all trainees informing them of the summary of the data, and the outcome of the monitoring. This part of the process will help to build mutual trust and understanding of the process. Juniors should be encouraged to comment both on the rota itself and on how the monitoring process may be improved.

3. Compliant? …moving onwards

In most cases monitoring confirms the banding and compliance of the working pattern. It may, however, generate other comments or show a trend towards non-compliance that can be addressed. In some cases monitoring will prove a rota to be non-compliant or require a banding change. In these circumstances it is important (indeed the trust and juniors are contractually obliged) to work together to develop solutions. Use of post-monitoring meetings will help to facilitate this process. There are specific steps that are required in order to reband a rota following changes in working patterns and these are detailed in the table below.

Monitoring Forms

Although forms are many and varied in their design they must all be able to catch at least the minimum data required. If a form is too simple it may not capture all the data, too complex and compliance with monitoring becomes more of an issue.

Process for changing a rota banding

Stage 1

Suggest change in working practice

- consult post holders
- majority approval of post holders
- approval of post graduate dean
- approval of Regional Action Team

Stage 2

Monitoring of new working pattern

- >75% of monitoring forms completed
- minimum of 14 consecutive days
- validation by Action Team / junior doctor representatives

Stage 3

Notification of monitoring outcome

- to all parties as specified in HSC

Stage 4

Approval mechanism to change band

- Action Team receives proof of above

Stage 5

Appeals mechanism

- trust or trainees can appeal the monitoring outcome / banding decision

This must be documented on the approval to change banding form and a copy forwarded to the Action Team for signature BEFORE the change is made to the banding.

Frequently Asked Questions

I am not sure what the difference is between 'rest' and a 'natural break'?
A natural break is a '30 minute continuous break after approximately four hours of duty'. The time is counted as actual work. Natural breaks are required during the normal day and at all times on full shifts. Rest, under the New Deal, does not count as working time and this is what gives the difference between 'duty / available hours' and 'actual hours'.

Following recent monitoring my payslip shows my band has changed, can this happen?
Banding can change after monitoring, but you should be made aware of this in post-monitoring feedback, not in a pay-slip.

If my banding changes will I lose out financially?
Pay protection protects you from significant changes in pay and exists both for six month contracts and within rotational posts. The Band 3 multiplier is not protected however to encourage trusts to achieve compliance. It is not an option to stay non-compliant and we must co-operate with trusts in moving towards compliance. Further details of pay protection can be found in paragraph 21 of the Terms and conditions of service and the junior doctors contracts section of the Department of Health's website.

How often do I have to monitor?
The minimum that you are required to monitor is once every 6 months. Monitoring exercises may need to be carried out more frequently in some circumstances such as implementing new working patterns or after a period of invalid monitoring.

What if I don't fill my monitoring forms in?
This is not an option for anyone. Both doctors and Trusts are contractually obliged to monitor:

'there will be a contractual obligation on employers to monitor New Deal compliance…and on individual junior doctors to co-operate with those monitoring arrangements'... 'should a junior doctor fail to supply monitoring data, they shall receive written notice of their contractual responsibility to cooperate, and be required to participate in a further round of monitoring. Persistent failure to comply will represent a breach of contract and may result in disciplinary procedures.'

It also avoids the unnecessary hassle for yourself and your colleagues of having to re-monitor if everyone fills in the form fully the first time round.

What if monitoring takes place during a particularly busy / quiet time?
Sometimes, it is difficult to predict this sort of thing, although rotas should be robust enough to withstand periods of increased activity, as long as they are not exceptional. It is your right to appeal a monitoring outcome if you feel the monitoring period does not reflect the true nature of the post.

What if the trust put extra people in place or changed the rota for the monitoring period?
This may sound unlikely but unfortunately it does happen. If it does, you should raise the matter immediately with your local BMA office / junior doctor representative who will advise you further. Some specialties do this sort of thing to a less obvious degree, such as seniors being more available or changes being made to the nursing staff rotas. Again you have a right to ask that the monitoring be declared unrepresentative and ask for a further period of monitoring.

What if while monitoring there is sick leave?
Again, if you or the trust feels that this has unfairly biased the monitoring outcome then there is an option to re-monitor.

What if I don't fill my form in accurately?
Ask yourself, would you falsify patient notes? Monitoring forms are legal documentation and wilfully falsifying them is fraud and may land you in serious trouble.

What if my consultant tries to persuade me to alter my monitoring to ensure compliance?
This sort of inappropriate action must not be tolerated and you should bring it to the attention of the BMA. In many circumstances this constitutes harassment and bullying, and seniors should be reminded of the clear policy the GMC has regarding this.

What happens if there are non-training grade doctors on my rota?
Custom and practice is that all participants on a rota will be asked to monitor, including non-training grades. The return rate will be based on the percentage of training grade doctor shifts monitored. If you find it difficult to get monitoring data from non-training doctors, then the expected hours will be substituted into the monitoring calculation with an assumption that the required rest is achieved.

It is in the interest of **all** doctors on a rota to monitor their working patterns to ensure it is a true reflection of practice.

And Finally

Monitoring is the key to successful implementation and ongoing assessment of working patterns that comply both with the New Deal and in future the EWTD. Monitoring is our opportunity to demonstrate the true nature of the posts we work. As the number of hours starts to fall, intensity has risen and it is not acceptable to be required to work solidly for 13 hours without any breaks. Monitoring provides an invaluable tool both to assess current compliance and also to work pro-actively to avoid non-compliance pitfalls.

Monitoring is the key to unlocking the door to compliance with the New Deal and EWTD regulations.

Table 1a - New Deal hours requirements

Rota Type	Maximum duty hours / week	Maximum actual hours / week	Maximum continuous duty hours
On call	72	56	32 (56 at w/e)
24-hour Partial shift	64	56	24
Partial shift	64	56	16
Full shift	56	56	14

Table 1b - New Deal rest requirements

Rota Type	Minimum time between duties (h)	Minimum time Off Duty (h)	Rest
On call	12	48 + 62 every 28 days	$^1/_2$ OOH incl. 5 hours continuous at night
24-hour Partial shift	8	48 + 62 every 21 days	6 hours incl. 4 hours continuous at night
Partial shift	8	48 + 62 every 21 days	$^1/_4$ of OOH period
Full shift	8	48 + 62 every 21 days	Natural breaks only

- OOH (Out-of-hours) – all time outside normal working day Mon - Fri.
- All working patterns are entitled to Natural breaks – 30 minutes continuous break after approx four hours of duty

Table 2: EWTD implementation timetable

	Max duty / actual hours			Min periods off duty	Rest
	August 2004	August 2007	August 2009		
Resident work patterns	58 / 56	56	48	24 hours in 7 days Or 48 hours in 14 days	11 hours continuous in every 24 hours & New Deal requirements
Non-resident On call	72 / 56	72 / 56	72 / 48		

Websites and Contacts – you are not alone

Junior Doctors Committee
British Medical Association
BMA House, Tavistock Square,
London WC1H 9JP
Tel: 020 7387 4499
Email: info.jdc@bma.org.uk

www.bma.org.uk
www.dh.gov.uk/Home/fs/en

Monitoring junior doctors hours:
http://www.bma.org.uk/ap.nsf/Content/monitoring

'Time's Up' – a guide on the EWTD for junior doctors
http://www.bma.org.uk/ewtd

Rebanding protocol England and Wales
http://www.dh.gov.uk/assetRoot/04/05/38/78/04053878.pdf

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

Northern Ireland
http://www.dhsspsni.gov.uk/hss/HRD/documents/guidance_on_working_patterns.pdf

Terms and conditions of service:
www.publications.doh.gov.uk/hrinthenhs/doctorstermsandconditions/doctorstermsandconditions.pdf

Hours of work and rest requirements:
www.dh.gov.uk/assetRoot/04/07/55/53/04075553.pdf

For further information please see the Junior Doctors handbook 2003/04

Your junior doctor representative is:

British Medical Association
Junior Doctors Committee
BMA House
Tavistock Square
London
WC1H 9JP

www.bma.org.uk