QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING January 2020

Executive summary

The 2016 Junior Doctor contract has been introduced for all doctors in training employed at the Trust. This report summarises the exception reports raised over the past 12 months and the use of additional internal and external locum / agency staff to cover additional workload and rota gaps. In addition there have been a series of changes agreed to the 2016 TCS which are gradually being introduced in the 12 months from August 2019. Many of these changes increase the number of staff required to provide a safe rota – the degree of readiness for each rota in the Trust is also described.

This paper will be presented to the public board in January and is published on the Trusts external website. It may also form part of future CQC inspections.

Introduction

The 2016 contract (amended in July 2019 following negotiations between NHS employers), and a locally adapted version of it, is now used for all training grade doctors and local equivalents employed by the Trust from August 2019. There continues to be a small number of doctors employed on the 2002 TCS but it expected that this number will decline with rotations to new posts over the coming 12 months. It is unlikely that we will have anyone employed on the old TCS beyond August 2020.

High level data

Number of doctors / dentists in training (total):	638
No of locally employed doctors on 2018 TCS	150
Amount of time available in job plan for guardian to do the role:	2 PAs per week
Admin support provided to the guardian (if any):	none
Amount of job-planned time for educational supervisors:	0.25 PAs per 3 trainees (this is less than comparable Trusts locally and less than Weston General)

a) Exception reports

One of the key changes of the new contract is the introduction of a system called exception reports. This system allows doctors to submit a report when their actual hours of work vary from their rota, they fail to get adequate rest breaks or they are unable to attend agreed educational activities due to service commitments. This system replaces a previous system of rota monitoring which was widely viewed as no longer being fit for purpose.

The new system requires the junior doctors supervisor to meet with the doctor and discuss the reasons for each report being submitted. In the case of additional hours being worked a decision is then made to either allow the doctor compensatory time off in lieu or payment for the additional hours. The reports are subsequently reviewed by the Medical HR department and the Guardian of Safe Working to ensure safe working limits are not exceeded. Where these limits are breached there may be a "fine" levied against the division involved.

The contract refresh has placed increased emphasis on an educational supervisor reviewing and discussing any exception reports in a timely manner – the target is to have a review within 7 days of submission. This target is particularly challenging as delays can be caused by both junior doctor and supervisor workload and work pattern. However, considerable work by the Medical HR team and the Divisional teams has seen a consistent reduction in the average time taken to sign off reports:

Month	August	September	October	November	December
Average time to review / sign off reports (days)	28.8	25.2	31.8	24.4	14.4

There were 674 exception reports submitted across the Trust in 2019.

Year	2019												
Sum of No. episodes	**Column Labels**												
Row Labels	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Grand Total**
Medicine	13	13	11	11	5	11	10	39	37	31	28	17	226
Specialised Services	24	11	23	10	8	13	4	6	17	21	8	6	151
Surgery	30	11	13	25	14	10	17	15	25	14	17	4	195
Women's and Children's	4	1	3	6	4	29	5	11	7	10	7	15	102
Grand Total	**71**	**36**	**50**	**52**	**31**	**63**	**36**	**71**	**86**	**76**	**60**	**42**	**674**

As would be expected busy specialities with larger numbers of trainees saw more exception reports being submitted. Specialities with an established history of shift working (such as Emergency medicine) seem to see comparatively few exception reports despite the considerable workload pressure they are under.

Year	2019												
Sum of No. episodes	Column Labels												
Row Labels	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Medicine	**13**	**13**	**11**	**11**	**5**	**11**	**10**	**39**	**37**	**31**	**28**	**17**	**226**
Accident and emergency											1		1
General medicine	13	13	11	10	5	11	10	33	34	31	23	16	210
Geriatric medicine								1					1
Intensive therapy				1								1	2
Respiratory Medicine								5	3				8
Dermatology											4		4
Specialised Services	**24**	**11**	**23**	**10**	**8**	**13**	**4**	**6**	**17**	**21**	**8**	**6**	**151**
Cardiology			5	1					10	13	3		32
Clinical Oncology			2	1	2	6		4	3	5	2	1	26
Haematology	22	10	16	8	6	6	4	2	4	3	3	5	89
Medical oncology		1				1							2
Palliative medicine	2												2
Surgery	**30**	**11**	**13**	**25**	**14**	**10**	**17**	**15**	**25**	**14**	**17**	**4**	**195**
Anaesthetics	2	7	3	5	10	7	8	5	2		2		51
General surgery	28	4	10	19	4	2	7	10	23	13	9	1	130
Ophthalmology				1		1	2						4
Oral & maxillo-facial surgery											4		4
Trauma & Orthopaedic Surgery										1	2	3	6
Women's and Children's	**4**	**1**	**3**	**6**	**4**	**29**	**5**	**11**	**7**	**10**	**7**	**15**	**102**
Neonatology	1	1			1	11	1		5	2			22
Obstetrics and gynaecology	1			3		3			1	7		8	23
Paediatric cardiology						1							1
Paediatrics	2		3	3	3	14	4	11	1	1	6	7	55
Paediatric surgery											1		1
Grand Total	**71**	**36**	**50**	**52**	**31**	**63**	**36**	**71**	**86**	**76**	**60**	**42**	**674**

There is a growing acceptance across more senior grades of doctors that exception reporting is an important process to highlight problem areas within the Trust. In the first year there was significant reluctance from these grades to report problems due to a culture of “not causing a fuss”. However, this pattern has noticeably changed over the past year with a much more even spread of reports across the various grades of doctor.

	No of reports
2016	46
Foundation 1	46
Senior trainee	1
2017	**528**
Foundation 1	337
Junior trainee	129
Senior trainee	62
2018	**764**

Foundation 1	227
Junior trainee	307
Senior trainee	165
2019	**674**
Foundation 1	254
Junior trainee	203
Senior trainee	217

The system is designed to allow doctors in training to report both the requirement to work additional hours and when they are unable to achieve agreed educational activities (such as teaching) due to excessive workload. The vast majority of reports are for additional hours worked and ongoing encouragement of trainees to use the system to highlight missed education is required.

Sum of No. episodes		Month												
Division	Type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
Medicine	Educational			3	1			3	3			1		11
	Hours	8	7	7	11	4	8	5	36	36	28	21	15	186
	Pattern	5	3	3		1		2	3	1	2	7	2	29
Medicine Total		**13**	**13**	**11**	**11**	**5**	**11**	**10**	**39**	**37**	**31**	**28**	**17**	**226**
Specialised Services	Educational	1	2	5	1	1	1			1	1	2		15
	Hours	23	9	18	9	7	12	4	6	16	20	6	6	136
Specialised Services Total		**24**	**11**	**23**	**10**	**8**	**13**	**4**	**6**	**17**	**21**	**8**	**6**	**151**
Surgery	Educational	2	2	1	1	1	2	1	2					12
	Hours	28	9	12	24	12	8	16	13	21	13	14	4	174
	Pattern					1				4		3		8
	Service Support											1		1
Surgery Total		**30**	**11**	**13**	**25**	**14**	**10**	**17**	**15**	**25**	**14**	**17**	**4**	**195**
Women's and Children's	Educational				2	1	1	1	2	1	3	1	1	13
	Hours	4	1	3	4	3	24	4	9	6	5	4	13	80
	Pattern						3				2	2	1	8
	Service Support						1							1
Women's and Children's Total		**4**	**1**	**3**	**6**	**4**	**29**	**5**	**11**	**7**	**10**	**7**	**15**	**102**
Grand Total		71	36	50	52	31	63	36	71	86	76	60	42	674

b) Work schedule reviews

The contract has introduced a system of work schedule reviews for rotas where the template rota does not seem to accurately reflect the actual rota worked by the doctor. Traditionally a "template rota" has been designed by the Medical HR department to be compliant with the various rota rules and then individual departments have adapted this to fit leave and varying numbers of staff. This means that actual work rotas can vary significantly from the template rota (which now determines the pay of the junior doctor)

It remains extremely challenging to manually write and review rotas. The Trust has purchased an eRostering solution (Allocate) however roll out has been slower than expected. This remains a significant concern.

c) Locum bookings

The Trust has traditionally been very reliant on using locum doctors (both from external staff and using its own internal staff) to fill gaps on rotas and respond to fluctuations in workload. The new contract introduces much stricter safe working limits and all locum work carried out by internal staff needs to be taken into account when calculating total work hours. Trainees are allowed to "opt out" of the maximum 48 hour working week average to work up to 56 hours.

Until an eRostering system is fully established there is no effective way of monitoring the additional work below against the safe working limits described in the contract.

Whilst many junior doctors welcome the ability to carry out additional work the effect that these additional hours have on fatigue and morale is of concern. This recurring internal locum usage suggests that additional staff may be required in certain areas to make rotas more resilient to fluctuation in staff numbers and workload.

2019	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Total No of hours additional work undertaken by junior doctors	4033	4874	3593	5575	7200	4166	4175	3133	3243

Locum bookings

Additional doctors are also occasionally contracted through external locum agencies

Division	Number of shifts worked.	Number of hours.	Accumulative number of shifts 2019.	Accumulative number of hours 2019
W&C	12	115	98	971
Med	122	983	849	5261
SH&N	15	163	359	3762
SpS	98	861	458	4366
D&T				
TOTAL	**247**	**2122**	**1764**	**14360**

d) Vacancies

Vacancies were reported in the annual "rota gap report" in July 2019. Rota gaps are being reported by Medical HR to divisional teams on a more frequent basis. The highly specialist nature of the work carried out by the Trust in several areas makes it particularly challenging to fill certain vacancies and rota gaps.

e) Medical Sickness – Junior Doctors

Rates of sickness remain at around 1% across junior doctor grades, well below most other staff groups in the Trust.

Qualitative information

Issues arising – Immediate Safety Concerns

The exception reporting process allows junior doctors to flag up incidents where they believe that their work pattern puts their safety, or that of their patients, at risk. A total of 12 exception reports have been flagged with safety concerns over the past year and these are closely reviewed to see if there is any learning for the wider organisation.

The vast majority of the time these reports are submitted after a junior doctor experiences an exceptional increase in workload either due to an increase in patient numbers or unexpected absences on a rota.

Sum of No. episodes	Month								
Division	Mar	May	Jun	Jul	Aug	Oct	Nov	Dec	Grand Total
Medicine				2					2
Specialised Services	1	1				2			4
Surgery						1			1
Women's and Children's			1		1		2	1	5
Grand Total	1	1	1	2	1	3	2	1	12

Rota	Doctors description of safety concern	Actions taken to prevent recurrence
Cardiology	Case load of 13 outliers on top of CCU work with acutely unwell patients. Despite senior support for a few of the patients, had to review some patients who had already been seen as ATSP by nursing staff due to low BP etc, duplicating workload. High load of scans to book/chase, many complex patients and some challenging communication. A list of VTE assessments requiring completion at around 3pm while I still had 5 patients to see on the ward round. Medway running slowly. Limited support in chasing scans, procedure reports etc	Ongoing workload issue in cardiology
General Surgery F2	Volume of work was far too much for the number of surgical doctors on call. Due to having many surgical cases in theatres, and a huge	Raised with divisional management and

	number of ward and take patients this mean that patients had to wait long lengths of time to be seen or re-reviewer after investigations. Senior reviews were difficult to obtain as the registrar was in theatre. This put huge pressure on the registrar when they had finished a long case in theatre (and should be having a short break) to see the surgical take patients. All members of the team including from registrar to FY1 had no break in 13 hours, due to sheer volume of tasks and people to see. Food was eaten whilst going through the list with the consultant. I personally also left 30 minutes late as we were late starting handover due to a case overrunning in theatre. Although not avoidable this makes an already long day even longer. A culmination of these things meant that patients were left waiting to be reviewed by a senior and to have their initial clerking, which obviously is not the ideal level of care. It also left the doctors fatigued and with low morale.	rota coordinators – felt to be an due to an unpredictable surge in patient numbers which was managed very well by the team on the day
Paeds Surgery F2 & CT1-2	Night shift for general surgery. Arrive to work to find out that due to sickness I am required to also carry the medical SHO bleep for the night. Therefore held both bleeps for the night, doing the work for both roles over night. As a surgical trainee I do not have adequate paediatric life support for the role on the crash team. Given an alternative role on the crash team (scribe). Accepted the medical SHO bleep for the night as no other option.	Changes made to the induction to ensure all trainees at the Childrens Hospital have suitable resus training
General Paeds	3 endocrine patients admitted from the previous night were not reviewed till late afternoon as endocrine clinic in the morning. Patients and nursing staff dissatisfaction was apparent. Attending consultant helped out with seeing some of the patients but on expense of his own clinical work.	Raised with divisional management and rota coordinators

Issues arising – Other areas of concern

2018 Junior Doctor Contract Refresh (agreed from July 2019)

Several of the changes to the rota rules have the effect of increasing the number of junior doctors required to safely cover a rota and maintain adequate levels of medical cover. This is particularly challenging for rotas with small numbers of doctors or significant weekend / out of hours working (such as Emergency Medicine).

A RAG risk chart showing compliance against the new rota rules and actions taken to address problems is attached as appendix A.

eRostering

The roll out of eRostering across the Trust for junior doctor staffing is progressing slower than planned. This means that several of the key functions of the contract – such as work service reviews and managing additional locum work within the safety rules – are extremely difficult to implement.

Following previous concerns about this there is a renewed focus from the corporate HR team on encouraging and supporting the rollout across the Trust.

Areas of particularly high workload / with training concerns

Trainee workload in some areas of the Trust is extremely high – a situation that has worsened as winter pressures have increased. In some areas this workload is impacting on the ability to attend agreed training and education opportunities and negatively affects trainee morale.

Despite these significant challenges I'm really encouraged to see an increasing focus on wellbeing that is happening across the Trust. There have been several significant projects over the past few months including wellbeing week and the appointment of a wellbeing lead which have had a very positive effect.

Summary

Across the NHS junior doctors continue to provide remarkable care under very difficult circumstances. UH Bristol is far from alone in having the challenges described in this report and, in fact, is lucky to have senior clinicians and managers who are engaged and interested in making improvements where needed.

Whilst the exact effect of the new contract rules remain unclear I will continue to monitor and report on these to the Board.

Dr Alistair Johnstone

Guardian of Safe Working

January 2020

Appendix B – Rota rule changes 2019

Junior doctors
2018 contract refresh

NHS Employers
Part of the NHS Confederation

Factsheet: Safety limits and rest

The below table highlights the changes to the safety limits and rest provisions between the 2016 terms and conditions and the 2018 contract refresh. For full details please refer to schedule 3 of the terms and conditions of service (TCS).

2016 terms and conditions	2018 contract refresh
Maximum of 72 hours work in any 7 consecutive day period.	Maximum of 72 hours work in any 168-hour consecutive period.
46-hours rest required after 3-4 consecutive night shifts.	46-hours rest required after any number of rostered nights.
Doctors paid at nodal point 2 are exempt from the requirements that no doctor shall be rostered for work at the weekends greater than 1 week in 2 for one placement during their foundation year.	No doctor shall be rostered for work at the weekend at a frequency of more than 1 week in 2.
No doctor shall be rostered for work at the weekend at a frequency of greater than 1 week in 2.	All reasonable steps should be taken to avoid rostering trainees at a frequency of greater than 1 in 3 weekends.
Where 8 shifts of any length are rostered or worked on 8 consecutive days, there must be a minimum 48-hours rest rostered immediately following the conclusion of the eighth and final shift.	Maximum of 7 shifts of any length can be rostered or worked on 7 consecutive days. Where a shift contains hours of work across more than one day, the work on each day will be counted independently toward the total number of consecutive days*.
No more than 5 long shifts shall be rostered or worked on consecutive days. Where 5 long shifts are rostered on consecutive days, there must be a minimum 48-hour rest period rostered immediately following the conclusion of the fifth long shift.	No more than 4 long shifts shall be rostered or worked on consecutive days. There must be a minimum 48-hour rest period rostered immediately following the conclusion of the final long shift*.
A doctor must receive: • at least one 30 minute paid break for a shift rostered to last more than 5 hours, and • a second 30 minute paid break for a shift rostered to last more than 9 hours.	A doctor must receive: • at least one 30 minute paid break for a shift rostered to last more than 5 hours • a second 30 minute paid break for a shift rostered to last more than 9 hours • A third 30-minute paid break for a night shift as described in paragraph 15 of Schedule 2, rostered to last 12 hours or more.

*As soon as reasonably practicable from August 2019, and in any event as soon as possible before 5 August 2020, the employer will consult with doctors and agree to alter existing rotas.

Appendix B – State of readiness for new contract changes

				From October 2019 (no later than December 2019)	From October 2019 (no later than February 2020)		Maximum consecutive shifts by no later than August 2020	
Division	**ROTA**	**WEEKEND FREQUENCY**	**Breaches**	**Maximum 72 hours work in any consecutive 168 hour period**	**Weekend frequency no greater than 1:3 if possible. 1:2 rotas to be signed off. No doctor should work more than 1:2**	**46 hours rest after 3-4 or any night shift**	**Consecutive shifts reduced from 8 to 7**	**Consecutive long day shifts rostered worked reduced from 5 to 4.Must be 48 hour rest period after last shift**
W&C	**Paeds ED ST1-8**	1 in 2.2	**Weekend frequency 1:2.2, min period off after consecutive days week 2, max consecutive shifts, min period off after consecutive shifts weeks 3-4, max consecutive shifts week 5, max consecutive shifts**		**1:2.2.**	✓	✓	✓

			weeks 6-7, min period off after consecutive shifts week 11.					
W&C	**Paeds ED ST1-3**	1 in 2.2	**Weekend frequency 1:2.2, min period off after consecutive days week 2, max consecutive shifts, min period off after consecutive shifts weeks 3-4, max consecutive shifts week 5, max consecutive shifts weeks 6-7, min period off after consecutive shifts week 11.**		**1:2.2.**	✓	✓	✓
W&C	**Paeds ED FY2 & GPVTS**	1 in 2	**Weekend frequency 1:2**		**1:2.0.**			
W&C	**Paeds ED GPVTS Community**	1 in 3	**No breaches**					
W&C	**Paediatric Anaesthetics**	1 in 3.5	**No breaches**					
W&C	**PICU ST3+**	1:2 - 1:3	**Weekend frequency 1:2 - 1:3 (varies - no fixed rota pattern). Impossible to state breaches with new rules due to lack of pattern.**		**1:2 - 1:3**			
W&C	**Paediatric Surgery F2 & CT/ST1-2**	1 in 4.5	**One shift moved to make current pattern compliant. New versions being drafted. (Min Period off after long shifts week 3)**					✓

W&C	**Paeds Surgery ST3+ Oct 19**	1 in 4	**Max consecutive shifts & max weekly hours weeks 1-2, min period off after consecutive days weeks 2-3, max consecutive shifts week 3**	✓		✓	✓	✓
W&C	**Paeds Surgery Ed Fellows**	1 in 4.5	**No breaches**					
W&C	**Paeds T&O Surgery ST3+**	1 in 4.33	**No breaches (week 9 NWD moved from Monday to Tuesday)**					
W&C	**Clinical Ed Fellows Paed Orthopaedics**	n/a	**No breaches**					
W&C	**Paeds Neurosurgery**	1 in 6	**No breaches**					
W&C	**Paeds Cardiac Surgery**	1 in 2	**Weekend frequency 1:2**		**1:2.0.**		✓	✓
W&C	**Paeds Cardiology ST3+**	1 in 4	**Max consecutive shifts and min period off after consecutive days weeks 1-2 & 4-5**				✓	✓
W&C	**Paeds Oncology ST6-8**	1 in 6	**No breaches**					
W&C	**NICU ST1-3**	1 in 3	**New rota built and compliant. To be used from March. (Min Period off after long shifts week 4)**			✓		✓

W&C	**NICU ST4+**	1 in 3	**New rota built and compliant. To be used from March. (Max consecutive shifts weeks 8-9, Min Period off after consecutive days week 9)**			✓		✓
W&C	**NEST Sep 19**	1 in 3.5	**No breaches**					
W&C	**F2 Paediatric Academic trainee**	n/a	**No breaches**					
W&C	**Gen Paeds FY2 & GPVTS**	1 in 3	**Max consecutive shifts and min period off after consecutive days weeks 6-1**			✓		✓
W&C	**Gen Paeds (ED) FY2**	1 in 2.6	**Weekend frequency 1:2.6, min period off after consecutive days weeks 7 & 11**		**1:2.6.**	✓		
W&C	**Gen Paeds ST1-3 w/specialities**	1 in 2.6	**Weekend frequency 1:2.6, min period off after consecutive days week 7 & week 11**		**1:2.6. Amended to 1:3.25**	✓		
W&C	**Gen Paeds ST4+ w/specialities**	1 in 3.86	**No breaches**					
W&C	**Gen Paeds ST4+ w/TW**	1 in 3.86	**No breaches**					
W&C	**Gen Paeds ST4+ w/specialities 50% OOH**	1 in 6.75	**No breaches**					

W&C	**Gen Paeds ST4+ w/TW 50% OOH**	1 in 6.75	**No breaches**					
W&C	**O&G FY2 & ST1-2**	1 in 3.7	**No breaches**					
W&C	**O&G ST3-5**	1 in 4.5	**No breaches**					
W&C	**O&G ST6+**	1 in 4	**No breaches**					
D&T	**Clinical Pathology**	1 in 6	**No breaches**					
D&T	**Radiology ST1**	n/a	**No breaches**					
D&T	**Radiology ST2**	1 in 4	**Fail - min period off after consecutive days. Easy to fix by moving an 'off day' to a different day of the week**			✓		
D&T	**Radiology ST2-5**	1 in 4.5	**Failed for multiple reasons (max weekly hours, max consecutive shifts and min period off). No Easy fix, rota might need rewriting and including ST2 doctors.**	✓		✓		
D&T	**Microbiology (doctors employed by NBT)**	n/a	**Failed for multiple reasons (max consecutive shifts and min period off). No Easy fix, rota will need rewriting**	✓		✓		
Surgery	**General Anaes 1st/2nd**	1 in 4	**No breaches**					
Surgery	**Obstetrics**	1 in 4	**No breaches**					

Surgery	**Cardiac**	1 in 4	**No breaches**					
Surgery	**ITU Intermediate Registrars**	1 in 2.4	**Week 1, 3, 4, 6, 8, 9, 11 fail due to too many consecutive long shifts (5 shifts in a row)**					✓
Surgery	**ITU Intermediate ACCS**	1 in 2.4	**Week 1, 3, 4, 6, 8, 9, 11 fail due to too many consecutive long shifts (5 shifts in a row)**					✓
Surgery	**ITU Intermediate Fellows**	1 in 2.4	**Week 1, 3, 4, 11 fail due to too many consecutive long shifts (5 shifts in a row), week 8/9 fails too many consecutive shifts (8 in a row)**				✓	✓
Surgery	**ITU Advanced**	1 in 4	**No breaches**					
Surgery	**GICU F1/2**	1 in 2.83	**Week 1, 8, 10/11, 12, 16/17 fail due to too many consecutive long shifts (5 in a row)**					✓
Surgery	**GICU ACF2**	1 in 2.83	**Week 10/11 fail due to too many consecutive long shifts (5 in a row)**					✓

Surgery	**General Surgery F1**	1 in 5	**Week 5/6 fails due to too many consecutive shifts (8 in a row)**				✓	
Surgery	**General Surgery F2/CT1-2**	1 in 4	**Week 2/3 fails due to too many consecutive shifts (8 in a row), week 7 Friday fails due to no break following 4 long shifts.**				✓	✓
Surgery	**General Surgery ST3+**	1 in 6	**Week 5 Friday fails due to no break following 4 long shifts.**					✓
Surgery	**Cardiothoracic Surgery CT1-2**	1 in 3	**No breaches**					
Surgery	**Thoracic Surgery**	1 in 3	**No breaches**					
Surgery	**T&O F2/CT1-2**	1 in 3.33	**No breaches**					
Surgery	**T&O ST3+**	1 in 4.33	**No breaches**					
Surgery	**ENT ST1-2/GPVTS**	1 in 5	**No breaches**					
Surgery	**ENT ST1-2 CEF**	1 in 10	**No breaches**					
Surgery	**ENT ST3-8**	1 in 9	**No breaches**					

Surgery	**Ophth 1st On-Call**	1 in 6	**Week 1 fails due to too many consecutive shifts (8 in a row)**				✓	
Surgery	**Ophth 2nd On-Call**	1 in 6	**No breaches**					
Surgery	**OMFS DCT1-2**	1 in 4	**Week 1 fails due to too many consecutive long shifts (5 in a row), week 3 fails due to not enough rest following night shift need Wednesday off)**			✓		✓
Surgery	**OMFS ST3+**	1 in 6	**No breaches**					
SPS	Oncology Clinical Fellows	NA	**No breaches**					
SPS	Oncology Education Fellows	NA	**No breaches**					
SPS	Oncology ST3+	1 in 3.7	**Yes – Maximum Consecutive Shifts (8) - Changes have been made to be implemented from Feb 2020 and therefore compliant with new rules.**				✓	
SPS	Haematology Clinical Fellows	NA	**No breaches**					
SPS	Haematology Education Fellows	NA	**No breaches**					
SPS	Haematology ST3+	1 in 4	**Yes – But breached on 2016 ts+cs - Local agreement of consecutive on-call shifts agreed by Clinical Chair and Trainees. Now also breaching**				✓	

			max consecutive shifts (8)					
SPS	Haematology/Oncology F2/CMT	1 in 4	**Yes – Maximum Consecutive Shifts (8) - Changes have been made to be implemented from April 2020 and therefore compliant with new rules**				✓	
SPS	Cardiothoracic Surgery CST	1 in 3	**No breaches**					
SPS	Cardiothoracic Surgery ST3+ / CF	1 in 2	**Yes – Max Weekend Frequency, Min period off after long days, Min period off after consecutive days.**		**1:2.0.**		✓	✓
SPS	Cardiology ACHD Clinical Fellows	NA	**No breaches**					
SPS	Cardiology Education Fellows	NA	**No breaches**					
SPS	Cardiology ST3+	1 in 5	**No breaches**					
Trust	Occupational Health	n/a	**No breaches**					
Medicine	ED SHO	1 in 2	**Weekend frequency 1:2.**		**1:2.0.**		✓	✓
Medicine	ED Middle Grade	1 in 2	**Weekend frequency 1:2.**		**1:2.0.**		✓	
Medicine	General Medicine SHO	1 in 3.4	**Fails on 7 consecutive days**				✓	
Medicine	General Medicine ST3+	1 in 4.5	**Fails on 7 consecutive days**				✓	
Medicine	General Medicine F1	1 in 5.67	**Fails on 7 consecutive days**				✓	

Medicine	Cardio/Med fellows RFB	1 in 3	**Fails on 7 consecutive days**				✓	
Medicine	ST1/2 Cardio/Med fellows RFB	1 in 3	**Fails on 7 consecutive days**				✓	
Medicine	Dermatology	n/a	**No breaches**					