The 2016 Terms and Conditions of Service roles and responsibilities
Introduction

The 2016 Terms and Conditions of Service (TCS) set out where the responsibility for certain tasks rests. This document pulls together those references into one easy, at-a-glance guide.

It is important to remember that, while the TCS forms the basis of the contract and therefore sets out where contractual liability lies, at all times a collaborative approach should be taken in reaching decisions. This ensures that the knowledge and experience of all relevant parties are taken into account.

It is also important to consider situations where there has been any formal reassignment of duties from the educational supervisor to the clinical supervisor.

This document covers the following roles:
- Educational supervisor (clinical supervisor in general practice settings)
- Clinical supervisor
- Guardian of safe working hours (the guardian)
- Director of medical education (DME)
- Rota co-ordinator
- Service manager
- HR / medical staffing manager / team
- Medical director / HR director.

Note: In some organisations, these roles may be combined, or individual responsibilities assigned elsewhere. Where this takes place, doctors should be made aware of the changes, ideally through an attachment to the work schedule.

Educational supervisor

The educational supervisor is responsible for supporting, guiding and monitoring the progress of a named trainee. The educational supervisor’s role is outlined below.

Work scheduling

- Agree a personalised work schedule with the doctor at the first educational meeting, taking into account:
  - the individual’s training needs
  - the learning opportunities within the post
  - any significant caring responsibilities (where relevant)
  - any reasonable requests for variations to work patterns (within the constraints of service delivery).

- Discuss the work schedule at regular educational review meetings to ensure that the workplace experience delivers the anticipated learning opportunities, and identify whether any changes in support, resources or service duties are needed to enable the doctor to achieve objectives.
• Regularly review with the doctor, any progress against agreed learning objectives determined by the curriculum and against the doctor’s service objectives.

• Discuss with the doctor occasions where either party consider that training opportunities, duties, responsibilities, accountability arrangements or objectives have:
  o changed significantly
  o need to change significantly
  o cannot be achieved for reasons outside the doctor’s control.

• Make every effort to agree with the doctor appropriate changes to the work schedule and to implement agreed changes within a reasonable time, taking into account the remaining duration of the post/placement.

**Exception reports**

• Receive exception reports from doctors, discuss with them what action is necessary, and set out the agreed action in response to the doctor (copying the DME or the guardian as appropriate). This should be done in accordance with contractually agreed time frames (within 24 hours on occasions where there is an immediate and substantive risk to the safety of patients and/or of the doctor making the report).

• Undertake an immediate work schedule review where an exception report highlights an immediate safety concern and ensure that appropriate (and where necessary, ongoing) remedial action is taken.

**Work schedule reviews**

• Have the authority to request a work schedule review for an individual doctor at any time.

• Where a work schedule review has been requested (by any party), meet or correspond with the doctor as soon as practical. Ideally, this should be no later than seven working days after receipt of the request for a work schedule review, or within seven working days where the work schedule review is in response to a serious concern that there was an immediate risk to patient and/or doctor safety.

• Identify a work schedule review outcome in line with the TCS and communicate this outcome in writing to the doctor.

• When involved in a work schedule review, assess whether any issues or concerns may affect more than one doctor working on a particular rota and whether it might be appropriate to review other schedules forming part of that rota. If so, carry out reviews jointly with all affected doctors and their educational supervisors.

**Other responsibilities**

• Approve study leave (jointly with the service manager) including for undertaking approved external courses and periods of sitting (or preparing for) exams for a higher qualification where it is a requirement of the curriculum.
Clinical supervisor

The educational supervisor may formally reassign some responsibilities to a doctor’s clinical supervisor where this is appropriate, for example where it will facilitate a local approach to resolving issues, or where the educational supervisor is not employed in the same organisation or department as the doctor.

Guardian of safe working hours

The guardian of safe working hours is responsible for the following:

- acting as the champion of safe working hours
- providing assurance to both doctors and employers that doctors are safely rostered and are enabled to work hours that are safe and in compliance with the TCS.

Exception reports

- Access copies of all exception reports in respect of safe working hours to record and monitor compliance with the TCS.
- Review the outcomes of exception reports to identify whether further improvements to working hours are required to ensure that the limits outlined in the TCS are being met.
- Review all exception reports to identify whether there has been a breach that incurs a financial penalty and if so, levy a fine on the department employing the doctor.
- Require intervention to mitigate any identified risk to doctor or patient safety in a timescale proportionate with the severity of the risk.
- Require a work schedule review to be undertaken, where there are regular or persistent breaches in safe working hours that have not been addressed.
- Intervene in any instance where the safety of patients and/or doctors is compromised, or issues are not being resolved satisfactorily.
- Escalate to the relevant executive director issues raised in exception reports relating to working hours that have not been addressed at departmental level.
- With the advice of the junior doctors’ forum, dispense money raised through fines to benefit the education, training and working environment of doctors. Providing detail in the annual report of how this money has been spent.

Reporting processes

- Provide the board with a Guardian of Safe Working Report no less than once per quarter. This report shall also be provided to the local negotiating committee or equivalent. It will include data on all rota gaps and all exception reports.
- Where a serious issue has been escalated and the issue remains unresolved, submit an exceptional report to the next meeting of the board.
• Identify where there are departments that have safe working issues that cannot be remedied locally, and inform the board of such issues.

• Receive and review copies of decisions where a manager does not authorise payment in exceptional circumstances to secure patient safety.

• In the rare circumstance that a doctor is required to work a night shift or a shift on a weekend as part of a rota for a department or service, and the employer in addition rosters a second doctor working that same rota to be the available non-resident on call for the same night or weekend, assess whether that work pattern is safe.

• Receive notifications from the head of service/consultant on-call where there has been an immediate and substantive risk to the safety of patients or the doctor making the exception report.

Work schedule reviews

• Receive a copy of the outcome of work schedule reviews.

• Where a level 2 work schedule review relating to safe working concerns takes place, provide a nominee to attend the review.

• When directly involved in a work schedule review, assess whether any issues or concerns may affect more than one doctor working on a particular rota and whether it is appropriate to review other schedules forming part of that rota. If so, carry out reviews jointly with all affected doctors.

Further information on the guardian role can be found on our guardian of safe working hours web pages.

Director of Medical Education

The director of medical education’s role is to:

• Lead on the delivery of postgraduate medical and dental education in the Local Education Provider (LEP), ensuring that doctors receive a high quality educational experience and that the General Medical Council/General Dental Council standards are met, together with the strategic direction of the organisation and Health Education England (HEE).

• Be responsible for delivering the educational contract between the LEP/lead provider (LP) and HEE local team.

• Ensure proper induction for all new doctors, in accordance with national guidelines.

• Ensure provision of necessary facilities to enable the delivery of service and training, in line with the requirements of the learning and development agreement and the TCS.

Work scheduling

• In the rare circumstance that a doctor is required to work a night shift or a shift on a weekend as part of a rota for a department or service, and the employer in addition rosters a second doctor working that same rota to be the available non-resident on
call for the same night or weekend, assess whether that work pattern is educationally appropriate.

**Exception reports**

- Receive copies of all exception reports in respect of training issues. Review the outcome of the exception report to identify whether further improvements to the doctor’s training experience are required.

**Work schedule reviews**

- Where a level 2 work schedule review relating to training concerns takes place, provide a nominee to attend the review.

- Where the final stage of a work schedule review takes place, either be present as a member of the panel or nominate a deputy to attend.

- When directly involved in a work schedule review, assess whether any issues or concerns may affect more than one doctor working on a particular rota and whether it is appropriate to review other schedules forming part of that rota. If so, carry out reviews jointly with all affected doctors.

- Report annually to the board on all work schedule reviews relating to education and training.

**Rota co-ordinator**

The role of the rota co-ordinator is to work with doctors to create working patterns which deliver both service and training, while complying with relevant statutory and contractual rules.

**Service manager**

The role of the service manager is to:

- Manage and record all forms of leave, including annual leave, maternity leave, study leave and sickness absence.

- Authorise any additional payments to employees, for example locum work and pay arising from exceptional circumstances to secure patient safety.

**HR / medical staffing manager / team**

The HR and medical staffing manager, or team are responsible for:

- Issuing offers of employment, including generic work schedules, in accordance with the code of practice.

- Carrying out pre-employment checks in accordance with local streamlining programme, legislation and national guidance.
• Issuing contracts of employment, in accordance with the code of practice and statutory deadline.

• Ensure employees are remunerated in line with their contract and terms and conditions of service, including pay protection arrangements where appropriate.

• Manage the grievance procedure and where applicable the termination of employment.

• Ensure eligible expenses are reimbursed in line with the TCS.

**Medical director / HR director**

The roles and responsibilities of the medical and HR directors are to:

• Create and maintain employment policies and practices.

• Appoint and appraise the guardian of safe working hours.

• Ensure compliance with all relevant legislation, including equalities legislation.