Learning the lessons from banding appeals: Evidence based guidance for running junior doctor rotas

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Abstract

Purpose
Designing and running robust junior doctor rotas is a challenging task and much previous advice has been based on consensus or anecdote. This paper aims to discern the most frequently occurring problems with trainee working patterns and produce evidence-based guidance for implementing and running contract-compliant rotas.

Design/methodology/approach
A total of 35 secondary care trusts in North West England were invited to supply information on pay banding appeals requested under the New Deal junior doctor contract. Of these, 15 (43 per cent) participated with data from 35 appeals between 2004 and 2012. A thematic analysis was undertaken to discern the commonly occurring causes of contractual breaches.

Findings
A total of 83 per cent (n=29/35) of appeals were based on data showing the rota to be non-compliant with the contract (band 3), with the remainder being compliant with the contract but not in keeping with the pay banding currently assigned. Inability to take adequate natural breaks was the most frequently cited cause of rota non-compliance. Where underlying reasons were given for breaches of hours/rest limits they clustered around 20 themes, the top four being poor or absent dialogue between HR and doctors, excessive workload, inappropriately timed ward rounds, and inadequate or non-existent bleep policies.

Originality/value
This is the first analysis of banding appeals under the UK junior doctor contract. The findings show that problems with rotas cluster around specific themes. The authors provide recommendations to target these so as to avoid financially detrimental contract breaches and trainee dissatisfaction.

Keywords
Junior doctor, Rota, Contract, Banding, Pay, Hours, Guidance, New Deal

Citation

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