

Working Time Regulations (Northern Ireland) 1998

Single Lead
Employer

48-hour voluntary opt-out agreement for Doctors & Dentists in Training

The Working Time Regulations (Northern Ireland) 1998, prevents employers from requiring their workforce to work excessively long hours.

These regulations created measures designed to protect the health and safety of workers and aim to 'improve health and safety at work by introducing minimum rules for employees relating to daily and weekly rest periods, rest breaks, annual leave entitlements, length of working week, and on night work'.

You may agree with your employer not to apply the limit of 48 hours per week. However, this does not exempt you from the rest requirements in the legislation or in your Terms and Conditions of Service, nor does it exempt you from the hours limits in your contract of employment.

You are under no obligation to complete this form and may do so voluntarily

Please return completed forms to SLE@hscni.net

Personal Details

Forename:		Surname:	
Staff Number:		GMC/GDC Number:	

Placement Details

Host Org:		Location/Site:	
Specialty:		Grade:	

Rota Details

Please provide details of your substantive rota i.e. the rota you are currently working*

*We understand newly appointed trainees may not have their rota at the time of onboarding.

This form can be returned at a later date once your rota has been issued.

Frequency:	
Average Hours Actually Worked:	
Current Banding:	

Further information can be found at:

i) Working Time Regulations (Northern Ireland) 1998
<http://www.legislation.gov.uk/uksi/1998/1833/contents/made>

ii) Good Medical Practice
http://www.gmc-uk.org/guidance/good_medical_practice.asp

48-hour voluntary opt-out agreement for Doctors & Dentists in Training

1. I understand that unless I agree otherwise, Regulation 4(1) of the Working Time Regulations (Northern Ireland) 1998ⁱ *hereafter referred to as 'WTR'*, limits the average number of hours I work each week to 48 hours, as calculated over a reference period of 26 weeks. I agree that the 48 hour limit on Working Time shall not apply to me and that I may therefore work for more than an average of 48 hours per week, calculated over a 26 week reference period.
2. I understand that by opting out of the hours limits of the WTR I remain **personally responsible** for complying with the GMC's '**Good Medical Practice**'ⁱⁱ and that I am responsible for ensuring that I remain fit for work and do not put myself or patients at risk.
3. This agreement will apply from _____ until _____ although I understand that I may terminate this agreement at any point during this period by giving you 1 month's written notice, or in exceptional circumstances a shorter notice period may be mutually agreed between myself and the Trust.
4. I understand that any additional hours that I work at the request of my employer will be covered by my employer's Indemnity Scheme.
5. I also understand that any additional work undertaken by me for another employer whilst also in your employment; will not be covered by my employer's Indemnity Scheme. I understand that I am **personally responsible** for ensuring that I am either personally indemnified for this work, or that any such work is covered by the employing authority's indemnity scheme.
6. I understand that my employer must be satisfied that any additional work I undertake, either for you or for another employing authority will not conflict with,
 - a) my health and safety,
 - b) the interests of my employer,
 - c) my fitness to practise, or
 - d) with the rest requirements of the WTR
7. I also understand that there can be **no opt-out** from the rest and leave requirements of the WTR.
8. Despite agreeing to opt out of the 48 hour limit imposed by the WTR, I understand that I am still bound to comply with the control of hours stipulated in paragraphs 20, 111a and 111b my Terms and Conditions of Service and in line with my Contract of Employment.
9. Payment for any additional hours undertaken on behalf of my employer will be agreed separately.
10. I understand that my employer is required to keep an up to date record of all workers who have opted out of the WTR and in order to facilitate this requirement I agree to keep a record of all additional locum hours worked for another employer(s), and if requested at any time, I will produce the record to my employer or to any health and safety official.
11. I understand that I am under no obligation to sign this agreement and do so voluntarily.

Signed (Employee)

Date