

**Director of Human Resources**

**Working Time Regulations (Northern Ireland) 1998  
48 hour opt-out agreement for Junior Doctors in Training**

**Name of employee (please print):** \_\_\_\_\_

**Staff number:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

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

**W/E frequency:** \_\_\_\_\_

**Average actual hours worked:** \_\_\_\_\_

**Current Banding:** \_\_\_\_\_

1. I understand that unless I agree otherwise, Regulation 4(1) of the Working Time Regulations (Northern Ireland) 1998<sup>i</sup> *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**'<sup>ii</sup> 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 and 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 indemnity scheme of the employing authority for which I am doing the work.

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. *[This will be either via an agreed temporary increase in the payment of the banding supplement applicable to the rota I am currently working on, or at an agreed hourly rate.]*
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.**

Employee name: \_\_\_\_\_  
(Block capitals)

Employee signature: \_\_\_\_\_

Agreement start date: \_\_\_\_\_

Employer signature: \_\_\_\_\_

- ***Please complete and return this form to your manager. On receipt your manager should forward a copy of the form to the Medical HR Department for inclusion in your personal file***