Resident Doctors Board Assurance Framework

Version 1.0 March 2026

Publication approval reference:

Introduction

The 10 point plan to improve the working lives of Resident Doctors Board Assurance Framework ("the framework") is issues by NHS England for use by organisation to enable them to respond using an evidence-based approach to ensure the working lives of Resident Doctors maintain improvement.
The framework is for use for all trusts with Resident Doctors and can be used to provide assurance in NHS settings or settings where NHS services are delivered.

This framework is compulsory and should be used by organisations to ensure compliance with the 10 Point Plan to improve resident doctors' working lives which aims to fix unacceptable working practices by getting the basics right for Resident Doctors.

The purpose of this framework is to provide assurance for boards against which the system can effectively self-assess compliance with the measures set out in the 10 Point Plan to improve resident doctors' working lives.

The aim of this document is to identify areas for improvement and outline a systematic framework to ensure improvements are implemented and maintained. Ensuring provider and regional teams collaborate to implement improvements and continued engagement with Resident Doctors.

The framework should be used to assure the executive board or equivalent of the assessment of the improvements. The outcomes can be used to provide evidence to support improvement to the working lives of Resident Doctors. The adoption and implementation of this framework remain the responsibility of the organisation and requires demonstration of compliance with the criteria outlined.

If the criterion is not applicable within the organisation or setting, then select not applicable option.

Links

NHS England » 10 Point Plan to improve resident doctors', working lives

Legislative Framework

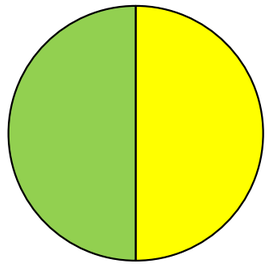
Doctors and dentists in training terms and conditions (England) 2016 | NHS Employers

Resident Doctor Board Assurance Framework v1.0

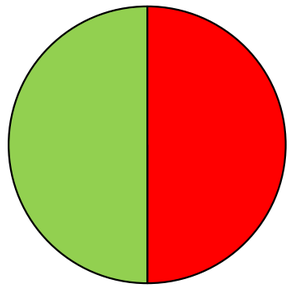
	Key Lines of Enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Comments	Compliance Rating
1. Workplace wellbeing – Ensuring that audit has taken place and improvement plans developed to address any gaps, supported by Resident Doctor Peer Lead.						
Organisational or board systems and process should be in place to ensure that:						
1.1	Completed baseline audit	Resident doctors surveyed for feedback. Walkaround to assess site facilities has been undertaken and a report written summarising areas for improvement.	All areas of improvement needed have been identified and agreed with resident doctor leads.	n/a	n/a	3. Compliant
1.2	Approved improvement plan in place	On-call parking is available for all resident doctors, confirmed by Estates & Facilities. Business case has been written with support from Associate Director of Facilities, City & Weston to pilot 24/7 hot food provision at either Brewnells, BHI or BRI Café for a 12 month trial. Regarding facilities and lockers, a report per HOU has been written summarising areas needing improvement which is being shared with DoE&F.	There are 24/7 hot food vending machines and microwaves across the Trust but not all sites have access. It is recognised this needs further investment to improve access and quality of provisions. Self directed learning - currently reviewing all the Royal Colleges guidance with a view to incorporating into rota's. **This is in progress and some specialties have already incorporated self-directed learning into their rotas. There is a revised target completion date for this work by the end of Jan 27**.	Microwav es and hot vending machines are widely available. A pizza oven has been installed in BRI Café, Level 9 as an interim measure pending wider business case. Feedback from departments suggest self-directed learning is commonplace but subject to local variation.	All Foundation Doctors have scheduled self-directed learning. Other grades this differs per area.	2. Partially compliant
2. Rota transparency – Compliance with 8-week schedules, 6-week rotas with improvement plans in place where performance needs to improve.						
System and process are in place to ensure that:						
2.1	Compliant with 6- and 8-week rota standards	For City & Weston 98% of work schedules were sent by the 8-week deadline, for Southmead it was 88%.	Data to evidence we meet the Code of Practice for issuing rosters is difficult to collate as we do not have an e-rostering system. It relies on asking departments the date the roster was issued and response rates vary.	Resident doctors will be asked whether they received their roster within the 6 week timeframe in the next quarterly survey. **This data has started to be collated outside of the survey but will be included in November's data collection.**	The medical workforce teams will shortly be entering consultation to create on function which will create greater resilience and enable further improvements with Code of Practice compliance.	1. Non-compliant
2.2	Clear monitoring of compliance and reported at Board sub-committee level	Yes now reported via PSOG. Previously IWL report detailing compliance was shared at People Committee.	None, reporting on compliance has been reported to NHS England since reporting commenced.	n/a		3. Compliant
3. Annual leave reform – Adoption of minimum standards for annual leave for resident doctors.						
NHS England » Minimum standards for annual leave for resident doctors						
System and process are in place to ensure that:						
3.1	Adopted the minimum standards for annual leave for resident doctors	Anecdotal evidence from resident doctor leads suggests there is a mixed approach to management of annual leave. Annual leave policies have medic specific sections but there is not a separate policy.	In the absence of an e-rostering system evidence of leave management locally is gathered through feedback via resident doctor leads and Resident Doctor Forums.	Guidance from NHS England on annual leave was recently revised and we are now working on a new BFT Annual Leave policy for resident doctors, alongisde a rota design SOP.	A Rota Design and Annual Leave sub-group has been convened which reports into the IDWL Working Group. The objective is to improve rota design with regards to work life balance, safe working hours and fair access to annual leave. Representatives across BFT have been identified and invited to contribute to the group. Focus will initially be on hot spot areas across the HOU's, as determined by resident doctor leads and from the Guardian of Safe Working Hours reports. **Anticipated completion date by December 26 (re-launched group).**	1. Non-compliant
3.2	Provision of rota coordination training	Terms of reference for the Rota Design and Annual Leave Group.	There is no formal training programme or resources at present.	A rota coordinator toolkit is being designed and a rota coordinator network is being created. **Anticipated completion by December 26.** Medical workforce teams work closely with rota coordinators on a day to day basis to help maintain compliant rotas and manage any leave queries. Every rotation the team liaise with rota coordintors to ensure rosters remain compliant.	As above.	1. Non-compliant
4. Board-level leadership – Senior leads and peer representatives are in place						
System and process are in place to ensure that:						
4.1	Appointed Resident Doctor Senior Board Lead and a Non-Executive Director for Resident Doctors'	Dr Rebecca Thorpe and Dr Samir Patel, Hospital Medical Directors appointed.				3. Compliant

4.2	Appointed Resident Doctor Peer Lead and they are engaged in line with national guidance	Dr Andrew Wilson, Dr Zuhair Syed & Dr Nicholas Smith appointed.				3. Compliant
4.3	Robust progress updates in place which involve Resident Doctor	Weekly engagement sessions with Head of Medical Workforce Strategy, and monthly meetings in place with Dr Thorpe. RDPLs attend the IWL Working Group and the Rota & Annual Leave Group.				
4.4	Clear support plan in place to assist the RDPL	Weekly engagement sessions with Head of Medical Workforce Strategy, and monthly meetings in place with Dr Thorpe. RDPLs attend the IWL Working Group and the Rota & Annual Leave Group.				3. Compliant
5. Payroll accuracy – Trusts have commenced payroll improvement activity and are monitoring						
System and process are in place to ensure that:						
5.1	Implementing payroll improvement methodology	With effect from August 2023, and the implementation of our regular pay clinics for resident medical staff which is attended by a representative from each of the above teams, we have been using a shared spreadsheet that records pay errors and all relevant details. This is stored on a shared teams channel, with Payroll, Medical HR and Resourcing. Errors are logged at the initial point of contact and updated throughout the resolution process. Any significant or repeated errors are reviewed at our monthly Medical Workforce Group.				3. Compliant
5.2	Reduction in payroll errors	Monthly payroll clinics run to review errors at peak rotation times, and monthly medical operations group include senior payroll colleagues, medical workforce and resourcing teams to ensure errors are acted on and managed quickly.				3. Compliant
5.3	Monthly error reporting compliance undertaken	Yes data collated each month since August 2025.				3. Compliant
6. Mandatory Training – no unnecessary duplication and MLOGs in place and working with RDs						
System and process are in place to ensure that:						
6.1	Signed MoU and processes in place for monitoring that no unnecessary training is being repeated	MoU signed and submitted but under theGroup and the two soverign organisation names, new BFT induction arrangements for residents are in place to ensure all previous mandatory training is passported and mapped to each individual's training record.				3. Compliant
6.2	Mandatory Training Local Oversight Group (MLOG) in place	MLOG is in place although under the name of New Training Request Review Panel, Medical Education is represented on this panel to provide no unnecessary training for this group.				3. Compliant
6.3	The MLOG involves Resident Doctors in ensuring that local STATMAN requirements are necessarily and proportionate	Going forward membership of this newly established group will ensure there is resident doctor involvement.			Medical Education will ensure no decisions are made until full medical presence is established.	2. Partially compliant
7. Exception reporting – Adoption of new national framework						
System and process are in place to ensure that:						
7.1	Clearly communicated new approach and local processes to all Resident Doctors	Comms plan enacted when new exception reporting process was implemented, and ongoing resources such as GoSW and resident doctor peer leads videos are circulated at induction to encourage exception reporting. There are resources on medical workforce sharepoints to guide residents on the exception reporting process.				3. Compliant
7.2	Implemented local and national data reporting requirements	Yes reporting of local data via Guardian of Safe Working report and awaiting national data request.				3. Compliant
8. Expense reimbursement – Adoption of fast-track course costs						
System and process are in place to ensure that:						
8.1	Adopted new reimbursement process	New streamlined expenses process is in place to enable early reimbursement of associated study leave expenses for resident doctors.				3. Compliant
8.2	Meeting target reimbursement time of 6 weeks.	This is met within the timeframe of expenses submitted before the shut down of each monthly payroll				3. Compliant
8.3	Doctor satisfaction meeting ≥80% target	This is being included as part of the detriment and roster survey as per 2.1.				1. Non-compliant

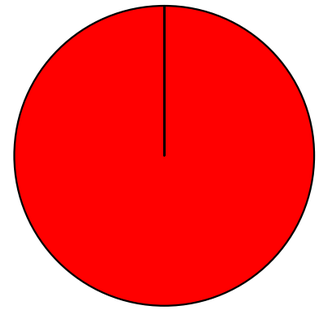
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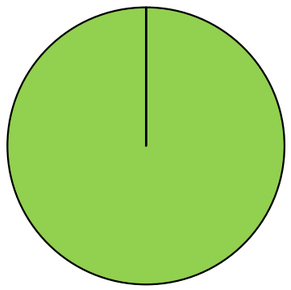
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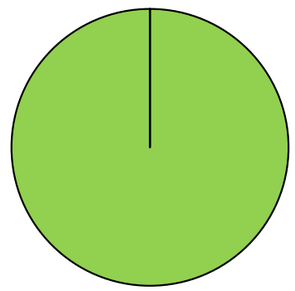
3. Annual leave reform – Adoption of national best practice initiatives



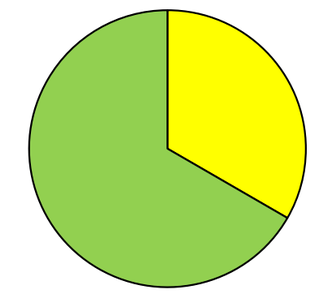
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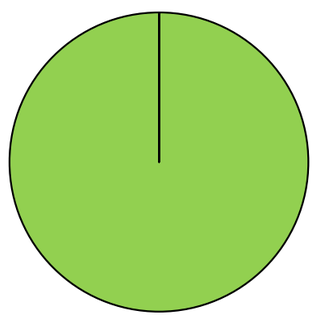
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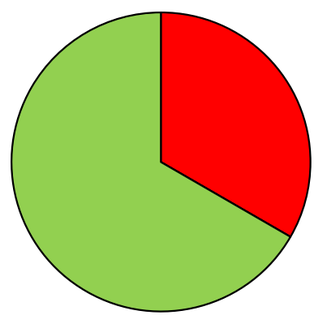
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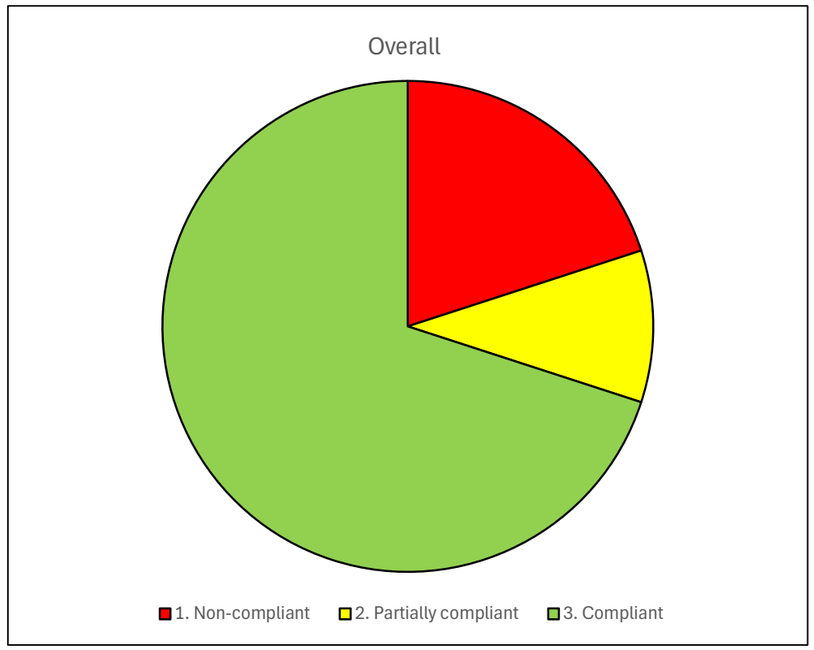


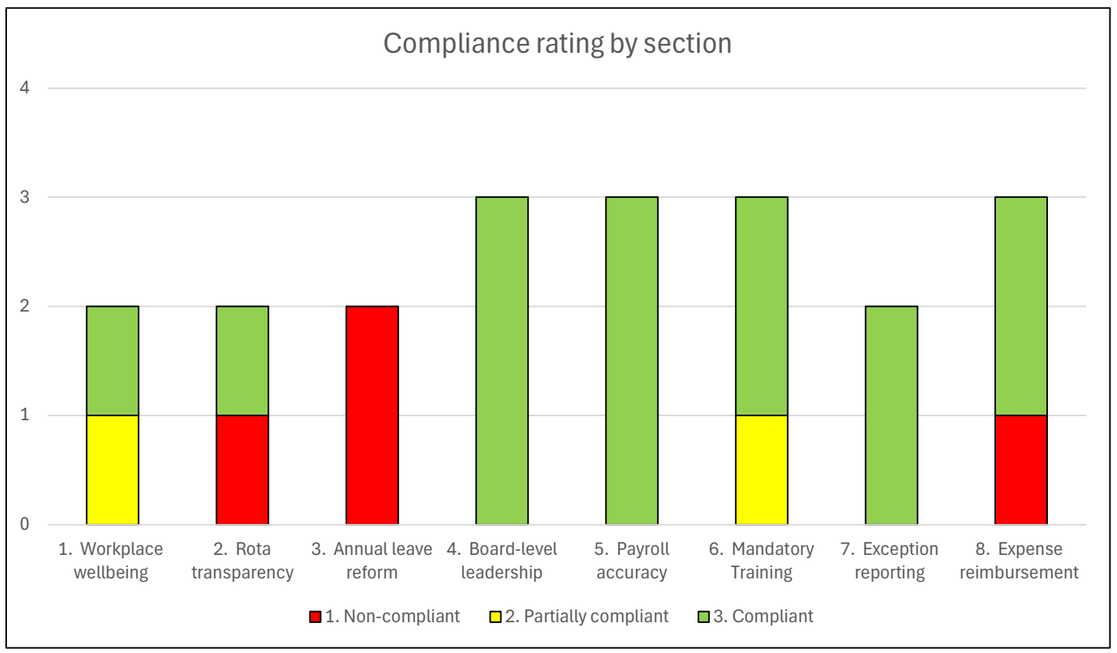
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Overall
1. Non-compliant
2. Partially compliant
3. Compliant


Compliance rating by section
4
3
2
1
0
1. Workplace wellbeing
2. Rota transparency
3. Annual leave reform
4. Board-level leadership
5. Payroll accuracy
6. Mandatory Training
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