

Work Schedule Review

Request for a Level 2 Review

To be completed by the Trainee

Trainee Name Speciality

Grade/Job Title Date requested

Date of Level 1 Review.....

Reason for Review: Safe working practices/Training Issues/Both (**Delete as appropriate**)

Please send this form to the Medical Education Team –

**postgraduate.education@bfwhospitals.nhs.uk or to Laura Davey, Postgraduate Manager,
Education Centre**

To be completed by the Panel

Date of Review.....

ES/CS in attendance.....

Service Representative.....

Director of Medical Education Representative.....

Guardian of Safe Working Representative.....

Outcome of Discussion:

- The level 1 outcome is upheld
- Compensation or time off in lieu is required
- No change to the work schedule is required
- Prospective documented changes are made to the work schedule
- Organisational changes such as a review of the timing of ward rounds, handovers and clinics are needed

Reason for decision: