Rota planning:
Guidance from the Working Time Directive working party

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND

March 2007

The Royal College *of* Surgeons *of* England

Introduction

The College recognises that in order to implement European Working Time Directive (EWTD) requirements, many units have implemented full-shift working arrangements to meet service need and to simplify rota planning. We are concerned, however, that these arrangements may be detrimental both to training and to the continuity and quality of care. This paper is intended to provide guidance on safe and efficient rota design for those responsible for planning surgical rotas.

When planning rotas the following need to be taken into account:

- delivery of service – having enough staff to carry out the required service safely and effectively;
- continuity of service – ensuring that shift changes enable the continuity of a patient's care; and
- training and supervision – ensuring that staff in training grades are receiving appropriate training opportunities and receiving the correct level of supervision.

Types of rota

- On-call: doctors working on-call rotas usually work a set working day from Monday to Friday. The out-of-hours duty period is covered by doctors working on-call in rotation. Juniors may be rostered for duty periods of more than 24 hours and would be expected, in addition to natural breaks, to achieve rest for at least one half of the out-of-hours duty period (ie between 8 and 12 hours depending on the period of duty, but in all cases, at least five hours). The continuous rest should be taken between 10pm and 8am.

- Partial shifts: on most weekdays doctors on partial shifts work a normal day. But at intervals, one or more doctors will work a different duty for a fixed period of time, eg evening or night shifts. Doctors can expect to work for a substantial proportion of the out-of-hours duty period, during which time they will expect to achieve some rest in addition to natural breaks. Juniors may be rostered for duty periods of not more than 16 hours. If the partial shift occurs in the out-of-hours period, then one quarter of this period should be available for rest (eg between three and four hours depending on the shift pattern).

- 24-hour partial shifts: weekdays are usually worked as normal days. In rotation, a duty period is rostered, not exceeding 24 hours including handovers, for the weekend and out-of-hours cover. Juniors will be rostered for duty periods of more than 16 hours, but no more than 24 hours. They should achieve a minimum of six hours' rest during the period of duty, at least four hours of which should be continuous rest. The continuous rest should be taken between 10pm and 8am.

- Full shifts: a full shift will divide the total working week into definitive time blocks, with doctors rotating around the shift pattern. Doctors can expect to be working for the whole duty period, except for natural breaks. Juniors will be rostered for duty periods that do not exceed 13 hours. At least 30 minutes' continuous break must be taken after every six hours of continuous duty under EWTD requirements or after every four hours under the New Deal.

More guidance on rotas and rest breaks is available.[1]

General principles – rota planners will need to:

- profile the activities of the hospital within a region-wide context;
- look at the activities of the average day – how many doctors are required? Of which grade? At what times?;
- consult all doctors involved in the rota;

- know the rules of both the New Deal and the EWTD; and
- think of rotas in terms of service delivery and training opportunities, and map trainees' work to their training needs.

Tiers of cover

Surgeons fall into the following categories:

- Career grades:
  - consultants;
  - associate specialists; and
  - staff/Trust grades (or the proposed 'specialty doctor' grade in the future).

- Trainees:
  - foundation years 1 and 2 (F1 and F2);
  - senior house officers (until August 2007);
  - specialist registrars (SpRs) or specialist trainees; and
  - fixed term specialist trainees (after August 2007).

Some hospitals have implemented the Hospital at Night system, where a team of health care professionals become responsible for the care of all patients in the hospital during the night. Other hospitals or specialties require a dedicated team of clinicians and nurses to look after patients at all hours, throughout the week. It is for each hospital to decide the level of cover, based on accurate demand profiling and risk assessment. The following guidance is offered to help with this assessment – it is not an exhaustive list:

- It may be appropriate to have some members of staff working during their full shift, and others available to give advice and support from elsewhere in the hospital (resident on-call) or a remote location (non-resident on-call).

- Remember that time spent residentially on-call by doctors must be regarded in its entirety as working time. This makes resident on-call working patterns unworkable in terms of the EWTD and New Deal. Some doctors may opt to remain at the hospital while on-call – this is termed 'voluntarily resident on-call'. This may be because they need to be on-call but live too far away from the hospital or do not wish to disturb their family with telephone calls during the night.

- Compensatory rest must be given to doctors who are non-resident on-call, but who are called upon to work during the period of duty. Rest provided must make up for rest missed, and should take place as soon as possible after the end of the working period.

- Depending on the work involved, trainees can work under the supervision of consultant surgeons, associate specialists, or staff/Trust grade surgeons. For early years trainees (F1, F2, ST1 and 2 or current SHOs) full-shift working can offer valuable training opportunities and these trainees can usefully provide cross-cover (providing the cover is within the trainee's level of ability or knowledge and will support patient safety). Trainees at this level often staff Hospital at Night teams.

- However, for more experienced trainees (for example, current SpRs or those in ST3+), the College[2] and the National WTD Stakeholder Group[3] recommend that night shifts be minimised as they do not provide appropriate training opportunities. In addition, cross-cover at this level is not considered appropriate by the College and the surgical specialist associations.

- Career grade surgeons are not bound by the conditions of the New Deal contract. They can individually choose to opt out of the working hours limits imposed by the EWTD but they cannot opt out of the minimum rest requirements (ie 11 hours' rest in 24). The capability for individuals to opt out of the EWTD working hours limits provides some flexibility in service planning; however, working hours must be recognised in surgical consultant contracts. Trusts must also bear in mind that cover provided by career grade staff during the evening or at night will impact on their availability the next day.

- Doctors in training may voluntarily opt out of the provisions of the directive by signing a waiver stating that they choose to work in excess of the average weekly hours. However, as stated above, no employee can opt out of the rest requirements of the EWTD. In practice, contracts of employment for doctors in training state that they should not exceed an average of 56 hours of work per week. In addition, where voluntary opt-out would have an effect on those sharing a rota, a collective agreement would be required.

Facilities required for full shift

If unit profiling suggests that full-shift working is required, the Trust must ensure that adequate rest breaks are provided (after every six hours according to the enactment of the EWTD in the UK) and facilities for such rest breaks must be appropriate. This should address issues of posture and comfort, appropriate lighting, sound dampening, privacy, hygiene and catering.

The Junior Doctors Committee and the Academy of Medical Royal Colleges[4] have released a statement that makes the following points with regard to rest:

- Doctors should not be prevented from sleeping when there is no work for them to do.
- Doctors should be adequately rested in order to care for their patients effectively.
- Existing on-call rooms should be retained for use by medical staff on night shifts.
- Doctors need adequate facilities in which to rest at night, which are away from the ward and separate from those used for making tea and coffee.

Ideal rota configurations for patient and staff safety

The College recommends that:

- shifts last for no longer than 13 hours;
- night shifts last no more than three consecutive nights and are followed by two uninterrupted nights' sleep before returning to daytime working;
- senior surgical trainees are removed from night shifts in order to consolidate learning and maximise daytime training opportunities; and
- work is brought into the extended day wherever possible to ensure optimum training opportunities, with only life- or limb-threatening conditions scheduled for emergency operative procedures in the out-of-hours period.

Good practice

Rota planners should work with surgical teams to identify where training opportunities are present and take advantage of them. Work that does not present opportunities for trainees progressing should be undertaken, where possible, by career grade surgeons. It is important to give the surgical team ownership of its rota so that clinicians can plan towards them with education in mind and so that consultant surgeons can themselves identify where it is more practical for them to provide a service, rather than trainees.

Ensure that sufficient time is provided for a proper handover toward the end of a shift and that robust and explicit handover procedures are in place as appropriate to the unit. In conjunction with the surgical team see if opportunities can be explored for non-medically trained staff to expand their skills and undertake functions traditionally reserved for trainees.

Collaboration

Much elective surgery is now undertaken at treatment and specialist centres. Releasing trainees to work at these centres can be essential to providing them with adequate training opportunities. Where possible, links should be fostered with independent sector and NHS treatment centres to encourage cross-sector training on a modular basis.

Collaboration with neighbouring hospitals and Trusts also helps in designing safe and efficient rotas which are good for training and patient safety. For example, transferring patients in a given ward or specialty to another hospital over the weekend could be the best way to ensure optimum use of resources.

Further reading

The College's European Working Time Directive working party has produced a number of guidance notes on implementation of the EWTD. Visit our website (http://www.rcseng.ac.uk/service_delivery/wtd), or email queries to ewtd@rcseng.ac.uk.

References

1. Department of Health, the National Assembly for Wales, the NHS Confederation and the British Medical Association. *Guidance on Working Patterns for Junior Doctors*. London: Department of Health; November 2002. (http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4003588)
2. The Royal College of Surgeons of England. *Safe Shift Working for Surgeons in Training*. London: RCSE; January 2006. (http://www.rcseng.ac.uk/rcseng/content/publications/docs/Shift_working_for_surgeons_in_training.html)
3. NHS Working Time Directive National Stakeholder Group. *Working Time Directive National Stakeholder Group discourages the use of 7 x 13 hour shift patterns*. London: Department of Health; 4 January 2007 (http://www.rcplondon.ac.uk/news/EU/ewtd_NationalStakeholderGroup.pdf)
4. Junior Doctors Committee and the Academy of Medical Royal Colleges. *Joint JDC/AoMRC Trainees' Committee position statement on on-call rooms*. London: British Medical Association; June 2006. (http://www.bma.org.uk/ap.nsf/Content/jntposstmtsleep)

Professional Standards and Regulation
The Royal College of Surgeons of England
35–43 Lincoln's Inn Fields
London
WC2A 3PE

www.rcseng.ac.uk/publications/docs

First published 2007

The Royal College *of* Surgeons *of* England
35–43 Lincoln's Inn Fields
London WC2A 3PE
T: 020 7405 3474
W: www.rcseng.ac.uk

Registered Charity Number 212808