Rostering Guidance

The new 2016 terms and conditions of service (TCS) propose additional safeguards and restrictions beyond those outlined in the Working Time Regulations (WTR). Employers have responsibility for the administration of junior doctors’ rota and for remodelling rota to comply with the 2016 contract.

Good practice examples include:

1. Rotas should be designed in consultation with all relevant stakeholders, including all current post-holders.

2. It should be confirmed that the rota is a realistic reflection of the working pattern, with appropriate start and finish times, a fixed minimum level of staffing and sufficient time built in for safe handover.

3. The educational tutor or training programme director should confirm that the proposed change will not adversely affect the educational content of the post, and that the rota is approved as educationally appropriate. Rota coordinators should contact the relevant training programme administrators as to when training days will be held so that these can be built into the rota.

4. Rotas do not necessarily need to be re-designed for every rotation as long as the rota was agreed with input from predecessors of the current post-holders, and any future problems with the rota can be raised via exception reporting and resolved through a work schedule review.

5. Rotas should be completed and communicated in good time – the code of practice for provision of information to doctors in training has been jointly updated by Health Education England (HEE), NHS Employers and the British Medical Association (BMA), as part of the work led by HEE to improve the experience of doctors and dentists in training. One of the key changes includes bringing forward the circulation of actual rota from six to eight weeks before posts commence.

6. Rotas must be compliant with all the shift rules and rest requirements in schedule 3 of the 2016 terms and conditions of service, which include a requirement to refer to rostering guidance produced by NHS Employers.

Junior doctors can contact the BMA on 0300 123 1233 or by email: support@bma.org.uk
Employers can contact NHS Employers on doctorsanddentists@nhsemployers.org
Top tips:

- Ensure rotas use on-call arrangements properly and safely (see schedule 3 para 37 of the terms and conditions of service).

- As per the new TCS no doctor shall be rostered for work at the weekend at a frequency of greater than 1 week in 2.

- Rotas that use on-call will need to consider the intensity of work actually done during the on-call period. Work reviews may be required if the hours of work done are regularly greater than anticipated.

- Employers are asked to end the practice of fixed leave. Plan leave around requests, balancing the need for adequate staff cover to provide a safe service while ensuring that all staff can take their full leave entitlement.

- Employers should roster staff around clinical need, with due regard for both patient and staff safety. While the cost of deploying staff at different times is an important consideration, shift start and finish times should be agreed based on clinical need and safe rostering practice.

Key principles for collaborative rotas:

- Ensure rotas design is undertaken in a spirit of collaboration and cooperation.

- Ensure rotas are completed and communicated in good time.

- Be transparent, fair and honest.

- Ensure rotas are flexible and responsive to changing service needs.

- Make sure rotas are compliant with all applicable safety rules.

- Be mindful of trainees’ work/life balance. Employers are required to consider caring and other family responsibilities when designing duty rosters.