MANAGING LEAVE REQUESTS IN ROTAS, ROSTERS AND WORK SCHEDULES FOR DOCTORS IN TRAINING

The rules relating to all types of leave (annual leave, study leave etc) should be adhered to, as set out in Schedule 9 of the TCS.

This guidance sets out principles to support the design of rotas and how to manage leave to enable doctors to access their full leave entitlement, while still running safe and effective services.

Rotas need to be designed with sufficient capacity to facilitate all types of leave. Employers need to ensure the rota is, and will, remain compliant with the contractual safe working limits as set out in the TCS.

Roster design

- Consideration needs to be given to the average amount of leave taken by each doctor in each roster cycle. Each specialty or department should identify the maximum and minimum number of staff who can be away at any one time and then work within these ranges to appropriately and evenly distribute leave throughout the period covered by the roster.
- Managers may use previous data around sickness absence, annual leave and study leave to calculate a figure to use when setting a minimum staffing level.
- The maximum and minimum staffing levels and provisions for booking leave should be communicated in writing to staff.
- If the amount of leave required to be taken each week by doctors on the rota is such that, for example, at least three doctors need to be off for one day, then the rota should have sufficient cover to allow for that leave to be taken each week. In addition, consideration should be given, where possible, to identify extra capacity to allow for other flexible requests for additional leave above the average amount.
- Employers also need to consider how to manage leave requests during peak periods, where higher numbers of doctors (and other staff) may wish to take leave (eg school holidays, Christmas, Easter). While the needs of the service must still be met, if there are, for example, theatre closures or reduced numbers of clinics in these periods, it may be possible to allow for more doctors to be on leave at that time. In such circumstances, the minimum and maximum numbers might be varied to allow greater flexibility for annual or study leave at these times.
- Once consideration has been given to ensuring sufficient capacity to take annual and study leave, then the remainder of the roster should be checked to ensure it allows for mandatory teaching days and for doctors to access appropriate clinics, theatre lists, and other education and training opportunities.
Annual leave requests

- Self-rostering and e-rostering solutions are recommended as a useful tool in handling issues linked with managing leave.
- Leave requests should be submitted to the rota manager sufficiently early for approval to be granted six weeks in advance of the start of the leave (this may be fewer than six weeks if the reasons for the delay are beyond the doctor’s or employer’s control – for example, where fewer than six weeks’ notice of the rotation or roster has been given). Employers should respond to leave requests positively wherever possible.
- A mechanism should be in place for planning and submitting leave requests prior to a doctor starting in a post (a sample template can be found on both the NHS Employers and BMA websites). This template, or similar, should be issued with the offer of employment and work schedule for doctors to complete and return to the rota manager prior to the duty roster being issued.
- There is a mutual obligation to plan leave to take into account reasonable requests while balancing the need for adequate staff cover to provide a safe service and ensuring that all staff can take their full leave entitlement.
- Leave should be taken proportionately across the length of a placement, in accordance with normal trust processes. Where a doctor has submitted no (or insufficient) leave requests, there may come a point where rota managers need to allocate leave to individual doctors to ensure all doctors can take and do take their full leave entitlement. However, most leave entitlements should be managed without the need to resort to the allocation of leave.
- The use of fixed leave must not be incorporated into a rota. A rota should not be so restrictive in its design that it gives the appearance fixed leave is incorporated into the rota.
- Doctors rotating between specialties with the same employer may, in exceptional circumstances, request annual leave to be carried over between rotations. However, approval for any such request would need to be agreed with the heads of both departments.
- Where either employers or doctors (or both) feel there is not enough flexibility in the rota to allow for proper taking of annual leave, a work schedule review should be considered.

Definitions

Fixed leave
- Fixed leave occurs where rota templates are designed with fixed periods of annual leave built into the template, and doctors are either pre-allocated a slot or are required to select a slot. There is little or no flexibility over when leave can be taken.

Allocated leave
- Allocated leave occurs when it is identified, while a doctor is in post, that their full leave entitlement is at risk of not being possible to take, and the rota manager has to designate a particular period as annual leave for that doctor.

Study leave
- All requests must be agreed prospectively with the educational supervisor and can include periods of study linked to a course or programme, approved research, teaching, taking relevant examinations, attending relevant, approved conferences for educational benefit, and attendance at rostered training events.
- Other than in foundation year 1, this can also include time for private study to prepare for examinations.
- Other areas for which study leave might be requested for consideration include occasions where there is limited availability of mandatory courses, such as advanced life support (ALS) or the European Trauma Course, ensuring appropriate availability and flexibility for those doctors who require these courses for their professional development.

\[1\] Please refer to recommended timeline on last page.
• As study leave is counted as working time, approved study leave for courses undertaken on non-working days should be compensated for with time off in lieu (TOIL). For example, if a doctor has study leave approved on what would otherwise be a rostered day off, they would get a normal working day off in lieu.

Additional points to consider

Leave for supernumerary trainees
Management of leave for supernumerary trainees varies, the way in which leave is managed should be on a case-by-case basis. All trainees, including supernumerary trainees should be treated fairly and equitably with regards to the allocation of leave, taking into consideration the running of a safe and effective service.2

Managing days off in lieu, ie when public bank holidays are worked
If the doctor is scheduled to work at any time on a bank holiday, or have a rest day for hours and rest purposes on a bank holiday, or if they are scheduled to work a night shift running into a bank holiday, they get a day in lieu – ie an extra day of annual leave.

If the doctor is scheduled to work a night shift running into a bank holiday and a night shift on the bank holiday as well, they will only get one day in lieu, as they have only ‘missed’ one bank holiday.

Designing rotas to facilitate opportunities for doctors to swap shifts to allow longer runs of leave
Where possible, employers may wish to concentrate out-of-hours duties into a small number of weeks (but only where it is safe to do so). This can be beneficial as it increases the flexibility for doctors to request annual leave. Where at all possible, the roster should be designed to have at least two, if not three, consecutive weeks without out-of-hours duties, to be able to grant requests for longer periods of leave. If this is not possible there should be a mutual responsibility to find a suitable swap for shifts and notify the rota manager.

Additionally, doctors may need time off for study leave and in some cases, a large group of doctors working on the same rota may require study leave for an exam or to attend a course at around the same time. Doctors need to submit a request to their employer of the dates as soon as the doctor is notified, to allow employers to plan – it may be that reduced amounts of annual leave can be granted in those weeks to allow maximum flexibility for study leave. Employers should, where possible, grant time off for approved study leave purposes.

Knowing when other staff are on leave
It is helpful for staff to have sight of approved leave for colleagues on the same rota/department. This may be used to assess the most suitable times to request leave. This can be important across grades, for example so a trainee will know when their clinical/educational supervisor is on leave.

Job interviews
Job interviews should be considered professional leave, with time off accommodated appropriately and should not require annual or study leave for these interviews to take place. Rota coordinators should be given as much notice as possible to plan effectively.

Compassionate/special leave
Managing requests for special or compassionate leave can be challenging for both the employer and employee. Requests for any circumstances may be granted at the employer’s discretion, in line with local policies. Responding positively to requests for compassionate leave will improve morale and relationships between the employer and its employees.

2 For those working in purely supernumerary training settings, including in general practice, trainees should not be integral to the running of the service, and so where a trainee has requested leave with six weeks’ notice this should be permitted.
• Doctors submit leave request form identifying preferred dates of annual leave.
• Rota manager is provided with as much notice of leave requests as possible to support high quality rostering and planning of the rota/duty rosters.

Employers and Doctors Notified of Placement

At least 12 weeks prior

• Employer recirculates leave request form and doctors request specific periods.
• This is a good time for the employer to share information the specifics of how to organise leave and swaps on this rotation.
• The timeframe provides suitable notice to be able to work through known challenge periods. For example, when too many doctors have submitted leave requests for periods known to have significant proportions of leave requested (eg Christmas).

Doctors Receive Generic Work Schedule

At least 8 weeks prior

• Doctors receive specific working pattern and approval of leave already requested.
• This is a good opportunity for the employer to highlight to the doctors how much of their leave entitlement they have already requested and reinforce the importance of spreading leave throughout the placement.

Doctors Receive Duty Roster

At least 6 weeks prior

• Further opportunity to explain how to manage leave during the rotation and the process for booking the various different types of leave.
• It is also useful to encourage doctors to develop informal mechanisms for arranging swaps, etc.

Doctors Attend Induction

Start of placement

• Communication to doctors outlining how much leave they have taken and how much remains unallocated.
• This allows the opportunity to ensure doctors are on track to take their full leave entitlement and helps to avoid having untaken leave at the end of the rotation.
• If issues are identified, the rota manager may need to consider allocating leave and will contact the doctor(s) concerned to discuss.

Review of Leave Entitlement Remaining

Half-way through placement