ROSTER MANAGEMENT

There will be occasions where changes need to be made to rosters after implementation. It is essential that employers, roster managers, and doctors have a clear process to follow when making changes to a live roster as part of agreed policy. Awareness, and adherence to, this policy will be most significant for roster managers who will lead the implementation of any changes, and for those leading on changes (i.e., head of service). This policy is one that should be easily accessible to all doctors, and one they are made aware of.

Changes to a live roster – guidelines

• Rosters should be provided that reflect the timescales set out in the code of practice. Effort should be taken to ensure there are a minimal amount of changes to the roster once provided to doctors.
• Changes to a live roster must be discussed with all affected staff members.
• Input from the guardian of safe working or director of medical education should be sought in situations where there is disagreement over changes to a live roster.
• All employers should have a policy, or equivalent, clearly stating the requirements of both the roster manager and doctors working under the roster, which has been agreed and signed off by the local negotiating committee (LNC). This policy should be sent to all doctors when they start a new rota. It should set out timeframes and processes for:
  ○ when a doctor requesting a change must inform the roster manager
  ○ when an employer requesting a change due to service needs must inform the affected doctor(s)
  ○ how quickly a roster manager must update a roster with the changes and inform any doctors who are affected
  ○ any engagement that must be undertaken prior to such changes being implemented.

Individual changes

• Roster managers should ensure rosters are continuously updated to provide the most accurate and up-to-date picture of the staffing arrangement. Therefore, rosters should be updated continually to reflect any changes such as approved leave, shift swaps, sickness, end and start time changes, and gaps requiring temporary staffing.
• Doctors should aim to provide as much notice as possible to the roster manager when arranging swaps, and the roster manager should be flexible, where possible, in regard to shift swaps.
• Doctors and roster managers must ensure that shift swaps are between two doctors of commensurate grade.
• The roster manager must ensure that a doctor’s requested swap does not result in them breaching any of the contractual hours or safety limits. (Rosters that do not provide enough flexibility for swaps without breaches of safety limits should be reviewed to ensure adequate numbers of doctors present on the rota.)
• When changes need to be made to a live roster, which will have an impact on other doctors on the roster, the optimal approach will be to openly consult those doctors to see if anyone will volunteer themselves for their personal roster to be amended. If changes are made, every effort should be taken to avoid affecting any previously arranged leave or training.
• A doctor will be prepared to perform duties in occasional emergencies and unforeseen circumstances, if they are able and safe to do so, such as short-term sickness cover, where the employer has had less than 48 hours’ notice, and for less than 48 hours’ duration of cover.
• There is no requirement to payback shifts missed due to sick leave.
Wholesale changes
- There should be a minimum of six weeks’ notice, in accordance with the code of practice, for any implementation of a new roster or changes affecting existing doctors on the rota.
- When wholesale changes are required to a roster, doctors’ training requirements and individual circumstances should be given due consideration in the design of the new roster.
- All training requirements should be incorporated and prioritised when designing the new roster, to ensure doctors are given the opportunity to progress at the Annual Review of Competence Progression (ARCP).
- Doctors should be encouraged to activate the work schedule review process if there are any concerns with a new roster, as per Schedule 5 of the 2016 Terms and Conditions of Service (TCS).

Managing leave and other staff entitlements when changes are made to roster
- The required leave to be taken before the end of the rota period should always be close to the pro rata amount for the remaining length of the rota period. The roster manager and affected doctors should ensure all of their leave entitlement is used during the roster period.
- If there is adequate assessment of leave entitlements, training needs, and likely rates of short-term sickness absence within a roster, and an appropriate amount of staff on leave at any one time has been achieved (or close to), then the honouring of the remaining staff entitlements requirements will be easier to facilitate, and thus ensuring that staff morale is maintained.
- Existing approved leave requests should be honoured during any change to a new roster pattern.

Managing time off in lieu (TOIL)
- If an individual doctor chooses not to take compensatory rest within 24 hours, they may accrue TOIL. The employer cannot instruct the doctor to stay beyond safe working hours.
- When safe working hours (such as the 72-hour limit in any consecutive 168 hours) are threatened, then TOIL within 24 hours would be the preferred option. If an individual doctor does not take compensatory rest within 24 hours, they may accrue TOIL.
- TOIL can be accrued for up to three months, at which point it should be taken or payment given for hours worked.
- If there is insufficient capacity in the roster for TOIL to be taken without knock-on impacts, such as increased workload for other doctors leading to further TOIL, then payment should be made.
- Processes should be put in place for the accurate monitoring of accrued and taken TOIL.
- TOIL should not routinely be carried over across rotations, and payment should be made at the end of the rotation for any untaken TOIL.
When does a roster need to be redesigned?

Indicators that redesign might be required include the following:

- if the average number of hours per week required of doctors is close to, or above, the 48-hour average limit
- if doctors are unable to access the necessary training and educational opportunities to meet their curriculum requirements
- a high number of exception reports being submitted by doctors, especially if these reports are not attributable to a singular, non-recurrent, event (ie an unforeseen emergency)
- if numerous exception reports are being submitted, resulting in fines for the employer
- requests for work schedule reviews are being submitted by doctors working under the rota with outcomes that affect the roster
- if the guardian has directly raised concerns regarding the viability of a rota and/or roster
- the shift pattern is close to breaching the hours and rest requirements of doctors
- when there are breaches of the minimum rest requirements for non-resident on-call shifts
- if there is insufficient flexibility within a roster around when doctors can take their leave
- if there is insufficient capacity required to accommodate full leave entitlement, training needs and likely rates of short-term sickness absence for the rota to operate effectively
- if doctors on the roster are due to go on maternity/ paternity/ adoption leave this may not be required, dependent on: the length of the roster, where in the roster the absence is occurring, and the overall gap that the absence leaves
- if there are significant changes in demand on the service, which require a different level of staffing
- if there are changes to the service, which significantly affect how the service can be rostered (ie closed theatres).