

Contents

Introduction

3

The working week

Clinical hours

It is important to ensure that the clinical hours of postgraduate doctors in training are protected and that they are not overworked. The Royal College of General Practitioners (RCGP) has published guidance on the maximum number of hours that a postgraduate doctor in training should work in a week. This guidance is based on the findings of a survey of postgraduate doctors in training, which showed that many were working more than 48 hours per week. The RCGP guidance states that the maximum number of hours that a postgraduate doctor in training should work in a week is 48 hours. This includes all hours spent on clinical duties, including on-call hours. The RCGP guidance also states that postgraduate doctors in training should not work more than 10 hours per day, and should have at least 11 hours of sleep per night. The RCGP guidance is intended to protect the health and safety of postgraduate doctors in training, and to ensure that they are able to provide high-quality care to their patients.

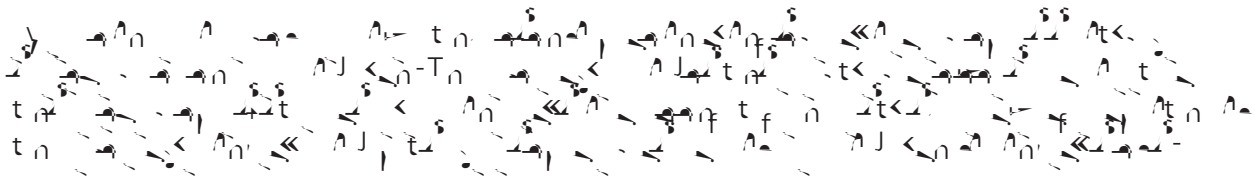
Out of Hours Working

Out of hours working is a common feature of the working week for postgraduate doctors in training. This is often due to the need to provide care to patients during the evenings, weekends, and public holidays. However, out of hours working can be a source of stress and fatigue for postgraduate doctors in training, and can lead to burnout if not managed properly. It is important to ensure that out of hours working is managed in a way that protects the health and safety of postgraduate doctors in training, and that they are able to provide high-quality care to their patients. This can be achieved by ensuring that out of hours working is limited to a maximum of 10 hours per week, and that postgraduate doctors in training have access to support and resources during out of hours periods.

Calculating on-call hours

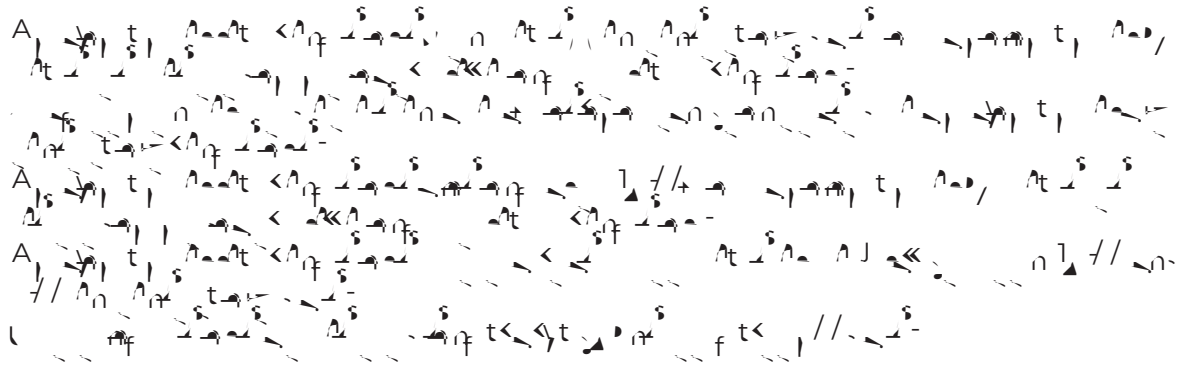
- On-call hours are defined as the time spent on-call during the working week, including the time spent on-call during the evenings, weekends, and public holidays.
- On-call hours should be calculated as the total number of hours spent on-call during the working week, divided by the number of weeks worked.
- On-call hours should be calculated as the total number of hours spent on-call during the working week, divided by the number of weeks worked.
- On-call hours should be calculated as the total number of hours spent on-call during the working week, divided by the number of weeks worked.
- On-call hours should be calculated as the total number of hours spent on-call during the working week, divided by the number of weeks worked.
- On-call hours should be calculated as the total number of hours spent on-call during the working week, divided by the number of weeks worked.

On-call hours should be calculated as the total number of hours spent on-call during the working week, divided by the number of weeks worked. This is a simple calculation that can be used to determine the average number of hours spent on-call per week. It is important to note that on-call hours should include all hours spent on-call, including the time spent on-call during the evenings, weekends, and public holidays. This calculation can be used to ensure that on-call hours are kept within the recommended limits, and to identify any areas where on-call hours may be excessive.



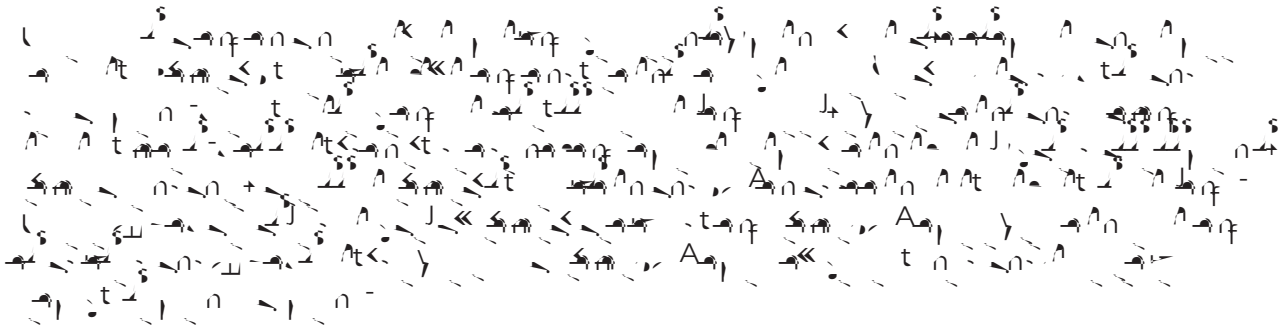
Full shift rota on-call

Consecutive shifts





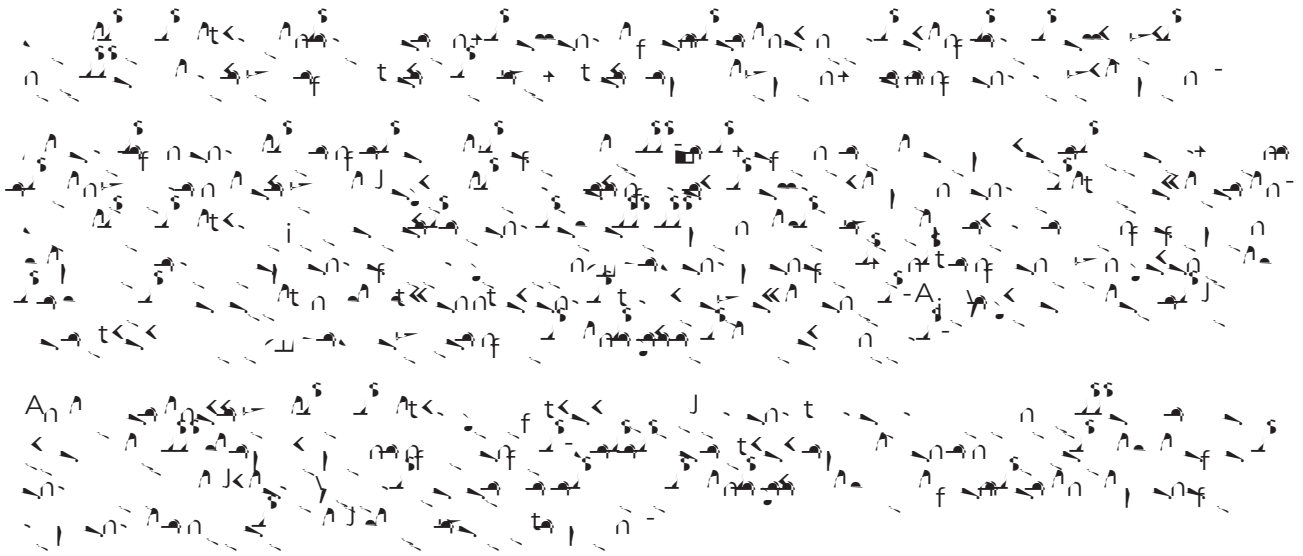
Agreed Work Plan



Exemplar Work Duties and Rota: Tier 1 Neonatal Intensive Care Unit (NICU)

Week	Mon	Tue	Wed	Thu	Fri		
	Light Purple	Light Purple	Light Purple	White	Blue	Blue	Blue
	White	White	Blue	Blue	Blue	White	White
	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	White	White
	Blue	Blue	White	White	Pink	Pink	Pink
	Pink	White	Dark Blue	Dark Blue	Dark Blue	White	White
	Pink	Pink	Pink	Pink	Pink	White	White
	Light Purple	Light Purple	Light Purple	Light Purple	Light Purple	White	White
	Light Purple	Light Purple	Light Purple	Blue	Blue	Light Blue	Light Blue
	White	Blue	Pink	Pink	Pink	White	White
	Green	Green	Green	Green	Green	White	White

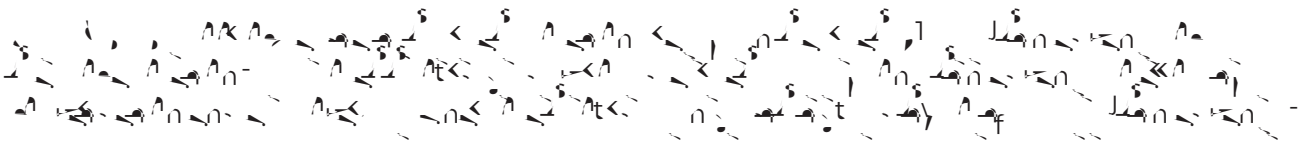
Overview: rota design and rostering



Rostering good practice: Aims

- To ensure that the rostering process is fair and equitable for all staff involved.
- To ensure that the rostering process is transparent and that staff are consulted on their views.
- To ensure that the rostering process is flexible and able to respond to changes in staff availability and patient needs.
- To ensure that the rostering process is efficient and that staff are able to work in a safe and healthy environment.
- To ensure that the rostering process is sustainable and that staff are able to work in a way that is consistent with their personal and professional values.
- To ensure that the rostering process is able to meet the needs of the organization and its patients.

The Rostering Process



Develop and evaluate core components of template rota

- Identify the core components of the template rota
- Develop the template rota
- Evaluate the template rota
- Review the template rota
- Update the template rota

Tips for resolving non-compliant rotas

- Communicate with your colleagues
- Discuss the rota with your supervisor
- Consider the rota as a whole
- Consider the rota as a whole

Exception Reporting

When you have a rota that is not compliant with the guidelines, you should report this to your supervisor. You should also discuss the rota with your colleagues to see if there are any other issues.

You should also discuss the rota with your supervisor. You should also discuss the rota with your colleagues to see if there are any other issues.

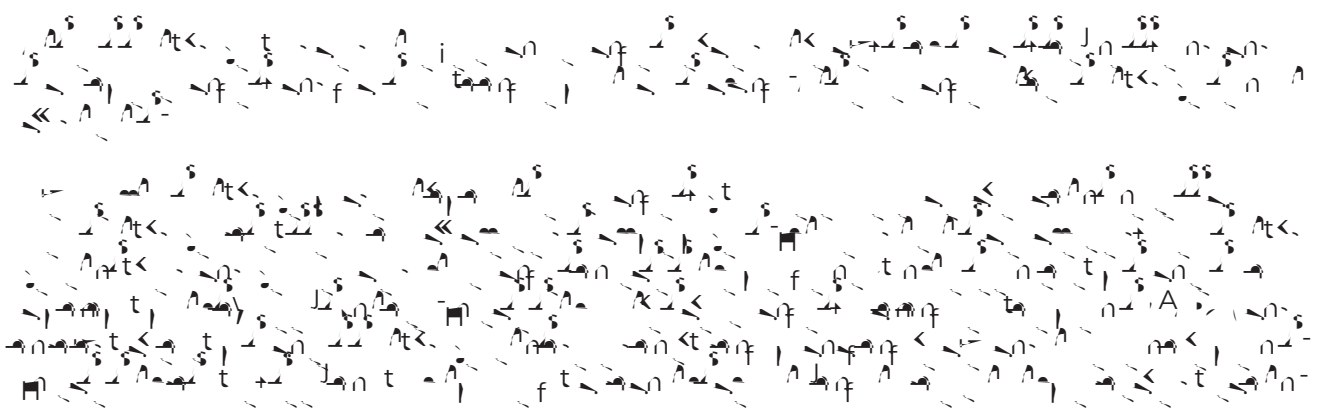
You should also discuss the rota with your supervisor.

- Discuss the rota with your supervisor
- Discuss the rota with your colleagues
- Consider the rota as a whole
- Consider the rota as a whole

You should also discuss the rota with your supervisor.

- Discuss the rota with your supervisor

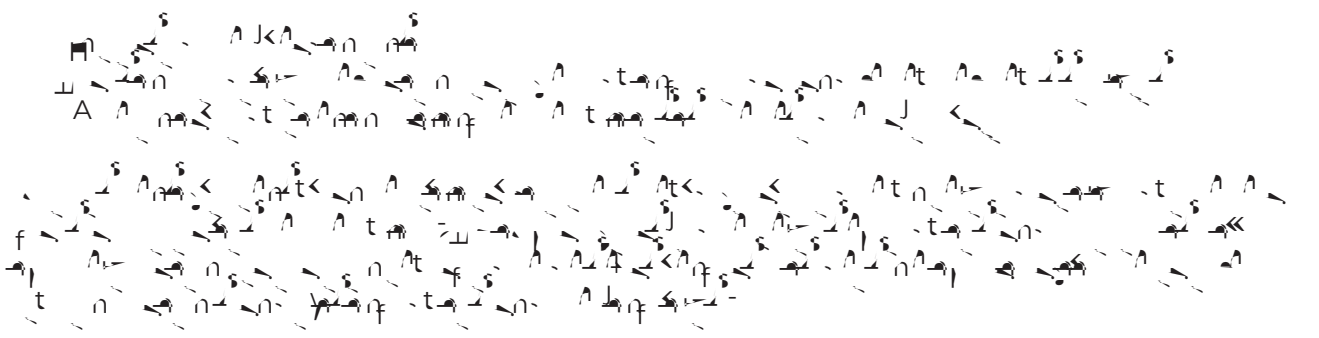
Roster Management



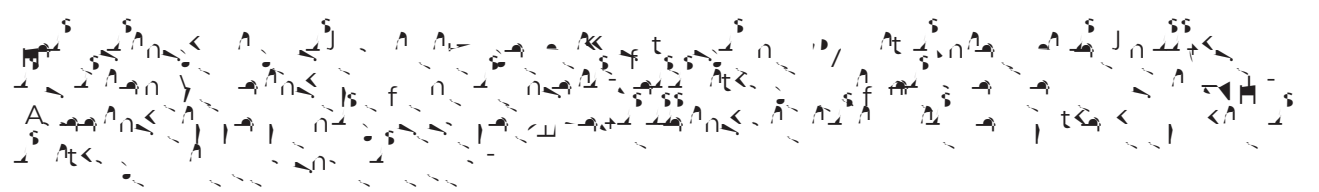
When to amend a roster

- A roster should be amended if a doctor is unable to work on a particular day.
- A roster should be amended if a doctor is unable to work on a particular shift.
- A roster should be amended if a doctor is unable to work on a particular duty.
- A roster should be amended if a doctor is unable to work on a particular rotation.
- A roster should be amended if a doctor is unable to work on a particular rotation.
- A roster should be amended if a doctor is unable to work on a particular rotation.
- A roster should be amended if a doctor is unable to work on a particular rotation.
- A roster should be amended if a doctor is unable to work on a particular rotation.

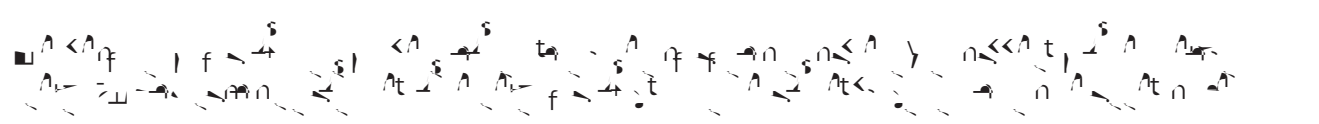
Implications of rota gaps include:



Emergency and short-term gaps



Long-term gaps

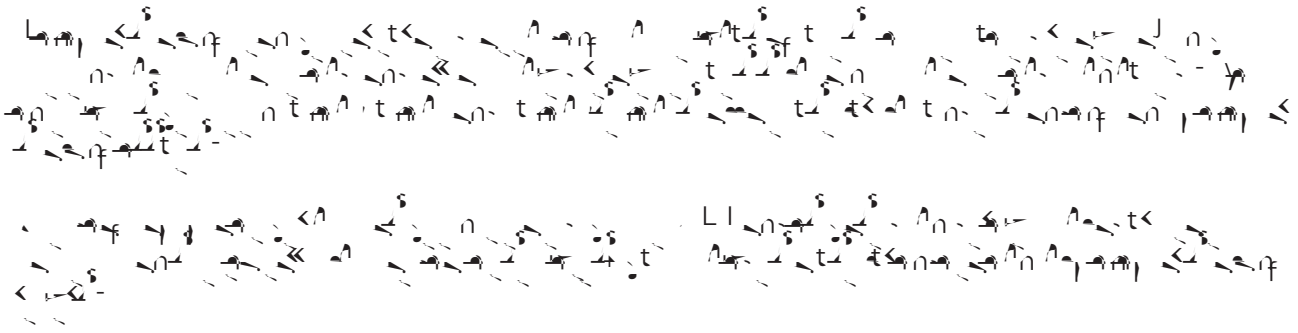


... An ...

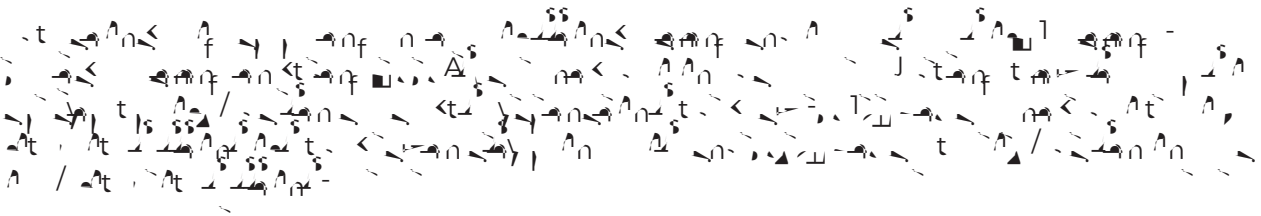
Cover for on call duties/ out of hours

... LA-

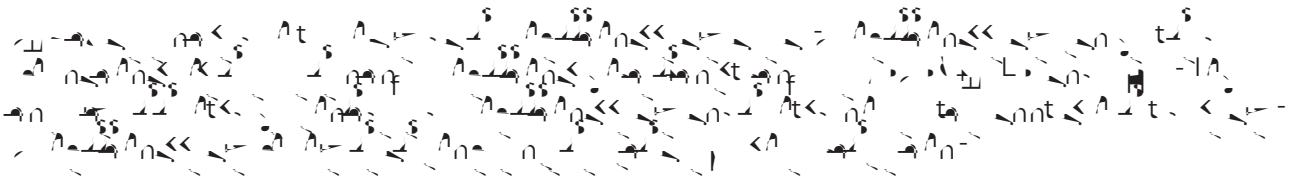
Minimal staffing



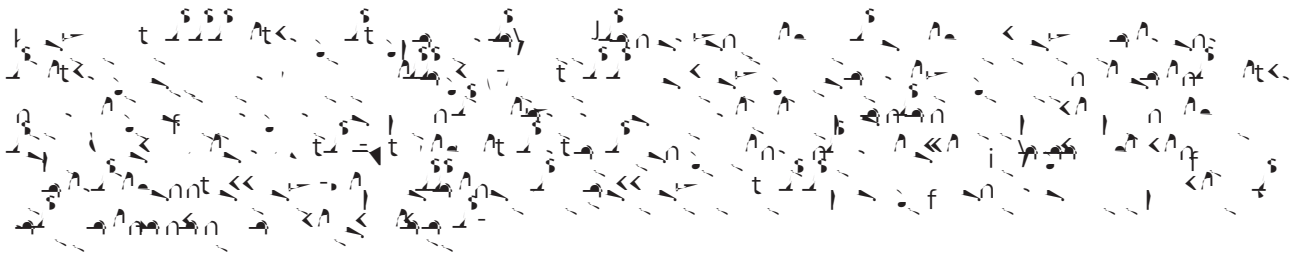
[British Medical Journal, Safe Staffing: This is how many doctors we really need](#)⁸



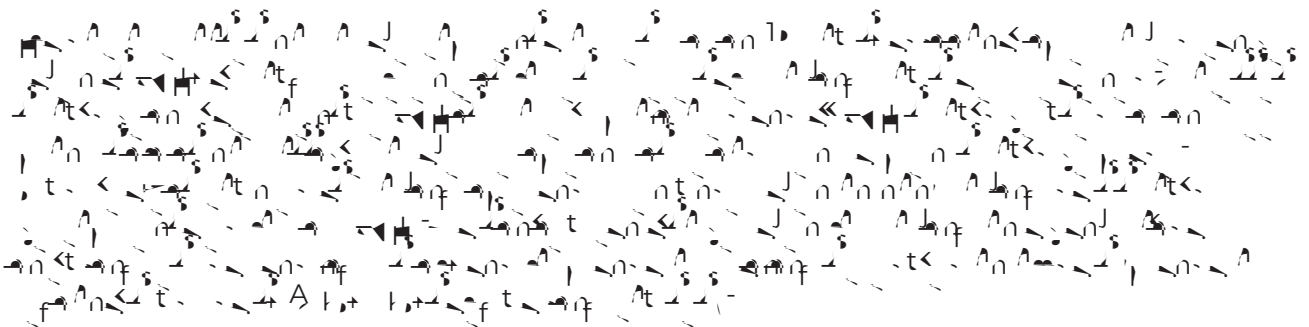
Professional Leave

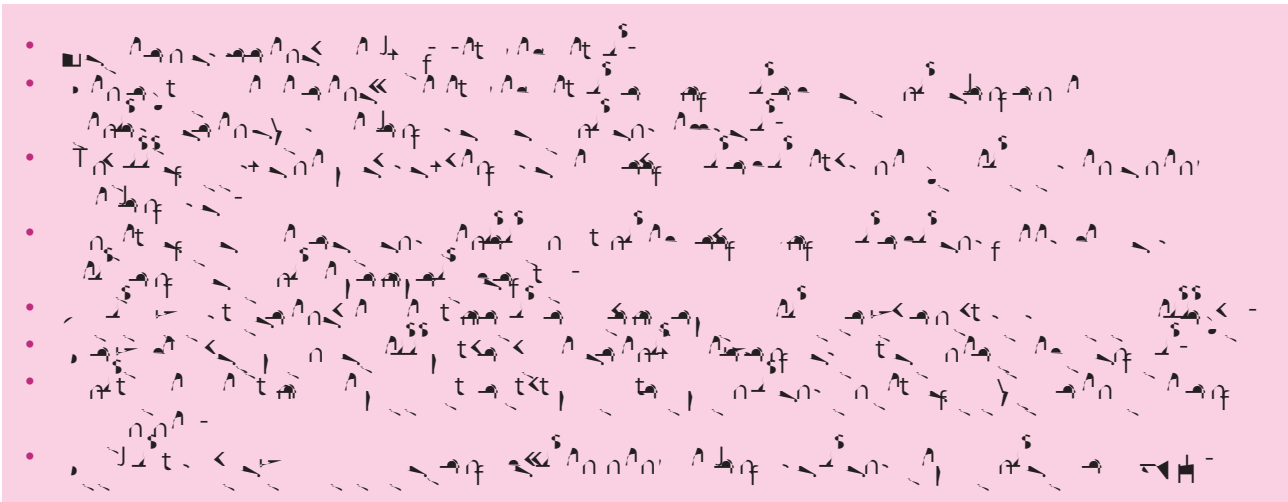


Annual leave



Time off in Lieu (TOIL)





W c a

Postgraduate Doctors in Training (PGDIT):
Rostering guidance



Royal College of
Paediatrics and Child Health

Leading the way in Children's Health

5 -11

C

P

,L

,

C

C1

H

H

C
E

P

(10 77)

22

H

(CPCH)

(CO / 2).