

The Royal College of
Emergency Medicine

Making EM sustainable: Can we make jobs and rostering work for us and our patients?

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We can't carry on the way it has.....

"A long habit of not thinking a thing wrong gives it a superficial appearance of being right."

Thomas Paine (1737–1809)



The reason I have an interest in rostering



Why is this our staff?



Why are so many leaving for the sake of a rota?

- “love the job. Can’t stand the lack of knowing when I will work”
- “I missed my Kids school play. I don’t want to miss her birthday parties as well for the sake of a career”
- I made a choice - marriage or career. I couldn't't continue A&E with the impact the rota was having on my marriage. I loved both – but changing career was cheaper than changing my wife”

Why can't our doctors be like this?



A&E should be perfect for a family friendly career....

- No fixed commitments
- No continuity of care
- No need for a fixed length shift
- Majority of junior doctors (before they see their rota) want to do an A&E job

We can not just blame the politicians....



Contracts are important and this is a BMA issue not an RCEM issue:

- Consultant and Junior Doctor Issues
- Not just about pay
 - PAs
 - Leave
 - Flexibility

But whatever the rules are, need to make the rules work for you and your team

Need to sort out the issues locally as our Politicians/NHS leaders are failing us in helping to solve the problems nationally. (My thought not RCEM's!)

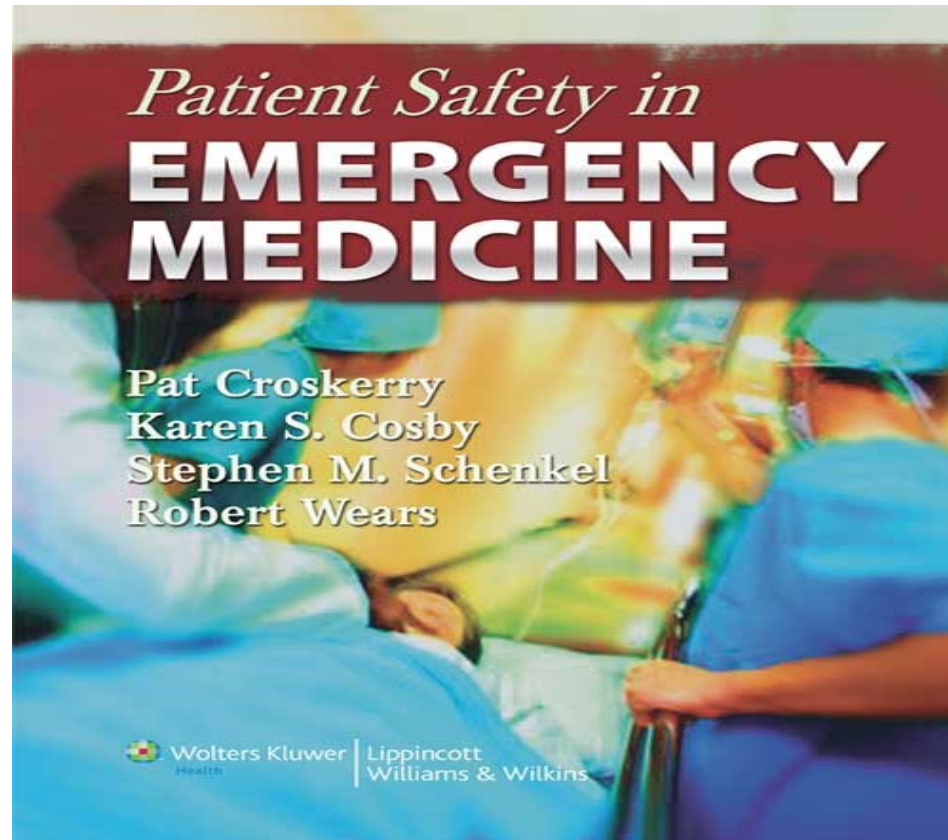
Otherwise we can't staff our departments.....and patients suffer

Making things work for your teams

- SHOs/F1s
- Middle grades/Registrars
- Consultants

- Think about
 - Number of clinical shifts and making equitable
 - How to make jobs attractive
 - How to roster the shifts

Evidence for good rostering – a whole chapter on rostering!



What we have done at BSUH NHS Trust.....

SHOs

Training Juniors

- Annualized hours
- Calculated by guaranteed bank holidays off and guaranteed leave, plus 3 hours a week off the shop floor spa type time.
- Work out number of shifts need to do in the time period
- Use Excel wizardry to make sure there are always correct number of juniors on and use cover shifts so remove need for locum
- Use good rostering ergonomics
- Equitable and fair. Max 1 in 2 weekends. Very easy to swap. Started in August. Greta feedback from juniors
- (example: ACCS Doctor for 6 months – 15 days study leave, 4 bank holidays, 14 annual leave days. At work for 19.4 out of 26 weeks. Contracted for 48 hours but only 45 on shop floor, shifts are 9.45 hours, total shifts in 6 months = 89)

Fellow Post Juniors

- We could not fill stand alone posts. Had 11
- Expensive locums. £600,000 (locums covered leave)
- Not all of highest quality
- Didn't't know department
- We were getting fed up with juniors rotating every 4 months

- Replaced 11 stand alone posts and locums with 18 SHOs who did 33% special project and 66% clinical.

Fellow posts continued....

- Annualized hours.....
- Guaranteed 28 days AL, 10 days SL, 8 bank holidays. 3 hours a week off for training. 48 hours a week contract, plus hours for induction. Total hours over year = 1910, clinical hours = 1284, = 130 shifts per year.
- Very easy for part time work

- Filled all posts in one NHS Jobs using social media.
- Many would have moved to Oz/NZ/ given up A&E if not for the job
- Excellent feedback so far

MIDDLE GRADES

Middle Grades/Sprs....

- Annualize them – all guaranteed leave etc
- Self roster (see later)
- Standard pas (3 hours out of hours per pa, 4 in hours) but if do a night shift get a pa intensity bonus.
- We have gone from one non training reg to 11 in 4 years
- Advertise posts from 1-10pas

Consultants

Consultants

- For seniors, you need more than good rostering....
- We have other responsibilities need to cover
- We need shift management which works for us for a work-life balance
- We need to encourage less than Full time workers

The answer – a 'self rostering' annualised rota?

Can work for small departments as well as large

But – rostering will not overcome problems of lack of staff!! (or how busy it is on the shop floor)

Obviously works best if have full complement of staff

A 'self rostering' annualised rota?

What it is?

Why change to an annualised system?

How to run the rota

The effects of the rota in Brighton and Sussex University NHS Trust

How to implement it

What is an Annualised Self Rostering Rota?

You work the clinical PAs you are paid for, mostly when you want

Clinically 'clock on, clock off' - get time in lieu for extra work

Incredibly simple concept but not often used for doctors

Why Change?

For Clinician

For the poor rota 'mister'

For Department

For Employer

For Speciality

How to Run the rota

Done on excel spread-sheets

Easy to use - happy to give copies

One person to run it and a meeting every few months



How to run the rota – see Excel sheet

- 1) Calculate number of PAs over for each person
- 2) Work out departmental number of PAs available
- 3) Work out how best to use them – need to know PAs for each shift
- 4) Populate rota - each shift attracts a certain number of pas
- 5) Those PAs are subtracted form each persons total
- 6) If someone takes the shift from you, they get the PAs
- 7) Carry over PAs to next rota cycle
- 8) If sick don't loose the PAs



The key aspects

Very Easy to get swaps done or annual leave at last minute.

Negotiations over working out how many pas are the key

- PAs for nights,
- annulisation rate,
- shop floor hot and cold clinical pas

The effects of the Rota at BSUH NHS trust

Happier Staff considering what we are all faced with

Managing to recruit (bit not enough) and not lose as
many staff as we would have lost

Starting to do nights

The Xmas party test

How to implement it

Get clinician buy in

Get Management buy in

Anything new is a risk....but
just take that risk; it has worked elsewhere



Any questions



Summary

- We have to change
- We have to make our jobs sustainable
- Otherwise everything else we do will fall apart