

BEST PRACTICE IN ROTA MANAGEMENT

THE TRAINEE PERSPECTIVE

Amanda King



GMC 2024

“Employers can help break the vicious cycle through simple improvements such as rota design”

The state of medical education
and practice in the UK

**Workplace experiences
2024**



General
Medical
Council

NHSE 2024

“Improve rota management by exploring the opportunities technology offers to move towards greater self-rostering, so doctors have greater control over their lives while meeting the needs of the service”



ADTC REPORT 2024

“The use of flexible working schemes should be considered; these can support the wellbeing of doctors in training but also may help improve productivity.

The ability to work less than full-time should be supported and made available to all, without disadvantage”

February 2024

Academy of
Medical Royal
Colleges

Six simple ways to re
training in the health
The ATDC REFOR

The REFORM principles

Rotation: The frequency, need and location minimise disruption and improve continuity

Exams: The number and value of exams are balanced with the personal and financial costs

Flexibility: Those seeking to re-enter training supported to do so.

Organisational support: Employers must ensure a healthy work-life balance including time for

Recuperation: Appropriate break areas with wellbeing of doctors in training.

Management: Human Resources and other support periods of transition.

EMTA 2023

“Significant number of trainees are LTFT, with 80% the most popular. EM trainees are consistently at the highest risk of burnout.

14% of LTFT rotas are still not adjusted pro-rata leading to many lost teaching opportunities for trainees unfairly affected.”



EMTA STATE OF TRAINING REPORT: 2023

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EMERGENCY MEDICINE TRAINEES' ASSOCIATION
Better training. Better care.

NTS 2024

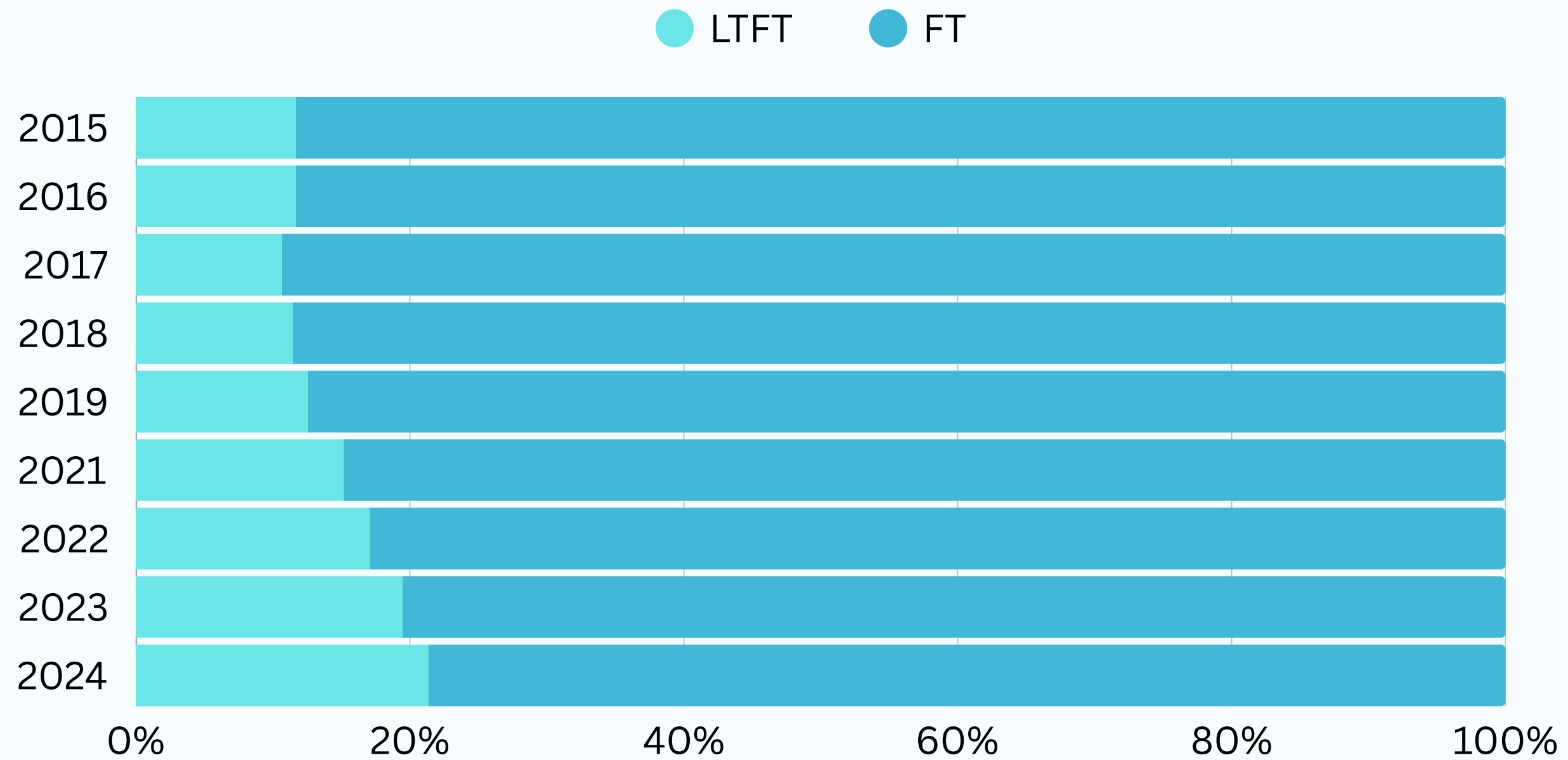
“Our evidence and data point to long-standing issues affecting training. The risk of burnout, poor rota design, and a lack of training time have been highlighted in previous summary reports”



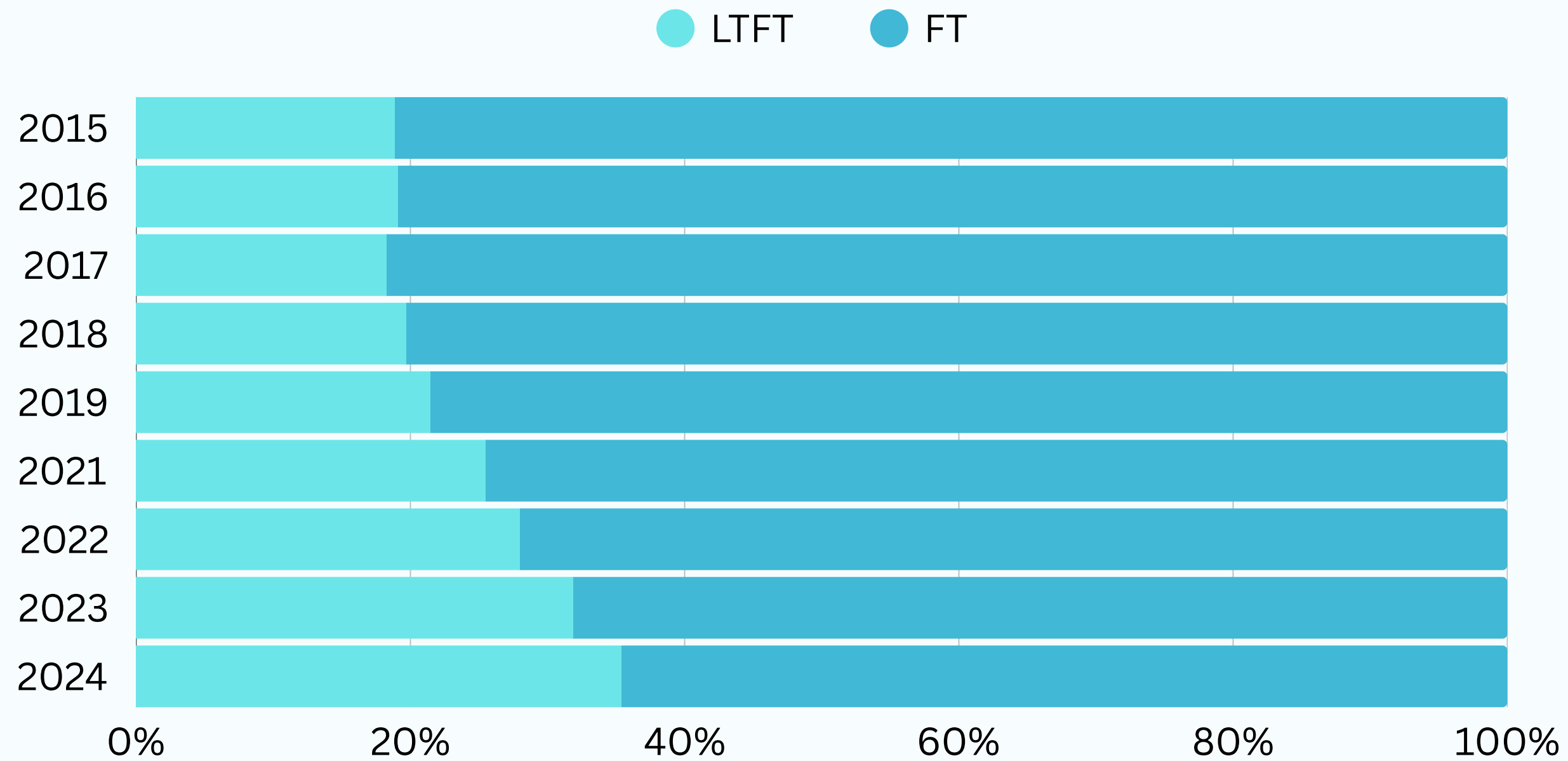
SHIFTING PRIORITIES



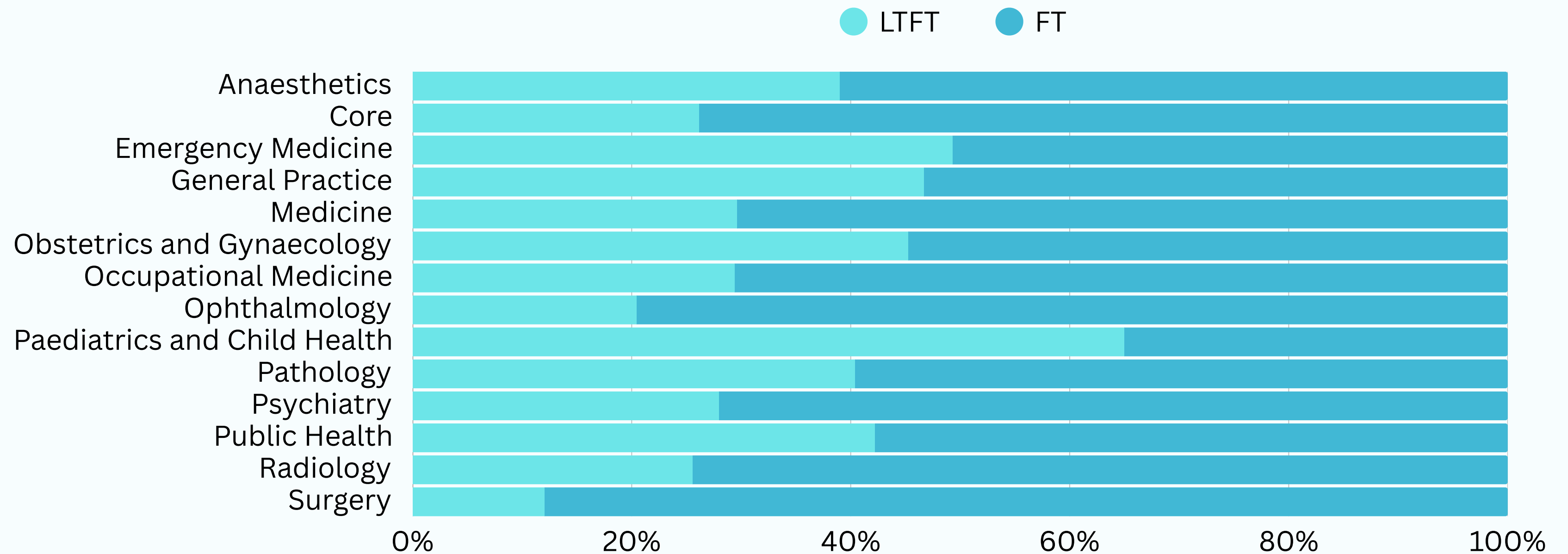
ALL RESIDENT DOCTORS



HIGHER TRAINING



SPECIALITY

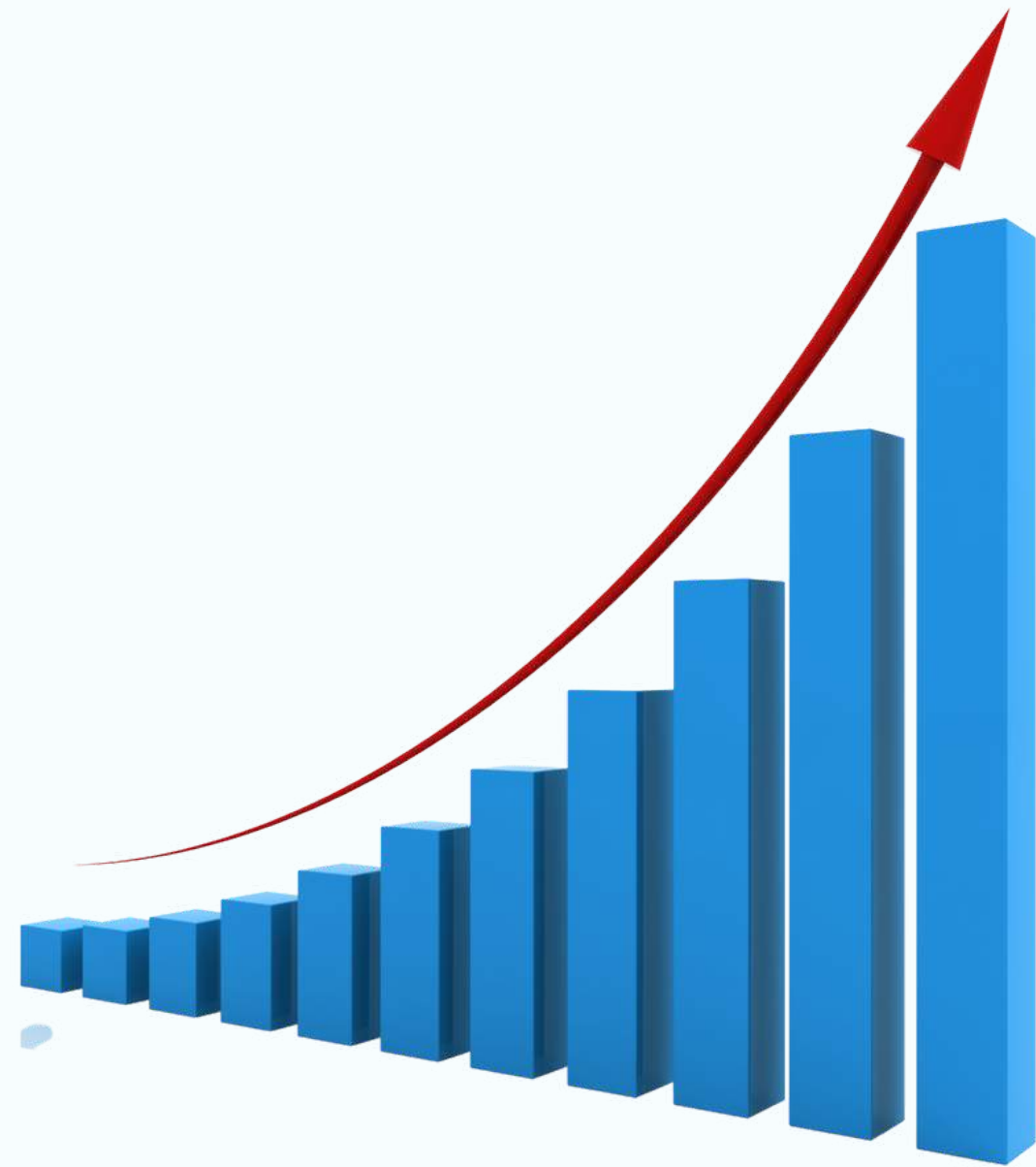


BMA 2025

“20,000 applicants are expected to miss out on specialty training due to a lack of formal training places”



LOCALLY EMPLOYED DOCTORS



75%

2019 → 2023

IS FLEXIBILITY THE KEY?



SEVERN EM 2025

91 Resident Doctors

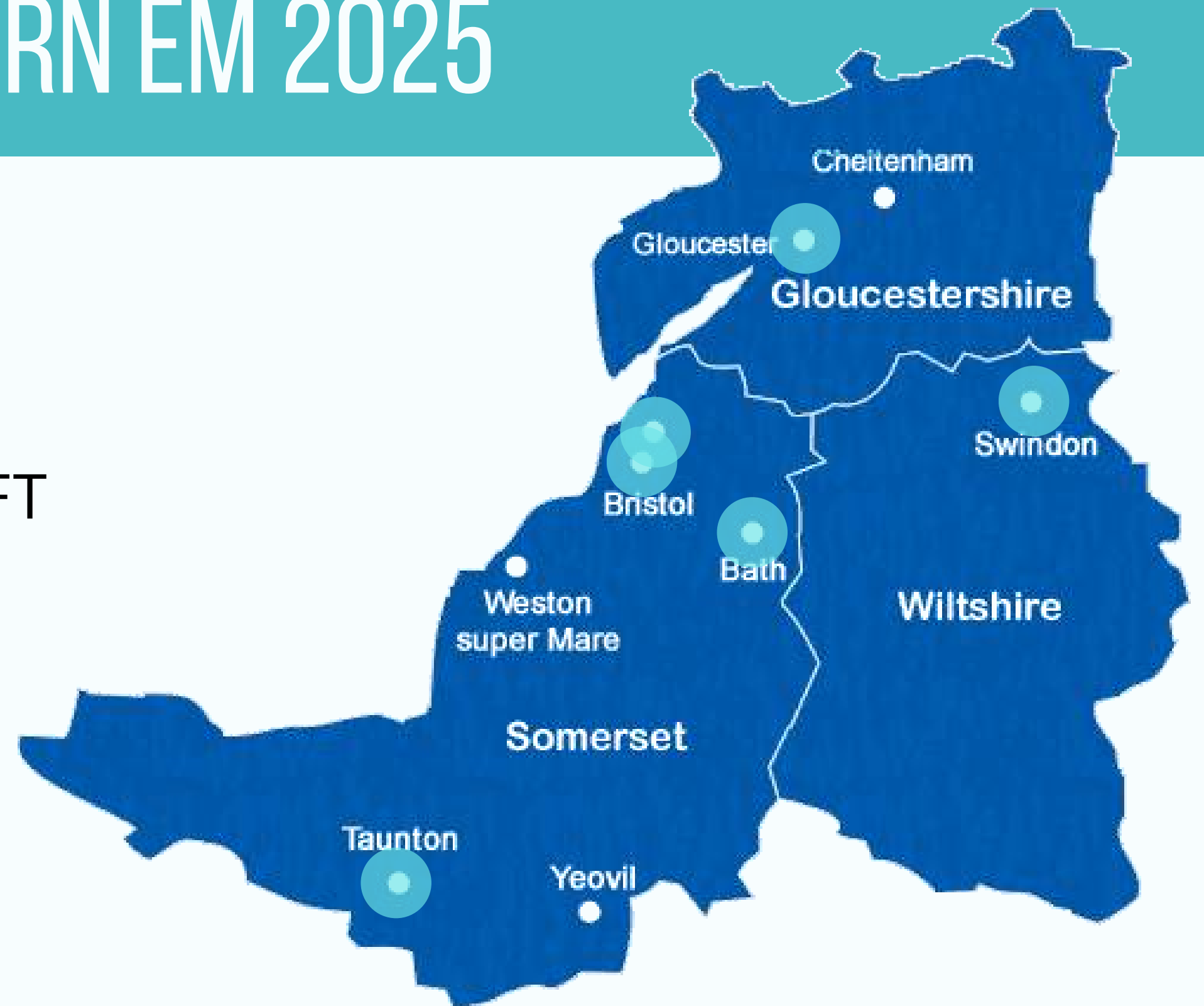
25 OOP

71% LTFT

5 Dual ICM/EM

3 Dual PEM/EM

6 Dual PHEM/EM



SELF ROSTERING



RULES & RECOMMENDATIONS



Parity of shifts and education



ONE master rota



Advance notice of important events



Critical shifts first



Review period



3 or 4 months at a time

SHARING GOOD PRACTICE

Sharing Good Practice
Across the South West

NHS
England
South West

WHAT IS SELF ROSTERING?
Self rostering is a concept where employees choose their own shifts over an agreed period of time (usually 3-6 months), rather than request time off from a pre-allocated schedule. There are many different ways this can be done in practice e.g.

- An app/programme can be utilised (e.g. HealthRota or Allocate) for shifts to be self-selected and a group rota updated by individuals in real time over an agreed timeframe. Any outstanding critical shifts are then filled, this is co-ordinated by a rota lead via meeting or messages/email.
- At a meeting whereby all parties attend and shifts are bid for and allocated fairly, facilitated by a rota lead.

WHY BOTHER?
Intel across the South West demonstrates self rostering improves Resident Doctor's overall educational experience, satisfaction with their rota design and study leave.

SELF ROSTERING
Improving the working lives of Doctors in Training

"Improve rota management by exploring the opportunities technology offers to move towards greater self-rostering, so Doctors in Training have greater control over their lives whilst meeting the needs of the service"

AMANDA PRITCHARD, NHS CHIEF EXECUTIVE, AUG 2024

FIRST STEPS
Each individual's total working hours need to be accurately calculated, as well as number of critical shift types (e.g. nights/weekends). This requires collaboration between the rota lead and HR. Accuracy is paramount, especially for less than full time (LTFT) allocation.

KNOW THE RULES
Issues arise when contracted rota rules are not followed - e.g. the European Working Time Directive or Resident Doctor contracts. All relevant rules should be made explicit and shared before rota allocation begins. Prior to finalising the rota, a formal check should be completed to ensure compliance and parity.

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Across the South West

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SELF ROSTERING

DOING IT WELL : A SOUTH WEST SUCCESS STORY!
Musgrove Park Hospital (MPH) Emergency Department hosts Higher Specialty Trainees from both Severn and Peninsula deaneries. GMC and Quality Panel feedback demonstrated discontent with the current rota system with Resident Doctors not being allocated suitable EDT (educational development time) with missed annual and study leave opportunities.
For August 2023 a new self rostering system was introduced. GMC feedback has vastly improved, Resident Doctors have now actively sought to work there and a trial for the SHO rota is in progress.
Lorien Quinby - ED rota co-ordinator for MPH & Yeovil District Hospital (YDH)
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FREQUENTLY ASKED QUESTIONS

WHO DOES IT CURRENTLY?
Emergency Departments (EDs) across the South West have adopted self rostering for their Higher Specialty Trainees (HSTs) in the last few years including Royal United Hospital, Gloucester Royal Hospital, MPH and YDH (see above for a helpful contact). Consultant self rostering is well established across these EDs and more.

ROSTERING LEAVE & NON-CLINICAL TIME
Non-clinical time and leave should be visible on the rota for completeness and transparency. Using apps rather than a master spreadsheet means it can be flexed and changed in real-time, to allow for greater autonomy and work-life balance.
Be aware: certain times of year (e.g. Seasonal Holidays) may require more active rota management to ensure equity.

WILL IT WORK FOR MY TEAM?
Self rostering should be a priority for any department seeking to improve the lifelong learning experience of its workforce.
Seek guidance from departments who are already well established and share resources, contacts and experience.

WHAT ABOUT LESS THAN FULL TIME?
Self rostering can work advantageously for those who work LTFT. Fixed day commitments (e.g. childcare) can be adopted, and flexed through the year.

THE MDT
A rota should be created with consideration for tiers of workforce in mind, not by profession e.g. Resident Doctors and Advanced Practitioners who have gained experience.

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THANK YOU



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