

# Rota FAQs

## Basics

Where is the rota?

V:\Trainee Medical Workforce Information\Rotas

What do I do if I am sick?

1. Phone Unit Administrator on 01324 566857, Out of Hours, also call Duty Manager on 01324 567902
  - State name & grade
  - Workplace
  - Nature of illness
  - Anticipated duration of absence.
  - Update us daily so we can further plan rota changes, unless signed off for a specific duration by your healthcare professional
2. Make contact with your team – ward / cons and let them know.

## Shifts

What is LD1

Long Day 1 – IMT2/ST3 page # 1245. Based in AAU from 0800 – 2030. Chief role is clerking in new patients, assisting with sick patients, medical procedures e.g. LPs. You will get the odd call from A&E to discuss or review patients who are sick or have watershed conditions. You will occasionally get advice calls from GPs. You may also receive calls for medical review in psychiatry/renal dialysis/obstetrics.

You are on the arrest team, usually as team lead – that is discussed during the cardiac arrest huddle following AAU handover in the morning in the CAU MDT room.

What is LD2

Long Day 2 – Medical middle grade shift with page 1857 . Based in AAU from 0800 – 2030. Like LD1, chiefly to clerk new patients. You can get fast-bleeped to sick patients in AAU. You are NOT on the arrest team.

What is N1

Nights 1. Similar role to LD1, often will hold page 1245 but can liaise with N4. Attends the front door handover at 2000 in the AAU Seminar Room, then the cardiac arrest huddle at 2030. In charge of the acute take at the front door.

What is N2

Nights 2. Complimentary to LD2, and similar role to N1 / LD2 – normally holds 1857 page. Attends the front door handover at 2000 in the AAU Seminar Room.

What is N3

Nights 3 –Initially regarded as the back door team with the FY1. Attends back door handover in Cardiology Seminar Room at 2000 then the cardiac arrest huddle at 2030. Again the role is dynamic and if after handover (Cardiology Seminar room) there are no

outstanding issues, then you should help out with AAU. There is no reason to stay at the back door and await problems, and your team members will appreciate help.

#### What is N4

Nights 4. Generally a doctor from the senior tier and will generally be the team lead overnight. Attends the back door handover at 2000 in the cardiology seminar room then the cardiac arrest huddle at 2030. Will co-ordinate staff throughout the night to ensure appropriate placement of staff. Will be there to review patients ANPs or DITs have concerns about, then can assist in AAU. Will generally lead the cardiac arrest team, can liaise with N1.

Many have relied on the rota to determine the role, but it is helpful if team lead discusses with all members about best placement of the team. Roles may be swapped, but patient safety and equality are the priorities

#### What is LDW

Long day Ward 0800 start in the cardiology seminar room to receive a handover from the night team regarding any sick patients, then to your base ward (or day medicine) from 0900-1700 if able. After 1630 you will re-attend the handover in the cardiology seminar room to receive any handover/ sick patients from the wards. 1700-2030 is generally a role in supporting the FY1s at the back door, but if able to assist in AAU. 2000-2030 to attend back-door handover again in the cardiology seminar room to night team. At the weekend will review patients on the back door wards.

#### What is LDMED

This is a new shift that combines day medicine and LDW, to reduce non-on-call times. You are expected to attend handover as LDW. At 0900 – 1700 your main priority is cover of day medicine. You are often not required and can go to own base ward or clinics. You are not counted in ward numbers. You can call on LDS for assistance. See day medicine section.

#### What is LD3

This is a role of the CDFs (Clinical Development Fellows) for Friday/Saturday/Sunday - like LDW in the morning, but after 1700 to assist in AAU. Based in AAU all weekend.

#### What is LDS

This is the Leadership, Long Day Senior role, essentially by ST3+s that is based in their own speciality on-site 0900 – 1700. Arrive at 0800 and attend back-door handover to make sure the site is running smoothly and help delegate any staffing issues if staff sickness. Make self known to arrest team at arrest huddle 0830. You are based in own speciality but during this time you are expected to help the LD1 - IMT2 with any challenging procedures or times of great difficulty. You are also expected to assist with any junior struggling with a procedure in day medicine. Often there are keen trainees wanting to do some procedures. Attends the back door handover at 1630 and leads the handover. After 1700 you should help in medical receiving until 2030. At the weekend will lead the back door team and review patients on the back door wards.

#### What is Day Medicine

This is a role in our day medical unit to assist with prescribing and procedural experience. On the rota, you are generally not counted towards ward numbers, but most trainees find

plenty of time to return to their base ward and help. This has now been joined up with a long day shift to increase ward availability and flexibility for Annual leave.

What is Back shift?

Based on feedback from trainees, we found the previous back shift was doing little in the afternoon and left a busy assessment unit early. Night shift also felt that being staffed better would help. We therefore looked at 1630 – 2330 to give you most of a “day” off, avoid traffic and help when it is needed. You would be expected to work mainly in CAU, helping clerk patient etc. This shift can only be swapped as a block with the weekend night shift.

## Nights

In addition to the shift explanations Night shifts will generally have:

- 4 Middle grades ( 2 from senior tier & 2 from junior tier)
- 2 FY1s

Night shift previously ran with 3 middle grades and this is still regarded as safe staffing and having 4 adds in an element of redundancy.

### Front door handover (N1 & N2)

This starts at 2000 in AAU MDT room. A consultant or trainee will lead the team through the AAU board and we aim to keep it focused. Each patient we want to use the “PIC tool” – Placement, involvement & concerns.

- Key history (few focused words eg “Pneumonia on oxygen”)
- Placement – can they board / go to a ward? ( eg diarrhoea – need Side room)
- Involvement – do they still need seen by consultant or middle grade?
- Concerns – what to night shift *need* to know: “DKA need to review U&Es”

We will go through the board for AAU 1, AAU2 and AAU3. As a team we move swiftly into CAU and run through the board there. After handover, team lead should contact the back door handover to get an idea of the hospital.

Morning handover at front door

Post night shift, we want a focused “PIC” handover so we can finish promptly.

Assessments

Night shift is a great time to get CBDs or ACATs and rather than trying to describe all your patients in detail at handover, identify the consultant(s) who will see seeing them and then outside the MDT room list / present them and **send a ticket**.

(We trialled this and we can get this all done before finishing time of 0830)

### Backdoor handover (N3 & N4)

This begins at 2000 in the Cardiology seminar room (Next to cardiology ward). Focused handover will highlight who need seen and outstanding tasks. You will be assisted by two Nurse Practitioners.

Backdoor nights

Please prioritise and delegate appropriate referrals from wards. EG dry skin can be left to

day team. When things settle, aim to help you from door colleagues. You can always be paged back to the wards. There is no fixed time you have to stay at the back door. Eg you might come down to the front door / AAU at half past eight.

#### Scrubs

Please do not steal **blue scrubs from endoscopy** for night shift.

## Annual Leave / Sick Leave / Study Leave

Why is sick leave marked on the rota?

We have clarified with HR and Scottish Government and this is allowed. It does not specify why you are off and is required for ward planning, as well as your pay.

How much AL do I get?

Generally this is 25 days a year plus 10 days of public holiday. If you have worked more than 5 years in the NHS this becomes 30 +10. If you are part time then there is a pro-rata reduction. This needs to be spread out evenly to avoid excessive accumulation in June and July as we historically have seen.

Entitlement	PH	A/L	Total	A/L (+5)	Total
Aug-Dec	2	8	10	10	12
Dec-Apr	6	8	14	10	16
Apr-Aug	2	9	11	10	12
Aug-Feb	6	12.5	18.5	15	21
Feb-Aug	4	12.5	16.5	15	19
Annually	10	25	35	30	40

Do I get Public Holidays back?

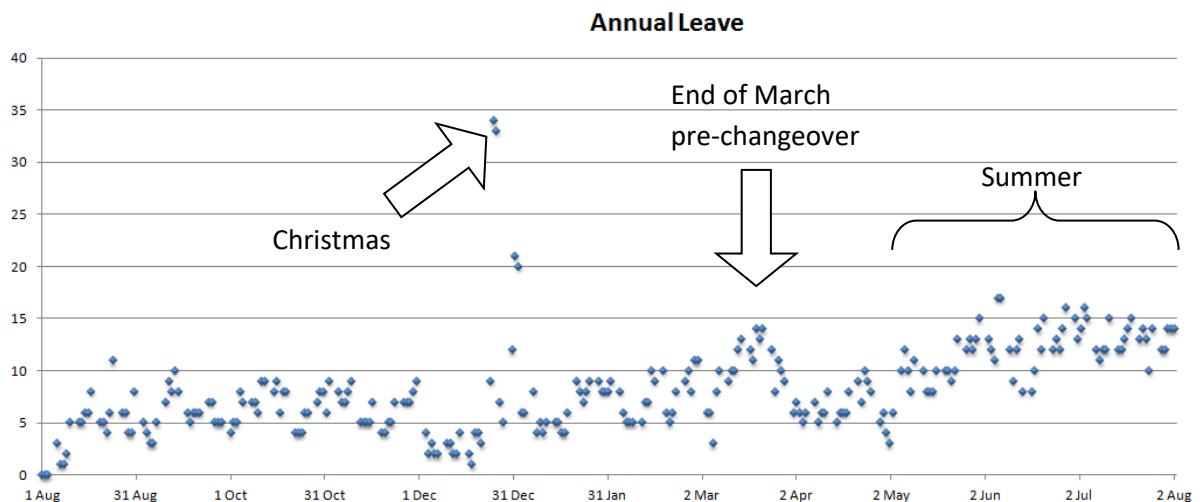
Yes. We assume you work them all and therefore give you an additional 10 days per year Annual leave.

Can I carry my AL over?

It is vital that you get your full entitlement. To prevent troughs in staffing we recommend that the year's allocation of annual leave is **split equally across 4 month blocks, as above**. Up to 5 days may be carried over but this is reserved for special circumstances eg Weddings.

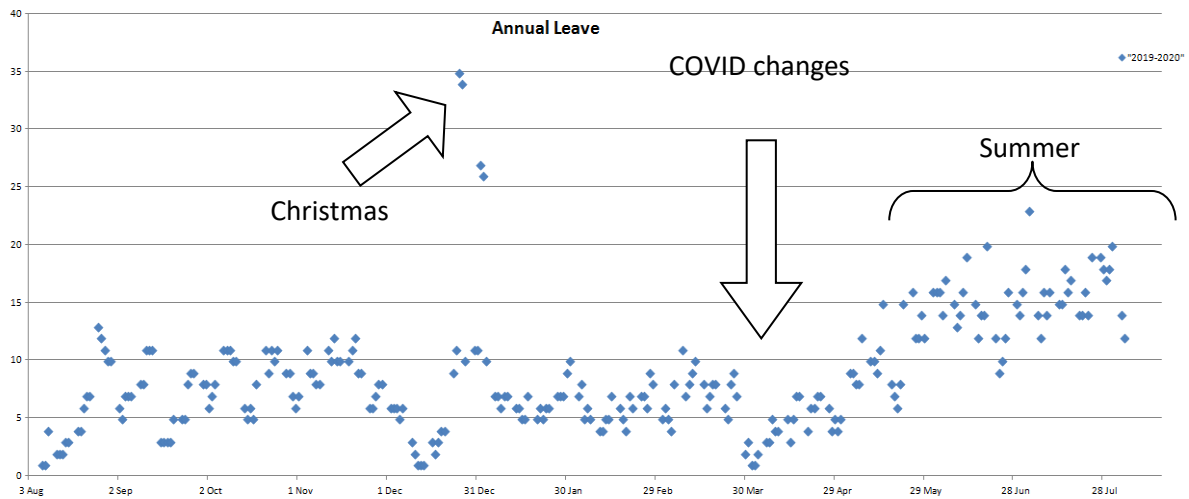
Can I take all my AL in June and July next year?

Despite there being generally less stress on the hospital and generally less study leave, this is unsafe and not fair on other colleagues.



2018-2019 Rota

## 2019-2020 Rota annual leave



Last year we struggled with completely free reign A/L and we really struggled in Late March and Summer. This year past people still retained much annual leave and deferred it with a COVID-19 rota. Advanced planning is what we are aiming for.

Can I take AL any time

You can take AL when you are on a "S" Standard day or "R" regular day, **provided that doing so does not put your ward in a compromising situation of below minimum staffing. Otherwise you need to arrange your own crossover. 6 weeks notice!**

I need to take AL in a particular week for a wedding, but the ward is already short?

Please look for a solution eg a colleague who potentially is in a position to cross cover the ward. We aim to minimise cross cover but if AL is needed for a special reason then let us know early and we can work together to find a solution.

How do I get time back for e-learning/LearnPro?

½ day will be given as time back once you send you e-learning certificate to DIT emails. This time back must be taken between Aug-Dec otherwise the time back will be lost. Depending on which rota you are on, this may need to be pre allocated.

I can't get to clinic as everyone else is on AL

Despite our best efforts balancing all the issues in the rota still will leave peaks and unfortunately troughs. We are also aiming to reduce cross-cover from other wards.

How do I know my leave is approved?

It will be on the master rota.

Can I work 7 nights in a row if I agree to a swap?

Simple answer is no. Scottish Government has been very clear on this.

Can I work 2 weekends in row if I agree to a swap?

Yes, the overall weekends will not change and there will rest days preventing more than 7 day working

Can I split weekdays of nights with a colleague to allow leave?

No. You are now *required* to have the following days off post nights, this leaves us short in day time on Wednesday and Thursday.

Can I split a day weekend?

Short answer is no. If there is no suitable swap, then you can arrange a swap with a friend, but no additional rest days can be given.

Can I arrange swaps for my long days?

Yes – please be mindful of 7 day working rule, as well as your own ward working.

Can I swap back shifts

These are not as easy to swap, as you are required to have 11½ hours off between completion of one shift and commencement of the next. E.g. you are not allowed to finish at 2330, and then start the next day at 0900.

Can I move my rest days?

The main purpose of rest days is to prevent 7 day working. It can be moved within the same week to help ward cover or assist with a preferred day off, as long as it ensures that you are not working more than 7 days in a row.

How much SL do I get?

FY2s and above are entitled to 30 days per year. But rarely does anyone ever need this much. The SL needs to be approved by Educational Supervisor in first instance. Exams and Mandatory teaching will always be allowed. We did not decline any study leave last year. It must be applied for via Turas and to us at least 6 weeks before. We will generally not entertain Study leave on GiM training days as the overall be short of registrars. Often some trainees in difficulty do not need SL, just focused time in hospital in clinics or attending consultant ward rounds.

Can I get personal study leave?

We are weary that without a CPD / attendance certificate this leave may subject to abuse. We have not any objections to you using time in the Library as long as you are contactable by page and no ward or outpatient clinic requirements. Trainees are allowed up to 5 days per written exam per year personal study leave provided your ward has cover. This is not leave we will backfill, so ward cannot be left short.

Do I have to apply for Study leave for GiM training days?

No - this should be built into the rota once we know the dates.

Do I have to apply for Study leave for Specialty specific training days?

Yes, as each specialty will have training days at different times and we will not have that information.

How do I apply for AL?

Annual leave used to required a form, but we are hoping to streamline our process for this so a simple email should suffice. You do however have to be specific in dates, duration and if ward cover is needed. **You need to arrange cover if you leave your ward short.** Reason for leave is helpful as if we have to choose between two trainees Weddings have a higher ranking than a random week off. We require a ward consultant to have approved it. see S/L

It is also entirely appropriate that if all the trainees in a speciality do not go off at the same time.

How do I apply for SL?

Again, we are keen to streamline the process to a simple email but it must contain:

- Title of Study leave, please avoid abbreviations except ALS.
- Date of study leave
- Duration of study leave
- Evidence you Educational supervisor has approved it. Cc in via email after discussion would be appropriate.
- Confirmation this is on TURAS.
- **more than 6 weeks** in advance. It is helpful if you also tell us if you foresee a staffing problem on the ward
- Approved Study leave will appear on the Rota.

How do I apply for parental leave?

This needs to be for a genuine child care event/school play/ meeting. Complete Parental leave request.

My interview was only 1 week notice, can I still go?

Let your ward team and rota team know as early as you can and you will be allowed to attend. It is again helpful if you identify what gap you may produce and what solutions are required to resolve any gaps.



## **Day Medicine**

What is my role in day medicine?

There are three elements:

1. Prescribing – Nurses will let you know what needs prescribing.
2. Procedures – Lumbar punctures, ascitic drains
3. Medical referrals – from non-medical specialties

In Day medicine who do I ask for help with prescribing?

Eventually this role will be taken over by a nurse prescriber and most processes here follow a strict protocol. For GI issues speak to the patient's consultant or the GI physician on call that week. Same applies for Respiratory/Endocrine and Haematology.

In Day medicine who do I ask for help with procedures?

Please aim to plan this, eg at least the day before if known. If you are competent then there is no issue. You have a direct line of review via the LDS doctor who is a registrar who should help. There are often budding IMTs or other FY2s/ GPSTs who are keen to do procedures, who should let day medicine know in advance.

In Day medicine who do I ask for help with referrals?

This is mainly a triage service to other specialties, otherwise a basic medical review often gives an answer and discussion with the medical registrar is the first stop.

## **Help with Courses**

How do I get an ALS course

David Williams – Contact our resus officer: [david.williams63@nhs.net](mailto:david.williams63@nhs.net)

## Extra experience

Why are FY2s and ST7s counted together for the wards?

These are total numbers of middle grades able to provide a level of safety. We are not saying that roles or tasks are similar, quite the opposite. A registrar may get a 16 patient WR done in 1 hour and then get to clinic / endoscopy. A registrar will be available for help for a whole ward while still going to clinics etc

Can a clinic week be allocated?

We have tried allocating clinic weeks, clinic days etc on the rota several times in the past and it simply does not work. Several wards already have clinic rotas A12, B31, B32 and A31 and there is little point on allocating to a clinic if there isn't one. Clinic availability will be circulated and on a ward level either CDF or Registrar can lead in who is to go. It may feel odd, but ward tasks need to be re-delegated to allow clinic attendance and you will always have your page to be called back if there is an emergency. Only partly attending a clinic is better than making excuses and not going at all.

I can't go to clinic as the ward is busy, what can I do?

We prioritise patient safety so we would not expect you to leave sick patients, liaise with your ward team and try and look for a solution

Are you sure you can't go from 1:30 until 2:30? Getting your foot in the door of clinic is the hardest step.

I'm meeting a family this afternoon, I can't go to clinic.

Tell the ward you are going to clinic, ask to be paged and speak to family, then return to clinic.

Why are the FY2s and GPSTs getting priority to go to clinic?

GPSTs don't have a set number, but need a wide exposure to get a breadth of experience for clinic. We want them to go.

Why are the IMTs getting priority to go to clinic?

IMTs or IMTs have a curriculum clinic requirement and need to get clinic exposure, usually in the ward speciality they are in, but are welcome to come to other specialties. Feel free to ask.

Why are Registrars getting priority to go to clinic?

This is their speciality and need to gain experience and is addressed at ARCP. Hopefully self explanatory.

My colleagues have gone to clinic and there is a sick patient, who do I call?

Page your colleague at clinic, otherwise page the on call consultant for that ward

Medical wards have an allocated consultant on each day or for A&H call the on-call A&H physician.

In a deteriorating patient who you are concerned is at risk of cardio respiratory arrest, put out an arrest call - 2222. You will never be criticised for requesting emergency support for a critically ill patient.

## **CDFs – Clinical Development fellows**

How many CDF Days do I get?

Official answer is 42 days. This may be taken as 84 half days or within a department a more complex breakdown to allow an hour here and there for specific meetings. The Aging and Health CDFs are strongly preferred to use half-days.

Do I get Study Leave?

Officially the answer is no. This is incorporated into your 42 days CDF days. We would allow up to 5 days in theory to allow specific courses required for employment eg ALS, but this needs approved at ES and management level. If you wish to attend a conference, then this will come from your CDF day total. Interviews are an exception.

Can I do my CDF days at home?

In general CDF days require patient data and for transparency these should all be undertaken on-site. We would encourage casual clothing to reduce the likelihood of being asked to cover clinical commitments. Some meetings may be off site, therefore need to be ES approved and this info relayed to rota team, so this can appropriately be marked up.

Can I move my Zero hour day?

Given the planned nature of the rota, there is few Zero hour days. The same general rule applies to all trainees in that zero hour days can be moved provided this does not create ward gaps and also conforms to following rules:

1. No more than 7 days in a row working
2. Minimum 46 hours off after night shift
3. 11.5 hours off after every shift

Can I move my CDF day

Yes, we plan to template the registrar / Internal medicine trainee rotas to create a natural space in the rota for CDFs to take a specific day eg Thursdays without feeling that ward cover is compromised. We appreciate that every team would work differently and have different requirements.

## Critical care placement / Palliative care – IMT2s

When can I take annual leave during ITU time?

This is fairly flexible but please speak the ITU team.

[FV-UHB.anaesthetics@nhs.net](mailto:FV-UHB.anaesthetics@nhs.net)

What is very important is S/L and A/L does **not leave you with less than 10 weeks in ITU.**

When can I take annual leave / study leave in palliative care time?

This is an evolving new programme, but again there is great flexibility. You **need minimal 2 weeks of palliative care time**, we aim for 3. During this time, you can go to clinics and MDTs.

Can I swap weekends during the palliative care time?

These weekends have been added to maintain your banding. They are movable and movable as are the zero days. You don't need to arrange a swap as you are extra.

The rules are:

- you must not work more than 7 days in a row
- you must have 11 ½ hours off after shift
- you need to do two weekend sets to maintain banding

Who do I contact re my palliative care time?

[ruth.isherwood@nhs.net](mailto:ruth.isherwood@nhs.net) – consultant based at the hospice

**What MDTs are available to come to?**

<b>Day/ /Time</b>	<b>Venue</b>	<b>Event</b>
Monday 12:30 – 13:30	Lecture Theatre	Medical Division Meeting
Tuesdays 13:00 – 14:00	Learning centre	ID Teaching
Alternative Tuesday 12:30	Lecture Theatre	Grand Round
Wednesday 13:00	Clinical offices level 2	Gastroenterology unit meeting
Wednesday 13:30 – 15:30	Seminar Room 3 (behind cardiology)	ID OPAT MDT Email: <a href="mailto:heather.black@nhs.net">heather.black@nhs.net</a> / <a href="mailto:amy.baggott@nhs.net">amy.baggott@nhs.net</a>
Wednesday 15:00 – 16:00 (1 <sup>st</sup> and 3 <sup>rd</sup> Wed per month)	Seminar Room 6 / Clinical offices level 2	IBD Biologics MDT Any GI team
Thursday 08:30 – 09:30	Seminar Room 6	Respiratory Cancer MDT Email <a href="mailto:melaniecross@nhs.net">melaniecross@nhs.net</a> / <a href="mailto:fraser.wood@nhs.net">fraser.wood@nhs.net</a> /
Thursday 12:30 - 1:00 pm Thursday 1:00 - 2:00pm	Seminar Room 6	Respiratory x-ray meeting Respiratory unit teaching/journal club
Alternate Thursday 12:30	Cardiology Seminar room	Cardiology –education inc M&M, Tues/Wed echo teaching
Friday 08:00 – 09:00	Room 4 Learning Centre	Upper GI MDT <a href="mailto:stuart.paterson@nhs.net">stuart.paterson@nhs.net</a> / <a href="mailto:theron@nhs.net">theron@nhs.net</a>
Friday 08:30 – 10:00	Seminar Room 6	Colorectal & IBD MDT
Friday 12:30 - 13:30 pm	Room 2 – 3 <sup>rd</sup> Floor Learning Centre	Ageing and Health meeting with clinical presentations
First Friday of the month at lunchtime	Haematology	Haematology