

The Emergency Department Doctors' Rota

- *"Leave is on a first-come-first-served basis"*
- *"Changes must be marked clearly on the notice board copy of the rota"*
- *Breaks are rostered into your shift, ensure that you take them.*

Doctors in training

Emergency Department F2s and STs work a full shift system involving a basic 45 hour week on average. Regular Emergency Department shifts last for nine or ten hours – ie. eight to nine hours work with 30 mins break every four hours or so. Emergency work permitting, STs will take a 30 minute break in the Emergency Department rest room (NOT outside the department) after every four hours of duty. At the end of their shift, doctors are expected to stay on duty until they have sorted out or handed over all their patients as well as helping during extra busy spells. F2s and STs' contracted weekly duties include a compulsory protected teaching & audit session from 9am to 11.30am every Thursday. Obviously the ST on leave and nights are not required to attend the teaching meeting but full attendance is mandatory for the rest (non-attendance will result in allocation of compensatory extra duties and will also result in unsatisfactory appraisal reports and references!). You MUST sign the attendance sheet every time as this is the basis for your certificate of training attendance when you leave.

F2s /STs are divided into two rotas; the A and B rota, depending on whether they are EM, F2 or GP trainees and A&B are swapped over after three months as the hours differ slightly. In practice, each ST will be paired off with an opposite number for the whole six months. The ST rota follows a repeating pattern every six weeks (there is a copy of this in Emergency Department for anyone who would like to see it). One of the consultants produces the rota, which will occasionally deviate from the pattern because of exam or interview leave etc. F2/STs can swap duties if they need a particular day off but unduly arduous, holiday relief is built in and usually there are alternate weekends off. F2s /STs are entitled to 25 days' leave each year. This means up to 13 days during six months in Emergency Department (including no more than three weekends and excluding night duty)

At least one F2s / STs must be off most of the time, usually excluding the first fortnight of August/February and Christmas week. If you don't plan this for yourselves, leave will be allocated by the consultants.. Each doctor will be unable to take certain weeks off depending on their slot in the rota, this will be explained to you when you arrive. In general, leave must start on a Monday and finish on a Sunday – it is on a first come first served basis - - you are advised to book asap.

If there is a problem with the rota, try to sort it out with your colleagues and remember to support each other – this is how all teams of doctors are supposed to work together. If this proves unsuccessful discuss it with the one of the consultants.

Middle Grade Doctors

The middle grade rota is produced by Dr Jenkins' secretary according to a rotating template. Copies are available from her. Only one of the middle grade doctors can be on leave at once. In general, leave must start on a Monday and finish on a Sunday – any deviation from this requires specific consultant permission. Leave is booked with Dr Jenkins

Clinical Allocations

A daily allocation sheet is posted in each area. This assigns you to resus majors, paed, minors, and tells you which of the consultants is on call. Please stick to your clinical allocation, unless it is clear that another area needs extra medical resource.

Sickness

Sick Leave

You must tell your manager (Medical Directorate Office: Adrian on (028) 9442 4914 or Heather on (028) 9442 4664), if you are sick before the time you are due to go on duty or, if in exceptional circumstances this is not possible, within an hour of the time you were due to go on duty, and follow any departmental protocol in respect to reporting absence (Consultants: inform your Consultant colleagues of your sickness, Juniors: inform your supervising Consultant of your sickness).

If you work shifts, evenings or night duty you must tell your appointed contact (Medical Consultant On-Call) at least four hours before the shift starts. If, in exceptional circumstances this is not possible, within an hour of the time you were due to go on duty.

If you have not already given the following information, your manager must clarify with you:

- the reason for your absence;
- how long you are likely to be off;
- what tasks will have to be covered during your absence; and
- what action has been taken by you in respect of your illness e.g. doctor's appointment

In some circumstances you may not wish to discuss your reason for absence with your manager. If this is the case, you will be referred immediately to Occupational Health, to facilitate the management of your absence.

*If you are sick or unable to work for any other reason, you or your family **must tell one of the Emergency Department Consultants in person as soon as possible**. Failure to do this would constitute a serious breach of your professional responsibility. There can be no exceptions to this rule. The directorate office must be informed also. In line with NHS terms and conditions, the other doctors covering your part of the rota will be required to cover all sick leave unless long term sickness is involved. In practice, this will involve longer shifts for those already on duty and extra nights for those on night duty if you were due to do the nights. Standard remuneration is added for these extra shifts but they cannot be paid back – it is our duty to support the sick colleagues on our rota in the short term. Remember that sick leave rates, especially for casual sick leave, are closely monitored by all hospitals and are almost always disclosed on references. If you are concerned speak to your Educational Supervisor. Remember that special leave such as carer's leave, compassionate leave and paternity leave may be available if you have an issue with your private life .*

A word about infectious diseases...

We have high medical sickness rates due to gastroenteritis, presumably contracted from patients most of the time. Reduce your risk of this by adhering to hospital infection control procedures – hand washing works! Wear scrubs or hospital- only clothes to reduce the risk to your family. Don't eat or drink in clinical areas even on night duty. Try to stay fit during your time in EM to keep your immune system working well despite the disruption of shift work.