

The Royal Bournemouth and
Christchurch Hospitals **NHS**
NHS Foundation Trust

DEVELOPING E-ROSTERING FOR THE UNIQUE NEEDS OF DOCTORS

John Slade, Medical Staffing Manager for The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, outlines the benefits the trust is gaining from working with Zircadian on the development of an e-rostering system specifically for junior doctors.



The implementation of an effective e-rostering system can yield immense benefits for trusts and their employees. However, in the case of junior doctors, that level of effectiveness depends on whether a system can handle their idiosyncratic working arrangements, and the complex rules and regulations which govern these. A generic e-rostering solution, which may be fit for purpose across all other staff groups, may actually increase costs or put patient safety at risk if unsuitably adapted to roster doctors. With this in mind, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has been assisting Zircadian in the development of e-rostering software that solves the unique challenges of managing junior doctors.

Creating and managing junior doctor rosters is a complex task, involving many

more considerations than for other worker groups. A junior doctor roster must link to the doctors' underlying, contracted working arrangement (the rota), comply with the Working Time Regulations and New Deal, and help the trust manage doctors' pay. Junior doctors have training requirements specified by the Deanery which must also be met. Yet while all these constraints must be applied, the roster must still allow doctors as much flexibility as possible when organising leave and swaps, and balance this with the trust's need to provide a constant daytime and on-call service.

Zircadian has an in-depth understanding of what is required to satisfy these criteria, as it has long been a specialist in junior doctor rota management. Our trust has been using the company's MRM-Live software to successfully manage our junior doctors' rotas for the past five years. Now,

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working with Zircadian on e-rostering for juniors means our experience is feeding development of a solution that is truly responsive to our needs, as well as to the needs of the wider NHS.

Unique to junior doctors is the requirement to comply with the New Deal. The New Deal specifies hours limits and rest requirements, and stipulates that every junior must be assigned to a compliant, template working arrangement. This template forms the basis of the duty roster and determines pay. Unless a rostering system links to these underlying rota templates and assesses the roster against New Deal rules, it is very difficult for those who manage the rosters to build and maintain them compliantly. Any breaches on the roster, resulting from badly managed swaps or changes, can result in doctors being awarded expensive penalty bands. Unexpected Band 3 payments would be financially crippling for any trust, but with a system tailored for junior doctors, our roster managers can automatically generate a roster based on the compliant rota template.

The Working Time Regulations (WTR), apply differently to junior doctors than to other worker groups. Junior doctor's hours of work are assessed over a greater number of weeks on the duty roster, and the 48-hour limit on working time may be removed through the opt-out or the 52-hour derogation. In certain instances, such as non-resident on-call duties, doctors can forego their rest entitlements. This derogation is subject to the doctor getting compensatory rest and requires that the trust and doctors closely monitor these situations on the roster. These differences mean that the application of the WTR to doctors is far more



complex than to other staff groups, and necessitates continuous monitoring of the duty roster to ensure all doctors comply. An e-rostering system designed especially for doctors can accommodate these complexities, and can maximise both the time a doctor spends working safely and his or her training opportunities.

Junior doctors' on-going training needs must also be factored in. As with all trusts, a substantial number of our junior doctors are funded by the deanery to work with us. These deanery funded training posts often have specific training requirements and doctors must work across a number of specialties. In the past we have found that orchestrating these movements can be very complicated, but our new electronic system will automatically map the posts and placements to the rosters and populate them with the correct doctors. Furthermore, the doctors' ongoing WTR compliance can also be accurately assessed as they move between different specialties and work different placements.

Possibly our most pressured moments are when doctors report sick a few hours before the start of an on-call duty. It is crucially important for us to be able to identify which duties on the roster have on-call responsibilities, and who,

if anyone, they can be swapped with. Because the new system is accessible through the web, up-to-date information about who is on call will always be accessible to the right people. The system will alert us to any gap in our minimum service levels or our on-call cover. Then, in response it will locate available doctors fast. The departmental roster manager and the out-of-hours clinical site manager will be provided with a list of appropriate doctors that have spare capacity and are available to work that duty. They can then be contacted quickly by email and SMS. This rapid response is exactly what is needed in these critically important situations. It also means that all internal solutions will have been exhausted before we try to source a doctor from an external agency, and this will preserve a high level of clinical care yet minimise costs.

When it comes to doctors, we have found that generic e-rostering systems are insufficient to cope with the many special conditions and controls on their working arrangements. By helping to design a solution with those specific rules and requirements in mind, I feel assured that we will have the best protection against financial penalties and utilise our doctors as effectively as we can; also that our doctors' training needs are catered for

and patient care is safeguarded. The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust will continue to contribute to the ongoing development of Zircadian's e-rostering system for junior doctors, ensuring that the software remains reactive to the evolving demands of the NHS. ■



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