

ICU

Rota Rules and Leave Procedure

1. General Points:

This document provides a framework for the management of the rota and leave for Junior Doctors with in the Paediatric Intensive Care Units. This should be read with the Trust's Annual and Study Leave Guidelines for Doctors in Training and Trust Doctors.

The unit training directors are Sophie Skellett (PICU & NICU) and Cho Ng (CCC).

Gabor Reder is the rota co-ordinator responsible for managing the rota and leave. He is contactable on ext 0067 from within the hospital.

Gabor is supported by the following consultants from each unit:

- Sophie Skellett & Anja Nuehsmann on PICU & NICU.
- Cho Ng on CCC.

Please direct any questions you have to them.

PICU and NICU have a combined rota. This encourages the ethos of "working across the floor", enabling you to comfortably work in either PICU or NICU. This improves the training experience and the level of support across the floor, especially at night. We try to ensure that you have 3-week blocks on each unit at a time, to improve continuity.

2. PICU & NICU Rota Structure:

17-person Full Shift Rota PICU/NICU with 18th post for Fellow to "act-up"

Abbreviations:]

pLD	PICU Long Day Shift (13 hours)	nLD	NICU Long Day Shift (13 hours)
pSD	PICU Short Day shift (10 hours)	nSD	NICU Short Day shift (10 hours)
pSD2	Second PNICU Short Day shift (10 hours)		
pN	PICU Night shift (13 hours)	nN	NICU Night shift (13 hours)
R	Research Shift (8 hours)		
SL	Study leave (8 hours)		
AL	Annual Leave (8 hours)		

Principles of 17 person rota:

- It is a full-shift, rolling rota over 17 weeks.
- All annual leave (32 d/annum) and study leave (30 d/annum) is included.
- It is EWTD & New Deal compliant. It is Band 1A. 45.6h/week, of which 34hours are clinical, 37% hours are unsocial and 1 weekend in 2.4 is worked.
- Nights are in runs of 2, 2, 3.
- There are 2 LD and 2 SD alternating shifts on each unit. PICU has 2 SD shifts. The second, pSD2 is differentiated as there is continuity of this shift - Monday to Thursday and Friday to Sunday, to improve training. This person will take any long-term patients to improve the patient continuity of care and to train in the holistic aspects of PICU. In addition, this person will take 2-3 other cases that they will fully workup, read around and follow over days. This presents a unique training opportunity which will be shared on each evening round.
- The pSD2 (with the registrar on the Research shift) will be responsible for presentations to M&M and joint meetings during the week.
- Each registrar will have 5 x research shifts/17 weeks. These shifts will be supervised in the main by Dr Peters, Brierley & Lister. These SpRs will attend ward rounds, assist the pSD2 in presentations and will undertake the patient screening and/or data/sample collection for whichever studies are running in the unit at the time. The aim of these shifts is to improve registrars understanding of research principles, ability to critically appraise the literature and produce publications. The work produced during the week will be monitored. This slot is suspended at present.

- SL is spaced to cover every Wednesday and most Tuesdays. This will ensure attendance at ITU Tuesday meetings, core curriculum, and other teaching we will be scheduling for Wednesdays - module revision, resuscitation training, US guided vascular access and ventilation training. As usual, study leave to attend external conferences will require swapping your SL into whatever shift you are working on the proposed day.
- The 18th post will allow for a senior trainee to “act-up” in the consultant role.
- Zero Hour shifts are introduced to ensure that over the 17 week span of the rota, you work an average of < 48 hours/week..The concept of these shifts comes from the EWTD. These are normal working days, at your place of work, on which you work zero hours. As these are normal working days, you are expected to be at your place of work in an emergency - for example a major incident or emergency cover for a sick colleague.

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	nLD	nSD	nLD	nN	nN		
2	0	0	SL	nLD	nSD	nN	nN
3	0	0	pSD	pSD	pLD		
4	pSD2	pSD2	pSD2	pSD2	0	pSD	pLD
5	pSD	pLD	SL	0	0		
6	0	SL	SL	0	0	nLD	nSD
7	nN	nN	nN	0	0		
8	AL	AL	AL	AL	AL		
9	pLD	pSD	pLD	pN	pN		
10	0	0	SL	pLD	pSD	pN	pN
11	0	0	nSD	nSD	nLD		
12	0	SL	SL	0	0	nSD	nLD
13	R	R	R	R	R		
14	nSD	nLD	SL	0	pSD2	pSD2	pSD2
15	0	SL	SL	0	0	pLD	pSD
16	pN	pN	pN	0	AL		
17	AL	AL	AL	AL	AL		

3. Swapping shifts:

Shifts may be swapped with your colleagues in order that you can move annual leave or study leave weeks.

You may not breach European Working Time Directives or New Deal rules.

Study leave is generally rostered on Wednesdays and most Tuesdays to enable you to attend the departmental teaching. Attendance is compulsory for those SpRs on study leave and if you wish to swap out of these shifts or cannot attend you need prior approval of your educational supervisor and an explanatory email to Carol Parkes (Office Manager, ext 7950). She maintains a diary of the meetings attended and this forms part of your training record.

All swaps need to be finally agreed with the rota co-ordinator.

The research week and runs of pSD2 days should not be routinely swapped in and out of, as continuity of these weeks is key.

4. The Role of the Rota Co-ordinator.

- Gabor Reder, the rota co-ordinator, maintains a read-only copy of the rota in the PGME website, accessible via the intranet.
- All swaps must be approved by the rota co-ordinator.
- He must approve all leave requests (study and annual). He keeps a record of all leave taken.
- All locum timesheets are handed to him. He has a pigeonhole in the hot office.
- A version of the combined (PICU, NICU & CCC) rota for SpRs and consultants is produced by Gabor Reder, the rota co-ordinator. This copy is distributed to the wards, switchboard and the CSPs. This is not the final version and SpRs should regularly check the PGME intranet site for any changes.

5. Annual Leave

These guidelines should be read in the context of the Trust's Annual Leave Policy for Junior Doctors.

- Doctors' annual leave entitlement is as follows: 30 days per annum + 2 days in lieu of bank holidays. If you work more than 2 bank holidays in a year, you should claim payment for the additional days by submitting a timesheet.
- Annual leave and study leave is included in the rota.
- If 4 months' notice is given, leave weeks may be swapped around by the rota co-ordinator, in order to accommodate your plans. This is not guaranteed.
- If the rota has already been published then swaps to achieve specific days off should be negotiated between SpRs, and cleared with the rota co-ordinator.
- Changes to the rota MUST also be made on the ward copies.
- Please ensure an annual leave form is completed and given to the rota co-ordinator for all leave taken.
- The annual leave allowance is reduced pro rata for part time doctors on the basis of the number of hours worked under the contract. The entitlement is also pro rata'd for doctors employed for part years.
- Annual leave and study leave is not encouraged in the first two weeks of your post in ICU. This is to ensure adequate induction.

6. Study Leave

These guidelines should be read in the context of the Study Leave Policy for Junior Doctors, available from the PGME department.

Entitlement:

- Doctors' study leave entitlement is up to 30 days per annum at discretion of educational supervisor.
- Study leave is included in the rota.

- Specific requests must be booked **6 weeks in advance**.
- In the situation where a specific leave request has not been made, the rolling, allocated study leave must be spent in a manner agreed with your educational supervisor.. It is **not** simply a day off.
- When study leave and organised training on Tuesdays & Wednesdays coincide, attendance is mandatory and monitored. Absence without prior consultant agreement may be a disciplinary matter.
- Part-time doctors will receive a pro rata allocation of study leave
- SpR's should have 3 hours a week protected formal education
- Study leave not taken in one leave year cannot be carried over to the next year
- Part of the contract held with the Regional Postgraduate Dean requires the PGME office to notify them of all examination results. Therefore it is imperative that doctors inform PGME of exam qualifications as soon as possible.
- Time off to sit exams for the first time does not count as part of the study leave allowance, although trainees may be required to take study leave for further attempts. Applications should therefore be made for study leave to sit all exams indicating how many times the exam has been sat.
- The study leave budget is limited and therefore PGME are forced to consider each application very carefully. Subsistence and travel expenses will not be funded for courses based in the Greater London area and relevant receipts **MUST** accompany any claim for reimbursement cost. For further information regarding funding, expenses and overseas course please contact the Postgraduate Medical Education office x 0066.

Procedure for booking Study Leave:

- The doctor should discuss with their supervising consultant the nature of the Study Leave.
- If Study leave is appropriate then the doctors requesting study leave should complete both the Leave Request Form (MP1, appendix 1) and the study leave form, which is required for educational and funding approval (PGME1, appendix 2). The supervising consultant should sign the forms appropriately. The form must then be sent to the rota co-ordinator. **Leave will only be approved if the rota co-ordinator signs the form.**
- The forms should then be forwarded to PGME for educational approval.

PGME will write to the doctor to confirm whether the study leave has been approved. If necessary they will include a copy of a reimbursement form

7. Sick Leave

The Trust's Sickness Notification Procedure must be followed at all times. Below is a condensed version of this policy.

- As soon as the doctor is aware that they are unable to attend work due to illness they must contact the Duty Consultant, Carol Parkes in office hours (office manager) and Gabor Reder (rota co-ordinator).
- It is the responsibility of the doctor to inform Gabor Reder and Carol Parkes of their expected return to work date - if unable to return on the expected day the doctor must contact Gabor Reder and Carol Parkes (in office hours) or the Duty Consultant (out of hours) and advise them of the change of expected return date.

- If the sick leave is 3 days or less then the doctor must keep Gabor and Carol informed.
- If Sick Leave is between 4 and 7 days then the doctor must complete a self-certificate on return form sick leave. The self-certification forms are available from the Personnel Department.
- If Sick Leave is 8 days or over then a doctor's certificate. This should be received with in two days of issue.
- All sick certificates should be given to Carol Parkes.