Six weeks' notice of the on-call roster: fact or fantasy? An audit study

ABSTRACT

Introduction: Work–life balance is directly linked to morale, job satisfaction and staff retention – all of which are linked to high quality patient care. Receiving the duty roster in advance is the first step towards achieving any work–life balance, but anecdotally doctors frequently receive very little notice of this. This audit assessed NHS trusts' compliance with the Code of Practice, with specific reference to advance notification of duty rosters.

Method: The duty roster should be made available 6 weeks before commencement of post. The initial audit comprised a survey sent to all London surgical CT1s starting in October 2016. The interventions introduced following this were creation of a shared spreadsheet containing roster coordinator contact details, reminder emails sent to roster coordinators and distribution of results to NHS Improvement. A repeat survey was sent to all London surgical CT1s and CT2s starting in October 2017.

Results: In the initial audit 48/88 (55%) responded, of whom 4/48 (8%) received their duty roster in accordance with the standard and 9/48 (19%) did not receive the roster at all before starting. A total of 40/48 (83%) of trainees had to make specific contact with their future NHS trust in order to obtain their roster. In this initial audit 12/48 (25%) of trainees were satisfied or very satisfied with the amount of notice given. In the reaudit 133/178 (75%) responded, of whom 23/133 (17%) had received their roster in accordance with the standard and 25/133 (19%) did not receive the roster at all before starting. A total of 97/133 (73%) of trainees had to make specific contact with their future NHS trust in order to obtain their roster. In the reaudit 56/133 (42%) of trainees were satisfied or very satisfied with the amount of notice given.

Conclusions: This closed loop audit led to a doubling in the proportion of trainees receiving their rosters in accordance with the standard, and this was associated with an increase in trainee satisfaction levels. However, adherence to the standard remained low in both phases of the audit, and a significant proportion of trainees continue to commence jobs without any knowledge of their on-call roster. A range of measures is proposed to address this.

Virtually all doctors in the NHS have on-call rosters, and these important documents dictate life within the hospital – which weekends, night shifts, and day on-call shifts a doctor will work – and consequently, life outside of the hospital. The roster determines when you can or can not see your partner, attend your child's school play, your friend's wedding, or even schedule other work-related activity like conferences or courses. Work–life balance is directly linked to morale (Rich et al, 2016; Walesby et al, 2016), job satisfaction (Haar et al, 2014) and staff retention (Royal College of Physicians, 2013; Gafson et al, 2017; Herbert et al, 2017) – a key component of clinical governance – all of which are linked to high quality patient care (Williams and Skinner, 2003). Receiving the on-call roster in advance is the very first step towards achieving any work–life balance, but anecdotally doctors frequently receive very little notice of their on-call roster, especially when starting work at a new hospital.

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Aim

This audit assessed NHS trusts' compliance with the Code of Practice, with specific reference to advance notification of on-call (duty) rosters at the start of a new rotation.

Method

The standard used was published in the Code of Practice (NHS Employers et al, 2016), which is an agreement between Health Education England, the British Medical Association and NHS Employers. It states:

> **'The duty roster should be made available at 6 weeks before commencement of post.'**

To assess compliance with this standard, all surgical CT1s starting posts in London in October 2016 were surveyed.

Results

Initial audit

A total of 48/88 (55%) surgical CT1s responded, of whom 4/48 (8%) received their duty roster in accordance with the standard; 9/48 (19%) did not receive the roster at all before starting and 40/48 (83%) of trainees had to make specific contact with their future NHS trust in order to obtain their roster. In this phase, 12/48 (25%) of trainees were satisfied or very satisfied with the amount of notice given.

When asked 'How did the amount of advance notice of the roster affect your life?' trainee free-text responses included:

> **'I had to miss a close friend's wedding.'**

> **'Living arrangements affected – unable to plan where to live and proximity to work as I didn't know what the hours would be.'**

> **'Unable to book courses, so missed several compulsory courses, e.g. ATLS [Advanced Trauma Life Support].'**

> **'Could not plan national presentations which I wanted to attend.'**

> **'Unable to plan Christmas with my family. Missed out on booking courses. Affecting my revision for my exams – recently found out that I am on nights over my exam dates.'**

Intervention

The intervention was threefold. The initial audit asked the respondent to fill in their roster coordinator's contact details. As a result of this, the authors were able to form and distribute a spreadsheet with the details of 37 London roster coordinators on it. This was intended to make it easier for doctors to know who their future roster coordinator would be, and contact them proactively. The second part of the intervention was a series of emails sent to roster coordinators in August 2017, before London job changeover in October, in order to remind them of the 6-week notice period. The final part of the intervention was dissemination of the results and increasing awareness of the issue at a senior level, which was achieved through presentation of the results to Health Education England and surgical tutors at the London Core Surgical Committee meeting. In addition, a summary of results was sent via the Head of the School of Surgery in London to NHS Improvement.

Reaudit

The reaudit was commenced in December 2017. A repeat survey was sent to all new London surgical CT1s and the authors expanded the survey to include CT2s in order to increase the sample size and therefore the validity of results. A total of 133/178 (75%) responded: 23/133 (17%) had received their roster in accordance with the standard, 25/133 (19%) did not receive the roster at all before starting and 97/133 (73%) of trainees had to make specific contact with their future NHS trust in order to obtain their roster. In the reaudit 56/133 (42%) of trainees were satisfied or very satisfied with the amount of notice given.

Discussion

The results show some improvement in compliance following the intervention, but adherence to the standard remained low in both phases of the audit, and a significant proportion of trainees continued to start jobs without any knowledge of their duty roster. The reasons underlying the delays are multifaceted and effecting significant change across numerous NHS trusts and sites is likely to require multiple audit cycles.

The success of the intervention was partially dependent on study participants supplying their roster coordinator email addresses, as these are not readily available through any other means. Thirty-seven roster coordinator email addresses were supplied to which reminder emails were sent; it is not known what proportion of the total this comprises. All but one of the roster coordinator emails supplied were name-based addresses (e.g. [firstname].[surname]@[trust].nhs.uk), but the high turnover of administrative staff means that these email addresses quickly become obsolete. Other large employers

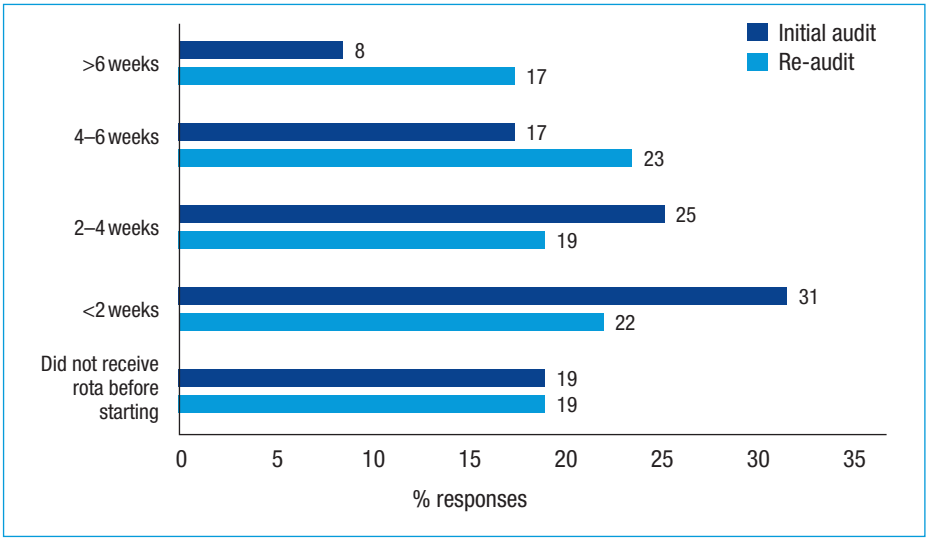

Figure 1. Notice given of duty roster before rotation commencement.

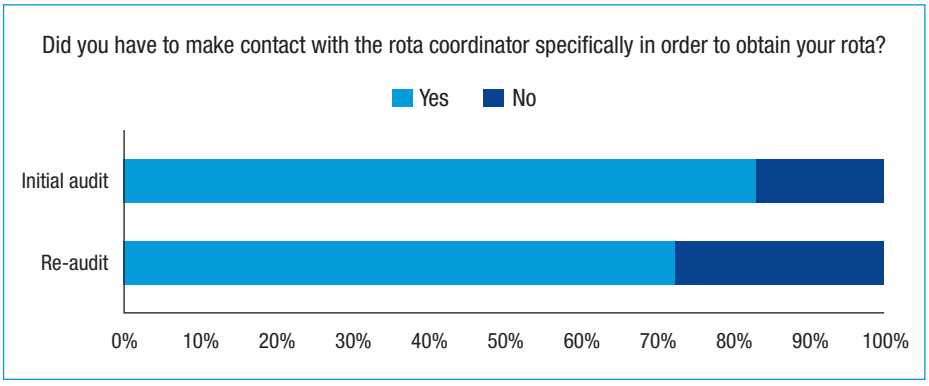

Figure 2. Proportion of trainees having to make specific contact with the trust in order to obtain the duty roster.

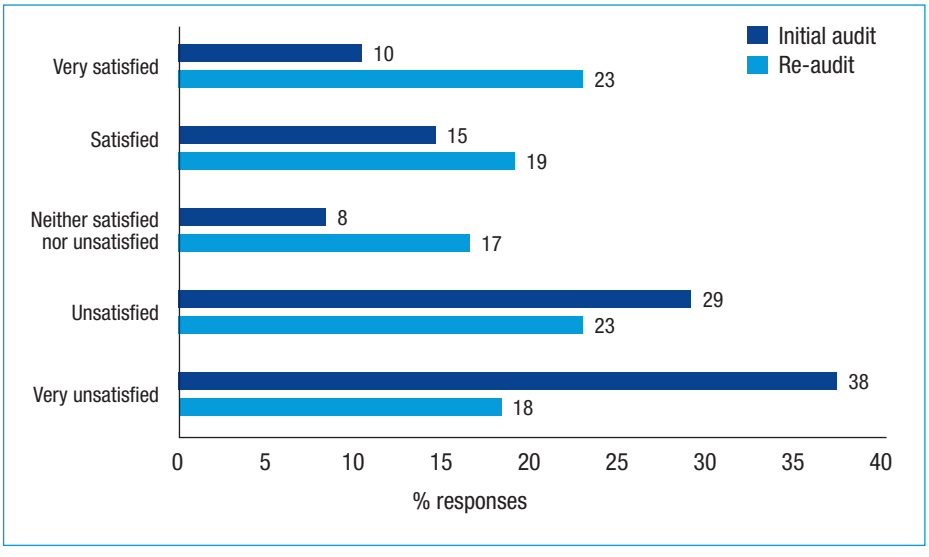

Figure 3. Satisfaction with the amount of advance notice given of the duty roster.

KEY POINTS

- Doctors frequently start work at new trusts with no prior knowledge of their duty rosters.
- Uncertainty over work patterns has a significant adverse impact on doctors' lives.
- Information flow to roster coordinators (and consequently doctors) is problematic.
- Publishing the duty roster in compliance with the nationally agreed standard is likely to improve doctor morale and retention, and therefore benefit patient care.

with frequent rotation of staff, such as the military, favour role-based email addresses (for instance, surgicalservicemanager@[trust].nhs.uk) to which names can be appended, in order to improve the longevity and reliability of email addresses.

While it was hypothesized that the delay in issuing duty rosters lay with departmental roster coordinators (potentially exacerbated by the 6-week deadline falling in the traditional August summer leave period), the many diligent responses to reminder emails revealed that the roster coordinators themselves were having trouble obtaining trainee names and contact details. This issue was investigated further by Freedom Of Information requests to Health Education England, which confirmed that all London trusts had been sent the details of their incoming core surgical trainees by 12 July in both years audited (2016 and 2017). It is likely, therefore, that a bottleneck occurs in human resources departments who receive the information from Health Education England and are responsible for passing it on to roster coordinators.

The free-text responses to the survey provide evidence for what is already known anecdotally – that delays in duty roster publication have far-reaching implications for doctors' lives. A significant conflict is created between the requirement for doctors to be highly organized in order to meet rigid deadlines (e.g. registration for courses and exams, study leave applications, conference abstract submission) and the context of often complete uncertainty over working patterns in the immediate or very near future. Despite the standard being developed in collaboration with NHS Employers, there appears to be little determination to adhere to it – and equally little consequence for its disregard. This may in part be a result of the difficulty scrutinizing the data surrounding this issue, which stems from the lack of need to report compliance. Needless to say, if this were a study examining adherence to a clinical audit standard, the performance shown in these results would be alarming.

In recent years, levels of job dissatisfaction across the profession have reached a new order of magnitude (General Medical Council, 2016) and the vast majority (86%) of junior doctors taking a break from training cite poor work–life balance as the reason (General Medical Council, 2017); any small measure to address this is welcome. Publishing duty rosters in a timely manner allows doctors to plan their lives and is a relatively easy and cost-neutral way to improve satisfaction, morale, staff retention and, consequently, quality of patient care.

Strengths and limitations

To the authors' knowledge, this is the first time a regional audit of this nature has been conducted. As compliance data are not routinely collated by trusts, this represents the only published evidence of performance at present.

The above paragraph alludes to the principal limitation of the study – that data were collected solely from study participants and are hence prone to response and recall bias. The high response rate, particularly in the reaudit, minimizes the impact of response bias. Future studies should attempt to cross-reference responses from trainees with responses from trusts in order to counterbalance the effect of recall bias from one party. This study examined performance in a single region and this does not necessarily reflect national performance. Likewise, this study focussed on surgical trainees and the results may not be generalisable to doctors in other specialties.

Conclusions

This closed loop audit led to a doubling in the proportion of trainees receiving their rosters in accordance with the standard, and this was associated with an increase in trainee satisfaction levels. However, both compliance and satisfaction remained low overall. The authors recommend implementation of the following measures:

1. Creation of a standardized single point of contact shared mailbox for roster queries at each trust, e.g. roster@[trust].nhs.uk, in order to circumvent the need to know the email address of the specific person in charge of the duty roster at a future trust
2. Regular self-reporting by roster coordinators of anticipated non-compliance with the Code of Practice to trust senior management, in order to allow visibility of the issue and the implementation of local solutions
3. Improvement of information flow by giving roster coordinators direct access to the online systems containing incoming trainee information
4. Annual continuation of this audit, with extension to other regions, led by regional core surgical trainee representatives. **BJHM**

Conflict of interest: none.

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