
FAQs Addendum to Survey instructions Medical Workforce Snapshot Survey – September 2019

Q - We have got separate Neonatal and Paediatric inpatient rota from 9 am till 9 pm Mon-Sunday but from 9pm till 9a.m. Tier 1 and Tier 2 cross covering on site with consultant on call. Should we be included in the survey or will we need different forms to fill in?

The most important thing is to treat the general paedics survey and the neonatal survey as entirely separate (some people will appear as a number on both forms)

On neonatal survey

For Tier 1&2

- All 9am to 9pm shifts for each tier go in the day shift box (if you have separate rotas during the day then just the people covering neonates go on this form and put them in the “Covering neonatology only “ box)
- All 9pm-9am shifts for each tier go in the night shift box (if your cover is across both general and neonates at this point then put these all against the “covering neonatology and General Paeds” box)
- Leave the evening box blank as you only have 2 shifts per 24 hours

For the consultant (tier 3)

- If you have daytime 9-5 cover which is separate for general paedics and neonates – then put one in neonatology box (the other one will be on the general paediatric forms) ,
- if covering both during the day then put one in “covering neonatology and general paedics “box (and if this was also the only person covering general paedics inpatients then you would also put 1 in the general paediatric survey tier 3 day box)
- Put consultant on call in night box– from what you have said this would be in the “covering neonatology and general paedics” box
- Leave evening shift blank

On the paediatric survey

Count anyone who is doing general inpatient paedics (whether they are doing it with neonatology or any other paediatric subspecialty) and put these on the paediatric form (there will obviously be some people who are included in the numbers on both forms – this is correct).

However, the individual forms to be filled in are ONLY for those covering neonatology (whether whilst covering this alone, or whilst covering general paedics as well), so anyone doing just general paedics does not fill in the individual forms.

Q - What to do if your doctor is on a rostered shift but the shift they were rostered to do was not intended to be covering the inpatient shift in neonatology.

A - If this person has had to move to cover inpatient neonatology instead of the duties they were assigned then please do not include this person in the numbers on the department form (as they were not rostered to do an inpatient shift). They should complete a tier 1/2/ or 3 form as appropriate as they were working on the inpatient shift. They should mark the “reason for shift” as “other”.

Please only mark “reason for shift” as “rostered” if you are doing the inpatient rostered shift for neonatology

Q - Am I correct in assuming that Tier 1 includes SHOs, Tier 2 middle grades and Tier 3 consultants? Tier 1 and tier 2 forms look exactly the same?

A - Yes – the Tier 1 and 2 forms are the same, but with different headers to help whoever is organising the survey at the Trust.

There is a choice of grade for each Tier, because whilst you might plan for Tier 1 to be SHOs, Tier 2 to be middle grades and Tier 3 to be consultants, there will be times when this doesn't work out, and doctors find themselves acting up or acting down, and the snapshot is designed to find out how much this is happening across the UK.

Q – Do I need to complete the survey on 2 separate days?

A - Yes – the surveys for both Neonates and Paediatrics will run on two separate days

1. Weekday survey – Wednesday 18th September
2. Weekend survey – Saturday 21st September

Q – When and where do I return the submissions to?

A – When you have completed the survey and collated all results for both the paediatrics and neonatology surveys please email your responses to rnoh.girftneonatology@nhs.net by **Monday 30th September 2019**.

Q – It is our regional training day on the day of the snapshot, should we do the survey?

A – yes please complete the survey as we are keen to understand what happens to staffing when training days occur. Please email us to let us know if there is a regional training day and for which grades of staff eg. ST4-8, ST1-3

Q – On the neonates form, question (34 &37) – How do you define a first responder, the nurses/midwife would always go with a junior doctor (they wouldn't ever go alone). Does this account the nurses/midwife as a first responder?

A – **No**, if the doctor is always going as well. **Yes**, if the nurse carries a bleep instead of a doctor and/or goes to the delivery without the doctor being required to attend.

Q – On the neonates form, question 23 – Does this 'sampling' include any blood sugar tests or tests that are sent to the lab ?

A – **Yes**, Heel pricks done for any reason would count as yes.

Q – 3. On the neonates form, question 29 – Can you define what you mean by analysis. Does this mean making decisions based on the results of a blood gas?

A – **No**, taking blood for blood gas, putting through analyser and showing to a doctor would also count.
