

Rota compliance and vacancies - survey findings and recommendations

[Workforce team](#)

The introduction of the Working Time Directive (WTD) in gradual stages over the last few years has been a key driver for the RCPCH and other medical colleges to look closely at the issues around service delivery.

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The RCPCH is fully committed to the European Working Time Directive. Our key aims are to develop safe and sustainable solutions for patients and to ensure that high standards of training are maintained.

As part of this, we monitor rota compliance with the WTD and rota vacancy rates through an annual survey. As a result of the findings, the College has developed a Rota Gaps Action Plan survey.

The following is the executive summary of our Paediatric Rota Gaps and Vacancies 2017 report, which details findings of a survey carried out between January and April 2017. The full report as well as previous reports and press releases can be [downloaded below](#).

This is the report of the seventh survey in the last seven years that the RCPCH has conducted to monitor rota vacancies and gaps and to assess rota compliance with Working Time Regulations (WTR). This data provides us with the opportunity to look at trends in terms of vacancy rates and compliance with WTR and to monitor the potential impact of

service changes.

Since the full introduction of [Working Time Regulations \(WTR\)](#) took effect in 2009, the RCPCH has carried out regular winter surveys of compliance with the regulations and an assessment of the vacancies on paediatric and neonatal rotas in the UK. Vacancies and gaps, especially those at tier 2 (middle grade) continue to raise concern about the sustainability of services and to trainees' wellbeing.

While the working time regulations are well established and our survey reports that compliance remains generally high, this report needs to consider other factors which influence service delivery in paediatrics and neonatology. Therefore the 2017 survey has been widened to include questions about the impact of the 2016 Junior Doctors' Contract (in England), the imposition (in England) of caps on locum pay rates and the effect of winter pressures on services and staffing. This has provided us with a greater depth of qualitative data to support the statistical findings.

Vacancies and gaps

- The rota vacancy rate is 14.6% on tier 1 rotas and 23.4% on tier 2 rotas. Averaged across both tiers, there has been an increase in the vacancy rate from 14.9% in January 2016 to 18.6% in January 2017.
- The vacancy rate is highest on tier 2 general/neonatal rotas (27.2%) where the recorded vacancy rate has fallen from 27.6% in January 2015.
- Across both rota tiers, 41.2% of vacant posts are filled by locums (46.5% in January 2016).
- The highest vacancy rates are on tier 1 rotas in Northern Ireland (27.3%) and also on tier 2 rotas in Northern Ireland (37.4%). Vacancy rates on Welsh rotas are also higher than the overall UK rate.
- The average general paediatric training rota size in UK units is 9.5 WTE for tier 1 and 8.9 WTE for tier 2 which falls below the Facing the Future standard of 10 WTE posts.

Compliance with Working Time Regulations

- Overall compliance of tier 1 and 2 rotas with EWTR on paper is high at 99.3% - 98.8% in January 2016.
- Non-compliance in practice is highest on tier 2 rotas (12.7%) and in particular general/neonatal rotas (15.3%). Overall, rates of non-compliance in practice have increased slightly – 9.4% in January 2016 and 11.0% in January 2017.

Consultants working resident shift and unplanned cover

- 54 (45.4%) of the responding units reported that they have consultants who permanently work resident shifts, an increase since 2015-16 where 23 (31.9%) of units reported this.
- 2016 junior doctors' contract and locum caps 67% (65/97) of respondents stated that the effect of the 2016 junior doctors' contract was either negative or moderately negative.
- 82.5% (80/97) of respondents stated that the effect of the introduction of locum caps

was either negative or moderately negative.

Winter pressures

72.3% of units reported experiencing difficulties as a result of winter pressures.

Concern about the future

- 87.4% of respondents were either very or moderately concerned about how the service will cope in the next 6 months. All responding units in Northern Ireland and Scotland were either very or moderately concerned.

Conclusion

The results of this survey provide evidence that the concerns of those responsible for organising safe paediatric services for children in hospital, be they consultants, trainees or directorate management are well-founded and that acute service provision for children remains under considerable strain across the UK.

Concern over the continuing and increasing rota gaps is exacerbated by data relating to recruitment into paediatric training at ST1[3] (the first year of specialty training). In 2017 the fill rate i.e. accepts of available posts has fallen to 89.4% from 92.9% in 2016.

Downloads

[Rota compliance and vacancies survey 2016/2017 - full report](#)244.53 KB

[Rota compliance and vacancies survey 2015/2016 - full report](#)211.42 KB

[Rota compliance and vacancies survey 2014/2015 - full report](#)1.52 MB

[Rota compliance and vacancies survey 2012/2013 - full report](#)1.09 MB

[Rota compliance and vacancies survey 2011/2012 - full report](#)252.22 KB

[Rota compliance and vacancies survey 2010/2011 - full report](#)90.93 KB

[Rota compliance and vacancies survey 2009 - key findings](#)235.93 KB