



Principles of Rostering Consultants

1. Background

- 1.1 At a high level effective medical rosters ensure the right people with the right skills are working at the right place. For the health services matching working patterns to patterns of patient presentation and clinical needs means having more senior decision-makers on site for a greater part of the day and the week.
- 1.2 Rostering is a crucial element to ensure an environment that provides high-quality and safe patient care as well as ensuring staff members' health and wellbeing is monitored through increased visibility of safe working hours. The Employer supports a collaborative approach to the development of rosters.
- 1.3 These principles will be reviewed from time to time and may be amended by the HSE after consultation with the consultants' representative bodies.

2. Fair rostering principles

- 2.1 As an employer we want all of our staff members to have a good work experience. Whether the daily, weekly or monthly rota is seen as satisfactory or onerous influences the recruitment and retention of consultants. Whether work commitments may be seen as interfering with social life, personal development and hobbies, outings with friends and sports, family life is significant. Providing sufficient notice and flexibility is key to the successful rota and our shared goal of attracting staff to these roles.
- 2.2 Having more medical staff on site over a longer number of hours each day will replace some of the on-call duties undertaken by consultants heretofore.
- 2.3 The main rationale for the proposed changes in medical rosters is a positive development for the delivery of a more effective health service and safer/ better quality patient care and decision-making. It is also acknowledged that the introduction of new rostering patterns will support more flexible working patterns for consultants.

HOW TO DEVELOP FAIR ROSTERS

3. General principles

- 3.1 Work scheduling, including core working hours, any on-call commitments and/or additional scheduled commitments, will aim to achieve equitable distribution of schedules so far as is reasonably practicable. This will include a reasonable and fair distribution of work at weekends, on public holidays and in late evenings.
- 3.2 Rosters will be designed to ensure that there are sufficient and appropriately skilled staff rostered to work, and other resources are available, in order to provide appropriate high-quality patient care and to meet anticipated service demands within the context of a six-day service delivery to patients.
- 3.3 Consultants who are working under new patterns will be providing care and will also be decision makers.

- 3.4 Rosters will be compliant with the *Organisation of Working Time Act 1997*, health and safety legislation, regulatory and other requirements.
- 3.5 Rostering processes should ensure that consultants who are employed on the basis of the *Public-only consultants' contract 2023* are rostered fairly when considered in relation to colleagues who are employed on the basis of previous template contracts. Rostering processes should also ensure that rosters are developed in a practical way.
- 3.6 Rosters will make appropriate provision for adequate personal Continuing Medical Education / Continuing Professional Development and medical training of medical students and non-consultant hospital doctors, multidisciplinary team meetings, committees etc. for those working new work patterns.
- 3.7 Rosters will incorporate clinical handover by design.
- 3.8 Roster planning should have appropriate governance structures in place to oversee roster planning, creation, approval, monitoring and reporting on rosters.
- 3.9 Rostering practices should be based on cooperation in order to promote fairness in rostering and to deliver appropriate care to patients.
- 3.10 Rostering practices should ensure that rostered hours and on-call commitments are aligned.

4. Specific employer commitments

- 4.1 Except in urgent and emergency circumstances, it is the intention that rosters will be scheduled for at least a 12 month period. Should rosters need to be changed, a minimum notice period of three months will apply.
- 4.2 In order to maximise capacity, the health service will move towards a six day working week as resources allow as set out in paragraph 3.2 above. This move will be incremental and its implementation will be in the context of the recruitment of a sufficient number of consultants on the 2023 contract.
- 4.3 To facilitate this innovation consultants will be rostered on Saturdays as part of their 37 hour week. Rosters involving Saturday working will be implemented in the context of (a) the signing of the 2023 contract by a sufficient number of consultants and (b) the putting in place of ancillary services and staffing to support these new work arrangements.
- 4.4 The HSE will promote a family-friendly and supportive workplace. Saturday rostering will be kept to a minimum insofar as that is practical, having regard to patient need and the need to increase the number of services that are provided on Saturdays.
- 4.5 Consultants will continue to provide on-call cover outside of (a) their core weekly working hours and (b) any required additional hours. The parties expect that having more medical staff on site over a longer number of hours each day will replace some of the on-call duties undertaken by consultants.
- 4.6 In exceptional circumstances, further levels of Saturday working (for example to address waiting lists) may be requested by the Employer. Such further levels of Saturday working (provided they take place outside of core weekly working hours, noting that core weekly working hours can include Saturday working) will be paid on the basis of overtime

payments. Any payment in respect of overtime will be subject to the conditions provided for in the 2023 contract.

- 4.7 There will be at least two consecutive days each week on which the Employee is not rostered to work.
- 4.8 Employees will not be rostered for split shifts.
- 4.9 Development of detailed rosters are complex and dependent on many factors including the type of hospitals and number of available consultants.
- 4.10 However, the Employer recognises the need to provide as much detail as possible on the number of rostered Saturdays to job applicants. The Employer will include the number of proposed indicative rostered Saturdays in the Job Description for year 1. At the time of signing the contract the Employer will outline the number of rostered Saturdays and details regarding evenings and on-call commitments that the employee will be reasonably expected to undertake in the job plan. This will be subject to review on an annual basis.
- 4.11 Current contract holders will have a right to receive an indicative rostering plan in advance of a 2023 contract being implemented.
- 4.12 The roster will reflect that consultants will spend 20-25% of their time in non-clinical duties.

5. Voluntary overtime/On-Call commitments

- 5.1 Consultants who voluntarily work overtime from 10-midnight Monday to Friday; or 6pm-midnight on Saturdays will have this time taken into account and recognised when rosters are being scheduled by local managers. On-call commitments will also be taken into account and recognised in the scheduling of rosters by local managers.

6. Review mechanisms

- 6.1 Rostering arrangements will be reviewed annually as part of the employee's annual performance review process.
- 6.2 Upon the appointment of additional doctors on the 2023 contract, rosters must be reviewed in line with these principles.
- 6.3 Complaints about unfair or inappropriate rostering must be considered grounds to raise a grievance locally with the Clinical Director / Executive Clinical Director in line with the grievance procedure. The consultant may use the principles to advance a grievance under these principles.
- 6.4 The operation of these rostering arrangements will be reviewed by the Parties to the agreement commencing by the end of June 2026 and this review will be completed by end 2026.