Peter Ng

Peter.ng2@liverpoolft.nhs.uk

Abstract

The MET team, the oncalls, sickness, and what is expected.

To be potentially revised February 2024

Definitions of duties

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All on calls must be attended as per the rota. Please inform Medical Roster of any swaps on medical.roster@liverpoolft.nhs.uk

# Handover

**Handover Times**

|  |  |
| --- | --- |
| Weekday Handover | Weekend/Bank Holiday Handover |
|  09:00 ED seminar room (& MET Huddle) | 09:00 9th floor room (& MET Huddle) |
| 16:30 9th floor room |   |
| 16:45 ED seminar room\* |   |
| 21:00 9th floor room (& MET Huddle) | 21:00 9th floor room (& MET Huddle) |

**Handover attendance is compulsory,** and led by incoming registrars supported by nurse practitioners. All MET bleep holders to join MET Huddle at 9AM/9PM handovers and also the 16:30 handover through the week. The exception to this is B12 holding 4991 who covers MET calls on the lower ground floor, ground floor and 1st floor.

\*Oncall evening doctors covering ED and AMU during the week (E16, B11, B12, B13, D14) attend the first floor handover at 16:45 in the ED seminar room.

At the 16:30 ward team handover, the team and nurse practitioners should plan how they will cover the wards. All wards will be covered by either an FY1 or FY2-IMT2 grade. However, there is flexibility within this depending on skill set at the discretion of the nurse practitioners and medical registrar.

There is no formal handover for the FY2-IMT2 C7 shift (which finishes at 2230). If there are jobs that are apparent by the 21:00 handover that they will not be able to complete by the end of their shift, then they should hand these over at the formal handover. If jobs need to be handed over by the end of their shift, the FY2-IMT2 C7 doctor may handover to the FY2-IMT2 on the C1 shift or any appropriate doctor oncall overnight.

A brief handover about the patients within AMU High Care should accompany the passing of the 5406 baton bleep

# The MET Team

**Medical Emergency Team (MET) bleep holders**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Shift | Grade | Code | Bleep | Covering | Pick up from |
| Weekday Nights | ST4+ | B3 | 4990 | All MET calls | Night handover9th floor |
| IMT3 | E2 | 4564 | **Second responder** |
| FY2-IMT2 | C2 | 5211 | All MET calls |
| F1 | D1 | 4565 | All MET calls |
| IMT3 | E1 | 4991 | MET calls LG – 1st floor |
| Weekend Nights | IMT3 | E2 | 4990 | All MET calls | Night handover9th floor |
| FY2-IMT2 | C1 | 4564 | **Second responder** |
| FY2-IMT2 | C2 | 5211 | All MET calls |
| F1 | D1 | 4565 | All MET calls |
| IMT3 | E1 | 4991 | MET calls LG – 1st floor |
| Weekdays | IMT3 | E15 | 4990 | All MET calls | ED seminar room |
| FY2-IMT2 | C15 | 4564 | **Second responder** |
| FY2-IMT2 | C16 | 5211 | All MET calls |
| F1 | D12 | 4565 | All MET calls |
| IMT3/ST4+ | E7/B12 | 4991 | MET calls LG – 1st floor |
| Weekends | ST4+ | B9 | 4990 | All MET calls | 9th floor |
| FY2-IMT2 | C13 | 4564 | **Second responder** |
| FY2-IMT2 | C10/C11/C12 | 5211 | All MET calls |
| F1 | D6/D8/D9 | 4565 | All MET calls |
| ST4+ | B8 | 4991 | MET calls LG – 1st floor |

**MET bleep notes:**

* All MET bleep holders need to attend the 9AM handover to collect the bleep. They should attend all MET huddles (see section on handover)
* The doctor holding 4991 will attend MET calls on the lower ground, ground and 1st floors including any areas outside.

* Bleep 4564 is a “second responder” and does not go to MET calls unless specifically fast bleeped for assistance or if there is a second MET call in another location in rapid succession.
* There is no differentiation between a NEWS-triggered MET call and a cardiac arrest, so all MET calls should be treated with the urgency of a cardiac arrest.
* If the IMT3 doctor on E15 is based offsite or is a gap, then the MET bleep should be held 9-5pm by the IMT3 doctor on the E16 shift. This should be reflected on Allocate and if not escalate to Medical Roster. If this shift remains a gap after 5pm, E16 will be expected to continue this role and the 4950 bleep will go to ST4+ B11
* In the event that FY2-IMT2 C15 or C16 shift is based offsite or is a gap C17 will be asked to carry the MET bleep and when this is a known gap, this should be reflected on Allocate.
* During F1 teaching the F1 MET bleep will be held by the C17 FY2-IMT2.
* In the event of the FY1 D12 shift is vacant, the MET bleep should be handed to the nurse practitioner who will then allocate the bleep to either an FY1 on D10, D11 or D13
* Note that during weekends there is a 3 week rolling pattern for Bleeps 5211 and 4565, meaning that each weekend a different IMT and F1 will carry the bleep. This is to distribute the MET bleep across all wards evenly. The MET bleep shift for that weekend will be visible on Allocate and the nurse practitioners will go over MET bleep distribution in handover.
* If any of the alternative doctors to carry the MET bleep is an external locum, any of the other oncall (ideally grade-equivalent) doctors for that day may be approached to carry the MET bleep.

# The Daily Rota Templates

**Out of hours cover- Weekday**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Doctor** | **Shift** | **Bleep** | **Cover** | **Name** |
| **Night** |
| B2 **ST4+** | 21:00-09:30 | 4950 |  ED |   |
| E1 **IMT3** | 21:00-09:30 | 4991 MET | AMU |  |
| E2 **IMT3** | 21:00-09:30 | 4564 MET | ED |   |
| C1 **FY2-IMT2** | 21:00-09:30 | 5406 | AMU |  |
| B3 **ST4+** | 21:00-09:30 | 4990 MET | Wards / ED |  |
| C2 **FY2-IMT2** | 21:00-09:30 | 5211 MET | Wards |   |
| D1 **FY1** | 21:00-09:30 | 4565 MET | Wards |   |
| **Day** |
| B1 **ST4+** | 09:00-17:00 | 4950 | ED |   |
| E7 **IMT3** | 09:00-17:00 | 4991 MET | ED / GPAU |  |
| C4 **FY2-IMT2** | 09:00-17:00 |  Own | GPAU |  |
| D2 **FY1** | 09:00-17:00 | 4982 | AMU |   |
| **Afternoon** |
| D3 **FY1** | 12:00-21:30 | 4982 | PTWR pm\* / GPAU |   |
| E8 **IMT3** | 12:00-21:30 | Own | GPAU / ED |   |
| C7 **FY2-IMT2** | 13:30-22:30 | Own | SDEC pm / PTWR eve |   |
| **Evening** |
| E16 **IMT3** | 17:00-21:30 | 4950 | ED |  |
| B11 **ST4+** | 17:00-21:30 | Own | ED |  |
| B12 **ST4+** | 17:00-21:30 | 4991 MET | SDEC |  |
| B13 **ST4+** | 17:00-21:30 | 5406 | GPAU |  |
| D14 **FY1** | 17:00-21:30 | Own | PTWR eve |  |
| E15 **IMT3** | 09:00-21:30 | 4990 MET | Ward/ED |  |
| C15 **FY2-IMT2** | 09:00-21:30 | 4564 MET | *Frailty/ACU/NIV* |  |
| C16 **FY2-IMT2** | 09:00-21:30 | 5211 MET | 8B/8C (Diab/ID/CP) |  |
| C17 **FY2-IMT2** | 17:00-21:30 | Own | 4A/4D (gastro) |  |
| D10 **FY1** | 17:00-21:30 | Own | 7A/7D (DMOPS) |  |
| D12 **FY1** | 09:00-21:30 | 4565 MET | 6A (cardio) |  |
| D11 **FY1** | 17:00-21:30 | Own | 6D/6C (resp) |  |
| D13 **FY1** | 17:00-21:30 | Own | 8D/8A (ID/CP) |   |

**Out of Hours Cover – Weekend and ward round locations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Doctor** | **Shift** | **Bleep** | **Cover** | **Name** |
| **Night** |
| B2 **ST4+** | 21:00-09:30 | 4950 | ED |   |
| E1 **IMT3** | 21:00-09:30 | 4991 MET | AMU/ED |  |
| C1 **FY2-IMT2** | 21:00-09:30 | 4564 MET / 5406 | AMU/ED |   |
| E2 **IMT3** | 21:00-09:30 | 4990 MET | Wards / AMU |  |
| C2 **FY2-IMT2** | 21:00-09:30 | 5211 MET | Wards |   |
| D1 **FY1** | 21:00-09:30 | 4565 MET | Wards |   |
| **Day** |
| B8 **ST4+** | 09:00-21:30 | 4991 MET | GPAU/ED |  |
| E11 **IMT3** | 09:00-21:30 | 4950 | ED |   |
| E12 **IMT3** | 09:00-21:30 | 5406 | AMU |   |
| C9 **FY2-IMT2** | 09:00-21:30 | Own | AMU  |   |
| C13 **FY2-IMT2** | 09:00-21:30 | 4564 MET | AMU  |  |
| C14 **FY2-IMT2** | 09:00-21:30 | Own | AMU  |  |
| B9 **ST4+** | 09:00-21:30 | 4990 MET | Wards / AMU |  |
| D7 **FY1** | 09:00-21:30 | Own | Frailty / NIV |  |
| C11 **FY2-IMT2** | 09:00-21:30 | 5211 MET\* | 4D/4A |  |
| C12 **FY2-IMT2** | 09:00-21:30 | 5211 MET\* | 7D/7A |  |
| D6 **FY1** | 09:00-21:30 | 4565 MET\* | 8D/8A/(8B) |  |
| C10 **FY2-IMT2** | 09:00-21:30 | 5211 MET\* | 6C/6D |  |
| D8 **FY1** | 09:00-21:30 | 4565 MET\* | 6A/ACU |  |
| D9 **FY1** | 09:00-21:30 | 4565 MET\* | 8C/8B |   |

\*See in above notes, rolling 3 week pattern for which ward cover doctor carries MET bleep

**Out of Hours Cover – Bank Holiday**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Doctor** | **Shift** | **Bleep** | **Cover** | **Name** |
| **Night** |
|  B2 **ST4+** | 21:00-09:30 | 4950 |  ED |   |
| E1 **IMT3** | 21:00-09:30 | 4991 MET | AMU |  |
| E2 **IMT3** | 21:00-09:30 | 4564 MET | AMU |  |
| C1 **FY2-IMT2** | 21:00-09:30 | 5406 | AMU |  |
| B3 **ST4+** | 21:00-09:30 | 4990 MET | Wards / AMU |  |
| C2 **FY2-IMT2** | 21:00-09:30 | 5211 MET | Wards |   |
|  D1 **FY1** | 21:00-09:30 | 4565 MET | Wards |   |
| **Day** |
| B1 **ST4+** | 09:00-17:00 | 4950 | ED |   |
| E7 **IMT3** | 09:00-17:00 | 4991 MET | ED |  |
| C4 **FY2-IMT2** | 09:00-17:00 | Own  | GPAU |   |
| D2 **FY1** | 09:00-17:00 | 4982 | AMU |  |
| **Afternoon** |
| D3 **FY1** | 12:00-21:30 | 4982 | PTWR pm / GPAU |   |
| E8 **IMT3** | 12:00-21:30 | Own | PTWR pm / GPAU |   |
| C7 **FY2-IMT2** | 13:30-22:30 | Own | AMU / PTWR eve |  |
| **Long Day** |
| E16 **IMT3** | 09:00-21:30 | 4950 from 5pm | ED |  |
| B11 **ST4+** | 09:00-21:30 | Own | ED |  |
| B12 **ST4+** | 09:00-21:30 | 4991 MET from 5pm | ED |  |
| B13 **ST4+** | 09:00-21:30 | 5406 | PTWR am / GPAU |  |
| D14 **FY1** | 09:00-21:30 | Own | PTWR am / GPAU |  |
| E15 **IMT3** | 09:00-21:30 | 4990 MET | Ward / AMU |  |
| C15 **FY2-IMT2** | 09:00-21:30 | 4564 MET | Frailty / NIV |  |
| C16 **FY2-IMT2** | 09:00-21:30 | 5211 MET | 7D/7A |  |
| C17 **FY2-IMT2** | 09:00-21:30 | Own | 4D/4A |  |
| D10 **FY1** | 09:00-21:30 | Own | 8D/8A/8B |  |
| D12 **FY1** | 09:00-21:30 | 4565 MET | 6A/ACU |  |
| D11 **FY1** | 09:00-21:30 | Own | 6C/6D |  |
| D13 **FY1** | 09:00-21:30 | Own | 8C |  |

### Notes about the oncalls – ward cover:

* Nurse practitioners have the authority to change your ward allocation depending on workload/clinical demand. This includes any doubled up doctors on the rota
* Doctors are expected to assist colleagues covering other wards if needed, to maintain best patient care and minimise handover to the night team
* The FY2-IMT2 doctors on ward cover primarily do routine jobs but they may also be a port of call for senior assistance for the FY1 if not appropriate for the IMT3 or ST4+ doctor
* If there is a renal junior doctor gap at night, the medical ward cover team will be expected to cover the renal wards like any other ward with the non-resident renal SpR being available for renal related issues. It is also expected that the renal junior doctor help the medical oncall team if and when possible, regardless of any medical gaps in the rota. This has been agreed by the renal directorate.

### Notes about the oncalls – the acute take:

* An ST4+ or IMT3 review both count as “senior review” and starts the 12 hour decision to admit clock
	+ FY1s and FY2-IMT2 grade doctors should prioritise the GP referral patients as they may not have seen a hospital doctor at all. However, any admission process would only be after senior review/discussion with documentation
	+ FY1s and FY2-IMT2 grade doctors can review ED referred patients for training purposes but bear in mind that they will need documentation of a decision by a senior to start any admission process
* The Consultant in the evening may redeploy junior doctors to another area or ward round depending on clinical need

# The Duties of Each Shift Code

### Night team

B2 – Leads the ED clerking team at night. Carries 4950 bleep, the ‘go-to’ med SpR bleep

E1 – Ensures GPAU patients are seen and clerks the medical take. Carries the 4991, the senior ‘go-to’ bleep for AMU. Also attends MET calls on the lower ground floor, ground floor, 1st floor and outside the hospital (within the grounds). If the MET call is for an inpatient, the patient should be handed over to B3 on their arrival; if the call is for an outpatient then E1 should decide whether the patient needs escorting and admitting to ED/SDEC/AMU.

E2 – Monday-Friday clerks the medical take and carries the 4564 MET bleep – this is the second responder and should attend MET calls if there is a second MET call in quick succession after the first. They should also attend MET calls within the emergency 1st floor (ie AMU, ED, etc). On a Saturday and Sunday night, they carry 4990 MET bleep and becomes the first responder and leader of MET calls - may need to see sick patients on the wards but when available, should be based within the ED to help clerk the medical take

C1 – ensures GPAU patients are seen and clerks the medical take. They carry the 5406 bleep - used for patients within the AMU High Care area and they should be familiar about the 4 patients in this area and should be handed over whenever the bleep is passed on. On a Saturday and Sunday night, they also carry 4564 MET bleep and becomes the second responder to MET bleeps.

B3 – Monday-Friday night carries the lead 4990 MET bleep. May need to see sick patients on the wards but when available, should be based within the ED to help clerk the medical take. This shift does not exist on Saturday and Sunday night.

C2 – Covers the wards with D1 and the nurse practitioners. Carries the 5211 MET bleep. Calls 4990 bleep for senior help/advice

D1 – Covers the wards with C2 and the nurse practitioners. Carries the 4565 MET bleep. Calls 5211 or 4990 for help/advice

### Day team

B1 – Attends morning handover. Hot Block week of 9-5 clerking the medical take. Carries 4950 bleep. Supports and liaises with E7 clerking the medical take. Attends handover at 16:45

E7 – Attends morning handover. Hot Block week of 9-5 clerking the medical take. Carries the 4991 bleep. Liaises with B1 clerking the medical take. Attends handover at 16:45

C4 – Attends morning handover. Hot Block week of 9-5, primarily clerks GP admissions in GPAU but may take handover of some patients stranded in ED. Attends handover at 16:45

D2 – Attends morning handover. Carries 4982 bleep until noon and joins one of the AMU/frailty ward rounds (this can be clarified by the AMU team) or has time in SDEC. At 12:30, hands 4982 bleep to D3 at the AMU huddle and then is contactable by their own bleep number (please declare this at the huddle). Attends handover at 16:45

D3 – Reports to the AMU huddle in AMU 1 at 12:30 and receives 4982 bleep. Expected to clerk in GPAU. If no patients are available, may go to the AMU teaching on a Thursday at 12:30 but ensure the GPAU nurse has your bleep number. If there is no junior attached to the post take ward round in the afternoon, you may be asked to join this instead (usually starting after 13:30) – the AMU team can let you know. Clerks in GPAU in the evening and attends the evening 21:00 handover on the 9th floor

E8 – Reports to the AMU huddle in AMU 1 at 12:30. Carries own bleep. Should be based in GPAU for senior reviews. If no work in GPAU, clerks the acute take (prioritizing GP referrals). Attends to the 16:45 handover, when it will be decided whether you stay in GPAU or are needed in ED. Attends the 21:00 handover on the 9th floor

C7 – Carries own bleep. Clerks in GPAU in the afternoon or GP accepted patients in ED. Attends the 16:45 handover. Will be asked to join an evening post take ward round if there is a second consultant.

### Evening AMU/ED team

E16 – On a bank holiday, starts at 09:00 and clerks in ED. Attends the 16:45 handover. Carries the 4950 bleep and clerks the medical take. Attends the 21:00 handover on the 9th floor. May have to carry the 4990 MET bleep if E15 is vacant and 4950 will go to B11 (see notes in The MET Team).

B11 – On a bank holiday, starts at 09:00 and clerks in ED. Attends the 16:45 handover. Carries own bleep supports E16 and clerks the medical take. Attends the 21:00 handover on the 9th floor

B12 – On a bank holiday, starts at 09:00 and clerks in GPAU/ED. Attends the 16:45 handover. Carries the 4991 MET bleep and is the senior person overseeing SDEC. The AMU consultant may redeploy you to clerk in ED however depending on need. Attends the 21:00 handover on the 9th floor

B13 – On a bank holiday, starts at 09:00 and starts on the AMU High Care ward round in the morning and High Care review in the afternoon. Otherwise, attends the 16:45 handover. Carries 5406 bleep (contact bleep for AMU High Care) and clerks in GPAU or GP accepted patients in ED. May be redeployed to clerk the medical take if needed. Attends the 21:00 handover on the 9th floor. Hands over the High Care patients along with the bleep.

D14 – On a bank holiday, starts at 09:00 and starts on an AMU ward round in the morning. Otherwise, attends the 16:45 handover. Will be expected to join the evening post take ward round. Attends the 21:00 handover on the 9th floor.

### Evening ward team

E15 – MET team leader. Attends the 09:00 handover and collects the 4990 MET bleep and meets the rest of the MET team. During 9-5, will be based on their usual ward. Will attend the 16:30 handover on the 9th floor When not seeing patients on the ward, should be based in ED and clerking the medical take. May be called to support junior staff on the ward out of hours. Attends the 21:00 handover on the 9th floor

C15 – Attends the 09:00 handover and collects the 4564 MET bleep and meets the rest of the MET team. Attends the MET call if there is a second in quick succession. During 9-5, will be based on their usual ward. Will attend the 16:30 handover on the 9th floor but after 5pm will provide cover for the frailty ward, ACU and NIV units. Attends the 21:00 handover on the 9th floor. On a bank holiday, they will report to the Frailty ward and may join either the Frailty or NIV (or both) ward rounds.

C16 - Attends the 09:00 handover and collects the 5211 MET bleep and meets the rest of the MET team. During 9-5, will be based on their usual ward. Will attend the 16:30 handover on the 9th floor but after 5pm will provide cover for ward 8B and 8C. Attends the 21:00 handover. On a bank holiday, they will report to the DMOPS consultant on wards 7A and 7D for a ward round and will provide out of hours cover to these wards.

C17 – Attends the 16:30 handover on the 9th floor and will provide cover for 4A and 4D. They carry their own bleep. Attends the 21:00 handover. On a bank holiday, they will report to the gastroenterology consultant on 4A and 4D for a ward round and will provide out of hours cover to these wards.

D10 – Attends the 16:30 handover on the 9th floor and will provide cover for wards 7A and 7D. They carry their own bleep. Attends the 21:00 handover. On a bank holiday, they will report to the ID / Clin Pharm consultant on 8A, 8B and 8B for a ward round and will provide out of hours cover to these wards. D13 should offer to help with jobs

D12 – Attends the 09:00 handover and collects the 4565 MET bleep and meets the rest of the MET team. Will be based on their usual ward 9-5. Attends the 16:30 handover on the 9th floor and will provide cover for ward 6A. There is a cardiology SpR oncall for assistance if needed. Attends the 21:00 handover. On a bank holiday, they will report to the cardiology consultant on ward 6A and ACU for a ward round and will provide out of hours cover to these wards.

D11 – Attends the 16:30 handover on the 9th floor and will provide cover for wards 6C and 6D. They carry their own bleep. Attends the 21:00 handover. On a bank holiday, they will report to the respiratory consultant on wards 6C and 6D for a ward round and will provide out of hours cover to these wards.

D13 – Attends the 16:30 handover on the 9th floor and will provide cover for wards 8D and 8A. Carries Attends the 21:00 handover. On a bank holiday, they will report to the diabetes consultant on ward 8C for a ward round and will provide out of hours cover to this ward and assist D10 with jobs

### Weekend AMU/ED team

B8 – Attends the morning handover at 09:00 on the 9th floor, carries 4991 MET bleep and sees patients in GPAU. May also clerk in ED whilst supporting the IMT3 on E11. Attends the evening handover at 21:00

E11 – Attends the morning handover at 09:00 on the 9th floor, carries 4950 bleep and leads and clerks on the medical take. Attends the evening handover at 21:00

E12 – Attends the morning handover at 09:00 on the 9th floor,carries 5406 bleep and reports to the AMU consultants after handover to be allocated to the High Care Ward Round. Will independently do an afternoon review of the High Care patients. Should otherwise clerk on the medical take later in the day and help manage flow into the High Care area. Attends the evening handover at 21:00

C9 – Attends the morning handover at 09:00 on the 9th floor. Carries own bleep. Reports to the AMU consultants after morning handover to be allocated to a ward round. Should otherwise clerk on the medical take later in the day. Attends the evening handover at 21:00

C13 – Attends the morning handover at 09:00 on the 9th floor, carries 4564 MET bleep and attends any second MET call in quick succession. Should report to the AMU consultants after morning handover to be allocated to a ward round. Otherwise should clerk ambulatory patients returning to GPAU and clerk on the medical take. Attends the evening handover at 21:00

C14 – Attends the morning handover at 09:00 on the 9th floor. Carries own bleep. Reports to the AMU consultants after morning handover to be allocated to a ward round. Should otherwise clerk on the medical take later in the day. Attends the evening handover at 21:00

### Weekend ward team

B9 – Attends the morning handover at 09:00 on the 9th floor and receives 4990 MET bleep, meets the MET team and leads any MET calls. MET calls and sick patients on the ward are their first priority but should otherwise be based in ED clerking the medical take. May be asked to support other junior doctors on the ward. Attends the evening handover at 21:00

D7 – Attends the morning handover at 09:00 on the 9th floor. They will carry their own bleep and will then report to the Frailty consultant to coordinate a ward round on the Frailty unit and potentially the NIV unit with Respiratory consultant (this is often covered by an additional doctor) and will provide out of hours cover to these wards. Attends the evening handover at 21:00

C11 – Attends the morning handover at 09:00 on the 9th floor. When not carrying the 5211 MET bleep, they will carry their own bleep. Will then report to the respiratory consultant on 4D/4A for a ward round and will provide out of hours cover to these wards. There is support from the gastroenterology SpR oncall. Attends the evening handover at 21:00

C12 – Attends the morning handover at 09:00 on the 9th floor. When not carrying the 5211 MET bleep, they will carry their own bleep. Will then report to the DMOPS consultant on ward 7A and 7D for a ward round. Attends the evening handover at 21:00

D6 – Attends the morning handover at 09:00 on the 9th floor. When not carrying the 4565 MET bleep, they will carry their own bleep. Will then report to the ID/Clin Pharm consultant on wards 8A/8B/8D for a ward round and will provide out of hours cover to these wards. There is support and advice available from the ID SpR oncall if needed. D9 should also assist with jobs. Attends the evening handover at 21:00

C10 – Attends the morning handover at 09:00 on the 9th floor. When not carrying the 5211 MET bleep, they will carry their own bleep and will then report to the respiratory consultant on wards 6C / 6D for a ward round and will provide out of hours cover to these wards. Attends the evening handover at 21:00

D8 – Attends the morning handover at 09:00 on the 9th floor. When not carrying the 4565 MET bleep, they will carry their own bleep. Will then report to the Cardiologist on wards 6A/ACU for a ward round and will provide out of hours cover to these wards. There is support from the cardiology SpR oncall if needed. Attends the evening handover at 21:00

D9 – Attends the morning handover at 09:00 on 4Z. When not carrying the 4565 MET bleep, they will carry their own bleep. Will then report to the Diabetes consultant on ward 8C for a ward round and will provide emergency cover to this ward as well as assist D6 with jobs. Attends the evening handover at 21:00

# Weekend and Bank Holiday Ward Rounds

|  |
| --- |
| Weekend Ward Rounds 09:00 |
| Clin. Pharm | 8A/8B/8D | D6 |
| Diabetes | 8C | D9 |
| Respiratory | 6C/6DNIV Unit | C10 – report to NIV unitD7 – report to Frailty |
| Gastroenterology(+SpR) | 4A/4D | C11 |
| Palliative care | 8D | D9 |
| Cardiology(+SpR) | 6A/ACU | D8 |
| Gerontology | 7A/7DFrailty Unit  | C12D7 |
| Acute Medicine | AMU | RLH LDC13C14C9 |

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| Bank Holiday Ward Rounds 09:00 |
| Clin. Pharm | 8A/8B/8D | D10 |
| Diabetes | 8C | D13 |
| Respiratory | 6C/6DNIV | D11C15 |
| Gastroenterology(+SpR) | 4A/4D | C17 |
| Cardiology | 6A/ACU | D12 |
| Gerontology | 7A/7DFrailty Unit | C16C15 |
| Acute Medicine | AMU | RLHD14D2 |

# Sickness

In the event of last minute sickness or not able to attend work, please inform your department as per local induction. If you cannot do your rostered oncalls, please follow the appropriate steps below:

### In hours:

* Call (07557 157783) and email Medical Roster (medical.roster@liverpoolft.nhs.uk) and cc the medical rota coordinator (peter.ng2@liverpoolft.nhs.uk)

### Out of hours:

* If the morning of the weekend – call Medical Roster (07557 157783), if no answer – call the Duty Manager oncall (via switchboard). Then send an email to medical roster (medical.roster@liverpoolft.nhs.uk) and cc the medical rota master (peter.ng2@liverpoolft.nhs.uk)
* If any other time – call the Duty Manager oncall (via switchboard). Then send an email to medical roster (medical.roster@liverpoolft.nhs.uk) and cc the medical rota master (peter.ng2@liverpoolft.nhs.uk)

# Contingency plans for absence

**IMT3 and ST4+**

* Locum cover will be sought for any absence.
* In the rare event that the B2 and B3 shifts are vacant at night (ST4+), then as long as one of the two IMT3 doctors are competent and signed off for Managing the Acute Unselected Take CIP (Capabilities in Practice) at level 3 as per the IMT curriculum, then consultant presence overnight may not be necessary and support may be offered by telephone. The twilight IMT3 on E8 may be asked to switch to nights for the rest of their week (maximum of 4 consecutive night shifts)
* The safe minimum staffing numbers per night shift is 5. If this is not met, then this should be highlighted to the medical roster team and escalated appropriately. If this is known about in advance, then this will be via the medical oncall coordinator who would escalate to the Divisional Medical Director. If this is out of hours, then it should be via the Duty Manager. Specialty on call doctors (resident or non-resident) may be asked to help the medical team.
* If the clerking hotblock B1 ST4+ doctor or the E7 IMT3 doctor (09:00-17:00) is a gap, then the other clerking doctor (E7 or B1) will carry just the 4950 bleep. The IMT3 doctor on E15 shift will then carry the 4991 and 4990 bleeps and clerk in the ED/AMU. This has been agreed by all medical directorates.
* In the event of known gaps, any doubled up doctors (not supernumerary or with SuppoRTT plans in place) may be asked to swap their equivalent shift into these gaps. Under exceptional cirumstances, this may be any grade of doctor swapping to fill a gap which would deem that shift safer (eg extra FY1 or IMT doctor if unable to find an IMT3/ST4+ doctor).

**IMT / VTS / FY 1-2**

* Locum coverwill be sought for any absence.
* ln the rare circumstance that there are one or more night gaps, the twilight FY2-IMT2 on C7 may be contacted and be requested to work the night shift instead. Cross cover between directorates may be required, depending on clinical need.
* In the event that there is nobody to carry the MET bleep at BGH out of hours, a doctor from RLUH may be asked to complete their oncall at BGH and hold the MET bleep.

# Swapping of shifts

* Work schedules have been designed to facilitate the ease of booking leave but it is accepted that swaps may still need to be made
* Generally, you can swap shifts with colleagues provided that all oncalls are covered with an appropriate grade of doctor and that the swap does not impact on staffing levels of your own department (paritcularly important when swapping 9-5pm shifts or night shifts).
* You cannot book leave without your oncall being covered first (with the exception of mandatory exams and interviews)
* Rest days should be accounted for when swapping shifts (ie before/after nights or weekends).
* You can swap into an upcoming equivalent rota gap (with the exception of swapping out of a bank holiday shift) – contact medical.roster@liverpoolft.nhs.uk to see if any gaps are available or if help is needed to find a swap who will email out to your colleagues. You cannot generally swap into a gap that is later than your oncall that you are swapping out of.
* Generally speaking, ST4+ and IMT3 shifts are interchangeable with the exception of night shifts (which still may be possible provided there is at least one ST4+ doctor at night)
* All swaps must be granted by your department if it affects your day duties (including any rest days)
* All swaps should be emailed to medical.roster@liverpoolft.nhs.uk. If the swap involves the daytime duties of either party, then the relevant clinical supervisors should be cc’d into this email.
* Any clinical issues related to swaps can be escalated to the medical rota coordinator

# For GP trainees based at Broad Green Hospital (BGH)

All of your on calls are based at the Broad Green site. It is possible to swap shifts with doctors on the RLH ‘SHO’ equivalent rota (FY2-IMT2 grade). Contact medical.roster@liverpoolft.nhs.uk for any assistance with this.

**For on calls at BGH handover takes place in the nurse prac. office in the Alex Wing at:**

**Monday-Friday:**

9am morning handover

16:30 evening handover

21:30 nights handover

**Weekends:**

9am morning handover

21:30 nights handover