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## PLANNED AND UNPLANNED LEAVE AMONG NON-CONSULTANT HOSPITAL DOCTORS OVER A ONE-YEAR PERIOD

*M. McAllister, O. Grant, K. O'Brien, Children's Health Ireland at Temple Street, Dublin, Ireland*

### Introduction and aims

In Children's Health Ireland at Temple Street, a common non-consultant hospital doctor (NCHD) rota covers anaesthesiology, intensive care and intensive care transport. Including call shifts and post-call rest days, an average of approximately 14 whole-time equivalent (WTE) NCHDs are required per weekday. This also includes an NCHD rostered from 13:00 to 19:00 each day to enable other NCHDs to leave on time in the event of theatre overruns.

NCHDs are entitled to various types of planned leave (annual, educational, maternity/paternity etc). Uptake of leave varies widely according to an individual NCHD's circumstances and preferences and the service needs of the department. Unplanned leave also has a significant impact on day-to-day staffing levels; this impact appears to have increased greatly since the coronavirus pandemic.

This project aimed to provide an up-to-date real-world assessment of the amount of planned and unplanned leave taken by NCHDs for use in future medical workforce planning.

### Methods

NCHD staffing levels as well as all planned and unplanned NCHD leave days were prospectively recorded by the NCHD rota-makers from January 2022 to January 2023.

### Results

The average NCHD complement consisted of 18.25 WTE NCHDs. There were 251 working weekdays in this one-year period.

In total, there were 964 leave days taken. The vast majority of this was accounted for by planned leave (817 days, 84.8% of total leave days). The biggest contributors to planned leave were annual leave (552 days, 57.3% of total leave days) and educational leave (221 days, 22.9% of total leave days).

There were 147 unplanned leave days (15.2% of total leave days). Covid-related leave was the biggest contributor to this group at 62 days (6.4% of total leave days), and non-covid illnesses accounted for another 47 days (4.9% of total leave days). The types of unplanned leave taken can be seen in the attached figure.

Due to staffing levels, it was only possible to roster an NCHD to the 13:00 to 19:00 shift 74% of the time.

## **Discussion and Conclusion**

The total of 964 leave days taken is equivalent to a need for 3.8 extra NCHDs each day in addition to the 14 NCHDs rostered for clinical duties. Minimum staffing for our department would appear to be 18 WTE NCHDs.

Unplanned leave is an unavoidable part of rostering in the real world. Unsurprisingly, covid-related leave accounted for a large proportion of unplanned leave. However, it also interesting that non-covid sick leave accounted for a large number of days; anecdotally, it seems NCHDs are more mindful of protecting their colleagues from other illnesses since the coronavirus pandemic.

As clinical services expand and recruitment of NCHDs is necessary, workforce planning should take into account the planned and unplanned leave required by NCHDs.