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Document Title: Guideline on External Rotation of Staff Nurses in Ministry of Health Institutions

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Acronyms:

MOH	Ministry of Health
DGNA	Directorate General of Nursing Affairs
DGQAC	Directorate General of Quality Assurance Centre
DON	Director of Nursing
HON	Head of Nursing
HCIs	Health Care Institutions
DGHS	Director General of Health Services

Guideline on External Rotation of Staff Nurses in Ministry of Health Institutions

1. Introduction

The Directorate General of Nursing Affairs (DGNA) aims to provide the Ministry of Health (MoH) health care institutions (HCIs) with a flexible workforce with transferable knowledge, skills and experience to meet current and future service needs. Each health care institution will need to consider the guidelines and how they can best be applied locally to meet workforce career development that will provide the best possible outcomes for the clients and their families. These guidelines are intended to ensure fair, systematic staff movement between HCIs to strengthen clinical practices.

The guidelines refer to external rotation of staff as per the definition at 4.9. Internal rotation, namely rotating within one specific institution or health center, is viewed as being as important, but needs to be planned and organized by the management team or manager in each institution, as per their internal policy and needs.

2. Scope

This document is applicable to all staff nurses employed in the MoH HCIs, including school health nurses.

3. Purpose

3.1 To provide and maintain fair consistent procedures of staff rotation strategy

3.2 Development of employee and his/her career

3.3 Improve staff mobility and flexibility in the organization/institutions

3.4 Improve the functioning of the organization

3.5 Strengthen consistency of clinical practices

3.6 Increase staff retention through fair staff scheduling for all

3.7 Maintain technical competencies of staff in order to provide quality and safe care to clients

4. Definitions

4.1 A flexible workforce: Flexibility in the workplace is the capacity to adjust to short-term change quickly and calmly; to be able to assist another team member if he/she is overloaded; be able to cover a colleague's work while he/she is on leave; and being able to solve problems effectively through offering a variety of solutions.

4.2 PHC Institutions: Include health centers with or without beds (HC), and extended health centers (Polyclinics).

4.3 Wilayat Hospitals: Hospitals that provide both primary and secondary health care services.

4.4 Local Hospitals: Small hospitals that provide primary health care and in-patient services.

4.5 Governorate Hospitals: Provide secondary and tertiary health care services

4.6 School Health Nurses: Nurses who are working in schools.

4.7 Mother Institution: Refers to the institution where the staff nurse is originally based (holding a grade) and will return to upon completion of the rotation process to the same position title as before, unless being promoted during the time of rotation.

4.8 Internal rotation: Rotation to other clinical areas, departments or wards within one specific health care institution.

4.9 External rotation: Rotation to health care institutions other than the mother institution, within the same Governorate.

4.10 Preceptor: An established staff nurse working in a health care institution with the requisite knowledge, skills, attitude and experience to provide support to staff nurses on rotation.

5. Guidelines

5.1 The decision to implement external rotation will be based on the discretion of the DoN/HoD and the needs of the organization.

5.2 External rotation may include all staff nurses of all clinical nursing areas, including school health nurses.

5.3 In-charge nurses, Unit managers, nurses in HON or acting HON positions, Intensive Care Unit nurses, OT staff, and staff performing specialized clinical jobs with post-basic qualifications, e.g. in oncology, mental health, etc. will be **excluded** from rotation.

5.4. Staff nurses may complete one external rotation period during his/her employment within an MoH institution.

5.5 Staff nurses should not be rotated to areas more than **70 km** away from their place of residence.

5.6 Nurses need to have **at least 2 years clinical experience** in their mother institution before they can be rotated.

5.7 Staff nurses with at least two years of experience may volunteer for the process and will then take first priority, followed by the other staff nurses who meet the criteria for rotation.

5.8 Staff nurses will be given a two month written notification of the rotation by the DGHS or his/her delegate when external rotation is implemented.

5.9 Those staff nurses who have been issued the necessary notice of their pending rotation through a posting order or letter and then refuse to accept, or do not turn up for work in their allocated rotation placement will be considered absent from duty and subjected to disciplinary action taken according to standard MoH procedures and policies.

5.10 The suggested length of the rotation period is one year.

5.11 Rotation should not affect annual leave plans of nurses. Arrangements need to be made between institutions to ensure that nurses get their leave according to the year plan. The rotating staff nurse will be responsible to coordinate his/her annual leave initially with

the mother institution and then with the head of the institution where he/she is rotating to.

5.12 A rotating nurse can avail only one annual leave cycle (leave days allocated per year) according to the standard leave policy of MoH, which can be taken at once or be divided. Any additional leave days taken within the rotation period need to be compensated for at the end of the rotation period.

5.13 All sick leaves taken during the rotation period need to be compensated for at the end of the rotation period, i.e. the rotation period will be extended by the number of sick leave days taken during the one year of rotation.

5.14 No rotating nurse will be exempted from night duty or shift duty if those are applicable in the specific institution.

5.15 All sick leaves taken by nurses while on night duty needs to be worked back by working the same number of nights lost during sick leave when reporting back for duty according to the Duty Roster policy. (MoH/DGNA/P&P/002/2017)

5.16 Before rotating a nurse who is responsible for a specific program or duties, the in-charge nurse or HON must ensure that there is a suitable backup nurse to continue the service.

5.17 Performance appraisals must be completed by the institution in which the nurse spent most of the time. If equal periods have been spent in different institutions, a mutual appraisal is to be made.

5.18 In case of a declared disaster, nurses will participate in disaster management where their services are most needed and will therefore withdraw from the rotation process during this time according to the decisions of the disaster commander team.

5.19 **Rotation to another institution is a temporary attachment and not a formal transfer**. All staff will still be accounted for as manpower and on the budget of the institution they are based at (the mother institution) and they will return to this institution for duty upon completion of the rotation period.

5.20 The number of nurses to be rotated in a given time will depend on various factors related to the number of nurses and the workload at the time in each institution. Adequate consideration needs to be given to sustain the stability of the nursing services in all institutions. On average, 1 – 3 nurses may rotate from each PHC institution.

5.21 The rotation process will start with one staff member in a health center or hospital ward, followed by the next staff member (if applicable) to rotate within the following 1-3 months. This approach aims to roll out the rotation of experienced staff in stages in order to have minimal disruption to the nursing services. (See diagram attached).

5.22 Rotation will take place between PHC institutions and a regional, local, secondary or tertiary hospitals and amongst PHC and extended PHC institutions in a given Wilayat or geographical region.

5.23 Staff nurses can rotate to two different health care institutions representing different levels of care on a six-monthly basis within the period of one year. (See diagram attached), or according to the time frame set by the DON.

5.24 A preceptor will be assigned in each shift to supervise, train and support staff on rotation for as long as it is needed for the rotating staff to adjust to the new environment to ensure staff and patient safety. The preceptor could be the shift in-charge or alternative arrangements through delegation could be made.

5.25 Staff participating in external rotation must understand that they are governed by the internal policies of the institution they are placed at.

5.26 Rotation should not compromise training opportunities that were arranged and confirmed prior to rotation notification.

6. Responsibilities

6.1 **Directorate General of Nursing Affairs in Collaboration with the Directorate General of Primary Health Care, MOH**

    6.1.1 Ensure the implementation, follow-up and evaluation of the external staff nurse rotation guidelines if applicable

    6.1.2 Monitor the rotation guidelines implementation process through six monthly feedback reports from DON

    6.1.3 Communicate with Director Generals and Directors of all Governorates and hospitals regarding the availability of the external staff nurse rotation guidelines

6.2 **Director General of Health Services in Governorates**

    6.2.1 Issue a temporary posting order to each nurse to be rotated through the DON where applicable

    6.2.2 Oversee and support the implementation of the external rotation process

6.3 **Director of Nursing (DON) and Hospital Director**

    6.3.1 Distribute the guidelines to nursing staff within their area of responsibility

    6.3.2 Prepare the rotation list according to the rotation guidelines if applicable

    6.3.3 Discuss the rotation process with the selected participants and HON or In-charge nurses involved or delegate to an appropriate person **two months in advance**

    6.3.4 Deliver a posting order / letter to each nurse selected for rotation as received from the DGHS, including start and finish dates and allocations, two months in advance

    6.3.5 Monitor the implementation of and compliance to the rotation guidelines

    6.3.6 Coordinate the implementation of the rotation guidelines with the DGHS, School Health Head Section and HONs in the applicable Wilayat hospitals (regional and local) and PHC institutions

    6.3.7 Provide 6-monthly feedback reports of each staff nurse on rotation to DGNA, together with the completed staff nurse rotation evaluation checklist for each participant

6.4 Head of Nursing (HON)

6.4.1 Coordinate with the DON and the In-charge nurses the implementation of the rotation guidelines if applicable

6.4.2 Monitor the implementation of and compliance to the rotation guidelines

6.4.3 Coordinate 6-monthly feedback reports of each staff nurse on rotation to DON, together with the completed staff nurse rotation evaluation checklist for each participant

6.5 In-Charge Nurses in health care institutions

6.5.1 Coordinate with the DON/HON the implementation of the rotation guidelines if applicable.

6.5.2 Ensure continuation of services by arranging or training a back-up person from the same institution to take over responsibilities of the person going for rotation

6.5.3 Accommodate staff holiday and training requests according to schedules already in place at mother institutions

6.5.4 Monitor the external rotating staff nurse to ensure effective and safe nursing services at all times

6.5.5 Clarify expectations with the staff nurses at the start of the rotation process in each sector of rotation (ward / section / etc.) according to objectives and competency checklist.

6.5.6 Meet with rotating staff nurse(s) to identify and discuss individual goals regarding objectives and competencies that need to be achieved during the rotation period, with incorporation of the goals and mission of the health care institution

6.5.7 Ensure the availability of a preceptor to support and accompany the external rotating nurse on each shift and to facilitate their goal achievements for as long as it is needed

6.5.8 Follow up on and complete (sign) the self-assessment tool and goal achievement of rotating staff nurses (see copy of tool attached)

6.5.9 Coordinate or conduct staff appraisals according to MOH policy

6.5.10 Provide the DON with a six-monthly feedback report for each rotating staff nurse, together with the completed staff nurse rotation evaluation checklist for each participant

6.6 **Rotating Staff Nurses**

6.6.1 Comply with these guidelines

6.6.2 Identify learning needs, develop individual learning goals and work towards achievement of those

6.6.3 Complete the self-assessment reports at mid- and end of rotation period, together with the participant evaluation

7. Document History and Version Control

Document History and Version Control			
Version	**Description of Amendment**	**Author**	**Review Date**
01	Initial Release	DGNA	June 2022
02			
03			
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05			
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External Rotation Taskforce	Directors/ Head of Nursing	Dr. Majid Al Maqbali	

8. Related Documents

8.1 Fitness for work policy

8.2 Leave policy

8.3 Absenteeism policy

8.4 Career path (Layha)

8.5 All other related employee policies and regulations

8.6 MOH Annual Report

9. **References**

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