

Agenda Item 5.ii

Report to:	Board of Directors	Date: 6 February 2020
Report from:	Dr Martin Goddard, Guardian of Safe Working on behalf of the Medical Director	
Principal Objective/ Strategy and Title	Organisational Culture Yearly Report on Safe Working Hours: Doctors and Dentists in Training (August 2016 – July 2017)	
Board Assurance Framework Entries	Unable to provide safe, high quality care	
Regulatory Requirement	2016 Medical Terms and Conditions of Service for Doctors and Dentists in Training.	
Equality Considerations	None believed to apply	
Key Risks	Failure to maintain or develop the Trust's Safety Culture	
For:	Information	

Introduction

Although no exception reports have been submitted by the cardiothoracic surgical trainees, concerns have been raised about their hours of work, sufficient for the Guardian of Safe Working to undertake a review. The current timetable has been in place for nearly three years. It has been recognised, that at times some trainees for their own educational benefit may wish to stay on beyond their contracted hours but this was voluntary and not necessary for their education and did not require them to undertake work duties required by the Trust.

Current Timetable

The current time table is based around a number of shifts being worked.

These are

1. On call day 07.00 – 20.00
2. On call night 19.30 – 07.30
3. Long working day 08.00 – 17.00
4. Short working day. 09.00 – 17.00

The on-call day and night shifts are largely worked as time tabled, although may overrun in the overlap periods as the handover period is not protected and may be affected by other activity still going on.

The long day represents the normal working day for the majority of the Registrars and is based around a timetable that allows them to participate in theatre activity. They are required to be at theatre briefing at 08.00 and will usually have undertaken their morning ward round prior to this and also review any same day admissions admitted to the day ward and start between 07.00 and 07.30, on average 07.15. They may need to complete their round between the briefing and the start of the case in theatre. They are allocated the whole day in theatre and assist in the two or three planned cases that day. Finish times in theatres are variable but on average, for a two-pump list, is between 17.30 and 18.00. An SpR not assigned to nights or on leave can expect to be allocated to one three pump list per week. They are expected to accompany patients from theatre to the intensive care area and are involved in their handover to the CCU team. Following this, they are required to see new patients for the operating list the next day, particularly if they wish to contribute to the operating. These patients do not arrive until

mid-afternoon. A normal finishing time is between 18.30 and 19.00 with an average taken as 18.45. On some occasions with long running cases or three pump lists, this can exceed 20.00 and potentially leads to a breach of the minimum daily rest requirement under the European Working Time Directive. This requirement to see patients on whom they will operate the next day means that many of the registrars will come to the hospital on a Sunday afternoon and potentially breach the 48 and 62-hour minimum rest requirements on a regular basis.

The short working day was introduced to allow for days during which the Registrars would attend clinic on undertake other activities including research and audit. The numbers present with commitments to leave and the on-call shifts means these rarely occur and all days are worked to the long day pattern.

Assessing the hours being worked is based on the published working patterns but substituting a working day of 07.15 – 18.45 for all non-on-call shifts.

The planned rota over the nine-week period sees a number of allocated duty periods, taken from the published rota with current duty lengths as above.

Clinic day	8.67	11.5
Theatre	20	11.5
Long day	7	13.0
Night	7	12.0

This produces an average working weekly hours of 56.07 and does not take into account any overruns for long theatre days or other late finishing lists which lead to an even greater breach of the hours limit and more importantly a breach of the minimum rest requirements.

Review of the leave taken over a 6-month period suggests an appropriate amount of annual leave is being taken.

The working patterns and duties undertaken have been confirmed through discussions with trainees, consultants, ward and ITU staff and evidence from theatre activity.

The practice of coming in on Sundays to review patients for Monday lists will have led to recurrent breaches to the 48 and 62-hour rest requirements.

The current pay in their contracts remunerates them for only 47 hours.

Education

The surgical training at Royal Papworth receives some of the highest scores in the country in the GMC survey. This in particular reflects the high level of operative experience that the trainees enjoy. This leads to the recruitment of the highest ranked trainees and to later to be able to select some of the best for appointment to consultant posts within the hospital.

In terms of the college curriculum, despite the high level of hours, the clinic experience is often below that recommended and the trainees gain experience only when there is free time during the on-call day shift.

The current level of activity of the trainees appears to be necessary for smooth and safe running of the clinical service and it is the opinion of the consultant training leads that to enforce a reduction in the trainee's hours would be to the detriment of their training overall.

Summary

1. The current working arrangements required of the surgical trainees are leading to them working in excess of their contracted hours.
2. The total hours are at the maximum or even exceed the permissible 56 hours and allowing for other potential time spent – later lists including 3 pump lists, seeing patients at weekends are likely to be in breach of the EWTD weekend rest requirements.
3. These breaches to the weekend rest requirements due to the requirement to see elective admissions at weekends.
4. The length of some working days is likely to lead to breaches in the minimum daily rest requirement with no mechanisms in place for compensatory rest.

Options

Royal Papworth has enjoyed the highest level of satisfaction in the GMC training survey for any surgical training scheme in the country but this has been at the expense of excess working hours which have afforded the trainees the highest level of exposure to operative cases. This has occurred through the commitment of the trainees to work excess hours but without pay on which the service is dependent.

This is not a unique problem to Royal Papworth and is seen in other cardiothoracic surgical training centres. In some London centres, additional hours are recognised through overtime payments. The findings provide evidence for these working patterns since November 2018 and the Trust should remunerate the trainees for the excess hours worked. The breaches in contractual hours and EWTD rules would require the Trust to pay a fine under the terms of the new contract as calculated by the Guardian and agreed by the Junior Doctors forum.

1. Enforce current working hour patterns which is likely to be to the detriment of the service and training. It is considered by both the trainees and the surgical tutors and programme lead that the minimum training requirements for theatre cases, outpatient clinics and audit and research time cannot be met within the 48-hour limit.
2. Make changes to the rota by increasing numbers which is likely to dilute the training experience and may be difficult to recruit. Further increase numbers would increase costs and is likely to exceed the training capacity of the unit given that a number of fellows and senior trainees are also in the department and fail to meet the ratio of trainees to consultants considered satisfactory. A dilution of training may lead to poorer results in the GMC survey and lose the Trusts ability to recruit the best trainees year on year.
3. Adjust the current working arrangements to optimise training which would lead to a service gap to be covered by consultants and allied health professionals. This would add cost and potentially remove some of the other aspects of the training including post-operative care.
4. Allow the trainees to opt out to the 56-hour limit and remunerate them appropriately, recognising that this is on a voluntary basis and would have to be able to support trainees who did not wish to work in excess of 48 hours. It is recognised that recruitment can only be made to a 48-hour post and additional hours cannot be mandated. It is felt likely that most trainees would accept the longer hours and that the working patterns could be adjusted to cope with at least 2 trainees who wished to remain at 48hours whilst maintaining training opportunities. A rota has been constructed which reflects this pattern of work, reflects current working practices and does not exceed the 56-hour limit.

Whatever option is adopted, there are some practices that must be stopped. In all cases, there is a clear need to stop the case review of new patients at weekends and consider a virtual review of imaging data and pre-admission information.

Practices that lead to breaches in minimum rest requirements must cease or arrangements put in place for appropriate compensatory rest. Thus, a long running list must be compensated by a late start the following day to ensure the minimum rest requirement is met.

This review has taken some time to ensure the widest collection of information and triangulation of data as well as to understand the training requirements and the service needs, as well as to gain some idea as to how other units deal with these issues.

Recommendation:

The Board of Directors is requested to note the contents of this report.