

Can Less Be More?

Reducing doctors' working hours while enhancing education and training

Background

The European Working Time Directive (EWTD) requires a maximum 48 hour working week for doctors by 2009. Working patterns must be reconfigured to meet this target, ensuring that:

1. Service demands are met & patient care maintained;
2. High quality education & training is preserved.

The WTD project at Northampton

The East Midlands Deanery, in conjunction with Northampton General Hospital (NGH), has undertaken a pilot project (funded by National Workforce Projects (NWP)) to find solutions to EWTD 2009. It set out to reconfigure how out-of-hours (OOH) daytime periods at weekends are covered, drawing on the principles of the Hospital at Night (H@N) model, particularly the concept of multi-disciplinary teams with other staff taking on some of the work traditionally done by junior doctors.

What have we done so far?

1. Audit of weekend daytime activities. Data suggests that:

- Since weekend working is more intense than, and different from, the night time OOH periods, multiple, speciality-specific teams are required;
- Senior SHO & SpR presence (ST1 and above) should be maintained with a refocusing of activity;
- Reduced junior doctor presence (at Foundation Years 1 & 2);
- Other healthcare workers can carry out duties formally undertaken by junior doctors (e.g. Phlebotomists, Advanced Nurse Practitioners).

2. Local surveys of junior doctors to obtain baseline data on education and training experiences, triangulated with national PMETB trainee survey data, have revealed:

- Good education and training experience at NGH (compared nationally);
- Some problems with attendance at weekly teaching sessions & formal educational supervision opportunities.

What do we hope to achieve?

An overall reduction in junior doctors' OOH commitments, concentrating their hours into the weekday daytime periods, resulting in:

- Supervision & training opportunities maximised as these are believed to be better during these periods (e.g. Consultant supervision more readily available);
- Removal of what other research has shown to be a key barrier to attendance at weekly teaching sessions – i.e. OOH commitments¹;
- Reduced hours for junior doctors to achieve EWTD 2009 compliance (with cost savings ring-fenced to fund other healthcare workers for Weekend Teams).

What next?

Following analysis of weekend work data, meetings are ongoing with each directorate to develop a Weekend Team to reflect specific service needs. Weekend Teams to be in place early in the New Year with evaluation ongoing and reporting of EWTD solutions to NWP in March 2008.

Post-implementation surveys will assess impact of the changes on:

- Patient safety
- Education & training
- Compliance with the EWTD 2009 target (as well as New Deal requirements)

Take home messages

- 🕒 **EWTD 2009 is fast approaching and cannot be avoided by Trusts or Postgraduate Deaneries;**
- 🕒 **Solutions to the WTD 2009 target need to be piloted now if the target is to be successfully met;**
- 🕒 **The Weekend Team pilot at Northampton proposes multiple, multi-disciplinary Weekend Teams for the weekend daytime OOH periods;**
- 🕒 **The model is informed by work activity data and pre-implementation survey findings to enable a reduction of working hours for junior doctors while maintaining (if not enhancing) education & training opportunities.**

[¹ Higgins R., Cavendish S. & Gregory R. (2006) Class half empty? Pre-registration house officer attendance at weekly teaching sessions – implications for delivering the new Foundation Programme *Medical Education*, Vol. 40 (9), pp. 877-883].