Surgical Trainees Worried as Training Deteriorates Under European Working Time Regulations

UNDER EMBARGO UNTIL 00.01 WEDNESDAY 4 NOV 2009

Survey results released today reveal growing alarm amongst junior doctors over the impact of the European Working Time Directive (EWTD) on surgical training and patient safety.

Over 1,600 surgeons-in-training from all specialties responded to a survey by the Association of Surgeons in Training (ASiT) and the British Orthopaedic Trainee Association (BOTA).

Over two-thirds of trainees reported deterioration in their surgical training since EWTD implementation in August, with only 1% of respondents experiencing any improvement.

67% of surgical trainees are attending work while off-duty to protect their training and gain adequate experience operating. These additional unregulated hours are likely to exceed the limits set down by the EWTD.

Other key findings include:

- 84% of surgical trainees are working in excess of their rostered hours to maintain the quality of the service provided and ensure patient care is unaffected.
- 48% have no specific time allocated in their rota for dedicated handover of patient care, contrary to professional guidelines, with over 74% of respondents handing over care to other surgical teams 2 or more times during each 24 hour period.
- 17% of trainees were aware of formally reported adverse critical incidents, using established hospital reporting systems, directly arising from reduced working hours or increased frequency of handovers associated with EWTD implementation.
- 67% of surgeons-in-training plan to opt-out of the EWTD; 15% of trainees have already done so; however 10% have been prevented from doing so by their NHS Trust.
- 86% of surgical trainees working an EWTD compliant rota have seen their work life balance deteriorate or remain unchanged with the theoretical reduction in working hours.

Surgical trainees have been campaigning against the continued introduction of the EWTD and calling for improved training for several years, with reports highlighting anticipated training difficulties published in 2006 and 2009.

Ed Fitzgerald, President of the Association of Surgeons in Training commented “As a postgraduate craft-specialty, surgical trainees are deeply troubled by the reduction in working hours forced on us by the EWTD. Careful, supervised exposure to patients and their operations is vital for producing safe, confident and experienced surgeons in the future."

“Surgical training is being driven underground through unreported and unregulated hours of work. We are witnessing the rise of the ‘grey rota’, whereby hours worked bear little resemblance to those set out on paper by employers. The result is that we will know even less about the hours that surgical trainees are actually working, a situation that is potentially more unsafe than a modest increase in regulated hours.”
“The survey confirms our fears that the NHS cannot currently deliver surgical training within the hours officially available to us. Nobody wants a return to the potentially unsafe excessive hours of the past. What we require is a fundamental modernisation of surgical training, and a sensible compromise on the hours that surgical trainees are allowed to work. We call on the NHS to work with us to prioritise surgical training and support our Consultant trainers.”

Benjamin Caesar, President of the British Orthopaedic Trainees Association commented “This Survey confirms the fear that Surgical Trainee organisations have held for some years, that the effect of the EWTD on the craft specialities, such as surgery, has been devastating, with deterioration in both surgical training and patient care.”

“Single working weeks of 90-hours are still permitted under the directive’s terms, and can occur frequently when balanced with rostered time off during a 26-week reference period. This survey demonstrates that the majority of trainees (67%) are having to attend on these ‘rostered days off’ to protect their training. The impact of this legislation is therefore to exacerbate rather than relieve fatigue. This survey demonstrates that the shift patterns being imposed as a result of the Working Time Directive are having exactly the opposite effect on surgical trainees to those it proposes. They are more fatigued, less well trained and have a poorer work-life balance.”

“The methods of training safe, competent, and confident Consultant Surgeons for the future need to be significantly reviewed to accommodate any changes in working patterns, and the Government needs to listen to the leadership from Surgery in presenting a compromise solution to the hours required to train surgeons and to deliver a safe service, whilst modernising surgical training and service delivery.”

Lesley Bentley, demitting Lay Chair of the Patient Liaison Group at the Royal College of Surgeons of England commented "It would be of concern to patients if changes in working hours were to compromise training, continuity of care and high quality outcomes, all crucially important for patients, now and in the future."

Notes to Editors

The Association of Surgeons in Training (ASiT) is a registered charity which works to promote the highest standards in surgical training. Founded in 1976, its membership consists of over 2,000 surgical trainees from all nine surgical specialties. ASiT remains independent of the Surgical Royal Colleges and other professional medical organisations, and is run by trainees, for trainees. For more information please visit: www.asit.org

The British Orthopaedic Trainee’s Association (BOTA) was established in 1987, specifically to represent the views of orthopaedic surgical trainees. It subsequently became affiliated to the British Orthopaedic Association. Its membership has increased to the current level in the order of 1,400 Specialist Registrars. For more information please visit: www.bota.org.uk

ASiT and BOTA work closely together to improve surgical training in the UK. Their current work involves active lobbying of the Surgical Royal Colleges, the Joint Committee on Higher Surgical Training, and numerous other NHS working groups and committees.

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