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Sent by email: cdmarron@mac.com

SE/010132

**General
Medical
Council**

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Dear Dr Marron

Working Time Directive and breaches of monitoring hours

Thank you for your email enquiry of 14 May 2007 seeking our views on situations where the working patterns for doctors in training may be affecting patient safety and where the problem, in some cases, is being underpinned by false declarations about hours worked.

You enclosed a report by the Association of Surgeons in Training which argues that measures taken to date to implement the European Working Time Directive, combined with the 'New Deal' and Junior Doctors' Contract, have generated working practices which are compromising patient safety and doctors' health. This is through trainee doctors continuing to work excessive hours, mainly to ensure that they get sufficient exposure to the types of procedures/cases that are necessary to complete their training, and reflecting continuing shortages of trained doctors. This is in spite of the fact that rotas for trainees are required to be compliant with the Working Time Directive and trainees are contractually obliged to complete monitoring reports showing a true picture of the hours they work. The Association suggests that some trainees are making false declarations of their working hours, sometimes under pressure from others to do so, and this is supported by feedback in the recent PMETB survey of trainee doctors.

You posed a number of questions about particular scenarios of false declarations and asked what might be the outcome if such a case was reported to the GMC.

The GMC considers each case it receives on the facts and merits of the particular case, taking account of any explanations or representations given in the doctor's defence, and bearing in mind the standards of professional conduct and practice set out in *Good Medical Practice* and our other published guidance. That said, *Good Medical Practice* (GMP) makes clear that being honest and acting with integrity is at the heart of medical professionalism (paragraph 56). Doctors are expected to be honest and trustworthy when completing and signing forms, reports and other documents (paragraph 63). The online edition of GMP (http://www.gmc-uk.org/guidance/good_medical_practice/index.asp) links to details of 10 fitness-to-practise cases which have involved issues about doctors giving misleading or false information in reports and other documents.

We appreciate that doctors may find themselves in challenging situations where they have to make difficult decisions about how best to safeguard patients' interests, for example where their ability to practise safely might be compromised by fatigue but no other doctor

is available to provide necessary care. However, making false declarations to hide excessive working hours (and thereby circumscribing a process set up to protect the interests of trainee doctors and patients) would not seem an appropriate response to the situation you have outlined. The safety of patients must come first at all times and *Good Medical Practice* makes clear that doctors have a responsibility to try to address problems in their working environment which may compromise patient safety. Paragraph 6 states:

'If you have good reason to think that patient safety is or may be seriously compromised by inadequate premises, equipment, or other resources, policies or systems, you should put the matter right if that is possible. In all other cases you should draw the matter to the attention of your employing or contracting body. If they do not take adequate action, you should take independent advice on how to take the matter further. You must record your concerns and the steps you have taken to try to resolve them.'

We have also published more detailed advice in *Management for Doctors* (2006) and supplementary guidance called '*Raising concerns about patient safety*' (2007), which are available on our website.

Bearing our guidance in mind, we would expect trainee doctors and their supervisors to make use of local procedures to raise concerns and seek action to address the risks arising from excessive working hours, any failure to provide adequate training experiences and the possibility of disciplinary action where false declarations are being made by trainees. In addition to using local procedures, we understand that PMETB can carry out 'triggered visits' to Trusts, if a trainee doctor (or anyone else) raises concerns with PMETB about poor practice in the arrangements for training or the quality of training being provided. You can find more information about this on their website at <http://www.pmetb.org.uk>.

The PMETB survey report suggests that they have taken steps to agree improvement plans with training providers and local Trusts, to address the concerns identified in the survey. If you have not already contacted them, no doubt PMETB will find it helpful to hear from your Association, to inform any initiatives they are taking to follow up on the problems around trainee working hours.

I hope this information is of help to your Association in considering how best to take matters forward.

Yours sincerely

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