

The European Working Time Directive in Neurology – Time for training?



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The European Working Time Directive (EWTD) became part of UK law in 1998, but has only been fully applied to junior doctors since 1st August 2009. Despite having 11 years to prepare, some trusts have struggled to implement fully compliant rotas and concerns remain about the effects of reduced working hours on training. So what impact will EWTD have on trainees in neurology and how can we ensure that the quality of our training is protected?

What changes has EWTD brought?

The key change brought by the full implementation of EWTD is a reduction in the maximum hours of work each week from 56 to 48. Importantly, in contrast to the New Deal definition, all time on call at the place of work counts as work. Time on call from home is not defined as work. However, should 11 hours of uninterrupted rest not be achieved due to calls overnight, compensatory rest must be provided.

Is a 48 hour week now a reality for neurology trainees?

The vast majority of trusts will now have introduced rotas that are, at least on paper, compliant. But the reality may be different. As professionals, we are likely to stay at work until the job is done whatever our contract dictates. If hours monitoring reveals that a rota is compliant on paper but not in practice, junior doctors and clinical tutors should get involved in designing a rota that really works.

An important barrier to EWTD compliance is the increasing problem of staff shortages producing rota gaps. This has been another unintended consequence of the disastrous Modernising Medical Careers. The BMA advises that junior doctors should not be pressurised into providing cover for rota gaps. Individual doctors currently have the right to “opt out” of EWTD in order to undertake such work on a locum basis, but groups of doctors cannot be asked to opt out by trusts.

How will reduced hours affect training?

Reduced working hours potentially threaten the quality of training by limiting the clinical experience of neurology trainees. This problem is compounded if new rotas for SHOs result in inadequate junior support.

The recent ABNT trainees' survey highlighted concerns about registrars doing inappropriate tasks and missing valuable training opportunities as a consequence. In addition, the new curriculum for neurology training is four years rather than five in duration (even for those who have not done research). How then can we ensure that the quality of training is protected and the status of new consultants is not downgraded?

Possible solutions

Non-resident rotas should be safeguarded wherever possible, allowing minimal disruption to daytime working. Shift systems can also work but only where there are enough doctors on the rota. With smaller numbers, there is a risk that rotas may be EWTD compliant but not adequate for training purposes. Trusts might consider including staff grade doctors or research fellows in rotas to increase numbers and rectify this problem. Crucially, trusts must ensure that there are enough SHOs to cover routine ward work. Where this is not the case, trainees should raise their concerns with their clinical tutor as soon as possible and contact the ABNT for advice.

A fundamental change in the culture of training may also be required: we can no longer rely solely on the apprenticeship model. But “tick-box” work-based assessments are not the answer. Consultants need protected time to provide high quality training to juniors. For instance, consultants supervising registrars in clinic could have reduced lists to give them time to offer real teaching.

Finally, should we consider reverting to a five year programme of neurology training? At the ABNT forum in Liverpool there was considerable support for this idea, particularly if one year was dedicated to sub-specialty training. We are keen to consult more widely on this issue, so please do get in touch with your views.

I believe we are fortunate that the EWTD offers protection of our work-life balance that was denied to previous generations of physicians. If rotas are carefully designed and registrars' training needs are prioritised, high quality training in fewer hours should be possible. To achieve this alongside the competing pressures of service delivery, trainees themselves need to play an active role in making this work. ♦