

Rapid Response:

Shift work is here to stay. 24 hours on-call is a system of the past.

Messer wonders whether we could ever shift back to on call systems of working. The simple answer to this point, for many specialties, is NO!

Implementation of the European Working Time Directive (EWTD) is a non-negotiable part of Health and Safety legislation. In fact its implementation for junior doctors in training is later than that of other professions.

The EWTD sets clear limits on the amount of work allowed during any 24 hour period, and also the duration of rest required between these work periods. For many specialties these limits mean that 24 hour resident on-call systems are rotas of the past. Such working patterns are likely to contravene the forthcoming legislation leaving offending trusts open to investigation and potential prosecution by the Health and Safety Executive.

Shift based working patterns do reduce the number of doctors available during the normal working day. However, the EWTD limits have been available for some time now. It is up to individual trusts to look at staffing levels and service provision to ensure that, when these guidelines are implemented in August 2004, sufficient doctors are available to cover the service needs of the establishment as well as provide adequate training of the doctors employed.

In the short term this may involve increasing the number of doctors employed. In the longer term attention should be given to re-designing service provision in a geographical area and looking at ways trusts can provide an acceptable service to their patients whilst still complying with essential health and safety rulings.

Continuity of care may be reduced using shift systems in that the same doctor is not available for a full 24 hour period to provide input into patient management. However, a well designed shift system, with built-in handover periods should help to alleviate some concerns of those people who are so against the introduction of shift work.

The unpredictability of some on-call rotas means that a doctor could have been asleep for 15 minutes before being woken to deal with a problem or answer a query, only to fall asleep again and have the cycle started once more. Surely a system where doctors are awake at night and allowed to go home in the morning is preferable to the current arrangements where potential for sleep at night is, at best, unpredictable, and, at worst, unavailable.

The planning of annual leave or study leave may appear to be difficult when working a shift based system. However, if the shift pattern

is sufficiently flexible to allow changes, and has made allowances for annual or study leave, then there will be less difficulty involved in obtaining time off for leave purposes.

It is up to junior doctors working unfavourable shift patterns to negotiate changes with their employing trusts and seek changes to the working arrangements to create a system which allows maximal educational opportunity, acceptable service provision and sufficiently flexible working arrangements to make the implementation of the EWTD more appealing to medical staff rather than a change which is to be resisted at all costs. The sooner this is acknowledged, the sooner doctors can begin to work with trusts to seek mutually more acceptable working patterns.

Shift systems are here to stay. It is now time to shift 24 hour resident on-call systems into medical history books.

Competing interests: AR is the Junior Doctor Representative for Royal Manchester Children's Hospital and is involved in negotiation with the trust concerning changing working patterns. Opinions expressed are entirely personal.

Competing interests: No competing interests