The 2009 European Working Time Directive is one of the biggest challenges and greatest opportunities the NHS faces.

Bringing the maximum working hours of junior medical staff down to 48 hours per week will require the NHS to look at new ways of working and new role development to ensure that this important health and safety legislation is met, service provision is maintained or enhanced and the more robust training requirements for both foundation and specialty trainees are achieved.

NHS National Workforce Projects (NWP) is lead organisation to help support the NHS in finding and implementing solutions to the WTD.

The first meeting of the WTD stakeholder group, comprising of representatives from NWP, the Department of Health, medical and nursing Royal Colleges, medical education and NHS organisations, saw the development of six work themes to take the NHS closer to compliance.

A number of pilot sites have been established across the service to look at new models of care that might provide transferable learning across healthcare providers.

This is backed up by a range of work looking at development of learning and practical tools and resources that can support trusts move towards the 48 hour week.

The Working Time Directive publication series

This guide forms part of a publications series that NWP are developing to provide learning on key topics which may be of interest to WTD leads, medical workforce and human resources personnel, clinical leaders, nursing leads, managers, junior doctors and anyone else involved in planning and delivering the WTD work programme.

Publications on different topics will be produced on a regular basis in the build up to 2009. They will all be available on the healthcare workforce portal www.healthcareworkforce.nhs.uk/wtd along with other tools, resources and information that will be of use.

This hot topic briefing paper is aimed at WTD leads, directors of medical education, college and specialty tutors, GP trainers and training leads in trusts. It will also provide useful information to deans, consultants, anyone working in medical education and those in senior levels in the NHS and other health organisations.
Responsibilities for provision of training

This restructuring of working patterns to fulfil the training requirements of doctors in training in a way that also serves the needs of patients requires collaboration between education and service at all levels.

The director of medical education and the medical director should lead these discussions. Clinical director and college/specialty tutors must ensure that all consultants involved in both delivering the training and providing the service are engaged with any suggested change in the way of working of themselves, their trainees and other team members.

NACT represents the interests of their members nationally and provides materials and educational meetings to develop and support them in their role. The membership includes directors of medical education, clinical tutors, foundation programme directors, associate deans and some undergraduate deans in all four countries of the United Kingdom.

Purpose

The purpose of this briefing is threefold:

- Firstly to give an overview of the Working Time Directive to directors of medical education and all those responsible for the education and training of junior doctors.
- Secondly, it outlines the implications of the WTD to training and suggests ways that tutors and trainers might be involved with local discussions as they will inevitably be a focus of expertise in the trusts.
- Thirdly, the development of postgraduate schools for each group of specialties will provide specialty-specific leadership. Directors of medical education have the trust perspective and the cross-specialty vision. Cross fertilisation of ideas between both specialty leaders and trust leaders will improve our ability to meet the WTD challenge.

Many people will be aware of these changes and their impact but this briefing paper aims to give a point in time briefing to summarise this activity.

Introduction

This document has been prepared jointly by NHS National Workforce Projects (NWP) and the National Association of Clinical Tutors (NACT). Although the implementation of the WTD is not the responsibility of those involved in medical education, their input is essential to develop working patterns which optimise the educational experience of doctors in training. Previously the reduction in doctors’ hours has been achieved by individual departments altering existing rotas and employing additional doctors or other healthcare professionals.

In some cases these changes are perceived to have adversely affected the training requirements of the individual doctors.

Training could potentially be affected, particularly in the craft specialties, through fragmentation of team structures, shift patterns which include excess night work and fewer doctors in a department leading to ward cover taking priority over learning opportunities.

Postgraduate medical trainees learn through service provision by managing patients supported by clinical supervision to provide feedback and facilitate experiential learning.

Rotas must be designed that enable trainees to belong to a certain clinical team, attend regular sessions appropriate to their learning needs and to provide continuity of patient care, which trainees value highly. Many of the rotas currently in place, although WTD compliant with the current target at 56 hours, are not compliant with Modernising Medical Careers (MMC). They do not provide sufficient training to enable the individual trainee to achieve the competences clearly laid down in the new specialty training curricula.

The more rigorous training requirements of MMC together with the need to achieve the 48 hour target of 2009 provides the opportunity for a transformational change in out of hours provision with a global strategy between specialties and across the organisation.

The association attempts to bring the challenges faced at the hospital level of education delivery to the many national bodies involved in medical education particularly COPMeD, the AoMRC and recently the medical workforce forum of NHS Employers. Further information can be found on the website: www.nact.org.uk
Currently there is a limit on average working time of 58 hours a week for doctors in training under the WTD. However, this is reduced to 56 hours under the New Deal for junior doctors. This reduces to 48 hours in August 2009 under the Working Time Directive 2009.

Under WTD 2009 there is:

• An entitlement to a daily rest period of 11 uninterrupted hours. If in exceptional circumstances this 11 hours of rest cannot be given, then the employer is required to allow the doctor to take equivalent rest breaks. Trusts should have a compensatory rest policy to cover these circumstances.
• An entitlement each week to an uninterrupted day off of 24 hours (or 48 uninterrupted hours in a fortnight). This is an addition to the daily entitlement to 11 hours off.
• An entitlement to a rest break of 20 minutes if the working day is longer than six hours.
• An entitlement to four weeks paid leave each year.

Focus on safety

There is substantial body of evidence that relates poor performance to tiredness, intensity of work and poor supervision.

All these risks are present if doctors are structured to work a 48 hour week in a way that increases the intensity of work during a shift unacceptably or magnifies the risk of tiredness by putting too many night shifts together. It is also very risky to implement a system where doctors in training work beyond their competences routinely.

Tutors will be involved at trust level with discussions about how to structure work patterns, the number of night shifts to be worked and the construct of a team that is able to cover the clinical work safely but also will provide learning opportunities.

Re-banding of rotas

When doctors in training rotas are changed to meet WTD, usually the banding supplement of the rota changes and formally agreement is needed to do so. An essential part of the rebanding protocol is agreement by the director of medical education that the rota allows the doctors to meet their educational requirements. Directors of medical education should make sure they are involved in this process and that new working patterns are suitable for providing educational opportunities.

Where to get the further information on the background to WTD 2009

• National Workforce Projects (NWP) www.healthcareworkforce.nhs.uk/wtd
• NHS Employers – Employment Practice Update on EWTD www.nhsemployers.org/practice/index.cfm
Trainees will have, within their portfolios, a set of competences that, as this new style of assessment develops, will enable trusts to understand the abilities of this group of employees and make construction of acute care/out of hours care teams efficient and safe.

What can directors of medical education do?

1. What are the key questions they should be asking the trust?
   a. Is there a plan locally to meet WTD 2009?
   b. Is there appropriate director of medical education/tutor involvement in the strategic discussions on meeting WTD 2009 in the organisation?
   c. Is there mapping across WTD and MMC plans?
   d. Is monitoring compliance linked to standards of training in the trust?
   e. Is there a Hospital at Night approach and is this audited with respect to training?
   f. Is there a multi professional project team in place identify solutions across the whole workforce with plans to deliver safe care out of hours care.

2. Ensure they or their team is involved in the discussion, planning and changes within their trust

3. Ensure there is a project team in place for 2009 with terms of reference that recognise the interaction of WTD, Hospital at Night, MMC and all aspects of training.

What can college/specialty tutors do?

1. Support the director of medical education with the strategic, cross-specialty and multiprofessional approach
2. Raise the issues in departmental meetings?
3. Audit what current doctors are doing at night and weekends and what training opportunities are achieved/missed
4. Ensure that clinical director understands the training requirements of all trainees in the department
5. Discuss with colleagues, both within specialty and in other specialties, the concept of cross-cover
6. Start the discussion about what generic and specialty skills are required for safe patient care and who could provide this care

Impact of training requirements

Directors of medical education need to be aware the Post Medical Education Training Board (PMETB) standards require all training posts to be compliant with the WTD.
The PMETB CoPMEDE trainee survey is a useful source of data for each trust about WTD compliance, rota intensity and working patterns. Compliance data will be collected, but the local postgraduate deanery will expect directors of medical education to produce this for quality management purposes.
Many colleges and specialty bodies have guidelines on the amount of out of hours work and unsupervised work that a trainee is able to do for the post to be recognised for training.

Training from 2007

The new specialty registrar (STR) grades begin in August 2007, but directors of medical education recognise that there are other trainees in their trusts at foundation or FTSTA level involved in the out of hours rotas. The out of hours service requirements and the configuration of trainees will vary from trust to trust meaning that patterns of work will need to be created locally for your individual hospital’s requirements. Directors of medical education have the local knowledge across a trust and, together with the medical director, should enable departments to work together to implement the 48 hour week.
One of the strategies that can assist in this is the Hospital at Night model. This is a model of multidisciplinary team working to provide care over the night period. It is clear from the Hospital at Night baseline review that many trusts implementing Hospital at Night have realised that a number of factors are necessary for success: engagement with senior trust management and clinical leadership from the medical director level are vital. Research work shows that dysfunctional teams are actually worse than no team at all and anecdotal reports from units struggling with Hospital at Night type teams support this.
Even where the Hospital at Night model does not appear to have utility within a trust the themes running through Hospital at Night (such as handover, trained leadership, the competences necessary for the task) may provide a template for an appropriate multi professional and multi disciplinary approach to out of hours care.
The 2009 European Working Time Directive is one of the biggest challenges and greatest opportunities the NHS faces. Bringing the maximum working hours of junior medical staff down to 48 hours per week will require the NHS to look at new ways of working and new role development to ensure that this important health and safety legislation is met and that service provision is maintained or enhanced and the more robust training requirements for both Foundation and specialty trainees are achieved.

This guide hopefully gives an overview of some of the questions and steps that can be taken to ensure that education and training standards are maintained and enhanced as changes to structures and teams working take place in preparation for 2009.

A group of pilots sites are underway across the NHS looking at possible solutions to the WTD that may be transferable across the NHS. As well as looking at service and team structures, these pilots also have an emphasis on training and education and ensuring that good training opportunities are linked to changes in structure that may be required for 2009.

The pilots represent trusts and healthcare structures of different types, sizes and complexity. The first booklet in this series Introducing the Working Time Directive 2009 Pilot Sites gives an overview of all of the pilots. Learning and evaluation from the pilots is also being made available on an ongoing basis so that other trusts can pick up on lesson learnt and key points at an early stage.

All resources from the pilots are available on the healthcare workforce portal www.healthcareworkforce.nhs.uk/wtd in the pilot sites section.

For people involved in education and training it may be worth:

- Identifying pilots that are implementing similar structures to those in your organisation
- Monitoring the work generating from those pilots and making contact so that you can identify themes and challenges that you may come across and use their experiences
- Signing up to the WTD mailing list on the healthcare workforce portal so you receive quick updates on new resources and learning.

A key to meeting WTD 2009 will be transferable learning and sharing. Early lessons from the pilots will be shared in a future publications series booklet in the near future.

Sources of information and references used in this booklet

- Dept of Health
- NHS Employers
  www.nhsemployers.org/practice/index.cfm
- NHS National Workforce Projects with links to Hospital at Night
  www.healthcareworkforce.nhs.uk & www.hospitalatnight.nhs.uk
- National Association of Clinical Tutors
  www.nact.org.uk
- Royal College of Physicians work on rota design
  www.rcplondon.ac.uk/news/EU/index.asp#EWTD
- CoPMED
  www.copmed.org.uk
- Local Postgraduate Deans
- Hospital at Night Baseline report
  www.healthcareworkforce.nhs.uk & www.hospitalatnight.nhs.uk
- Michael West Aston University research project
  www.healthcareworkforce.nhs.uk
This briefing paper is the first in a series around education, training and the Working Time Directive.