RCPCH ADVICE ON WTD & CONSULTANTS WORKING PATTERNS

The RCPCH is aware that the reduction in the number of hours each week that junior doctors can work from August 2009 will put considerable pressure upon acute paediatric and neonatal rotas. Historically, rotas have been designed so that doctors get appropriate training opportunities but also so that there are a sufficient number of doctors available to cope with unexpected peaks in demand. With the Working Time Directive legislation it is likely that there will be fewer doctors available on paediatric rotas and there may be times when there are gaps present so that there is no Tier I (junior grade) or Tier 2 (middle grade) doctor. There are a number of reasons for this including the reduction in the number of hours that doctors are allowed to work, the difficulty in appointing to non-training grades (particularly Tier 2) and also the proportion of time that paediatric trainees spend "out of programme".

In these circumstances it is fully understandable that consultants will wish to support their departments by taking on unplanned duties (including resident duties) that may be necessary and may involve them undertaking work or procedures they do not do on a regular basis but it is essential that any long-term solution for WTD 2009 is both safe and sustainable. We are aware that many paediatric departments in the United Kingdom have been working towards such solutions by increasing their medical workforce, role substitutions, service redesign and employing trained medical staff to deliver new models of care. Unfortunately, a proportion of paediatric rotas will remain non-compliant by the August deadline.

Unless a consultant has opted out they will be fully bound by the legislation and they must ensure that they are compliant with the total hours that they work and rest breaks. When a consultant is resident on-site in an unscheduled way it is important that the department arranges additional consultant cover so that there is appropriate back-up in the event of an excessive workload. Consultants should try to maintain all relevant skills for the work that they may be asked to undertake. There may be situations where

a consultant decides that it is no longer safe for their department to admit emergencies. Whilst this decision is likely to reduce the workload by redirecting emergency referrals or transferring women in premature labour there will still be emergencies that will present directly to the hospital and there will still be the inpatient workload. This decision will clearly have effects on neighbouring units. In these circumstances there should be, as a minimum, a three tier rota.

The current situation is likely to deteriorate further as we enter the winter months with increasing sickness amongst doctors and an increase in departmental workload.

When it is decided that there is no alternative other than consultants becoming resident the Paediatricians Charter (RCPCH 2004) recommends that consultants should not undertake Tier 1 duties. The decision for a consultant to become resident should be mutually agreed between the consultant and the Trust.

The RCPCH does not believe that using consultants to cover unscheduled gaps in Tier 1 and Tier 2 rotas will provide a safe and sustainable solution to WTD 2009 and, in order to monitor this situation, is asking that clinical leads should contact Susan Mitchell, Head of Health Services, Tel: 0207-0926091 – email Susan.Mitchell@rcpch.ac.uk, whenever this situation arises so that we can monitor the situation. The College also recommends that the Medical Director and Chief Executive of the Trust should be made aware on each occasion.