# SAC IN UROLOGY: EUROPEAN WORKING TIME DIRECTIVE AND CLINICAL TRAINING

From August 2009, no doctor in training can be asked to work in excess of 48 hours per week. This presents a challenge to both Trusts and Surgeons to provide safe clinical cover and maintain a clinical service while providing sufficient training time to allow trainees to achieve the necessary experiences and competencies. Although service provision and training have been seen as distinct entities, the SAC in Urology recognise that for units to deliver high quality training a high quality clinical service is required. Therefore any change which affects this symbiosis is of concern to the SAC. The aim of this paper is to set out the SAC views and principles to help colleagues faced with the difficult task of rota re-design while maintaining service provision and high quality training.

Currently, the role of the doctor in training and providing clinical cover varies widely. In some smaller units, the doctor in training may provide very little in the way of clinical cover, whereas in larger units with higher numbers of trainees there may be complete 24 hour cover provided by the trainees.

This paper relates to higher surgical trainees. ST1 posts and ST2 posts are viewed as part of generic surgical training, as will the third year of core training, and are not within the scope.

1. The construction of rotas to comply with Working Time Directives is a complex procedure with periods of compensatory rest required. Attention is drawn to the document produced by the English College and the concept of assessing rotas in terms of the number of normal working days (NWD) resulting from that rota. The concept of the normal working day allows rotas of different complexities to be compared. The rota illustrated showing a 1:7 giving a normal working day value of 3.3 is felt to be the minimum acceptable for provision of adequate training. Whether even this rota is possible will inevitably depend upon the work intensity during the evening hours, and that may only be apparent following formal intensity monitoring.

2. Educational supervisors should review trainees' weekly programmes to be certain that time is being used to best effect. For urological trainees, most training opportunities occur during the period 8am-5pm and training opportunities for these periods should only be compromised where there is a good training justification.

3. However, consideration might be given to liberating time from the basic working week to allow on call experience of post-operative care and emergency on call in the evening. The SAC recognise that the number of emergencies in Urology is small and the number of patients needing surgery is even smaller. However, the care of the post-operative patient and decision-making and assessment and initiation of treatment in urological emergencies form key parts of urological training and provided that this is delivered in a suitable training framework (ie post-

on call ward round with Consultant/case discussion) should form part of a trainee's timetable.

4. Another option, particularly for smaller units, is for the trainee to be on call in the evening, when most of the relevant "on call" training opportunities occur.

5. Cross-cover between specialties at HST level is not only unproductive but potentially raises the issues of indemnity, particularly if trainees were being asked to perform duties that they would not normally undertake in the standard working day.

6. It is permissible for trainees to cover more than one site provided that they are reasonable close together and that a consultant is available on each site.

7. The reconfiguring of rotas associated with the European Working Time Directive may act as a catalyst in service re-design to allow a single clinical area for emergencies, etc.

8. This document provides the best advice and guidance at the current time. It is recognised that junior staffing will change with the reduction in national training numbers and the concept of a specialist urologist put forward by the NHS Employers Confederation. The SAC undertake to review this guidance on an annual basis.

*Non-resident on-call rota*

| | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|
| 1 | Week day on call 8am–8am | Half day 8am–1pm | Standard day 8am–5pm | Standard day 8am–5pm | Standard day 8am–5pm | | |
| 2 | Standard day 8am–5pm | Week day on call 8am–8am | Half day 8am–1pm | Standard day 8am–5pm | Standard day 8am–5pm | | |
| 3 | Standard day 8am–5pm | Standard day 8am–5pm | Week day on call 8am–8am | Half day 8am–1pm | Standard day 8am–5pm | | |
| 4 | Standard day 8am–5pm | Standard day 8am–5pm | Standard day 8am–5pm | Week day on call 8am–8am | Half day 8am–1pm | | |
| 5 | Standard day 8am–5pm | Standard day 8am–5pm | Standard day 8am–5pm | Standard day 8am–5pm | Week day on call 8am–8am | | |
| 6 | Standard day 8am–5pm | Standard day 8am–5pm | Standard day 8am–5pm | Standard day 8am–5pm | Standard day 8am–5pm | Weekend on call 8am–8am | Weekend on call 8am–8am |
| 7 | Zero hours | Zero hours | Standard day 8am–5pm | Standard day 8am–5pm | Standard day 8am–5pm | | |

This rota is in band 1B (40% supplement); NWD availability is 85.1 days per 6 months (3.3 days a week)