



EWTD for Junior Doctors

New technology rides to the rescue

From 1st August 2009 almost all junior doctors in the NHS are supposed to be working an average week of less than 48 hours, with perhaps 10% allowed to work up to a 52-hour week because of a transient derogation from the regulations. It will have been a difficult month for all concerned – the EWTD, a change-over of staff, summer holidays, unfilled posts, few locums or international medical graduates available, and swine influenza – though swine flu is the only problem that failed to turn-up in August.

But there is some new technology – software as a service from RotaGeek.com – that does bring some new solutions that are ready to be applied, now that the 48-hour implementation phase is over.



There are two parts to the EWTD

It is important to realise that there are two distinct parts to the EWTD, which are only slightly connected. The first is the strict, inflexible regulations that enforce every worker having at least 11 hours of rest in every 24 hours, and 24 hours once a week or 48 hours in a fortnight. There is no way around this rule, and it is this regular rest in the EWTD that provides almost all the benefit in terms of safety. Rested doctors make less mistakes.

The second part of the EWTD limits the average working hours per week – and the new limit is 48 hours. This has essentially nothing to do with Health and Safety, and is all about manipulation of the labour market in Europe – essentially making more jobs for the workers. That is perhaps a good idea when there is a surplus of workers – but the NHS is still very short of doctors... so I have no guilt about devising ways of allowing junior doctors to volunteer to work longer hours.

The opt-out solution

All British workers are eligible to opt-out of the working hours regulations [that is the 48-hour week], and this now includes all junior doctors. They've only needed to opt-out since 1st August, and their average hours remain a maximum of 56 per week, limited by the New Deal. The rest provisions of the EWTD remain absolutely intact.

So how does it work? The decision to opt-out must be made without coercion, and the junior needs to sign a simple statement, requesting to opt-out and giving reasonable notice if they later wish to opt-in. The junior is then available to work up to an extra 8 hours per week, on average – how could

this be used? The most obvious benefit for the employer is to have each opt-out doctor eligible to work as an internal locum – still rigorously enforcing the rules about rest. But the junior could be scheduled to provide extra sessions regularly during the day or evening – perhaps for service work, perhaps for training.

What's the catch, and why does technology help?

What's the catch, and why does technology help? Well, it does make designing a rota a bit more difficult – that's where the software comes in. The basic 48-hour rota is devised for a group of juniors, and agreed by all involved. Then those who have volunteered to opt-out can – with their manager and senior doctors – decide whether to allocate some extra 'personal' sessions during the normal working week, or to remain available for occasional locum sessions, or a mixture of the two. The rule of the opt-out demand that a full record is maintained of the hours worked by these employees – and this is made extremely easy by the software. Finally, these extra hours may trigger a change in banding and increased pay for the junior – this is not inevitable, but it is usually far cheaper than hiring external locums.

The management of internal locums can be transformed by RotaGeek's ability to identify in real-time those doctors who are rested and available for locum work – and contacting them via text message and email.

Shiftwork, and covering 168 hours per week

Medicine is a 24/7 business and some jobs work flat-out – for example, in Accident & Emergency or on-take for acute medicine in a busy hospital – such posts demand a fresh doctor who works continuously covering full-shift working - that is, the night.

But there are other posts where there is only a need for a skilled doctor to be available at very short notice in the evening and over night, but not actually present on-site in the hospital. Examples of such posts would be most surgical or orthopaedic SpRs, or junior physicians on-call for emergency procedures – for example, cardiac catheter or endoscopy. These less intense posts are often suitable for the non-resident on-call solution.

The non-resident on-call solution

This solution exploits the very real difference between being on duty (that is, ready for work) and actually working – whilst strictly obeying the EWTD rest regulations, and the two court judgments SiMAP and Jaeger, and the New Deal. Despite all this red tape, junior doctors can be on duty up to 72 hours / week and within those hours they may work for 48 hours (or 56 hours, if they have opted-out). Hence, the apparently impossible demands of the junior surgeons and their English Royal College are essentially met.

What's the catch, and how does technology help? Designing such rotas, recording work performed and, most importantly, automatically sending a doctor home early if there has been an unusually heavy night of work – can all be performed by the RotaGeek technology, for example, logging overnight work via the junior's mobile phone and/ or email plus maintaining records not only for Ministerial returns but also the Health & Safety Executive.

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Where does RotaGeek.com come from?

Dr Chris McCullough and I founded RotaGeek in early 2009, and we have funded the project after failing to get an NHS grant. Chris was recently an SpR in Renal Medicine in North London, having qualified in medicine and completed a PhD in Edinburgh. He was seconded to coordinate implementation of the New Deal in Scotland, was on the BMA's junior doctor committee, and later was the first CEO of Remedy – the juniors' pressure group. My first job was as a house officer at Guy's Hospital in the 1969 influenza pandemic;

I trained in Gastroenterology and ended-up as a Professor of Medicine at the Royal Free Hospital, UCL. I was elected Clinical Vice-President of the Royal College of Physicians in 2002, and was its lead for the EWTD until I founded RotaGeek. I have been a member of most of the Government's central committees planning the EWTD implementation.

We founded RotaGeek because we are both committed to the NHS. We want to consolidate the safety improvements that are provided by the EWTD, but want to preserve the joy of doing the good, fulfilling job of being a junior doctor – and that includes being properly trained. We believe our solutions provide a lifeline to assist the safe implementation of the EWTD.

RotaGeek is 'Software as a Service' – that is, users login via the Internet to a central server, and this provides an economic and efficient platform to plan and implement rotas. From free trial rotas, to rotas of increasing complexity and 'intelligence' – all are available via RotaGeek.com.

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RotaGeek



Rotas made easy.

- ✓ Rota design in minutes
- ✓ Create opt-out rotas
- ✓ On-call rotas within the EWTD
- ✓ Full New Deal and EWTD analysis
- ✓ Real-time monitoring
- ✓ Locum management service

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