



University of  
**Salford**  
MANCHESTER

# Time is running out for NHS Trusts and the Department of Health to act

Rowland, A

<http://dx.doi.org/10.1136/bmj.326.7380.68/b>

<b>Title</b>	Time is running out for NHS Trusts and the Department of Health to act
<b>Authors</b>	Rowland, A
<b>Type</b>	Article
<b>URL</b>	This version is available at: <a href="http://usir.salford.ac.uk/id/eprint/56142/">http://usir.salford.ac.uk/id/eprint/56142/</a>
<b>Published Date</b>	2003

USIR is a digital collection of the research output of the University of Salford. Where copyright permits, full text material held in the repository is made freely available online and can be read, downloaded and copied for non-commercial private study or research purposes. Please check the manuscript for any further copyright restrictions.

For more information, including our policy and submission procedure, please contact the Repository Team at: [usir@salford.ac.uk](mailto:usir@salford.ac.uk).

## **Rapid Response:**

### **Time is running out for NHS Trusts and the Department of Health to act**

EDITOR:

Rhona MacDonald's article concerning the European Union Working Time Directive raises important issues concerning the working patterns of the medical profession.(1) We are rapidly approaching the implementation of the initial stages of the EU working time directive. In August 2004 doctors in training should work no more than 58 hours per week; from 2009 this must be reduced to 48 hours per week.(2)

There are two main ways to reduce the number of hours in any particular working pattern. Either the total number of hours must be reduced (ie some of these hours must be undertaken by non-medically qualified staff) or the number of people contracted to work these hours must be increased.

To completely modify a working arrangement for junior staff requires a great deal of time and managerial skills. The working patterns for doctors in training must be balanced against the ways in which NHS Trusts function in order to provide an adequate service for patients.

To change a working pattern for junior staff so radically means that organisations must urgently consider alternative ways in which they provide their service. We need to look carefully at tasks which could be undertaken by staff who are not medically qualified, however the answer to reducing doctors hours should not be to simply employ more nursing staff.

Roles must be clearly defined within acceptable clinical risk guidelines. To train staff appropriately and ensure that new working patterns are robust and cost effective will be difficult as the time in which to do this is slipping away.

The Department of Health needs to react swiftly to issue practical guidance to NHS Trusts to advise them about changing working patterns for doctors in training. In the interim, until organisational change can take place, recruiting extra doctors may be the only way in which to ensure compliance with the directives that come into force in August 2004.

Unless action is taken soon to ensure that trusts and the Department of Health are prepared to meet the demands of the EU Working Time Directive then the current working patterns for many junior staff will become unsustainable. Time is rapidly running out for NHS Trusts to act.

1. MacDonald R. More Doctors is not the answer to the EU Working Time Directive. *BMJ* 2003;326:68 (11 January)

2. <http://www.doh.gov.uk/workingtime/>

Competing interests:

None declared

**Competing interests:** No competing interests