

New Ways of Working: a guide for the foundation year doctor

Introduction

'New Ways of Working' is a term that has been bandied about for years. In the public and private sectors, organizations are always considering how to work more efficiently. The NHS is very much dictated to by government directives and European legislation.

Even though change can be beneficial, staff feel threatened by it. For instance, doctors had complained about the unnecessary time, effort, duplication and expense in submitting multiple paper applications for very similar jobs all round the country. However, the standard electronic application process via the medical training application service (MTAS) has proved troublesome.

It has always been obvious that many tasks carried out by juniors are not appropriate for their level of skill or educational needs. However, there seems to be much bureaucracy in getting these transferred to other groups of staff. Also, junior doctors themselves are not always content to be relieved of basic procedures that they feel are essential for training.

Junior expansion is no longer feasible, as there may be bottlenecks eventually when such doctors apply for consultant posts. This happened with obstetrics and gynaecology in the late 1990s, and it is occurring in other specialties currently. Also, particularly for surgical trainees and those tackling procedures such as endoscopy, learning opportunities are reduced if there are too many doctors competing for a finite number of cases (Hooke, 1999).

Hospital at Night

Hospital at Night (HaN) is very much a new branding for a set of old concepts, with some modifications. Much of it is common sense, but that is not always very common. Some people have bad experi-

ences of schemes that may be badged as HaN, but are really just fudges of the former system.

HaN aims to provide optimum patient care and staff training in the face of reduced doctors' hours under the European Working Time Directive and changes to numbers and types of posts under Modernising Medical Careers (MMC). Before the new banded pay system was introduced in 2000, junior doctors were relatively cheap to employ at night and there was less incentive for change.

HaN involves the following concepts:

- Coordinated multidisciplinary night team comprising generic competencies rather than set professional roles
- Horizontal rather than vertical integration, i.e. breaking down of the traditional concept of having each tier present in each specialty
- Early identification and management of ill patients
- Specialists on call from home
- Bleep filtering
- Drawing work into the day
- Eliminating unnecessary duplication, such as multiple clerking
- Multidisciplinary handover
- Risk management and clinical governance.

Data collection on several sites has consistently shown that most specialties are quieter after midnight and that medicine is the busiest. Each trust should carry out its own exercise for credibility, but findings are unlikely to be much different. Junior doctors are not contractually obliged to participate, unlike New Deal monitoring. Hence, trusts may need to provide incentives for separate time and motion studies and emphasize that accurate data are essential to ensure improvement of working lives. It may also be useful to survey other staff. For instance, in one trust, the skilled night sister regularly had to fetch linen from the cupboard because nobody could be released from the wards.

The generic skills of foundation year doctors are often underestimated, and there are artificial boundaries between

specialties. After all, a drip or prick on a medical ward is not wildly distinct from a drip or prick on a surgical ward. Senior doctors can be so specialized that they refer a patient to another team for a relatively basic problem. They may not realize that their own foundation year doctor is perfectly capable of performing a vaginal examination because he/she has just finished a gynaecology job the previous week. Instead, they ask for a gynaecology opinion, and the new gynaecology foundation year doctor is the one who is sent to make an initial assessment.

Seniors worry about leaving patients in the hands of someone not qualified to look after them. However, a new specialty senior house officer (SHO) is no different. On a basic surgical or medical rotation, doctors should be capable of cross-covering other specialties on that particular rotation anyway, or they would not have been appointed. With MMC, the foundation year 2 grade will be more generic than the former SHO grade. There is anecdotal evidence that junior doctors in days of yore were able to cover extensively, and that specialisms were introduced later, supposedly for safety. Juniors would ask colleagues in the doctors' mess for advice, even if they worked for different specialties, and they might even go and see the patient together.

When I was a relatively new SHO in ear, nose and throat, the accident and emergency SHO referred a patient with a nasal foreign body. She had suggested that she 'have a go' at extracting the item, but the patient had insisted on seeing a specialist – me. The accident and emergency SHO would have been just as proficient, if not more so. I never did learn how to manipulate the head mirror.

Repeated clerking by different tiers and specialties of doctor and nurse can aggravate patients, who feel that they are repeating themselves. However, others are reassured that everyone is being thorough. Some patients do forget episodes on initial questioning and then remember them subsequently. Many patients believe,

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understandably, that their past medical history is all in the records anyway and that there is no need to mention things, for that reason. It can be distressing to have intimate examination carried out by several different doctors. However, each doctor needs to satisfy him-/herself that he/she is doing the right thing for that patient, without taking the previous doctor's word for it.

Hospital 24/7

Some trusts are now extending the HaN concept to weekend days and even weekdays. One idea is to have generic acute care team cover 24 hours a day, 7 days a week. This can consist of junior medical

staff from any adult specialty, supported by senior nurses and consultants. This can even be combined with accident and emergency. They can assess new admissions to any specialty and acute illness in existing ward patients, perhaps alongside a critical care outreach service. All juniors can rotate through this attachment. Routine clinics, elective lists and standard inpatient care can be looked after by regular specialty teams. New roles can be created, without simply expanding nurses' remit.

Along with HaN, there is debate over how to incorporate paediatrics and obstetrics, as these are highly specialized areas and patients can become ill rapidly. Individual trusts need to have internal discussions over whether children with surgical prob-

lems are placed under the care of medical paediatricians or surgeons. They also need to decide what comprises obstetrics as opposed to gynaecology, particularly with regard to early pregnancy.

Conclusions

With government directives and limitations on numbers of junior doctors, change is the only predictable factor. New and old initiatives to maintain service and training abound. The full extent of the effects will become evident in due course. **BJHM**

Conflict of interest: Dr Hooke has worked in both management and medicine.

Hooke RL (1999) Task force junior doctor. *Student BMJ* Feb 7: 29–30

Useful websites

www.healthcareworkforce.nhs.uk

www.wise.nhs.uk/cmsWISE/Workforce+Themes/Intro.htm

www.institute.nhs.uk

www.nhslive.nhs.uk

www.isip.nhs.uk

www.18weeks.nhs.uk

KEY POINTS

- Change is inevitable, and you can evolve or become extinct.
- Increasing the numbers of doctors is no longer permitted or feasible, hence alternative solutions are being piloted.
- Hospital at Night and Hospital 24/7 are relatively new concepts, including some traditional practices such as other staff taking on junior doctors' tasks.
- These systems can be used for generic training in acute care skills as well as specialty or GP training.