GAT On-call Room Survey 2005/6

Chris Meadows

As a follow-up to last year's telephone survey of overnight on-call room facilities for anaesthetic trainees in hospitals across England, Wales and Northern Ireland [1], GAT has, over the last few months, once again collected this data. The results are shown here by region with last year's figures included alongside for comparison:

Hospitals who have removed at least one anaesthetic on-call room

Region	Percentage of total (2005/6)	Percentage of total (2004/5)
North Thames	16.2%	12.5%
South Thames	21.9%	18.8%
Eastern (East Anglia & Trent)	21.9%	11.1%
Thames Valley & Hampshire	7.6%	0%
South West & Wessex	9.1%	16.6%
Midlands	9.1%	3.8%
Wales	18.8%	0%
North West	7.5%	3.6%
North East	11.8%	-
Northern Ireland	0%	0%
Summary		
London Rotations	18.8%	15.6%
Others	11.8%	4.9%
Total	13.7%	9.0%

A further 14.2% of hospitals nationwide have plans to remove at least one anaesthetic on-call room.

In all regions except the South West, the percentage has increased. The reason for the reduction in the South West is that in several hospitals, the SHOs are no longer resident overnight and so do not require a room. It is therefore now immaterial whether that room is there or not.

Once again there is a preponderance towards removing rooms in the South East and London rotations although, over the last year, the greatest increases have been outside London. Perhaps the capital's bad habits are catching.

GAT stands by its view that overnight 'on-call' shift-working anaesthetic trainees must have individual rooms in which they can 'power-nap', 'anchor-nap' or just plain sleep if necessary [2]. These rooms must contain a bed. We do not accept the opinion that all trainees on night shift should be awake for the duration of that shift simply because it is now 12 or 13 hours long. To believe this would be to ignore circadian rhythms of activity and concentrating ability, as described in a recent Royal College of Physicians publication [3]. Crucially, this view also dismisses the fact that, with current shift patterns, some weeks will contain over 80 duty hours. Since the advent of shortened shift periods, trainees undertake significantly more travelling and need to be safe doing so. They also need to readjust to daytime work as soon as possible after nights in order to maximise learning opportunities. If those shifts are of light work intensity, it is madness to prevent doctors from sleeping. These views are echoed in the AAGBI publication, "Fatigue and Anaesthetists" [4].

GAT has raised its concerns by contacting national, local and medical press, all apparently so far to no avail. The greatest impact we have had has come from furnishing individual trainees and consultants with the relevant arguments, and it is no secret that you are more likely to still have on-call rooms if your department is supportive. We will continue to press this issue on your behalf, using the results of this latest survey.

There were two additional survey questions this year. The first related to juniors' perceptions of the impact of the EWTD on their training. The vast majority stated they had noticed a significant drop in exposure to elective lists, including those supervised by a consultant. For those who had logbook data to hand, it would appear the reduction is in the order of 150–200 cases per year.

The second question asked if trainees had ever come into work when not rostered to do so, in order to increase exposure to either specific subspecialty lists, or for teaching sessions. In

an astonishing 13% of all hospitals surveyed, this was indeed the case. It would appear that trainees recognise their own inexperience and are taking measures to rectify this. Perhaps competency-based training and the EWTD are not so well-matched after all.

As before, comments by trainees paint the true picture:

The Royal Surrey, Guildford (South Thames): "We do 6 nights in a row, the rooms are now offices, we use the theatre coffee room chairs and the juniors' office has a mattress."

UCH (North Thames): "There were no on-call rooms on the plans for this new hospital so at least we've not been surprised. We use the mess or go to the canteen."

Anonymous: "Management took our rooms away, but now we've got unofficial rooms, there are no signs on the doors."

Margate (South Thames): "The rooms have been converted into a nurses' changing room and offices. There are now 3 of us in sleeping bags on the floor in 1 room, it's really unsuitable, especially when we have mixed-sex, on-call teams. The Regional Advisor visited and we complained but so far nothing's been done. The department is not behind the juniors at all."

Anonymous: "The department bought us collapsible beds when the rooms disappeared into offices, but management aren't aware."

Wansbeck Hospital (North East): "We use the sofa-bed in the Pregnancy Assessment Unit."

Northampton General (Midlands): "We're currently using an office as a napping area but there are even plans to take that away."

St Thomas' (South Thames): "When they built the new Evelina Childrens' Hospital, there were no on-call rooms for us. The department have been fantastic, and there are now plans for a room in another block. In the meantime, we have to fight for a room in the adjoining 'hospital hotel', if there's no key, we sleep on the table in the anaesthetic department."

Freeman Hospital (North East): "There's a lounge chair in the anaesthetic department but no post-call facility."

East Surrey, Redhill (South Thames): "The Chief Executive said if anyone was caught sleeping overnight, they'd be disciplined. The night managers go round looking for sleeping doctors."

Hinchingbrooke Hospital (East Anglia & Trent): "There's one sofa in the mess, it's first come, first serve. The house officers have arranged camping beds for themselves."

King's Lynn (East Anglia & Trent): "The SHO room has gone, they use a reclining chair in the anaesthetic office."

Leicester Royal Infirmary (East Anglia & Trent): "They'll give us a room somewhere in the Trust for £20 after a night shift, but not necessarily at your base hospital."

The Royal London (North Thames): "They've moved the on-call room 3 streets away during 'renovation work'. There was a security guard provided for escorting the on-call female doctors through the streets of East London, but that 'gesture' disappeared after a month, it's not a safe journey at night."

Cardiff (Wales): "We're sleeping in chairs in the theatre coffee room, there are bedrooms available but we're not allowed to use them."

Epsom (South Thames): "One room was given to the second on-call ODP! It was reinstated after a fight, with the Clinical Director on our side."

Anonymous: "We use the ODAs' room on the quiet."

Glenfield Hospital (East Anglia & Trent): "There's a chair in the registrar's room or else it's the doctors' mess with everyone else. We can request a room if we're willing to pay for it. There's really low morale here right now."

And on a brighter note:

Derby City General (East Anglia & Trent): "I've seen the plans for the new hospital and there are on-call rooms on it!"

Tunbridge Wells (South Thames): "The department has represented us brilliantly, we're to keep our on-call rooms in the new hospital."

We hope you understand that in order to maintain anonymity for those departments and trainees who chose to confide their 'off-piste' sleeping arrangements to us, we won't be publishing the full version of this survey's results on the website.

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VC GAT Committee

PS: Don't miss out on the big one – GAT Newcastle June 21st – 23rd.

References

1. Meadows C, GAT On-call room Survey December 2004. Anaesthesia News Jun 2005; 215; 24

2. Meadows C, On-call rooms for trainee Anaesthetists. Anaesthesia News Dec 2004; 209; 20

3. Royal College of Physicians, Working the night shift: preparation, survival and recovery. www.rcplondon.ac.uk/pubs/brochures/pub_print_WNS.htm

4. AAGBI, Fatigue and Anaesthetists. www.aagbi.org/guidelines.html