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RCEM position statement on sustainable senior doctor working patterns during the COVID-19 pandemic
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Scope

This document covers issues relating to sustainable working by senior EM doctors during the COVID-19 pandemic

Reason for development

In these unprecedented times, College members of all grades and professional background are being asked to work exceptional working patterns. Although the basic principles are universal, this guidance focuses on senior doctors and is published in response to approaches from members and fellows, and particularly from clinical leaders. There are a number of resources available for doctors in training collated on the College website.

This guidance seeks to strike a balance between meeting the needs of our patients and organisations during the current pandemic and developing a sustainable response. The guidance is necessary because patients are looking to emergency medicine specialists to be there for them. Emergency medicine specialists are looking to their organisations to look after them too, so they can continue to safely and effectively fulfil their critical role.

Introduction

The basic principles of RCEM sustainability guidance hold true (1). This situation calls for even more attention to this important aspect of work, given the additional demands being placed on NHS staff. We anticipate that this event will be a "marathon not a sprint", but that there will be a period of exceptional demand around the predicted peaks. Working patterns need to be scalable, resilient, and sustainable over months

The burden of high intensity working, and working extended shift patterns, will inevitably fall on the acute specialities. Many EM senior doctors have been working

unsustainable patterns prior to the pandemic, and will likely continue to do so afterwards. EM doctors will be asked to work extended shifts within rotas affected by sickness, and where existing establishments would not normally support the sort of patterns that may be required. It should be remembered that once things are more back to "normal," … normal was already placing NHS EM teams at breaking point. There will be no rest and recuperation period for our speciality.

Sustainability principles have been developed by RCEM because EM is one of the few specialities in which senior doctors tend to work shifts over extended hours, at high intensity, in under-resourced environments. They have been based on

1) Supporting leadership and practice around wellbeing and sustainable working
2) Sensible job planning
3) Designing working patterns to fit with a modern understanding of the demands of shift working
4) Overnight working attracting higher PA rates in order to drive appropriate recovery periods
5) Recognition that high intensity working is more demanding with age, or where there are other health or disability issues.
6) Balancing long-term sustainability with chronic under-resourcing
7) Less than full time working, portfolio careers, career progression, and a reasonable balance between prolonged high intensity shop floor activity and other activity

During the current pandemic all principles still apply, although points six and seven need to be reconsidered against the need for a shorter term response to an acute surge in demand, in a special situation.

Recommendations

There is specific wellbeing guidance relating to the current pandemic available on the College website.

Changes to shift patterns should allow for adequate rest and recuperation and fall within accepted norms (for instance minimum 11 hours rest). We would recommend 8-10 hour shifts with an absolute maximum of 12 hours. Local arrangements should be made to ensure that annualisation can drive rest periods, and that staff are able to take equitable annual leave where possible, during the course of the pandemic response.

It is anticipated that extended and overnight working will be required by many professional groups in order to provide senior and visible clinical leadership. It is important however that the burden of 24-hour working should not just be shouldered by EM professionals. This is a whole system and hospital effort, and there should be equity between high-intensity front-line specialities. There should also be professional equity between the efforts required to see us through the crisis, and those which will be required to deal with the aftermath.

RCEM has previously recommended that PA rates should be at least 2 hours = 1 PA for time spent working routinely after 2200 (2). This is the current norm in departments previously undertaking overnight working, usually in the context of major trauma, another complex condition requiring senior clinical leadership and decision making (3). This creates more sustainable working patterns within job planning parameters. We would suggest that existing local arrangements should be continued with all high

intensity specialities being treated equally, unless agreement is reached to temporarily modify them. For new arrangements national PA rates for different parts of the day should be the bare minimum. However our previous recommendations support sustainable working patterns and are not unreasonable in the current context. This will be particularly true for higher frequency night working patterns, for smaller groups of consultants. There must also be careful thought about what will happen after this unprecedented event in terms of ongoing departmental staffing, given likely accumulation of PAs within annualised systems.

There is a case for intelligent redistribution of programmed work, and of non-essential SPA, to support rotas. However, there is a significant amount of organisational, governance and educational activity required during this time and this should be recognised within work schedules. In some cases this work has actually increased and EDs are still seeing their other emergency patients. We do not support the wholesale and sustained shift of all work to purely shop-floor related activity, since this will inevitably lead to burnout. When considering redistribution of activity we would recommend that there also be an effort to balance the overall clinical workload of less than full time vs. full time doctors, since the latter risk working more unsustainable patterns.

Finally, timing is everything. Moving to all-hands-at the-pump too early, limits resilience. With many departments not yet in the midst of expected peaks, responses that can be scaled up and scaled down are recommended.

1. **RCEM Workforce recommendations:** https://www.rcem.ac.uk//docs/Workforce/RCEM_Consultant_Workforce_Document_(revised_Feb_2019).pdf

2. **RCEM Sustainability guidance:** https://www.rcem.ac.uk/RCEM/Professionals/Service_Delivery_Standards_Guidance/Sustainable_Working/RCEM/ForProfessionals/Professional_Development/Sustainable_Working.aspx?hkey=2a6c65f5-6d43-4aae-9677-2c5a51506216

3. **National survey of ED Consultant working patterns, 2019**: EMJ Supplement July 2019