



Be part of the solution

The First Month of the EWTD

A RemedyUK Survey
September 2009

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Executive Summary

Remedy carried out an online survey to determine the views of doctors of the first month of the EWTD. 309 replies were analysed.

The majority of respondents thought that their hours on paper would comply with the EWTD. But of these around half felt that in reality they would not be compliant in practice. Reasons given for this include shortages of doctors, the demands of clinical care and the requirements of training.

Many respondents commented that their salaries had been reduced, and that they were working longer hours than this justified.

Two thirds of the respondents stated that they would want to take the voluntary opt-out if they could. However only 18% had been offered this by their Trust.

These results show considerable dissatisfaction with the way the EWTD has been implemented to date.

Methodology

An online survey was set up on the Remedy website. Members were notified by email, and the survey was also publicised on the Remedy website and on DNUK.

The survey was live for the entire month of August 2009.

309 complete replies were received and were analysed using Excel.

Results

Have you been given your rota for your hospital job from August 2009?

Respondents were asked whether or not they had received their rotas. All the Foundation trainees had been given their rotas and the majority of the more senior had too.

	<i>No I have not been given my rota</i>	<i>Yes I have been given my rota from August 1st 2009 onwards</i>	<i>Grand Total</i>
Foundation		14	14
SHO / Core training / ST12	5	70	75
Registrar/Higher Training/ST3+	12	194	206
Other		8	8
(blank)		6	6
Grand Total	17	292	309

Of those that had not received their rotas yet one was on maternity leave. Many respondents commented that the rotas they had been given were only for a relatively short period, although others had been given more notice.

Yes, but only for the next 6 weeks. There are so many gaps in our rota that the rota coordinator cannot write the rota far in advance. These gaps are being filled by juniors locuming them (and being asked not to declare the extra hours) or my consultants acting down into the registrar rota, for extra pay.

I had to fight a lot to even get my rota

On first day given rota for 2 weeks, had to chase med staffing for rota for whole rotation.

Random days given off so that on the whole the rota is compliant with EWTD. Obviously this messes up training as well as service provision. I do not take the days off. It just doesn't make sense!

It is compliant but the point is that people dont understand this is an AVERAGE working week analysed over 6/12 an some of us are still doing 11 day stretches and weeks of nights! lets focus on making our lives a bit more humane shall we?

As far as you're aware, is your post EWTD-compliant?

Respondents were asked if their posts were compliant with the EWTD, and were given five choices:-

- Yes - the rota is EWTD compliant
- The rota is EWTD compliant on paper but in practice it won't be (eg rota gaps or extra duties not visible on the rota)
- I don't know whether or not the rota will be EWTD compliant
- No - the rota is not EWTD compliant

The results analysed by grade of respondent were as follows (responses are presented here as percentages of respondents, tabulated by grade).

	<i>Yes - the rota is EWTD compliant</i>	<i>The rota is EWTD compliant on paper but in practice it won't be (eg rota gaps or extra duties not visible on the rota)</i>	<i>I don't know whether or not the rota will be EWTD compliant</i>	<i>No - the rota is not EWTD compliant</i>	<i>No reply</i>	<i>Grand Total</i>
Foundation	43%	50%	7%	0%	0%	100%
SHO / Core training / ST12	43%	29%	15%	12%	1%	100%
Registrar / Higher Training / ST3+	37%	37%	15%	12%	0%	100%
Other	38%	38%	13%	13%	0%	100%
(blank)	17%	50%	17%	17%	0%	100%
Grand Total	38%	36%	14%	11%	0%	100%

Overall compliance on paper was 74%, but around half of those who thought their rotas were compliant felt that in practice their rotas would not be.

We have looked at the results to this question broken down by Specialty. However many of the specialties had small numbers of respondents and we cannot draw any firm conclusions (the right-hand column shows the number of respondents in each specialty). However amongst the larger specialties then orthopaedics and general surgery stand out as having the greatest non-compliance in practice.

	<i>Yes - the rota is EWTD compliant</i>	<i>The rota is EWTD compliant on paper but in practice it won't be (eg rota gaps or extra duties not visible on the rota)</i>	<i>I don't know whether or not the rota will be EWTD compliant</i>	<i>No - the rota is not EWTD compliant</i>	<i>Number of Respondents</i>
Acute Medicine	100%	0%	0%	0%	1
Chemical Pathology	100%	0%	0%	0%	1
Core Surgical Training	100%	0%	0%	0%	1
Dermatology	0%	100%	0%	0%	1

F1 Medicine/Surgery	100%	0%	0%	0%	1
FY2 (Audiology/Acute Medicine/GP)	100%	0%	0%	0%	1
General Surgery/ Paediatrics	0%	100%	0%	0%	1
GP trainee - Medicine	100%	0%	0%	0%	1
GP Trainee in Obs and Gynae	100%	0%	0%	0%	1
GP trainee in psych	0%	0%	0%	0%	1
GP VTS Medicine	100%	0%	0%	0%	1
Histopathology	100%	0%	0%	0%	1
Infectious Diseases	100%	0%	0%	0%	1
Microbiology	0%	0%	100%	0%	1
Nephrology	0%	100%	0%	0%	1
Neurosurgery	0%	0%	0%	100%	1
Vascular surgery	0%	100%	0%	0%	1
Cardiothoracic surgery	0%	50%	0%	50%	2
Endocrinology	0%	100%	0%	0%	2
ITU	50%	50%	0%	0%	2
Paediatric surgery	0%	100%	0%	0%	2
Palliative Medicine	50%	50%	0%	0%	2
Renal Medicine	100%	0%	0%	0%	2
Haematology	33%	67%	0%	0%	3
Respiratory	67%	33%	0%	0%	3
Core Medical Training	25%	50%	25%	0%	4
General Medicine	75%	25%	0%	0%	4
GP	100%	0%	0%	0%	4
Rheumatology	75%	0%	25%	0%	4
Geriatrics	40%	60%	0%	0%	5
Radiology	60%	20%	0%	20%	5
(blank)	20%	40%	0%	40%	5
Ophthalmology	29%	57%	14%	0%	7
Urology	0%	86%	14%	0%	7
Neurology	38%	38%	25%	0%	8
ENT	44%	33%	11%	11%	9
Surgery	56%	22%	11%	11%	9
Cardiology	50%	40%	0%	10%	10
Plastic Surgery	10%	10%	20%	60%	10
Medicine	27%	27%	27%	18%	11
Obstetrics & Gynaecology	33%	58%	0%	8%	12
Emergency Medicine	69%	8%	23%	0%	13
Paediatrics	33%	33%	33%	0%	15
General Surgery	25%	56%	6%	13%	16
Trauma & Orthopaedics	19%	63%	13%	6%	16
Orthopaedics	17%	33%	22%	28%	18
Psychiatry	41%	14%	32%	14%	22
Anaesthesia	40%	35%	13%	12%	60
Grand Total	38%	36%	14%	11%	309

Those rotas that were compliant tended to be in certain specialties. But many were only compliant because of a reliance on locums.

But I work in histopathology where 48 hour working week has been implemented for quite some time now and can be implemented.

I am doing ophthalmology, no on calls at all. 9-5 mon to thurs and fri am so 35 hr wk. Unbanded obviously!

Compliant but as a result of having half days and zero days incorporated into the rota continuity of care is virtually non existent

I presume the rota is compliant. However this is based on 16 registrars. At most we have only ever had 14, so cover with illegal internal locums. Also we have an extra weekend shift (not rota'd) to cover AAU, again - locums.

The group that were compliant on paper revealed some novel and creative tactics that were being used by Trusts.

I am in a combined research / clinical post and have been told that I do not need to be compliant.

Monitoring in May showed the rota to be band 3 (due to long shifts and lack of natural breaks). No resolution yet despite BMA involvement - Trust dragging their heels.

On paper the rota is compliant. In reality, in order to make the rotas compliant, cover has been reduced to unsafe levels. Thus, it is impossible to leave on time - ever. I'm routinely working 2-3 hrs past my shift finish time. I've asked for monitoring. I've been told by personnel that consultant will have to sign to say that I had to be there due to an emergency. The consultant has made it clear he will do no such thing as he is under pressure from management. Ergo, a monitoring exercise will be pointless as it will show my hours as compliant, though it will be a complete lie. This essentially goes for all juniors working in medical division in this trust.

Recent monitoring came out as non EWTD compliant.

Rota gaps covered by consultants at large trust expense.

The college tutor who has helped write the rota has been very supportive of trainees and has tried to be as fair as possible. They have improved the rota

compared with what Human Resources had written. Some locum shifts have had to be covered voluntarily.

The rota includes random half days each week which are not practical to take also they have reduced a rota of 9 down to 8 without any corresponding compensation in rest

The times on the rota will fit the requirement. However, I start at 0830 on the rota and theatre starts at 0830. So at what point do I get to do the anaesthetic pre-operative assessments, check machines, etc

There is 1 reg down on the rota and according to the secretaries no plan to fill this post. One of the staff grades has had their hours reduced.

To make my rota compliant, my name has been put on the rota, 2 months prior to my official employment (currently working in the same hospital as a different job title, not a run-through specialty training). They have covered my duties by different registrars. This means when I start my job in October, I have to do 1 in 3 or 1 in 4 on-calls, but it looks as I have swapped with the others!!

Too many on-calls relatively the work is of 2A banding, where as 1A banding on paper.

We as trainees have agreed off the record to provide more weekend cover than is on paper in order to preserve a rota that will keep us on duty during weekday "office hours" which is when the majority of our training occurs.

Has your Trust offered you the opportunity to 'opt-out' so that you can work more than 48 hours per week? What is your response?

Respondents were given a choice of 5 responses to this question.

- I've been offered an opt-out and I have agreed
- I've been offered an opt-out but have declined
- I haven't been offered an opt-out. I would have opted out
- I haven't been offered an opt-out. I wouldn't have opted out
- I don't know what an individual opt out is.

We have analysed responses by grade of doctor and also by specialty, but we have excluded specialties with a small number of respondents. Both tables show the number of respondents in each group.

	<i>No reply</i>	<i>I haven't been offered an opt-out. I wouldn't have opted out</i>	<i>I haven't been offered an opt-out. I would have opted out</i>	<i>I've been offered an opt-out and I have agreed</i>	<i>I've been offered an opt-out but have declined</i>	<i>I don't know what an individual opt out is</i>	<i>Grand Total</i>	<i>Percent offered an opt-out</i>
<i>Foundation</i>		3	6	3	1	1	14	29%
SHO / Core training / ST12	4	14	34	13	7	3	75	27%
Registrar / Higher Training / ST3+	7	62	104	22	8	3	206	15%
Other	2	3	1	2			8	25%
(blank)		2	4				6	0%
Grand Total	13	84	149	40	16	7	309	18%

	<i>no reply</i>	<i>I haven't been offered an opt-out. I wouldn't have opted out</i>	<i>I haven't been offered an opt-out. I would have opted out</i>	<i>I've been offered an opt-out and I have agreed</i>	<i>I've been offered an opt-out but have declined</i>	<i>I don't know what an individual opt out is</i>	<i>Number of respondents</i>	<i>Percent offered an opt out</i>
Cardiology	1	2	6	1			10	10%
Plastic Surgery	1	4	3	2			10	20%
Medicine		2	6	1	1	1	11	18%
Obstetrics & Gynaecology	1	4	4	1	1	1	12	17%
Emergency Medicine	1	4	7		1		13	8%
Paediatrics	1	7	6		1		15	7%
General Surgery		2	10	4			16	25%
Trauma & Orthopaedics		3	10	3			16	19%
Orthopaedics		7	8	3			18	17%
Psychiatry		12	6	1	1	2	22	9%
Anaesthesia	1	16	26	11	5	1	60	27%

Overall 18% of respondents had been offered an opt-out. Slightly more Foundation trainees had been offered an opt-out.

We have presented the breakdown by specialty solely for specialties where there were 10 or more respondents. Surgeons and anaesthetists were more likely to have been offered an opt-out; relatively few psychiatrists had been offered it.

63% (149/233) of those who had not been offered an opt out said that they would have taken it had it been offered, and 71% (40/56) of those who had actually been offered it did in fact accept.

Those that had already accepted an opt-out seemed to find that working extra hours was necessary in order to cover locum shifts and to get training.

In principle we are offered an opt out option, not for opting out of the rota but if we are offered locum shifts. We must remain EWTD compliant for rests taken, which means that locum work is almost impossible to factor in anyway. Yet to receive paperwork despite several requests.

It was part of the registration pack - hand in the form or don't get paid on time - not very voluntary! (I would have asked to opt out anyway)

It was put forward that this would be necessary to be insured if we wanted to voluntarily stay for 'extra training opportunities'

Only able to get opt out if you went and asked for it. Then in order to opt out had to get my consultants agreement.

The opt out in my trust only applies to doing internal locum work

There is no alternative to opt-out as there is no initiative to try for EWTD compliance and centrally available funding has disappeared.

This only applies to locums, i.e. it does not apply to my rota-ed hours, it merely entitles me to work locums for the Trust which take me beyond 48 hours a week.

We have all opted out on our rota so that we can actually get trained

Those that have not been offered an opt-out, but claim that they would accept it if they were offered, gave a variety of reasons.

I am happy to work more than 48hours providing I get paid for what I work

But only to enable me to work locums at a different hospital. I hate the attitude at my current hospital as they seem to feel they own us and we have no right to any kind of life outside of work, so I wouldn't locum for them. I am far better appreciated elsewhere at one of my previous trusts.

I do not think HR know what they are doing. I do not think they are aware of these arrangements. They are just blindly following the 48 hour religion. I would opt out if this was to allow further training sessions but would not "automatically" opt out without such an assurance.

I've been offered this form by my previous trust, in case I want to do locums.

Opting out gives me the opportunity to locum and earn more money. Being downbanded has monetary disadvantages!

Training opportunities are severely reduced. The EWTD is a complete disaster, and the NHS will suffer incalculable damage as a result. Let me work more, for heaven's sake!!!

We have been told we have to sign something to opt out but no-one on site seems to know what that means

Those that had did not wish to opt out gave different reasons.

AS an SpR in psychiatry I doubt whether more than 48hours a week would ever happen (well not in the locality I work in anyway)

There is no way I would opt out. Tired doctors are not safe doctors. It is high time that ludicrous, inhuman hours are utterly consigned to the past.

I am not sure if I would opt out. It would depend on hours and money and experience

I feel we need more than 48 hours/week to allow us to complete training satisfactorily, but I fear that opting out at this stage will allow Trusts to leave gaps

on rotas, to be filled by opted-out trainees, or ignore EWTD compliance entirely, thereby failing to remedy the issues of chronic understaffing.

I personally do not think that training will suffer as a result of the WTD. more than 70% of our work as trainees in service provision and very little time is spent on training. there are lots of inefficiencies in the system and 48 hours a week is plenty to achieve adequate training.

I'm not sure opting out would go down well for training and appraisal!

I wasn't offered. I was told to opt out. I have refused to. I am being disapproved of. I don't care.

There is no way I would opt out. I really value my spare time, not just as leisure time but as time for learning - I'm perfectly happy to spend some of my zero days, evenings and weekends on courses or private study.

We have been told by medical staffing that if we want to do locum shifts we will have to opt out. They are offering derisory rates for work - £32 an hour for reg rota. I will not be doing these extra hours.

General Comments

Respondents were given the opportunity to make general comments about the EWTD and its implementation. Almost all of the comments were critical.

Because of the methodology inherent in surveys then it is possible that the respondents are a self-selecting group, and not a true cross-section.

Several themes are common to these comments. Shortages of doctors, cross-cover and the use of locums appear widespread. Many respondents highlight the difference between their hours worked on paper and their actual hours worked. Rates of pay reflect hours on paper, and this is the cause of much resentment. There is general concern about the impacts on training from the EWTD.

i wish is to be paid for the hours i work

Registrar / Higher Training / ST3+ General Surgery

24hr non resident partial shift seems to work for ortho

Registrar / Higher Training / ST3+ Trauma & Orthopaedics

As a surgical trainee my current compliant hours are disastrous in terms of training. I have been encouraged to come in to extra lists on my days off to get more experience. But the end result of that is the same amount of work for less pay, and there seems to be something deeply wrong with that to me.

Registrar / Higher Training / ST3+ ENT

As ever, hours on paper aren't enough to do the job

Registrar / Higher Training / ST3+ Chemical Pathology

Working hours have decreased on paper, workload has increased, the expectation of consultants and other staff has not changed. So what's the change? Pay down, real number of worked hours the same.

Registrar / Higher Training / ST3+ Haematology

EWTD is a cunning way to reduce doctors pay. It reduces training opportunities. In order to train most trainees will stay on work.

Registrar / Higher Training / ST3+ Orthopaedics

Have lost £10,000 on salary in the last two years moving from band 2a in London to band 1c in the west of Scotland. Struggling now to pay for my training.

Registrar / Higher Training / ST3+ Ophthalmology

Having to go in early and leave late to ensure good care and some semblance of continuity!
Never appreciated! always told off for doing this!

Registrar / Higher Training / ST3+ Cardiology

Hours need to be extended but they must be remunerated. We now work the same hours or longer but are not paid as much !

Registrar / Higher Training / ST3+ Trauma & Orthopaedics

i have already written to Remedy about this and had a helpful reply, which has enabled us to get clarification of how they made us compliant on paper. There are ongoing discussions about how we claim for the extra hours work we are doing....

Registrar / Higher Training / ST3+ General Surgery

I'm an ENT Reg. My banding will be cut (pay-protected until October). Meanwhile there is no longer an ENT SHO in the hospital at night...nor infact any doctor at all covering ENT at night as it is not part of the Hospital at Night. This hospital takes all the ENT referrals from the other hospitals in the area. The ENT bleep is held by the site practitioner ie. a clipboard carrying nurse manager type!! between 9pm and 8am. That means as the ENT Registrar I am officially "second on call" and "off site" but am now getting called in willy nilly by anyone in the hospital who demands my presence for minor trivia at night...and all for LESS MONEY!!!

Registrar / Higher Training / ST3+ ENT

It seems there is no difference and we are only being issued a rota a month at a time, and get next months on the last friday of the month which makes planning anything impossible

Registrar / Higher Training / ST3+ Paediatrics

Likely to work the same hours as before but receive some of it as a Locums. Financially sound for me but not the nhs

Registrar / Higher Training / ST3+ Anaesthesia

6 person rota on paper works out at 47.75h per week and is banded at 1A but does not include any handover periods and does not allow for prospective cover. Very used to working well in excess of hours I am paid for but sick of being treated like an idiot who can't add up!

Registrar / Higher Training / ST3+ Anaesthesia

Actual hours worked has not resemblance to contracted hours in the hospital where I work. I have no problem with working the hours required to get adequate training, but it makes me unhappy that managers get to congratulate themselves for rotas being EWTD compliant...

Registrar / Higher Training / ST3+ Cardiology

Apparently we have been derogated, so our rota is still the same. In fact it's worse as 2 registrars have left and haven't been replaced. There are only 5 of us on the rota and we are resident oncall with internal cover and no time off after finishing oncall, we just carry on working a normal day afterwards. Our hours are way above 56 yet my banding has just been reduced to 2B!

Registrar / Higher Training / ST3+ Cardiothoracic surgery

Currently are 3 people down on rota due to new starts, getting very little teaching lists (one in 3 weeks) only seem to be covering on calls. Is this an educational post?

SHO / Core training / ST12

Currently very low levels of middle grade cover available during the day. Holiday options are greatly reduced, study leave is very unlikely to be given as at least 2 middle grades are away with nights at any time. Another 2 or 3 can be away and leave has to be taken or the trust has to pay extra, so annual leave seems to be taking priority over study leave. Remaining middle grades have to cover all of the normal week duties, often cross covering different firms and having to help put in clinics lots. Not much helping out in operation lists though.

Registrar / Higher Training / ST3+ Surgery

EWTD-an absolute joke! We are having our training ruined and are getting paid less for the pleasure. We are filling the gaps in the rota but are not allowed to mention this on hours monitoring forms, nor does the extra work increase our training as it is always filling gaps on the wards etc, there are never training slots in theatre that need urgent cover!

SHO / Core training / ST12 Plastic Surgery

have tried to change our rota to a more compliant one, but hit my head off a brick wall as no one will make a decision, and consultants are happy having their trainees around all the time. Fully compliant rotas would obviously mean more time off, which I see as a good thing!

SHO / Core training / ST12 Psychiatry

I have just worked (on paper) Mon-Fri of 0930-1030 then 1330-1030 shifts. Turning up at 0930 is pointless because the ward round starts at 0830, so that is what people do. Would much rather do 1 late day a week like before, than 5 days straight of late on calls, getting home at midnight everyday.

SHO / Core training / ST12 Medicine

I have recently worked the following shifts; Weekend nights 8pm-9am, 26Hrs Week nights 8pm-9am, 65Hrs (as colleague off sick) 2 Weeks long days 8am-8pm, 120Hrs Hence in a 3 week period I worked 211Hrs.

Registrar / Higher Training / ST3+ Orthopaedics

I haven't been diary carde for 2 yrs now, am unbanded, and regularly work 50-55hrs/wk

Registrar / Higher Training / ST3+ Obstetrics & Gynaecology

I refuse to 'opt out' and work for free! I'm already doing working in excess of 60 hours a week yet my pay is only 1B. The hospital's argument is if you're supposed to finish at 5, then leave at 5! (even though our theatre lists run until 7pm for both elective and emergency) If we opt out, it will be a step closer to us becoming unbanded yet still providing an extra 50% service for gratis. Bastard theiving government.

SHO / Core training / ST12 Plastic Surgery

I stay as long as I professionally need to i.e. see patients and tell them what we found at operation. I do not leave until this is done.

Registrar / Higher Training / ST3+ ENT

I worked 80+ hours last week (including weekend on call) - 'normal hours' Monday to Friday.

Registrar / Higher Training / ST3+ Rheumatology

London O+G trainees rotate in October. 'new ewtd' rota has not changed our labour /gynae ward / ANC / GOPD slots no extra time off. No consultation with doctors for doing this new rota. New rota was imposed onto us at last minute. BMA states this can legally be done to make things ewtd compliant. We are one person down on our rota

SHO / Core training / ST12 Obstetrics & Gynaecology

All the SHOs in the unit have opted-out individually to carry on doing a resident, 24h on call rota. We all prefer it - swaps are easy, no cross-cover, no weeks of nights, no 'earlies' and 'lates' and plenty of time in the hospital to go to theatre/clinic etc. We are being paid the same as we were pre-EWTD, 1A. And no, we still can't fill our rota (9/10 at the moment, going to 8/10 then, it seems 6/10 in October)

SHO / Core training / ST12 Neurosurgery

At my stage I need the training and cannot upset people prior to consultant interviews. Hence the next lot get stitched up.

Registrar / Higher Training / ST3+ Vascular surgery

BSUH trust have not offered an opt out. Although I know it exists, I am not sure what possible consequences might be.

Registrar / Higher Training / ST3+ ENT

Combined specialty rota, each specialty being treated differently as regards rest periods. On call will probably breach EWTD controls

Registrar / Higher Training / ST3+ Ophthalmology

I would be very happy to opt out. Now I do the same amount of work that qualify 2A, but receive salary of 1A banding, as it is EWTD compliant on paper.

SHO / Core training / ST12 Medicine

I would like to opt out so I can do locum work to pay for expenses incurred after MTAS, and also as a ST5, I receive much less pay than a 2nd yr SpR would have got under the old system. No-one has been held responsible for MTAS but it wrecked so many lives and careers.

Registrar / Higher Training / ST3+ Psychiatry

48 hour rota very antisocial many weekends and very frequent nights. Would rather do a 2b rota than 1a which seems to be the most common one now.

SHO / Core training / ST12 Obstetrics & Gynaecology

48 hour week will affect and has already affected training. I find that I'm so busy on the ward that it's a struggle to get to clinic - and if I do then I end up staying late to finish off the ward work or to speak to relatives.

SHO / Core training / ST12 General Medicine

A 48 hr wk is not optimal for training however I would not want to be back to 80hr wks. There is an issue of quality not just quantity. Also I think individual opt out is a sly way that benefits the trust

Registrar / Higher Training / ST3+ Surgery

A new type of rota was proposed to us 3 weeks before Aug 1st. We accepted it but the consultants weren't happy with the reality of an increased workload for them. They involved the BMA and the trust caved. We are back onto our old 1:7 rota as of last week with extra days off sporadically organised by the consultant in charge to compensate. These days off are unpredictable and remove even more training.

Registrar / Higher Training / ST3+ Anaesthesia

Also covering day on-call which has been placed on a day with fixed commitments. Shift system will interfere with special interest sessions and other educational activities.

Registrar / Higher Training / ST3+ Psychiatry

As usual, very badly managed, panic at the absolute last minute and doctors exploited with a nonsense system that isn't even compliant. This is the Maudsley SpR rota.

Registrar / Higher Training / ST3+ Psychiatry

Either training needs to be lengthened or hours increased. It's a shame and disgrace this hasn't happened. It's common sense. The fact the profession has let this through is bemusing.

Registrar / Higher Training / ST3+ ITU

EWTD is making doctors life difficult

SHO / Core training / ST12 Medicine

EWTD is utter nonsense and the UK should stand up against it.

Registrar / Higher Training / ST3+ General Surgery

Fewer hours may mean doctors are less tired and make less mistakes....but fewer hours also means less experience and therefore possibly more mistakes?

Registrar / Higher Training / ST3+ Geriatrics

Hours have been cut to comply with EWTD by giving us days off to compensate for the hours, thereby reducing out training time. We are expected to do a certain number of anaesthetics a year and get competencies signed off in order to pass our ARCPs and progress through our training, by reducing our hours the DOH is risking under-trained consultants in the future.

SHO / Core training / ST12 Anaesthesia

I abhorre the concept of the EWTD - it is going to destroy our training. We now have a situation where we are no longer part of teams and firms and so patient care suffers; we are not being

trained as we once were because the structure of the team has been destroyed; our working life is worse than the 'old way' (and yes, I did used to work the 56 hour weekends) and in addition, our free time is decimated by shift work. We are constantly exhausted, with no routine. Family commitments and hobbies are practically impossible to maintain. This is the worst of all worlds. I am so disillusioned I often feel like quitting. If I had a scrap of imagination about what I might do instead, maybe I would.

Registrar / Higher Training / ST3+ Anaesthesia

I am not with Remedy on this issue. I believe working 48hours or less is a GOOD thing which has been (typically) BADLY and BELATEDLY organised such that it currently impacts disproportionately on training.

Registrar / Higher Training / ST3+ Anaesthesia

I am working 11 out of the 17 weekends over ny 4 month rota. I have a 17 day stretch splt into 7days and 10days by a 24hr break but works out to 61hrs and 90hrs in 17 days...

SHO / Core training / ST12 Emergency medicine

I feel that those who are spending all their efforts campaigning for what is (at least for the foreseeable future) impossible are asking for our training to be damaged as the focus needs to be on 'how to train in 48 hours' not 'we simply can't train in 48 hours'. We can train in 48 hours if the way we train adapts to the 48 hour limit. But the 'we need more time' brigade are shifting the focus to an impossible end.

SHO / Core training / ST12 GP Trainee in Obs and Gynae

I know individual doctor's work hours reduced. However, shouldn't we have more doctors then to cover the service?

SHO / Core training / ST12 Medicine

I'm getting way too many days off per week when I could be in theatre. I want to work.

Registrar / Higher Training / ST3+ Anaesthesia

In my experience the 48 hour rota is working well. I think this is because my speciality is well geared up for training and training always made up a large percentage of time worked. However I would not mind if a further year were to be added to training to compensate for the lost time. I think this would give the work - life balance many of us want while ensuring that CCT holders had had the full training they need.

Registrar / Higher Training / ST3+ Anaesthesia

instead of pressure been put on us to opt out, pressure should be placed to reform training. more time should be spent on training rather than service provision. those who opted to enter into non training jobs on the other hand should be given more long term contracts (rather than the 6 months or 1 year) to allow them to develop themselves in their hospitals. also there is need to reform our pay that was agreed by the BMA. if there are enough doctors covering a 48 hour rota is not a problem. the problem is medical staffing trying to squeeze us beyond the limit and not enough doctors to cover the rotas. Can I take this opportunity to thank REMEDYUK on their efforts, and they are always proving themselves more worthy as being our union than the BMA.

Registrar / Higher Training / ST3+ Plastic Surgery

It has really affected the day time core training. Mainly service role now

Registrar / Higher Training / ST3+ Obstetrics & Gynaecology

Not EWTD compliant because of lack of compensatory rest after 24 hour on call period.

Registrar / Higher Training / ST3+ Psychiatry

Not EWTD compliant. Never will be - as not policed appropriately - no real accountability or real repercussions for those responsible.

Registrar / Higher Training / ST3+ Radiology

Of the 6 months I am in this job, with rota'd absence, study leave and annual leave, I am actually working under 4 of them - I am supposed to be learning surgery - will do this myself with locums etc...

Registrar / Higher Training / ST3+ Surgery

On a positive note, in the short term, working less hours means more time to revise for college exams. Otherwise I suspect ewtd will have a huge impact on training in the medium to long-term. The consultants that put in all the long hours in years gone by are now going to have to come in to fill gaps in rotas that now exist with enforced ewtd. Even if this initial shortfall is resolved, in a few years they will be coming in more to support under-experienced SpRs who will come through the new ewtd compliant-ish system.

SHO / Core training / ST12 Anaesthesia

Can't make any comments about my rota yet, just waiting to see how my new trust can screw up / screw me on my first paycheck

SHO / Core training / ST12 Anaesthesia

Disappointing lack of attempt at EWTD compliance.

Registrar / Higher Training / ST3+ Plastic Surgery

How are you going to correct for the fact that it's likely most people responding to the survey will have an axe to grind with EWTD?

Registrar / Higher Training / ST3+ Paediatrics

I am a 3rd year SpR but am seriously considering resignation. I face another 22 months until CCT of utterly antisocial rotas, 70 hr weeks of nights which I regard as unsafe for patients and doctors commuting home, and am expected to sit an exit exam in the next year.

Registrar / Higher Training / ST3+ Emergency Medicine

I have just started in a DGH which still did 24 hour on-calls until August. 14 doctors to cover separate ITU and theatre on calls. 2 ST2s, 6 ST3s + 6 staff grades (I have no idea what their contracted hours are, but they do work nights and weekends). There is no rolling rota pattern, so I have no idea whether my rota will be compliant until I have worked it for 16 weeks. Certainly it consists of frequent random single nightshifts in the middle of runs of dayshifts, and occasional single days off midweek. Max shift length for trainees is 13 hours, 16 hours for staff grades. All in all, very confusing!

Registrar / Higher Training / ST3+ Anaesthesia

I suggest a national work-to-rule. Everyone walks out at 5pm unless someone is actually dying in front of them. Chaos ensues. Whole system becomes bed blocked as patient length of stay / turnaround time doubles. Daily Mail runs pictures of patients in corridors all over the place. No more patients come to harm (because we do have morals), but the politicians look like idiots. Safe staffing levels are implemented. The work can once again be completed within say 1 hour of the end of the working day. There once again is an actual genuine doctor on call that sick patients can be handed over to knowing that they won't be too busy to stop them dying.... Ahhh....pipe dreams.

SHO / Core training / ST12 Core Medical Training

It is a seven person ROTA with only six people employed. The other slots are covered by Locums \"who should have worked in the department before\" - i.e. internal locum cover - this then makes the rota non-compliant. This is an improvement from pre_august when there were 5 people working a 7 person rota.

Registrar / Higher Training / ST3+ General Surgery

Made to cover 2 on-call rotas - one for paed surgery and the other gen surg rota. I have been asked to cover both for both when on-call even when there are clashes between the 2 separate rotas. Just to clarify the setup is that there are normally 2 separate registrars - one for gen surg and one for paed surg.

Registrar / Higher Training / ST3+ General Surgery/ Paediatrics

My face-to-face training time is much reduced. The number of cases I can achieve is also much reduced. Our nights rarely give us any training whatsoever yet count towards our 48hr weekly limit.

SHO / Core training / ST12 Anaesthesia

My rota which I am told is EWTD compliant looks like this: 1) \"Normal days\" on paper are from 8-4pm- never finish on time due to work load 2) on-call at least 1 day every week 3) In sept for example will be doing a weekend of night followed by working Wed-Fri \"Normal days\" the week after then a week of on-calls Long days (8-8.80pm) then the week after will be working 7 days (Mon to Sun) I might be mistaken but this is unlikely to be a compliant rota. I am HAPPY to work Long hours And Extra Hours to GET ADEQUATELY trained and to GET paid for these hours

SHO / Core training / ST12 Cardiology

never finished at 5 the supposed end of my day nearly always 1830 and even 1900 once

SHO / Core training / ST12 Medicine

Other f2s at Watford are well above the 48hr limit. F2 care of elderly at Luton do 15hr shifts no break.

Foundation Ophthalmology

Our deanery initially mailed us all and told us we would not be supported or covered legally if we worked over 48 hours (via internal locums) and something went wrong. Recently they've relented and sent out Junior Doctor's Committee guidance (via the STC reps) for opting out of the EWTD and doing internal locums. I've chosen not to currently as I'm revising for an exam. The legal question is still unresolved as some rumours state our trusts will not cover us for working above 48 hours.

Registrar / Higher Training / ST3+ Anaesthesia

Our department has appointed a locum staff grade to 'make the rota legal' but this post is only for the month of August. After this, the rota will return to Band 3 hours, paid at band 1B pay.

Registrar / Higher Training / ST3+ ENT

Please allow us to opt out!!!

Registrar / Higher Training / ST3+ Anaesthesia

Plenty of gaps in the rota.

Registrar / Higher Training / ST3+ Anaesthesia

Rota appears compliant however there is no slack in system and despite an e-mail saying trainees may leave at 5pm I have only been doubled up once to allow me to actually finish ontime. Also 16 hour partial shift oncalls have had max 2 hours break. It may get better as consultants return from holiday. We'll see.

Registrar / Higher Training / ST3+ Anaesthesia

Rota seems designed to keep banding down (1b) with lots of days off and weeks off. Service struggling as a result as there are never enough SpRs around. There is some pressure from the trust to revert to 24hrs on, work the next day on a 1 in 12 for the same pay.

Registrar / Higher Training / ST3+ General Surgery

rota was changed 1 week prior to Aug 1st. Not monitored. Told it will be EWTD compliant. 1:5 hybrid. Only 4 people to participate, therefore 1:5 shifts we do the on call - therefore going to be non compliant on monitoring

Registrar / Higher Training / ST3+ Nephrology

rota written to be compliant using 5 hours/week of out of hours work on an on call basis, but only 10 days of prospective cover for study leave

Registrar / Higher Training / ST3+ Neurology

see the bottom line is surgical training is at its worst. I have been given multiple half days etc. My consultant works on particular days for theatre lists etc. If I am not present there I don't get to operate/attend special clinics etc. I am doing my ATSM. If I go by the ROTA I will need 2 years or more to finish my ATSM. When I pointed this out, hospital is least bothered. I just come in to do my lists and special clinics even if I am supposed to be off otherwise I am not going to finish my ATSM. I don't think my ROTA master or Supervisor is bothered, neither is medical staffing, so in exasperation I have left it.

Registrar / Higher Training / ST3+ Obstetrics & Gynaecology

Since the EWTD rotas have come in, My work load has increased as, there are less doctors in the hospital to do the work! The hours are less, but the work has not gotten any less.

SHO / Core training / ST12 Surgery

SpRs are working nights (92 hours in a week) but half a day a week compensation does not add up to 48 hours a week but we are on band 1A!!

Registrar / Higher Training / ST3+ Orthopaedics

Still have not been formally told which pay band I am on, despite asking, am having to wait for my first pay slip, when that arrives - where else but the NHS would you have to work for a month and not know how much you'll get.

Registrar / Higher Training / ST3+ Psychiatry

The EWTD is utter rubbish and damages patient safety by producing under-trained, inexperienced doctors, especially surgeons. It must be dropped, and surgeons trained properly. The non-surgeons need to shut up too and stop pretending they know about surgical training - they DON'T!

Registrar / Higher Training / ST3+ Trauma & Orthopaedics

The EWTD purely means that I am paid for less of the hours which I work. It will have effects on my surgical training unless I engage in voluntary theatre lists

Registrar / Higher Training / ST3+ ENT

The EWTD really has a lot to answer for. It fails on all counts due to the way trusts have to implement it... makes working life balance awful and is an absolute disaster for training. No one wins!

SHO / Core training / ST12 Emergency Medicine

The problem is that house officers aren't allocated on the basis of need but along simplistic lines e.g. Different specialties or firms within them get the same number of house officers but some firms are MUCH busier than others. On paper, they are all WTD compliant but the poor souls with busy firms work much longer hours.

Trauma & Orthopaedics

The result of EWTD has purely meant a reduction in daytime theatre work and an increase in the proportion of out of hours work. The number of juniors has not increased therefore training opportunities are greatly reduced (unless people are really very keen on obstetrics).

Registrar / Higher Training / ST3+ Anaesthesia

the rota has been made compliant by giving us extra annual leave. no extra people so this means more cross-covering and less time to do your job well... usual story

Registrar / Higher Training / ST3+ Haematology

The rota I worked prior to subspeciality training (and which continues as the middle grade rota in the ED in my hospital) regularly is non compliant in rest breaks, maximum length of shift and time off between shifts as it is a randomly made up set of boxes with no pattern, merely produced to fill the service requirement. We do however only work our allotted 40hrs shop floor time per week, plus 4hrs teaching and 4hrs res/audit time. Every week at least 3 doctors are expected to attend teaching often in a geographically distant hospital at 0900 and then return and work until either 2200 or 0000 on the same day. The same doctors are then expected to start work at 1000 and even often 0800 the next day.

Registrar / Higher Training / ST3+ Emergency Medicine

The rota is now a 1b and there is proportionally much more service provision, leaving little training day time opportunities especially as annual or study or exam leave comes out of training list days. Training experience is so rare that, trainees have to fight amongst themselves for experience. There is real concern (i would say "certainty") that at the end of the rotation we will not have met the minimum number of cases expected of us. The rota is inflexible to account for annual leave, study leave, personal requests, and there is pressure on us to attend teaching in our own spare time (eg pre-nights, post nights). Yes, we have more occasional days off, but these are used to prepare us or recover us from a 2 or 3 night shift. Bizarrely this is meant to be a teaching post!!!

Registrar / Higher Training / ST3+ Anaesthesia

The SpR's have been downbanded 10% (to 40% banding) and our hours are exactly the same as before EWTD started. We are constantly cross-covering gaps in the rota on top of our non-compliant hours.

Registrar / Higher Training / ST3+ Plastic Surgery

There are massive gaps in every rota I have heard of, in my specialty and in others too. As a result, rotas cannot be compliant as trusts are running on half the number of doctors they should be and people are getting so fed up, they are leaving. For example, my rota is designed for 9 people, but only 5 of us are on it. Trying to get annual leave and study leave is a nightmare too, as there aren't enough people to cover it, which is especially worrying when I have my final FRCA this year. So far, we have been allowed to attend protected teaching which is good.

Registrar / Higher Training / ST3+ Anaesthesia

There are so many trainees who want to opt out ?!?! Why!!!! They do much less hrs/yr of training in Europe and Australia. Are we more stupid? Why do the British want to sacrifice their quality of life just to appear 'keen' or 'committed'. I would be v happy to work only 48hrs per week. But just pay us more!

Registrar / Higher Training / ST3+ Anaesthesia

There is absolutely NO transparency in the whole business of how the rota is compliant, and how a Band 1B is OKAY for a 1:6 rota, as it is for a 1:8! We asked HOW can it be? How can you do it? They said..."It CAN be!", "We CAN do it!" (read...arrogance, dismissive). Zero Consideration! I'm inclined to be very cynical and firmly believe that EWTD is just a backdoor way of downgrading our salaries!

SHO / Core training / ST12 Core Medical Training

There is more scope for me to get training, it is compulsory. Sadly the same isn't true for the SHO's and HO's. They are being shunted around a skeleton service with no training opportunities whatsoever. Some are demoralised after only 3 weeks.

Registrar / Higher Training / ST3+ Cardiology

There is no legal requirement regarding the number of weekend's out of hours worked relative to "normal days". We are finding that we are mainly doing out of hours service at weekends and evenings with days off in the week to bring our hours down. We have had some sickness recently and keep being asked/pressured into working extra shifts at weekends/evenings to cover. We are always told that the hours will be given back in lieu (on weekdays of course!) and that we are not at our maximum and therefore we can not refuse as we are paid up to and incl 48hrs and as long as we get the min rest periods there are no other provisions preventing us from working every weekend if that's what the department needs (I might add this hasn't happened yet, it's about a 1 in 2 at present) The only saving grace in anaesthetics is that the college states we should have 3 teaching lists a week - a list counts as a am or pm session and oncall during the day counts as we are covered by a consultant on site even though they are often not in theatre with us.

SHO / Core training / ST12 Anaesthesia

there must be a human rights issue here, my lifestyle is being affected because my ability to earn is being restricted, soon I won't be able to afford to be a T&O registrar, what other professions would take a pay drop for the same hours as they become more experienced

Registrar / Higher Training / ST3+ Trauma & Orthopaedics

This is a systematic downbanding of doctors pay and always has been. The health and safety question is a red herring. How else is the DoH to increase the number of Consultants without bankrupting the NHS?

Registrar / Higher Training / ST3+ Orthopaedics

This rota is a regional on-call non-resident 1 in 6

Registrar / Higher Training / ST3+ Rheumatology

Though our rota is currently EWTD compliant we have all had to start doing late start shifts which have resulted in more handovers and lack of continuity of care. Following discussion with colleagues this approach is not favoured by most, as it is hard to get to grips with what is actually happening on the day you come in late and because you actually end up staying late to complete jobs regardless so as to not have to hand things over all the time and risk things getting omitted.

Foundation Renal Medicine

Trust unable to get locums therefore, we are being forced to cover rota gaps doing 9-5 shifts in acute medicine (with no extra pay) instead of attending clinics/ teaching etc in our core specialities. My salary has only just risen above the salary I earned on a 2A rota as a PRHO 5 years ago. The intensity of my working day has doubled since this time and hours are approximately the same. It would be great if Remedy could look at renegotiating pay scales which are clearly out of line (now "EWTD" has supposedly been implemented) with modern expenses e.g. GMC fees, prices of academic conferences, insurance, exams fees etc. I just feel as though trusts are using EWTD as an excuse to depress our salaries yet get the same work output by manipulating rotas and diary monitoring exercises.

Registrar / Higher Training / ST3+ Endocrinology

We are doing a 1 in 6 24 hour on call rota. In previous trusts I have worked in this has been a Band 3 or at least a 2A - because of EWTD and because a 2A rota cannot exist we are being paid 1A. Its a joke.

Registrar / Higher Training / ST3+ Orthopaedics

We have 5 Drs covering a rota of 8. Having to work 75+ hours some weeks including on calls

Foundation Trauma & Orthopaedics

We have been given 'Flexi Hours'. This means we are still required to work the previous 52-56 hour week (which is not a problem and never has been) but when we have a relatively quiet afternoon to go home early to make up for those days that we stayed later for service provision. Not anywhere in this set-up is training time / admin time / research / audit / liaison with other colleagues or relatives considered. So practically we never ever get to 'take back' this flexi-time and end up working the standard 56 hour week for only 48 hour week (EWTD compliant) pay.

SHO / Core training / ST12 General Surgery

we have been pressurised to LEAVE on time. i've been called up by the clinical director for working eam doesn't know the patient. just as concerning as the other way round. its a pretty unsatisfactory arrangement

SHO / Core training / ST12 Neurology

we have to carry on call bleep at lunch and rarely get an hour yet our 8-5 day is counted as 8 hours

SHO / Core training / ST12 Anaesthesia

We should stop caring about opting/out. My rota is in 7 week cycles. Broadly speaking that means 4 weeks of service and three weeks of training. There are a few other training days dotted about. There are about 7 of these blocks per year, so about 21 weeks of training. Which means about 105 days of training. If I take out annual leave, study leave, the odd sick day, the odd day when lists get cancelled, the odd day when I get moved to a non training list. Say 30 for annual leave, 20 for study leave, 2 sick days, 10 cancelled lists, 10 times moved to another list. That is about 70 days leaving 30 days for training. Obviously some years I won't take that much study leave, but other years I will. Equally sometimes I might not get moved from a training list but other times I will be in a hospital with very few training lists.

Registrar / Higher Training / ST3+ Anaesthesia