

The Impact of Restrictions in the hours of work of Doctors in Training on Service Delivery and Education

Research Question:

What strategies are available to ensure that postgraduate medical education can be successfully delivered in the face of substantial reductions in the working hours of doctors in training and the introduction of shift working, without prolonging the overall time spent in training?

Background to topic:

In most parts of the world the hours worked by doctors in training are being progressively restricted on both health and safety grounds and to meet their demands for more balanced working lives. Such restrictions inevitably create service problems given the critical dependence of acute 24/7 services on such doctors. Often the immediate response has simply been to employ more junior doctors but this exacerbates career structure imbalances still further, and may simply not be possible given restrictions on supply. Equally importantly, in systems where time in training is used as the key indicator of progress towards specialist status, it is increasingly questioned whether adequate education can be provided within such restricted hours of work. While one response is to extend time in training to compensate for fewer hours worked, an increasing range of initiatives aims to deliver the necessary education within these new constraints.

Reference:

A detailed literature review on the impact of hours of work restrictions on education, was commissioned by the Association for the Study of Medical Education. This concluded that:

“What emerges from the literature is that in the light of the way medicine is practised today, there is a growing awareness that the hours junior doctors work are unacceptable for their own welfare, as well as that of the patients they treat. Any reduction in the hours worked inevitably raises concerns about the educational quality of training. These concerns are generally based upon a straightforward assumption that experience equals learning, something the Australian review has challenged. Individual research studies indicate that a ‘one size fits all’ approach to structuring junior doctors’ time and education may not necessarily be appropriate across all medical specialities: for instance shift systems may suit specialities where the intensity of work is high, however other systems of work may be more suitable for ‘non-hard-pressed’ specialities. The Australian evidence and UK research does however suggest that educational practice can be developed to make the most of a shorter period of training, if it too is revised and made more structured, but there is little systematic research into ways to fully achieve this.”

Authors are asked to address the following issues, focusing on evidence and outcomes:

- a) What is the policy position as regards junior doctors' hours of work in your country and what future changes are anticipated?
- b) What are the *perceived* impacts of these changes and what are the attitudes of the key interest groups involved?
- c) What national level initiatives are underway:
 - to measure the actual impact of the reduction of working hours on resident learning?
 - to modify the structure and conduct of residency programmes to compensate?
- d) What specific local (ie in particular hospitals/residency programmes) initiatives are there that have been demonstrated to reconcile reduced hours of work, including shifts, with the provision of high quality education?

**Papers should be between 2500 and 4000 words.
In addition, an abstract of not more than 500 words should be provided.**