

BTS Debate

‘The house believes that surgical training in Liver Transplantation can only be achieved by non compliance of the working time directives’

Against: Raaj Praseedom
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EWTR

A working week includes:

- job-related training
- time spent travelling if you travel as part of your job, eg sales rep
- working lunches, eg business lunches
- time spent working abroad
- paid overtime
- unpaid overtime you're asked to do
- time spent on call at the workplace
- any time that is treated as 'working time' under a contract
- travel between home and work at the start and end of the working day (if

EWTR

A working week doesn't include:

- time you spend on call away from the workplace
- breaks when no work is done, eg lunch breaks
- travelling outside of normal working hours
- unpaid overtime you've volunteered for, eg staying late to finish.
- paid or unpaid holiday
- travel to and from work (if you have a fixed place of work)

EWTR

Rest

Under EWTD rest is:

- a minimum of 11 hours' continuous rest in every 24-hour period
- a minimum rest break of 20 continuous minutes after every six hours worked
- a minimum period of 24 hours' continuous rest in each seven-day period (or 48 hours in a 14-day period)
- a minimum of 28 days or 5.6 weeks' paid annual leave
- a maximum of eight hours' work in each 24 hours for night workers.*

Consultants

The EC directive on working time is health and safety legislation to protect employees from work. The regulations which implement the directive in law came into force on 1 October 1998, and as

- a limit of an average of 48 hours worked per week, over a reference period.
- a limit of 8 hours worked in every 24 hour period for night work
- a weekly rest period of 24 hours every week
- an entitlement to 11 hours consecutive rest per day
- an entitlement to a minimum 20 minute rest break where the working day is longer than 6 hours
- a requirement on the employer to keep records of hours worked

All consultants are covered by the entitlements afforded under the Directive. Employers have a le

EWTR

You can't opt-out of the 48 hour week if you're:

- airline staff
- a worker on ships or boats
- a worker in the road transport industry, eg delivery drivers (except for drivers
- other staff who travel in and operate vehicles covered by [EU rules on drivers](#)
- a security guard on a vehicle carrying high-value goods

Junior doctors rest requirements under New Deal and Working Time Regulations

Working Hours					
	Full shift	Partial shift	24 hour partial shift	On-call	Source
Maximum working hours per week (26 week average)	48 hours				WTR
Maximum continuous working hours	13 hours (compensatory rest should be provided if exceeded)				WTR
Minimum rest between duties	11 hours (compensatory rest should be provided if exceeded)		12 hours (New Deal)		WTR

Time off					
	Full shift	Partial shift	24 hour partial shift	On-call	Source
Minimum continuous time off	One period of minimum 48 hours and one period of minimum 62 hours every 28 days	One period of minimum 48 hours and one period of minimum 62 hours every 28 days	One period of minimum 48 hours and one period of minimum 62 hours every 28 days	One period of minimum 48 hours and one period of minimum 62 hours every 21 days	New Deal
Minimum continuous time off	24 hours in a seven day period, or 48 hours in a 14 day period. Maximum continuous duty 13 days				WTR

Rest at Work					
	Full shift	Partial shift	24 hour partial shift	On-call	Source
Minimum rest in duty period	All doctors in training should receive natural breaks. A natural break is 30 minutes continuous rest after four hours work. This is in addition to other rest requirements laid out below.				New Deal
Minimum rest	At least 30 mins continuous rest after approx. four hours' duty	25% of out of hours duty	6 hours	50% of out of hours duty period (if only 8-12 hours rest at w/e then compensatory rest)	New Deal
Timing of continuous rest	At least 30 mins continuous rest after approximately four hours' duty	At any time. Frequent short periods of rest are not acceptable	4 hours' continuous rest between 10pm and 8am	At least five hours between 10pm and 8am	New Deal

The new contract [says](#) that doctors can work no more than 72 hours over seven consecutive days, [down](#) from 91 hours in the c
It also [continues to set doctors'](#) average working hours at 48 per week, unless they opt out of the Working Time Regulations in v
The new contracts introduce a new '[guardian](#) of safe working hours'. The guardian role was introduced [during negotiations](#) with
The new contract also [reduces](#) the number of long days a doctor can be asked to work in a row [from](#) seven to five and the num
The [old contract](#) required junior doctors to be given a break roughly every four hours for at least 30 minutes. The new contract r

1998 -2018

- EWTD
- New Deal
- JD Contract

What has all these WTR achieved?

- De professionalise
- Lost continuity of care
- Lost firm structures
- Turned a service industry into a bunch of clock watchers

- We spend more time outside our profession
 - Our profession is now a 9-5 job or a shift
 - Salary

Consultant Liver Transplant Surgeon

- Definition
 - Independent all singing all dancing
 - Some one who can be mentored
 - Independent practitioner in ?adult LTx ?Paed LTx ?both ? LDTLT ? Plus HPB ?plus other organs ?General surgery

Issues faced by us

- We are still part of General Surgery (CCT is in General Surgery and not liver transplant)
- We don't ourselves know what a liver 'transplant surgeon' should look like in the UK
- We don't even know how a 'transplant surgeon' should like in the UK

Political issues

- Transplant surgery is a tiny sub specialty
- Liver transplant is much smaller
- We are not in anyone's radar
- Any move to separate from general surgery is often met with severe resistance (Remember - the direction of travel for DoH supported by GMC and ASGBI is to produce an undifferentiated general surgeon and not a super specialist who will not man the A & E)

General issues

- Surgery is not a popular choice for UK graduates
- For the current trainees
 - There is a life outside the hospital
 - Geography is important

BMA warns of workforce 'crisis' as fewer people choosing to be doctors in NHS

Fewer people are applying to medical school.



Destinations for F2 doctors – year on year comparison	2016	2015	2014	2013	2012	2011
Specialty training in UK – run-through training programme	32.8%	24.0%	29.5%	29.9%	33.5%	34.0%
Specialty training in UK – core training programme	15.4%	26.0%	26.8%	29.6%	30.5%	34.0%
Specialty training in UK – academic programme	0.7%	1.3%	1.6%	1.5%	1.6%	1.5%
Specialty training in UK – FTSTA	0%	0.1%	0.2%	0.2%	0.8%	1.1%
Specialty training in UK – deferred for higher degree	0.4%	0.0%	0.1%	0.2%	0.1%	0.1%
Specialty training in UK – deferred for statutory reasons	1.1%	0.5%	0.3%	0.5%	0.5%	0.5%
Subtotal for specialty (incl. GP) training in UK	50.4%	52.0%	58.5%	64.4%	67.0%	71.3%
Locum appointment for training (LAT) in UK	0.5%	0.5%	0.5%	0.6%	0.7%	0.4%
Service appointment in UK	8.3%	9.2%	5.6%	3.5%	3.3%	2.3%
Other appointment in UK (e.g. anatomy demonstrator, higher education)	7%	5.5%	6.1%	2.3%	1.9%	3.0%
Still seeking employment as a doctor in the UK	5.9%	8.6%	8.4%	7.6%	7.4%	6.3%
Specialty training outside UK	0.3%	0.4%	0.3%	0.6%	1.1%	0.8%
Other appointment outside UK	7.8%	6.1%	3.9%	4.8%	6.6%	7.4%
Still seeking employment as a doctor outside the UK	4.6%	4.3%	5.1%	6.5%	5.5%	3.7%
Not practising medicine – taking a career break	13.1%	13.1%	11.3%	9.4%	6.1%	4.6%
Not practising medicine – permanently left profession	0.6%	0.3%	0.3%	0.3%	0.2%	0.1%
Turned down specialty training in the UK as location unsuitable	0.6%					
Undecided/No Response	0.9%					
Subtotal other destinations	49.6%	48.0%	41.5%	35.6%	32.8%	28.6%
Total signed off, known destinations	100%	100%	100%	100%	100%	100%



Recruitment Trends (2014 – 2017)

Specialty	Level	2017					2016			2015			2014		
		Post Type	Posts	Accepts	Fill Rate	Trend	Posts	Accepts	Fill Rate	Posts	Accepts	Fill Rate	Posts	Accepts	Fill Rate
Cardio-thoracic surgery	1	ST	10	8	80.00	↓	6	6	100.00	8	8	100.00	7	7	100.00
Cardio-thoracic surgery	3	ST	10	9	90.00	↓	8	8	100.00	14	13	92.86	20	20	100.00
Core Surgical Training	1	CT	629	621	98.73	↑	642	631	98.29	636	613	96.38	647	581	89.80
General and Vascular Surgery	3	ST	216	187	86.57	↓	208	182	87.50	197	197	100.00	168	168	100.00
Neurosurgery	1	ST	29	29	100.00	=	26	26	100.00	27	27	100.00	38	37	97.37
Neurosurgery	3	ST	9	2	22.22	↓	6	6	100.00	4	4	100.00	8	8	100.00
Ophthalmology	1	ST	70	70	100.00	=	83	83	100.00	87	87	100.00	65	65	100.00
Ophthalmology	3	ST	8	8	100.00	=	13	13	100.00	15	14	93.33	11	7	63.64
Oral and Maxillo-facial Surgery	1	ST	8	8	100.00	=	3	3	100.00	5	5	100.00	7	7	100.00
Oral and Maxillo-facial Surgery	3	ST	36	24	66.67	↑	31	13	41.94	25	18	72.00	32	26	81.25
Otolaryngology	3	ST	69	67	97.10	↓	62	62	100.00	56	56	100.00	42	42	100.00
Paediatric Surgery	3	ST	12	12	100.00	=	13	13	100.00	15	15	100.00	14	14	100.00
Plastic Surgery	3	ST	33	33	100.00	=	52	52	100.00	66	67	101.50	66	66	100.00
Trauma and Orthopaedic Surgery	1	ST	14	14	100.00	=	18	18	100.00	14	14	100.00	11	11	100.00
Trauma and Orthopaedic Surgery	3	ST	172	172	100.00	=	136	136	100.00	175	175	100.00	194	194	100.00
Urology	3	ST	62	62	100.00	=	65	65	100.00	61	61	100.00	55	55	100.00
			1387	1326	95.6		1372	1317	95.99	1405	1374	97.79	1385	1308	94.44

Competition Ratios - 2017

Specialty	Year	Applicants	Competition	Longlisted	Shortlisted	Interview	Appointable	Posts	Accepted	Held	Cand Left	Fill Rate	Unfilled
Cardio-thoracic surgery	1	64	6.40	58	21	21	12	10	8	0	1	80.00	2
Cardio-thoracic surgery	3	46	4.60	43	27	24	14	10	9	0	1	90.00	1
Core Surgical Training	1	1450	2.50	1256	1256	1256	844	589	588	0	75	99.83	1
Neurosurgery	1	152	5.20	127	79	79	48	29	29	0	9	100.00	0
Neurosurgery	3	19	2.10	16	13	12	2	9	2	0	0	22.22	7
Ophthalmology	1	405	5.30	311	299	299	143	77	77	0	44	100.00	0
Oral and Maxillo-facial Surgery	1	20	2.50	14	14	14	9	8	8	0	0	100.00	0
Oral and Maxillo-facial Surgery	3	28	1.20	28	28	28	18	23	17	0	1	73.91	6
Trauma and Orthopaedic Surgery	1	140	8.20	89	33	32	30	17	17	0	7	100.00	0
General and Vascular Surgery	3	350	1.50	341	341	341	198	236	190	0	5	80.51	46
Otolaryngology	3	111	1.60	106	106	106	73	69	67	0	3	97.10	2
Paediatric Surgery	3	49	4.10	46	46	46	27	12	12	0	15	100.00	0
Plastic Surgery	3	112	3.40	108	108	108	60	33	33	0	23	100.00	0
Trauma and Orthopaedic Surgery	3	318	1.80	302	302	302	185	172	172	0	3	100.00	0
Urology	3	144	2.10	134	134	134	96	67	64	0	13	95.52	3

Fill Rates - 2017

Specialty	Level	Post Type	Posts	Total Accepts	Fill Rate
Core Surgical Training	1	CT	629	621	98.73
Core Anesth / ACCS Anaesth	1	CT	600	589	98.17
CMT / ACCS Acute Med	1	CT	1717	1511	88.00
Core Psychiatry Training	1	CT	503	331	65.80
General Practice	1	ST	4195	3568	85.05
O & G	1	ST	264	264	100
Paediatrics	1	ST	508	387	76.18
Acute Internal Medicine	3	ST	149	62	41.61
Emergency Medicine	3	ST	34	20	58.82
Emergency Medicine	4	ST	61	40	65.57
General Psychiatry	4	ST	200	98	49.00

Phase 1

Elective General Surgery
Emergency General Surgery
GI Surgery

+ Early Special Interest Module

Phase 2

EGS + Colorectal

EGS + OG

EGS + HPB

EGS + Breast

EGS + Endocrine

EGS + Renal transplant

EGS + Trauma

Oncoplastic breast

Muliorgan transplant

HPB and transplant

Elective General Surgery

CCT

Emergency General Surgery

Pancreas transplant and organ retrieval
Liver transplant and organ retrieval
Breast surgery 2B*
Endocrine surgery 2B**

+ one of

Colorectal Surgery
OG Surgery
HPB Surgery
Breast Surgery 2A
Renal Transplant and Dialysis Access
Endocrine Surgery 2A
Trauma Surgery

Phase 2

Elective General Surgery

+ at least one of

Phase 1

Elective General Surgery

+ each of

Emergency General Surgery

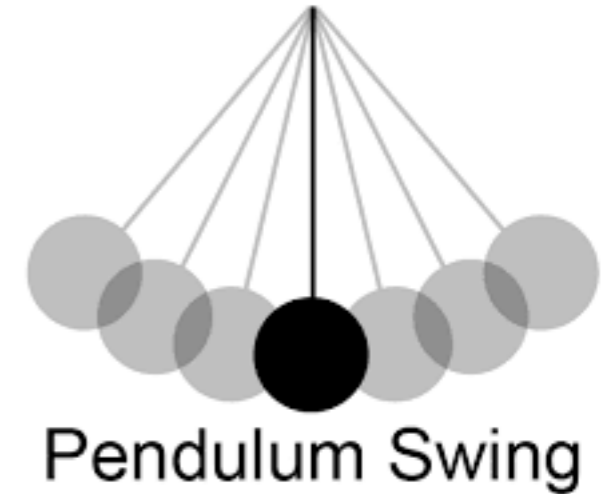
Elective Gastrointestinal Surgery

+ at least one of

Breast Surgery
Transplant Surgery
Endocrine Surgery
Vascular Surgery
Trauma Surgery
General Surgery of Childhood
Remote and Rural Surgery
Colorectal Surgery
Upper GI Surgery

Core

Solutions



- Comprehensive liver transplantation training will need to be post CCT
- Post CCT Accreditation or Credentialing is the only way to deliver a proper structured comprehensive training in Liver Transplantation.

Post CCT credentialing

- What are the challenges?
 - Definition of the final product we want
 - Funding stream for post CCT credentialing
 - Who will Quality Assure?