The College of Emergency Medicine

Stretched to the limit

A survey of Emergency Medicine consultants in the UK

Excellence in Emergency Care

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Authors

Dr Tajek B Hassan

Mr Ben Walker

Dr Magnus Harrison

Dr Fiona Rae

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Summary

Emergency care systems in the UK and Ireland continue to face tremendous challenges as clinical staff, managers and policy makers seek to ensure safe delivery of healthcare to patients. The College of Emergency Medicine has recently highlighted the issues in ***Drive for Quality*** and made a number of key recommendations. One of the major issues highlighted is the need to ensure safe and sustainable working practices for senior medical decision makers in the Emergency Department (predominately consultants in Emergency Medicine).

This report, the first of its kind, describes the working practices of consultants and other senior decision makers in the Emergency Department (ED), the pressures they face and the impact on their working lives. The results are stark and worthy of urgent attention by employers and commissioners. The response rate of the survey was 70% of the current UK Emergency Medicine consultant workforce (1077 respondents). **Overall 62% report that their current job plans are unsustainable, whilst 94% of respondents regularly work in excess of their planned activities**.

Strategies that could help to significantly improve their working lives are described by them. Evidence from elsewhere confirms however that 'burnout' occurs more frequently amongst Emergency Medicine physicians than in any other hospital specialty. Combined with the very serious workforce challenges facing emergency care systems in the UK at present, there is an urgent need for action.

The College calls for the following three key recommendations to be adopted to address these issues:

Immediate action by Executive Boards of Trusts and commissioners to ensure that there is adherence to good job planning for consultants and other senior decision makers in Emergency Medicine.

The College has produced detailed guidance to support clinical directors and managers in this important area, particularly on how to develop flexible careers, produce robust annualised rotas and how to support consultants throughout their working life. Together with local strategies these will help ensure wellbeing and sustainable working.

An urgent review by the BMA and NHS Employers to consider ways in which safe and sustainable working practices for consultants and other senior decision makers in Emergency Medicine can be appropriately recognised, especially out of hours and night time work.

This will ensure safe and sustainable working, with adequate time off for rest and recuperation.

A clear focus to address and improve urgent and emergency care system design to allow safe and effective delivery of care.

In England, Sir Bruce Keogh is addressing this issue in his Emergency & Urgent Care Review and will report in the autumn of 2013. In the Devolved Nations and Ireland, similar reviews have occurred and work is on-going. The College has consistently advocated for Government and national policymakers to ensure that urgent and emergency care remains a key priority to ensure the safety of patients when they need our help.

In conjunction with the publication of ***Stretched to the limit***, the College has also launched its new strategy ***Protecting a vital resource – How to create satisfying careers in Emergency Medicine.*** We believe that employers and clinical directors in Emergency Medicine should work closely together to follow this guidance. Adopting this strategy will address some of the very serious issues raised by ***Stretched to the limit*** and help to support longer term stability in our systems and more importantly for those wishing to choose Emergency Medicine as a career**.**

Nonetheless, the work of the College can only go so far in resolving the current difficulties in our speciality. We require full participation of all of the aforementioned stakeholders and the adoption of our three recommendations to facilitate a full resolution.

Context

Senior medical staff working in Emergency Departments (EDs) in the UK face ever increasing pressures to manage demand and complexity of workload. These pressures, allied with a resultant inability to provide training environments that are 'fit for purpose', have contributed to and exacerbated a crisis in the middle grade work force. A specialty that has traditionally been attractive to junior doctors has become markedly less so. Consultants in Emergency Medicine (EM) have also questioned their ability to sustain fulfilling and complete careers in the speciality through to retirement unless urgent action is taken to improve the situation.

In December 2012, the College of Emergency Medicine conducted a survey '*Researching the sustainability of Emergency Medicine as a career*' to ascertain the views of the UK's senior EM workforce regarding the sustainability of consultant careers. This report summarises the results of the questionnaire and makes a set of important recommendations that should be considered by clinical directors of EDs, Executive Boards of provider trusts as well as commissioners of healthcare. The report will also be of great value to the British Medical Association in its discussion with NHS Employers on future contractual arrangements for consultants working in the stressful environment of the ED. In addition we have reviewed the College database to identify consultants who are emigrating from the UK to provide additional understanding of the impact this may be having on the present workforce issues facing the specialty.

This report should also be read in conjunction with the College's recent publication ***Drive for Quality*** which highlights the need for fundamental change to ensure safe delivery of care in our emergency care systems. Sustainable working practices for consultants in EM will only be properly achieved when combined with system re-design, appropriate funding of emergency care and implementation of a suite of quality indicators to measure success.

Methodology

In December 2012, the College conducted a web-based survey of its Fellows who are currently in senior decision maker positions (consultants, locum consultants and associate specialists) employed with the NHS in England and the Devolved Nations. A separate study is planned for the Republic of Ireland at a later date. In addition, the College of Emergency Medicine's database was analysed to identify consultants emigrating from the UK and the results are described on page 11. This was to allow better understanding of emerging trends that may have an impact on the EM workforce crisis.

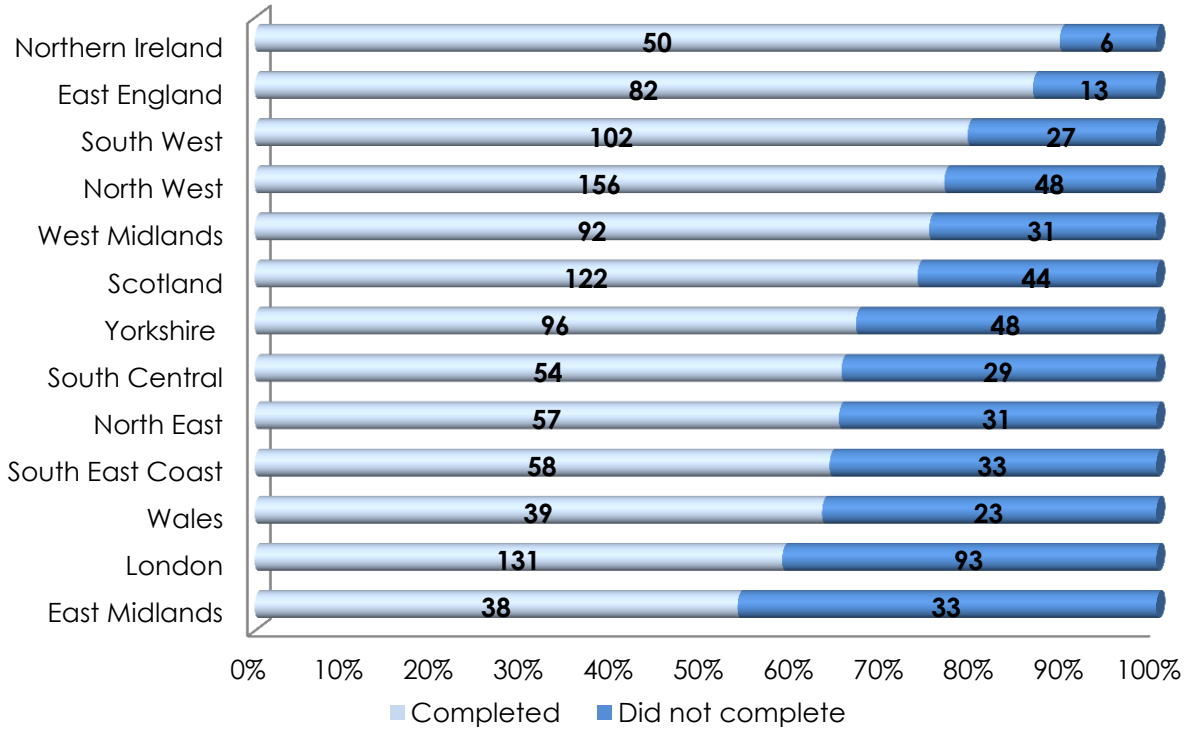
The survey addressed three key domains:

- Demographics and system design
- Working practices
- Sustainability

A total of 1536 EM senior decision makers were invited to complete this questionnaire, with 1077 respondents. With a national completion rate of 70%, this report acts as an authoritative voice for consultants on their current working patterns and their views for the sustainability of our specialty.

As Chart A demonstrates, regional completion notes varied from 54% to 89%. Nevertheless, each English region or Devolved Nation returned a response of over 50%.

Chart A – Regional completions rates



Demographics and system design

The mean age of the EM consultant is 43. EM has a young workforce with 82.6% of consultants currently being under the age of 50.

The senior EM workforce has a gender split of 70% male to 30% female.

Overall, 88% of respondents were on a full time substantive contract. Of the 12% who worked on a less than full time (LTFT) contract, 6 to 9 PAs a week was the most common commitment at 74%.

At present around a quarter (25.2%) of the senior EM Workforce are employed in Major Trauma Centres, whilst 92.5% work in a unit managing both adult and paediatric patients.

Configuration of co-located Urgent Care Centres with EDs is low, with only a third of consultants currently reporting being employed within this setting. Of this cohort, 52% reported that the local Primary Care Trust (PCT)/Clinical Commissioning Group (CCG) held responsibility for managing this service, with 32% remaining with the ED and 16% with alternative providers. **Consequently, the configuration and provision of Urgent Care Centres remains inconsistent with no clear national model emerging**. The College has published guidance on unscheduled care facilities and we strongly advocate that policy makers and commissioners adhere to our recommendations.

Table B – Age of survey respondents

Age bracket	Responses
<35	88
36-40	264
41-45	224
46-50	142
51-55	82
56-60	50
61-65	19

Working practices

Currently 12% of our senior workforce has higher level training in more than one specialty. Dual specialty accreditation included Intensive Care, Pre-hospital Care, Paediatric EM, Acute Medicine, General Practice and Military Medicine.

When asked about on-call working frequency, worryingly a sizeable minority of 40.6% of our consultant workforce are undertaking an on-call rota rate of 1 in 6 nights or more frequent.

In addition, 13% reported that they were working a full shift rota overnight, whilst 85% indicated that they were working to job plans whereby they worked till at least 22.00 hours.

Also, 94% of the senior EM workforce reported regularly working in excess of their planned programmed activities. In fact 57% stated that they exceeded their job planned hours by 20% or more.

This data illustrates the significant pressures faced by the senior medical workforce in the specialty at present.

The need for sustainable working

Across the UK health system, a total of 62% of the current consultant workforce reported that their job was not sustainable in its current form.

As Chart C highlights, respondents reporting 'no' as to whether their job is sustainable in its current form is more frequent in specific UK regions. Nonetheless, every region reported a majority for 'no'. Comparatively in terms of age, all age groups, excluding those aged 60 and above, returned a significant majority for 'no'.

Across the UK Healthcare system, there have been localised initiatives to facilitate more sustainable job planning. However, those achieving success remain in the minority at only 32%.

Of this minority group of more senior clinicians (usually aged 55 and over) who had achieved a more sustainable job plan (for example no late shifts and/or on-call and/or night shifts) this was achieved by:

- 43% through an agreement made as a consultant body team decision
- 36% via negotiating with their clinical director
- 6% after an Occupational Health assessment.

It is important to note that respondents were also asked how many days in total had been lost from the senior doctor rota as a result of sick leave. Of the 538 who answered this question (50% of all surveyed), 48% reported that 10 days or more had been lost from the senior on-call rota due to sickness. In addition, 17% stated that this was for 50 days or more.

Immediate action is clearly required nationally, by government and policy makers, and locally, by Trusts and commissioners, to provide resources and bring sustainability to EM job planning.

Chart C – 'Is your job sustainable in its current form?' – answers by UK region

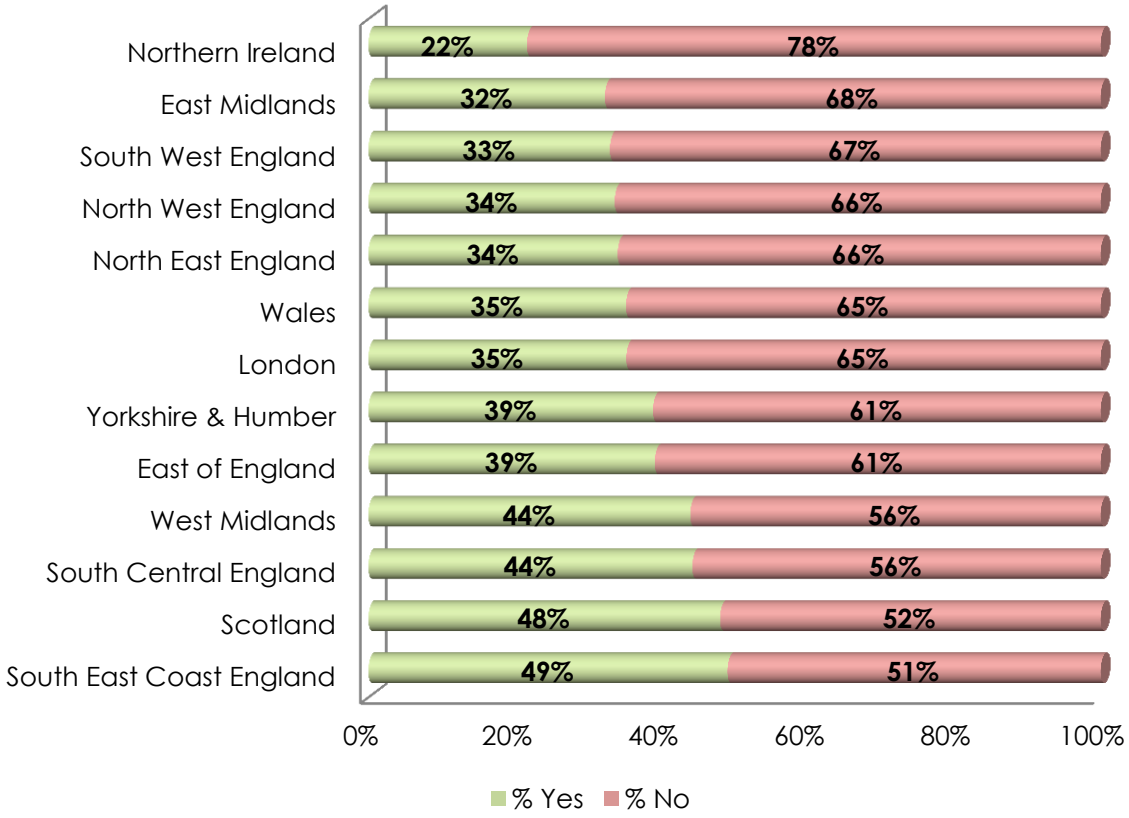


Table D 'Is your job sustainable in its current form?'– answers by age group

Age group	Total	Yes	No	Yes %	No %
30-39	293	116	177	40%	60%
40-49	389	134	255	34%	66%
50-59	160	65	95	41%	59%
60+	26	18	8	64%	36%

Creating sustainable careers in Emergency Medicine

'Definition of sustainability: Job planning arrangements that provide consultants with careers that are rewarding, fulfilling, productive and maintainable until retirement age. Factors include appropriate remuneration of out of hours activity, agreeable out of hours activity as a proportion of overall clinical work and sufficient allocation of Supporting Professional Activity (SPA) time.'

Through consulting survey respondents, the College wishes to promote the above statement as a useful working definition of career sustainability.

The College also consulted respondents on what made their job sustainable. Overwhelmingly job planning was returned as the primary reason.

Moreover, we also asked respondents to indicate the change most needed to make their job sustainable. Again, good job planning was the top priority.

Effective job planning is clearly the key indicator for sustainable working in EM.

The College also asked survey respondents about the additional work that they undertook for their trust at a regional or national level, with 79% of respondents answering that they did do such extra work. The breadth of these additional activities ranged from the more common teaching on courses, College activities and deanery work to specialised roles including military work and sports medicine (*please see appendix for further information*.) A total of 75% said that this activity was recognised in their job plan and 25% stated that they were paid separately. In addition, 33% respondents stated they undertook non-paid voluntary work either within or outside their trust.

Clearly these activities are of value to our specialty and it is important that we continue to support them. However, unless sustainable working practices are addressed appropriately, the potential ability of the EM workforce to undertake these vital additional activities will continue to diminish.

As a final point, respondents were asked to indicate their intentions for retirement planning. Across all age groups, (excluding those aged 60 and above), the senior EM workforce on average plans to retire at age 60. Evidently, the current EM job may not be conducive to work at advancing age and change is required to make it so. Otherwise, a significant proportion of our EM workforce will be lost well before the UK Government's pensionable age.

Table E – Primary reason why your job is sustainable

Reason	%
Job planning	34%
Colleague and team support	21%
Job satisfaction	15%
My job is unsustainable	15%
Part time working	4%
Adequate staffing	4%
Remuneration	3%
Other	3%

Table F – Primary change you would make to ensure that your job is sustainable

Change	%
Good job planning	37%
Increased staffing	28%
Departmental system design	11%
Appropriate remuneration	6%
Age related working	5%
None	4%
Cooperation with non-EM specialties	3%
Other specific	4%

Table G - Average retirement intentions by age

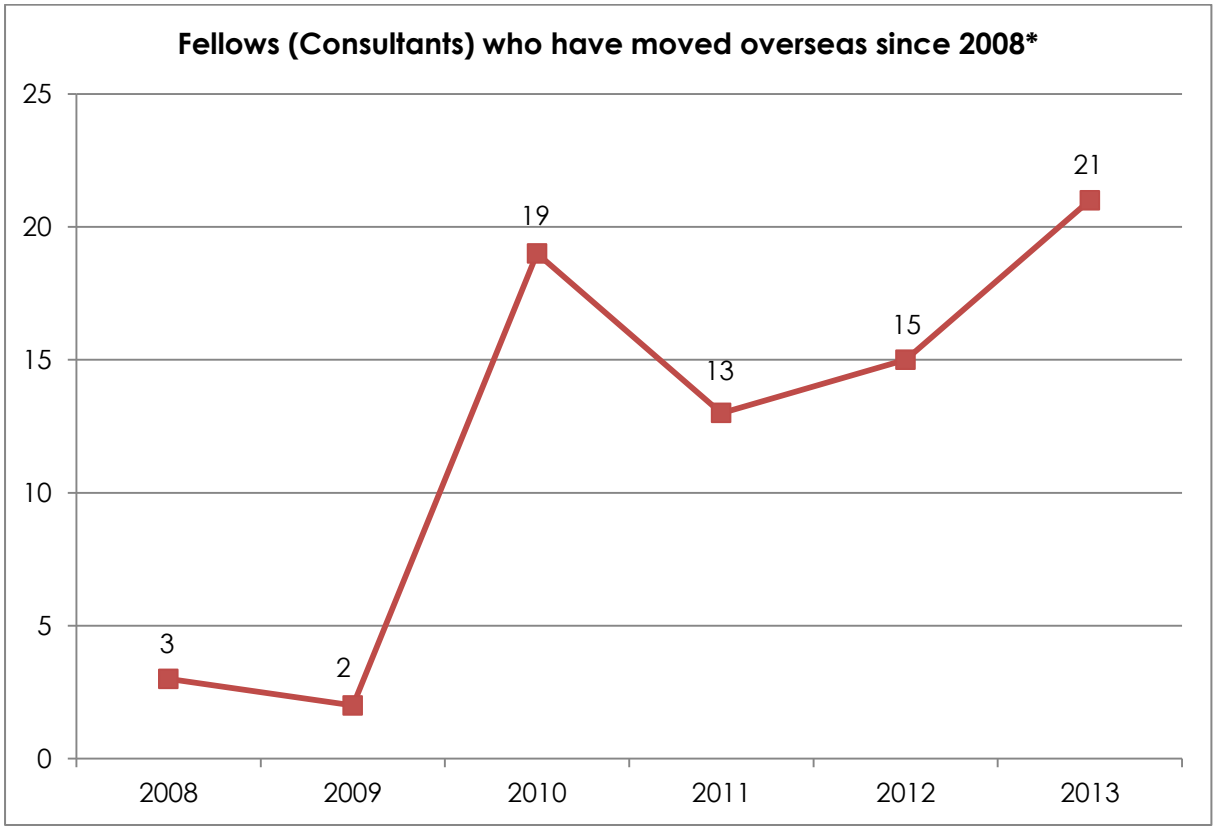
Age bracket	Total responses	Average intended retirement age
30-39	293	60
40-49	389	60
50-59	162	60
60+	26	64

Trends in emigration from the UK

In addition, the College of Emergency Medicine's database was analysed to identify consultants emigrating from the UK and the results are described below. This was to allow better understanding of emerging trends that may have an impact on the EM workforce crisis.

The results show a worrying trend. Increasing numbers of consultants who have been trained by the NHS are choosing to use their skills abroad. These issues will be explored further in future work by the College.

Chart H - Emergency Medicine consultants who have left the UK since 2008



* 2013 figure as of 8th August 2013

Total is actually 78 (unable to identify year of departure for 5)

Conclusions and recommendations

This report by the College of Emergency Medicine has for the first time described the working practices and stresses of consultants in EM in the UK. The conclusions that can be drawn from the results are stark and merit urgent action by Government, the British Medical Association (BMA) and NHS Employers. There is a clear and urgent need to ensure that safe and sustainable working practices are created for senior medical decision makers working in EDs the UK. The present situation is unacceptable and threatens the very fabric and stability of emergency care systems in the UK.

Failure to address the issues in a timely manner will result in significant risk and an inability to deliver safe, consistent care in our departments. Evidence confirms that burnout amongst EM physicians occurs at the highest rate of all medical specialities. There is also a very worrying trend developing of consultants seeking to move abroad after having been trained in the NHS. This will be explored further by the College but may well emerge as an additional powerful marker of poor EM working practices and environments in the UK.

The College calls for the following three key recommendations to be adopted to address these issues:

- **Immediate action by Executive Boards of Trusts and commissioners to ensure that there is adherence to good job planning for consultants and other senior decision makers in Emergency Medicine. The College has produced detailed guidance to support clinical directors and managers in this important area, particularly on how to develop flexible careers, produce robust annualised rotas and how to support consultants throughout their working life. Together with local strategies these will help ensure wellbeing and sustainable working.**

- **An urgent review by the BMA and NHS Employers to consider ways in which safe and sustainable working practices for consultants and other senior decision makers in Emergency Medicine can be appropriately recognised, especially out of hours and night time work. This will ensure safe and sustainable working, with adequate time off for rest and recuperation.**

- **A clear focus to address and improve urgent and emergency care system design to allow safe and effective delivery of care. In England, Sir Bruce Keogh is addressing this issue in his Emergency & Urgent Care Review and will report in the autumn of 2013. In the Devolved Nations and Ireland, similar reviews have occurred and work is on-going. The College has consistently advocated for Government and national policymakers to ensure that urgent and emergency care remains a key priority to ensure the safety of patients when they need our help.**

In conjunction with the publication of ***Stretched to the limit***, the College has also launched its new strategy '***Protecting a vital resource – How to create satisfying careers in Emergency Medicine.*** We believe that employers and clinical directors in EM should work closely together to follow this guidance strategy. Within this strategy, the College has produced detailed guidance to help clinical directors and managers to work closely together to develop an annualised rota scheme.

This will go a significant way to addressing the very serious issues raised by ***Stretched to the limit*** and help lead to long term stability. More importantly, it will be vital to improving the attractiveness of Emergency Medicine for those wishing to choose it as a career**.**

Nonetheless, the work of the College can only go so far in resolving the current difficulties in our speciality. We require full participation of all the aforementioned stakeholders and the adoption of our three recommendations to facilitate a full resolution.

References

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Acknowledgements

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Appendix 1 - Additional work undertaken by Emergency Medicine consultants

Table I - Additional work undertaken either for their Trust, regionally or nationally

Type of work	Respondents undertaking
Life support courses (including ALS/ATLS/EPLS/APLS/MIMMS)	252
College of Emergency Medicine (CEM) examiner (including FCEM & MCEM)	135
Teaching on courses	118
Trust committees & local responsibilities	73
Deanery work (including postgraduate dean, head of School, TPD, ARCP)	70
Government work & national bodies (including DH, GMC, BMA, NICE, Medical Royal Colleges & Devolved Nation Governments)	58
Medical director, clinical director & lead consultant (including deputy lead clinician and revalidation lead)	55
CEM committee member	48
Medical school education	37
Regional committees & responsibilities	34
CEM work (unspecified)	25
CEM Advisory Appointment Committees assessor	20
Educational supervision of trainees (including clinical tutor)	20
Locum work (including covering shifts)	20
College tutor	18
Simulation lead	17
Foundation programme director	13
Research	9
Ultrasound courses	9
Written work (including EMJ, books & journals)	8
Military work	6
International organisations (EuSEM, IFEM)	4
Sports medicine	3
Media	1
Medical examiner of the cause of death	1

Table J - Additional non paid voluntary work either within or outside the Trust

Type of work	Respondents undertaking
Teaching on courses	59
Life support courses - (including ALS/ATLS/EPLS/APLS/MIMMS)	50
Charity & voluntary work	34
CEM examiner	24
Departmental & trust work	20
Government and national organisations (includes GMC, DH, NICE, Devolved Nations)	19
CEM committee member	17
CEM work - unspecified	17
Deanery work	15
BASICS - British Association for Immediate Care	14
Pre-hospital care	14
Sport & recreational events - including crowd doctors	12
Air ambulance work (including HEMS)	10
Overseas medical work	10
Research work	7
Simulation lead	7
Medical director, Clinical director, Clinical lead work	6
Medical school responsibilities	9
Various	5
CEM AAC assessor	4
Educational and activities supervision	4
St John Ambulance	4
Writing	4
Academic work	3
Mountain rescue	3
Religious body / religious work	3

The College of Emergency Medicine
7-9 Bream's Buildings
London EC4A 1DT

Tel: +44(0)20 7404 1999
Fax: +44(0)20 7067 1267
www.collemergencymed.ac.uk

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Registered Charity 1122689