**CAREERS CLINIC**

I’m working too many hours, what should I do?

Abi Rimmer asks what steps doctors should take if they think their hours are excessive

“If you feel that your workload may seriously compromise patient safety, dignity, or comfort the General Medical Council advises that you must take prompt action. “Usually you should raise your concern with your manager or an appropriate officer of the organisation that employs you—such as the consultant in charge of the team, the clinical or medical director, or a practice partner. “Be clear, honest, and objective. Focus on patient safety and acknowledge any personal grievance that may arise. Keep a record of the steps that you have taken. “If raising the concern locally is not appropriate or does not resolve matters then it may be necessary to contact a regulatory body. In some circumstances it may be necessary to consider making the concern public, but the GMC advises caution regarding patient confidentiality and suggests that you seek advice, for instance from a senior colleague, the GMC, a defence organisation, the BMA, or the charity Public Concern at Work.”

“If you think you’re working too many hours, first of all, remember you’re not alone. That doesn’t mean, however, that you have to put up with it. Working to exhaustion isn’t a badge of honour. “For trainees on the 2002 contract, a system of rota monitoring can be asked for to see if a rota is causing trainees to be worked beyond their hours. “For those on the 2016 contract there is exception reporting. Exception reporting lets us easily flag the differences between our actual work and our agreed work schedules. You should submit an exception report as soon as possible after the exception takes place or within 14 days. “Collated exception reporting data are used to demonstrate to senior staff and trust boards where the problems are. The information helps the BMA and other organisations [to] hold trusts to account. “If you continue to feel overworked you can contact the BMA’s employment advisers. If you’re feeling overwhelmed and want to speak to another doctor for advice, you can contact the BMA’s Doctors for Doctors service.”

“The GMC advises that you must take prompt action” Sally Old, medicolegal adviser, Medical Defence Union

“Working to exhaustion isn’t a badge of honour” Jeeves Wijesuriya, chair, BMA Junior Doctors Committee

“Breaks are there to protect patients” Michael Farquhar, paediatric sleep consultant, Evelina London Children’s Hospital

“With current NHS pressures, members of the team feeling unable to take their breaks is not unusual. Many doctors and nurses think that the needs of their patients are more important than their own. “The problem with this attitude is that it ignores why breaks are so important in the first place. Breaks are there not just for you—they’re also there to protect your patients from the consequences of you being tired and stressed. This is when you are more likely to miss things and make mistakes. “The new contract explicitly links your working conditions and breaks to your ability to safely care for your patients. “We all occasionally miss breaks—that’s how it goes sometimes. If it’s happening consistently, though, you need to flag it up. “Junior doctors can use exception reporting with the new contract to tell their guardian of safe working. The guardian then has to work with you and your department to tackle the problem. Remember: missing breaks is a patient safety issue.”
Frank Atherton
In high places

What was your earliest ambition?
Inspired by James Herriot books and the family gerbils, I wanted to be a vet.

Who has been your biggest inspiration?
Of the two inspiring teachers at my grammar school, one instilled an understanding of biology and the other a love of the mountains.

What was the worst mistake in your career?
I take comfort in Brian Eno’s Oblique Strategy of honouring our mistakes as the signal of our true intent.

What was your best career move?
Working for Voluntary Service Overseas as a district medical officer in Malawi. Dealing with obstetric disasters that arose from the lack of access to care, and that were linked to the determinants of health, made me realise the need for upstream action: public health became the only option.

Who has been the best and the worst health secretary in your lifetime?
In Wales our politicians and our system remain true to the principles Nye Bevan built into the fabric of the NHS.

To whom would you most like to apologise?
A small number of patients from my early practice I wish I could have helped more.

If you were given £1m what would you spend it on?
Half to the Yemen appeal, half to give my kids a lift up the property ladder.

Where are or were you happiest?
In the mountains: the Mulanje plateau in Malawi or the Lake District. My best thinking happens in high places or when I’m out running.

What single change has made the most difference in your field?
Public health is often neglected, but it thrives on the back of incidents and disasters. In the UK, Donald Acheson’s inquiry into the unnecessary deaths of frail elderly residents because of food poisoning at Stanley Royd Hospital gave the UK a talented pool of public health specialists.

Do you support doctor assisted suicide?
No; there are better ways to relieve suffering.

What book should every doctor read?

What is your guiltiest pleasure?
The Jesuits did their best to instil a sense of guilt, but I’m getting over it.

What personal ambition do you still have?
To leave the world a better and healthier place than I found it.

Where does alcohol fit into your life?
I try to stick to the joint Chief Medical Office guidelines. At various times I’ve used Dry January, Lent, and Ramadan to reset the boundaries.

What would be on the menu for your last supper?
Sea bass, simply cooked with onions, tomatoes, and new potatoes.

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