



VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: Does doctors' admin take up too much time?

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An essay by Atul Gawande in the *New Yorker*, “Why doctors hate their computers,” made me reflect on the growing burden of administrative tasks doctors face at the expense of patient care, personal development, and their lives outside work.¹

When I started as a hospital consultant 22 years ago, hospital email had only just begun. Now, a week's holiday means several hundred messages on my return. Many need no action or refer to issues already resolved, but plenty need careful reading or a reply. And replying to emails with many recipients begets more emails.

Remote working and emailing outside working hours intensify the pressure, if we feel forced to keep checking emails. Not checking brings stress of its own. Email correspondence with patients and their families is nothing unusual and can lead to lengthy trails.

Personal secretaries

We didn't have electronic records when I started clinical practice, so discharge summaries, referrals, letters to GPs, and responses to queries or complaints were dictated for personal medical secretaries to type. Doctors now need a decent typing speed of their own, as they handle much more of this themselves and admin support is often shared across a team. Largely paperless systems will advance this trend—and we now have a far wider range of investigations to review and interpret.

We also had nothing like today's formal system of web based appraisal and supervision for the doctors we train. Supervising several trainees and helping with assessments for colleagues create a mini-industry of appraisal meetings, online assessments, and multi-colleague feedback reports.

Then we have our own continuing professional development (CPD), appraisal, and revalidation. CPD diaries must be maintained, populated, added up, and reflected on. A growing number of mandatory online and face-to-face training modules must be updated. We must solicit 360 degree feedback from colleagues and reciprocate this for them, often in large numbers. We need structured patient feedback, annual job planning, and a whole load of other portfolio evidence each year regarding

complaints, feedback, and activity and performance indicators just to stay employed and in practice.

Burdensome tasks

Some of these elements represent positive progress. In the past, a reliance on paper records that got lost, and less structured training and appraisal, were a Wild West in need of reform. Some innovations have led to better care, communication, and professional satisfaction.

But every hour spent on admin is one taken away from patient facing clinical care or added on to the working week, whether or not we're still at work. Older doctors eyeing the exit door cite the burden of appraisal and revalidation as a key factor.²⁻⁴ Junior doctors also report poor logistics and clunky, burdensome admin tasks as among their biggest causes of stress.⁵

I realise that people can learn time management and self protection techniques, such as with email traffic. Some aspects of technology are potential time savers—voice recognition, or functions in electronic records that can auto-populate discharge summaries and clinical audits or make it easier to look up results and old records.

But in an era of burnout, worsening retention, and poor morale,^{6,7} and where clinical workload often outstrips the supply of staff time, it's surely time for the NHS to cut down on unnecessary or repetitive admin that worsens our productivity, adds to stress, and takes time away from our patients and our lives outside work.

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