

Letters to the editor

OVERVIEW

Please submit letters for the editor's consideration within three weeks of receipt of *Clinical Medicine*. Letters should ideally be limited to 350 words, and sent by email to: clinicalmedicine@rcplondon.ac.uk

Valuing the workforce who value their patients

Editor – when I read your article in the last issue of *Future Hospital Journal*, I thought that at last someone had recognised why recently qualified doctors so often these days find their first appointment disillusioning.¹ As you recognise, these admirable young men and women do their best to fulfil their idealised role, and it is not the long hours, heavy responsibilities and relatively low pay that they resent, but the fact that no one appears to care for them as they did for us when we were residents; making sure we did not miss our meals by turning up late (food is a good substitute for sleep), sympathising when – with the best will in the world – we got things wrong (according to our seniors), teaching us the knowhow that complements the knowledge that was all brought to our work (we learned this from the nurses) and providing us with the opportunities we needed to discuss our lonely anxieties with our fellow residents (often one of the self-appointed tasks of the now defunct ward cleaners and orderlies).

Administrators who have never been in our situation themselves have taken away the residents' dining rooms, replaced loyal ward cleaners with itinerant gangs, abolished the facilities for snacking that we used to have and gave us a kind of second wind in the small hours and generally treated us not as midshipmen but as conscripted seamen. We were taught to value others as we do ourselves; we learn by bitter experience that it is difficult to value others if we are not valued ourselves by those in authority who sometimes appear to believe that we owe loyalty to them and their preoccupation with making ends meet more than to our patients with their importunities. ■

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Reference

- 1 Nicol E. Valuing the workforce who value their patients. *Future Hospital Journal* 2017;4:3–4.

Consultant job planning for a 7-day service

Editor – Being a gastroenterology trainee, I read with great interest Dr Lewis' article on 'Consultant job planning for a 7-day service' and how consultant cover was provided on a 7 day basis from 08:00–21:15.¹ I was surprised to see no inclusion of a consultant gastroenterologist on call overnight, particularly

with National Institute for Health and Care Excellence guidance stating that urgent endoscopy is required in unstable patients who present with an upper gastrointestinal bleed.² With the number of consultants on this rota, one would feel that it would be just for a 1:10 out-of-hours gastrointestinal bleed cover, which should count for at least 1 PA. This is not just a gastroenterology problem, cardiology have obvious need for 24-hour cover and, given the changing nature of medicine, will we need more specialties to be on call overnight? Within *Clinical Medicine*, it has been highlighted that junior colleagues are less confident at performing procedures.³ Junior colleagues soon become senior colleagues – will we reach a stage that we are required to ring the chest physician on call for an emergency chest drain or the haematologist on call for a sickle patient requiring an exchange transfusion? How will we compensate these consultants for this? The NHS is a 24-hour 7 day a week machine that is supported by consultants at all times; job planning needs to represent this. ■

Conflicts of interest

The author has no conflicts of interest to declare.

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References

- 1 Lewis M. Consultant job planning for a 7-day service. *Future Hospital Journal* 2017;4:33–6.
- 2 National Institute for Health and Care Excellence. *Acute upper gastrointestinal bleeding in over 16s: management*. NICE clinical guideline No 141. London: NICE, 2012.
- 3 Tasker F, Newbery N, Burr B, Goddard AF. Survey of core medical trainees in the United Kingdom 2013 – inconsistencies in training experience and competing with service demands. *Clin Med* 2014;14:149–56.

Response

Thank you for reading the article and forwarding your comments. On-call work for gastroenterologists (in terms of both specialist and general work) is mentioned in the text although I have not included the calculations for on-call payments. Currently, in our trust, general physicians are paid 1 PA to take part in an on-call rota 1:13 weekdays and 1:6.5 nights. In light of the fact that gastroenterologists also participate in endoscopy out of hours, we have a 75% commitment to the on-call rota (0.75 PAs) as well as taking part in a 1:8 endoscopy rota (paid 0.25 PAs).

Circumstances will vary at different trusts so this pattern of work (and remuneration) only reflects our trust's position and was not necessarily relevant to the wider NHS. I am, nevertheless, grateful to the reader for raising this important point. ■