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the columns correspondence

Review of on-call duties of non-consultant hospital doctors in a rural Irish psychiatric unit

The European Working Time Directive is a welcome challenge to traditional out-of-hours medical working practices, and aims to safeguard both doctors' and patients' health and safety. Its implementation is delayed in the Republic of Ireland because of ongoing medical union negotiations. Implementation of the directive will mean examination of on-call rotas, training requirements, and the organisation of cover. Local data determining clinical workloads after hours are the starting point to identify areas of concern and to implement appropriate solutions in individual locations.

We examined the out-of-hours calls of non-consultant hospital doctors (NCHDs) from 17.00 h to 09.00 h on weekdays and all day at weekends over a 4-week period, representing a total of 512 h. After midnight, the number of calls to doctors was less than a sixth the number before midnight (10 v. 64%). The majority of calls (68%) were for patient assessment and review, but a significant proportion related to non-medical work such as phlebotomy (8%) and filing (1%), and non-urgent work, such as the rewriting of prescriptions and the charting of medication (16%). Of all calls, 88% were appropriate to the skill level of the doctor contacted, however 9% required less skill and 2% were judged to be non-medical. Only 1% of calls were from general practitioners.

The restricted access of NCHDs to clinical supervision and training opportunities

with shift working could be mitigated by high quality training in the evening and a reduction in time spent on non-training tasks. The new models of working are an opportunity to improve coordination of care between medical, nursing and other staff. Resources must be focused on the correct solutions, not just recruitment of additional medical staff. Above all, current available services and quality of patient care and safety must not be compromised.

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Training of senior house officers

In their recent paper Callaghan *et al* (*Psychiatric Bulletin*, February 2005, **29**, 59–61) showed that senior house officers (SHOs) in psychiatry usually valued on-call periods as a learning experience. However, the European Working Time Directive regulations regarding hours worked and rest requirements are now well and truly upon us and this has caused concern regarding the training of SHOs in other specialties (Mayor, 2005).

In Nottingham, SHOs in psychiatry previously worked a high intensity shift pattern that did not adhere to European Working Time Directive regulations. Measures implemented to ensure adherence to the new regulations included the appointment of psychiatric nurses to work

specifically at night as the first point of call for anyone referring to the psychiatric SHO. Initially SHOs were involved with the majority of the assessments but over time the nursing team's experience has increased and they are now proficient in managing almost all of the referrals independently. As a consequence, SHOs are now finding that their participation in acute decision-making, risk assessment and devising management plans has reduced significantly.

The movement of specialist nurses into the role traditionally fulfilled by SHOs should not act as a barrier to training. Additional measures need to be introduced to ensure SHOs remain exposed to acute psychiatric cases. Possibilities include nursing teams providing direct training and a more comprehensive trainee's logbook where emergency cases seen are recorded. This would also be a step towards workplace assessment for doctors in training which is emphasised in *Modernising Medical Careers* (Department of Health, 2002).

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Psychiatry and the pharmaceutical industry

We read with interest the editorial 'Dancing with the Devil? A personal view