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## Father of death crash medic Lauren Connelly: junior doctors ACTUAL hours must be recorded

Helen McArdle 26 Jun 2019 16:30:00

THE father of a junior doctor killed when her car veered off the road after a string of night-shifts said the system in place to check young medics' hours is still "open to manipulation".

Speaking to MSPs, Brian Connelly called for a "substantial reduction to junior doctors' working hours", and accurate recording of how many hours they actually work.

Brian Connelly: 'Lauren had achieved her dream - she didn't mind that the hours were long'

He noted research showing that doctors working a 48-hour week made 32 per cent fewer medical errors than those working 56 hours per week.

At present, junior doctors' hours are audited based on their rostered shifts and periodic 'sampling' by hospital departments around once every six months, but research has shown that this is at risk of abuse.

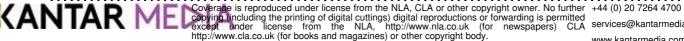
Read more: Welcome for junior doctors' 46-hour rest break guarantee

Dr Connelly said: "It's a sampling exercise at a point in time - it does not take into account the hours that they have worked in any other period.

"Not to put too fine a point on it, but with a judicious choice of sampling period you can skew the reality of a situation.

"Junior doctors have long-reported evidence of pressure being applied to them during these sampling periods to get the right result.

"The reality is there are so many innior doctors working way beyond their rostered hours



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Mr Connelly has campaigned for tighter rules around shift patterns and working hours since the death in 2011 of his 23-year-old daughter, Dr Lauren Connelly.

Dr Connelly, from East Kilbride, was seven weeks into her training and had just completed the fourth of 12 consecutive night-shifts at Inverclyde Royal Hospital in Greenock when her car crashed off the M8 motorway as she drove home.

Investigators believe she fell asleep at the wheel.

Had she completed her run of shifts, she would have worked for more than 117 hours over 12 days without a weekend off.

Since then, junior doctors have been banned from working more than seven days in a row and rotas of seven consecutive night-shifts have been abolished.

Read more: Official bullying complaints in NHS Scotland exceed 560

From August, they will also be guaranteed a minimum rest period of 46 hours after blocks of three or four night-shifts.

However, a key pledge from the Scottish Government to cap junior doctors' working week at 48 hours, without averaging, has yet to be achieved.

Currently health boards can comply with the European Working Time Directive by averaging the time staff spend on shift over six months.

In 2015, then Health Secretary Shona Robison vowed to ban averaging but in 2017 conceded this was "unachievable given the need to maintain a good standard of training for doctors and a safe service for patients".

An Expert Working Group was set up to address the problem of achieving a strict 48-hour working week, but is not expected to report until December this year.

Professor Derek Bell, president of the Royal College of Physicians of Edinburgh, said safe rota design should be a priority for hospitals.

Prof Bell said: "Diary monitoring is potentially prone to problems in terms of recording and interpretation, and may be considered sub-optimal.

"NHS Scotland could implement a process of exception reporting – or alternative robust system - outside and unrelated to the contract of employment, to allow Scottish doctors to have parity of reporting with their colleagues in England.

"Exception reporting already allows doctors in England to quickly and easily flag up if their actual workload has varied from their agreed work schedule.

Dr Lewis Hughes, chair of the Scottish Junior Doctor Committee, said medics did not expect to "clock in and out", but that rotas had to be realistic with adequate rest facilities also available round-the-clock.

Dr Hughes said: "If junior doctors are regularly staying beyond their rostered hours because everyone knows there will be outstanding tasks that can't be left – for example when they routinely need to stay longer on certain shifts due to longer outpatient/theatre sessions, or to ensure proper handovers – then

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