

DOWNTIME

I thought I was in a Kafka novel. One of my colleagues has worked with the same surgeon for 17 years. They did a busy all-day list. They arrived first thing in the morning, and just worked on through the day until the work was done. Sometime around midday, they'd reach a mutual decision to stop, grab a sandwich, and then get on with the list. There would be a 20-minute break.

Then someone started counting. They didn't count how many patients were operated on; they counted theatre 'downtime': this is the time when there is no patient in the operating theatre. The informal, snatched-on-the-go lunch break counted as downtime, and this was deemed unsatisfactory. Things would have to be rearranged.

One day, the surgeon and anaesthetist arrived to find a much shortened list. Except that it wasn't shortened; it had been published as two separate lists, a morning list and an afternoon list with a formal lunch break of 1 hour — because this hour would not count as downtime. Because of this rearrangement, fewer patients could be operated on in the day; but downtime figures were better. Sometimes the morning list ended a bit earlier than expected, but the protocol required afternoon patients to be fed so they couldn't be operated on earlier.

I would like to say that this is all middle-management nonsense, but the truth is more indicative of NHS ills. First, instead of employing more people to treat patients, trusts are forced by the Department of Health to employ bean counters. And the poor bean counters do not have the best means of counting the beans. Our operating theatre logging program dates from 1982. The computers are lovely: big flat screens that can show X-rays quickly and in enormous detail. But the inflexible logging program won't allow a lunch break in an all-day list; it understands only a fixed 1-hour lunch break taken between separate lists.

So I'm not in a Kafka novel; it's just the old, old NHS story of having to make do. And while I'm on the subject of computers, why doesn't someone sort out a utility in e-mail that checks messages for the word 'attach', and then, before sending the message, asks the dumb fool typing the message whether they have attached the attachment? Modern computer programs take up megabytes of memory, allow you to do all sorts of fancy things undreamed of in our theatre logging program, and then allow you to appear a complete idiot by forgetting to click on the paperclip.

Whoever said it was easy ...

'Really, you want to be a GP? Are you sure? But you'll be wasted there ... It's so boring working in a surgery'

And that was how my career move was received. My anaesthetist uncle had made his view very clear.

So here I am, a GP registrar in Bolton. It's been 3 months now since starting and, phew, has it been tough. Admittedly I didn't have great expectations before starting. I was ready for my break after A&E slave labour. It was chill-out time now. A few surgeries here, a few half days there and long, very long lunch breaks to fit in shopping, browsing the internet and well, daytime TV. I thought being a GP, and a trainee at that, wouldn't involve too much work and then I would happily sit the MRCP at the end of the year, pass and whoopee ... I would be off ... yeah right!

Boy, was I WRONG!

The overload started at the regional induction day which ended up, by 3pm, a sea of faces muttering 'you're joking', 'but we have to do all of that', and 'where do I squeeze that course in?'. It was like somebody has switched the light on in my brain and all I could see were the words 'out of hours', 'appraisal', 'summative assessment', 'MRCP' ... the list goes on and on and on ... gulp.

I went home thoroughly stressed out. No-one had said it was going to be like this. All of the previous registrars had told me how much free time they had and how it was really enjoyable. I couldn't see any enjoyment in sitting vivas, completing written papers, submitting videos and doing boring audits. Time for the wine ...

My trainer was, and is, lovely. Thank God for nice doctors — they're called GPs. He told me not to worry as I constantly have a whinge to him about paperwork and projects that I need to do.

Colleagues are such a great support too. Having another registrar at the practice means I have a partner in crime for shopping — we are both very easily

persuaded to go to the Trafford centre, and a few 'learning' sessions have been planned over a bottle of vino!

After working in a hospital environment, which is so lonely and hierarchical, it's great to have a broad range of people as registrars who share the same concerns and worries. Having the day-release course is a godsend and it can really break up the week, especially when it is so easy to get bogged down at work with the billions of things running in your head about videos, exams, home and patients. It's therapeutic to have a forum where we can all chat and reassure ourselves that it's okay that we haven't done a decent video yet or that out-of-hours sessions are actually not too bad ... oh yes, and the dreaded audit is going terribly wrong. But we also do really learn stuff ... it's not all a skive from work for all you trainers out there getting concerned ... I do have a vague recollection about consultation models!

I guess it's only been 3 months in GP land and the stress hasn't died down. You think you've closed one door and then a whole other one opens. It really is a steep learning curve (cliché I know but true!) and for someone like me who isn't the most organised person on this earth, I'd like to think we registrars are discovering and developing skills we never had. I guess this is what life is going to be like in the future and this year will keep us in good stead for the rest of our career, or so I keep telling myself!

Now I'm off to speak to that uncle of mine ... I think he needs some education...

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(Dedicated to all the overworked GP and GP registrars out there!!)