

OUT-OF-HOURS WORK

WHO should do night calls? Is general practice a 24-hour job or can it be done in office hours? What are office hours anyway?

One of the recurring difficulties in organising an emergency service is providing staff who can be available round the clock throughout the year. This organisational problem is common to all essential services and is in no way unique to medicine. The current turmoil about out-of-hours work in the hospital service makes this an appropriate time to review the trends in general practice.

Two general principles are now almost universally accepted: first, any nationally organised health service must provide doctors who can diagnose and treat medical emergencies at all times. Patients cannot plan their illnesses to suit their doctors' convenience, but what, however, constitutes a 'medical emergency' is not so simply defined, as this issue of the *Journal* shows.

The second principle is that doctors, like all other citizens, are entitled to reasonable conditions of work—particularly time off duty. These two great principles inevitably conflict and some form of compromise has to be made if emergency services are to be maintained.

There are three main systems of organisation, all of which have their advantages and disadvantages which therefore need to be individually considered. These are: the shift system, the system of extended-cover, and thirdly, the alternative service.

(1) The shift system

The shift system consists of dividing the period of work into a series of sessions or shifts. This system is common in industry, particularly when the cost of labour is relatively low in relation to the cost of the intensive use of capital equipment.

This organisation is rarely considered for doctors, but there are precedents in the caring professions—nurses already work in shifts. There have recently been suggestions in some big accident centres that consultants' cover should be arranged in this way as well.

The advantages to the organisation and the consumer are that fully qualified workers are available at all times, that there are no gaps in care, and that consumers are never exposed to tired staff who have already completed a full day's work.

The disadvantages lie in the relative unpopularity of some shifts, and in the inevitable reduction of continuity of care.

(2) The extended-cover system

The extended-cover system consists of the responsibility for out-of-hours work being spread among those who also retain responsibility for the ordinary day-time work. The same staff extend the cover into the unpopular times—the evenings, nights, and weekends, often by forming rotas. This system may now be the commonest method of covering out-of-hours work in general practice in the United Kingdom today.

Its advantages are that it is relatively cheap, that one set of professionals is enough, and that it provides continuity so that incidents happening out-of-hours can be seen in a broader perspective. The advantages of doctors and patients knowing each other and each other's backgrounds, particularly in general practice, can be considerable.

The corresponding disadvantages are that the professionals concerned must work additional hours over and above the norm for other professionals such as dentists and solicitors. In our previous editorial, *Difficulties with Deputies* (1973), we showed that working a one in five rota for evenings, nights and weekends, meant general practitioners working a 61-week year. At times some practitioners will be continuously on duty for over 80 hours on end. Such periods of duty are unacceptable in many other services; lorry drivers now have their hours of work regulated by law.

(3) *Alternative service*

The third method of covering out-of-hours work is by contracting the service outside the main providers of care altogether. There are precedents for this in other emergency services and in general practice, independent contractors are free, within certain limits, to make arrangements for other doctors to cover their work. In the United Kingdom the main alternative services are the commercial deputising services, whose numbers have steadily grown during the last ten years, and accident departments of some hospitals.

The advantages are that they free the professionals entirely from the burden of working extra hours, convert the job to office hours, and may be relatively cheap to run.

The disadvantages are that the service is inevitably often provided by doctors with no experience of general practice, with little experience of working in patients' homes, and with no personal knowledge of the patients' past or family histories, or the policy of the practice.

Trends

The history of general practice since the introduction of the National Health Service suggests that there has been a progressive move from the system of providing extended cover towards the alternative care system. Already almost one third of all general practitioners in the country are using deputising services at least partly and, as much of the British population is concentrated in big cities, where deputising services are commonest, the proportion of the British population who are now having their out-of-hours calls provided by such services must be even greater. Furthermore, the trend is continuing.

Evaluation

Assessing the pros and cons of these systems of care is remarkably difficult. The only appropriate yardstick of care is the quality of the service provided to patients in relation to patients' needs. But here the difficulties begin. There is relatively little information about what exactly patients' needs are and even less about the quality of the service provided.

Furthermore demand may vary according to the type of system and, while the alternative services sometimes lead to increasing demand, the extended-cover system may tend to reduce demand.

We believe that the triple interests of patient, profession, and government are likely to be best served by some variation of the system of extended cover. If this is so, however, the onus is now on those who support this policy to produce the facts to justify it.

REFERENCE

Journal of the Royal College of General Practitioners (1973). Editorial, *Difficulties with Deputies*, 23, 612-613.
