ADDRESS FOR CORRESPONDENCE

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by the impact. I would encourage others to do the same: tell people if they or their work has made an impact. Good things will come of it.

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The three 'T's

I am a junior doctor, training to be a GP, and have a 6-month posting in A&E next year. I've been reading with avid interest about the need for patient education, more robust GP out-of-hours services and an increase in GP appointments, but feel we need to fundamentally improve how doctors and patients experience A&E. Although there are many complex issues, three 'T's are the most important.

TIRING ROTAS

My main concern about A&E is that it does not promote patient safety. My A&E rota has stints of 10 days in a row on 10-hour shifts. After 1 day off I then work three 10-hour night shifts. This equates to 130 hours in 14 days. This is normal for many A&E doctors. As a patient, would you want to be seen by a doctor on that 14th morning? As it is, this is a highly pressured, difficult, and traumatic job involving making important medical decisions fast. Yet A&E rotas include even longer stretches of physically and mentally demanding shifts that are normally recommended. On top of this, antisocial hours and frequent weekend working further removes the support of seeing family and friends.

TRAINING

Who would want to work and train in these conditions? A career in A&E is not a popular choice for medical students.[1] I chose A&E to become competent in many areas, among them ophthalmology, orthopaedics, and paediatrics. Many registrars (supervisors) are not in A&E training posts because they do not want to commit to a career in emergency medicine, so there may not be the guidance, leadership, and support required to nurture learning and development for junior doctors.

TARGETS

The atmosphere in A&E is one of constant tension. The nurses have to pressure doctors to make decisions, and we struggle with the medical team to get patients admitted. Although everyone tries to focus on patient safety, and most days healthcare professionals respect and treat each other well, the 'target culture' (such as the 4-hour wait target) often creates a strained and difficult atmosphere full of blame and mistrust, centred around targets not patients.

The three 'T's aside, A&E is a fantastic learning opportunity in acute medicine. But the current culture needs to change. Many doctors (including myself) see their time in A&E as 'earning their stripes' but this is not safe. So what is the solution?

Doctors working stressful 10-hour shifts should not work more than 4–5 days straight, so that they have time to recuperate and sleep. Sleep deprivation has been shown to be equivalent to alcohol consumption in its effect on decision-making. Having some annual leave that is not fixed would also lead to happier doctors who have more social support.

A&E needs to be a safer and more appealing place to work. Although time targets are important, reviewing them and introducing new targets, especially around preventing re-admission, would create a more patient-centred service.

There should be clear and transparent guidance on admission for GPs and A&E staff. Education could focus on learning about patient outcomes and effective referral pathways. Better communication and feedback between hospital doctors, GPs, and A&E staff should be encouraged, with shared learning opportunities to promote unity.

Ultimately, more trainees will be attracted to A&E if there is an engaging atmosphere that nurtures and improves their diagnostic skills while respecting their need for training and social support. This will require funding, but in the long term it will defuse the ticking time-bomb of direct and indirect costs due to over-worked, over-tired, and potentially under-performing doctors. And, next time you are in A&E you won't have to worry how many days your doctor has worked without a break.

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