SHORT REPORT

Questionnaire survey of British Society for Paediatric Gastroenterology Hepatology And Nutrition (BSPGHAN) members to examine workload and resources for paediatric gastroenterologists

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The new consultant contract (CC), the European Working Time Directive (EWTd) of 48 hours per week,¹ and shift in continuity of care to consultants are threatening workload and quality of life for consultants and quality of service to patients. To provide data on the situation for UK paediatric gastroenterologists (PGI), we sent a questionnaire to the BSPGHAN membership. Thirty seven of 72 clinical consultants (51.4%) in the UK replied, giving comprehensive experiential data at a critical time. Most consultants work more than EWTd (median 50, range 42–64 hours per week; mean 17% more than EWTd). Only 10 felt their employers wanted them to comply, suggesting the significance of the EWTd is not appreciated at Trust level or there is limited intention to observe it. There are legal and psychological implications of long working hours.^{2 3} Many PGI are under-resourced. Few have any protected time, and administration is undertaken in their own time. Academic work and administration are pushed out by increasing clinical work, leading to personal distress and deterioration of services to patients.

From the data we suggest benchmarks for PGI job standards for the new CC, corresponding to 10+ planned activities (PAs), including 6–7 PAs of direct clinical care, which should include:

- A full time secretary
- A paediatric dietician during outpatients, day case sessions, and ward rounds
- Weekly access to trained specialist nurses for share-care, ward rounds, and outpatients
- A psychologist and speech therapist
- 1 PA protected for clinical governance/reading/continuing medical education
- At least 3 PAs/week for clinical preparation and correspondence
- 1 PA for multidisciplinary meetings and communication/clinical supervision

- 1 PA for teaching and training
- 1 PA for research and committee work
- 1 general anaesthesia list per week for procedures
- No more than 2.0 clinics/week average (2.0 PA)
- 1 in 5 on call or less, called in no more than once a month
- Waiting times for outpatients less than 1 month, for admission less than 2 weeks, emergency admission less than 3 days, and same day for possible acute liver failure pending specialist referral.

The data suggest immediate need for additional consultants, but there are barely enough trained PGI available for current developments, and the resources and infrastructure are not in place to simply employ more. To reduce the consequences for patients, the establishment of a National Managed Clinical Network for paediatric gastroenterology is required urgently with structures for patient choice and nationwide referral of patients for optimal use of resources.

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