

April 2008

Defining best practice for the work environment

Guidance for consultant doctors



Defining best practice in the working environment

Introduction

The 2003 consultant contract recognised the necessary resources that doctors required in order to work effectively. Schedule 3, paragraphs 14-16¹ of the terms and conditions state that:

'The job plan will set out:

- agreed supporting resources, which may include facilities, administrative, clerical or secretarial support, office accommodation, IT resources and other forms of support
- any action that the consultant and/or employing organisation agree to take to reduce or remove potential organisational or systems barriers.²

In the current environment where more emphasis is placed on job planning, objective setting and Supporting Professional Activities (SPAs), it is essential that employers provide consultants with the resources necessary to meet the objectives agreed.

Office Space

Doctors need suitable office space to:

- Ensure confidentiality of patient information
- Meet with patients, relatives, social workers, police and other professionals in private
- Conduct telephone calls with patients, relatives, GPs, coroners and others in private
- Talk to trainees and management in private
- Have a quiet environment for studying journals and books or references on the internet and for undertaking audit and research projects
- Have a place to store books and other materials necessary for carrying out their job.

In addition to the above and in some specialties, direct clinical care must take place in a secure and private individual office because of the need for equipment and for a suitable environment for mental concentration (e.g. radiology and histopathology).

Supporting professional activities often requires working with sensitive material such as patient records, audit data, complaints and legal records. Principles of data security require that this information be handled carefully and confidentially and this will often require that the material not be taken off-site. Therefore appropriate office accommodation is needed to fulfil contracted SPA sessions.

This need is reinforced in a document produced by NHS Estates.³

The BMA's recent survey of hospital doctors regarding resource/office space confirms the view that the provision of office space has decreased in the past few years. The full survey results can be found on the BMA website. Our evidence suggests that Trusts are often failing to provide consultants with adequate

¹ <http://www.nhsemployers.org/pay-conditions/pay-conditions-348.cfm>

² In Scotland, the reference is 3.2.22:

www.paymodernisation.scot.nhs.uk/consultant/docs/consultant%20grade%20terms%20and%20conditions%20of%20service%20BBO33OCT20051.doc

Wales: Paragraph 1.5: www.wales.nhs.uk/sites3/page.cfm?orgid=433&pid=3907

Northern Ireland: Schedule 3, paragraph 16: www.dhsspsni.gov.uk/pe-consultanttcs2004.pdf

³ NHS Estates Health Building Note (HBN) 18, 1991. Para 2.12: Consultant medical staff require office accommodation for administrative and clerical work in connection with their clinical responsibilities and for study, research and discussions with colleagues. Each full-time or maximum part-time consultant requires his own office. Consultants working only part-time in the NHS, or part-time at a particular location should be expected to share an office. A consultant should not be provided with an office in more than one hospital.

office space, and where it is provided that inappropriate sharing arrangements are expected. Indeed, some consultants are now expected to 'hot-desk' around the hospital. This is not acceptable.

Whilst the relevant legislation is the Health and Safety at Work etc Act 1974 as amended by the Management of Health and Safety at Work Regulations 1999 and the Workplace (Health, Safety and Welfare) Regulations 1992, it does not mention the provision of office space and is largely concerned with the safety aspects of the work environment and its design.

Recognising that there will be variations across each specialty, this document seeks to define the standards and facilities by which consultants of all natures can expect to work and not just in terms of office space. A number of the Royal Colleges and other organisations have produced guidance on the subject which this document takes into account.

Standards for doctors working in a hospital environment

Office space

1. The guiding principle is that a consultant needs access to a private space to deal with confidential correspondence. In addition to this and for SPA activity, a quiet space is needed to read or work on audit, research, to prepare teaching sessions, for preparation of appraisal and job planning, etc.

The number of PAs should be decided on an individual basis and this should be set out in the contract, based on the consultant terms and conditions.

2. For the reasons set out in the introduction, a private office is best practice and is the Central Consultants and Specialists Committee (CCSC) standard. When planning is taking place for new or adapted buildings, consultants must be involved from the outset in deciding how appropriate working environments will be provided.

Single-person offices should be made available for 'senior clinicians and managers'. This is explicitly set out in the standards for emergency facilities⁴ but it should be seen as applicable to all specialties. To maximise efficiency, these offices should be based near to the main working environment. For example, anaesthetic consultants should have offices as close as possible to the operating theatres as this is where they will spend most of their time.⁵ The amount of office space needed depends on the work pattern of the consultant, which may be specialty dependent but there is little doubt that a suitable working environment has the potential to improve efficiency, effectiveness and morale within a department. As part of this, each office should have a window and natural ventilation.

The siting of a secretarial unit close to the areas of main clinical activity is ideal as it allows frequent and ready contact between consultants and secretaries. Whilst there has been an increasing trend to share office space in an open-plan environment, this is often inappropriate and inhibiting, particularly if patient information is being discussed. Shared office space with a secretary and a consultant may be an acceptable compromise if both are seldom in the room at the same time for long periods.

3. If there is only an open plan office available, there must be access to a range of facilities which can replicate different functions of private offices. These include access to a private meeting room for sensitive meetings or calls in order to maintain patient confidentiality, secure storage for notes, books, files and correspondence, lockable storage for personal items, briefcases and so on, and guaranteed access to a PC on the Trust network and able to access the Internet.

This concept is supported by the Royal College of Physicians⁶ and also the Royal College of Paediatrics and Child Health.⁷ It may also be useful to install sound proof dividers in order to isolate different areas. Conversely, the provision of a shared office without access to a private meeting area would prevent consultants from carrying out some of their duties. This is not acceptable.

Consultants cannot provide appropriate patient care or supporting professional activities without a home base in a hot-desking environment. It is not practical for a consultant to carry patient notes, reference books, dictaphones, etc around a hospital whilst looking for a space in which to work. It wastes consultant time, leading to inefficiency and reduced productivity. There is however a need for consultants to have access to hot-desking facilities in certain areas in addition to their own offices. This would be in areas where consultants have to remain even though they may not be engaged in clinical activity at that precise moment, such as theatre or the delivery suite or other procedural areas. It is good practice to provide writing-up rooms here.

Those who are not permanent members of staff but spend large amounts of time within a given department will require office space. In this case, the use of 'hot-desking' may be appropriate for staff

⁴ Page 26, HBN 22

⁵ Page 3, WFSA Guidelines for space requirements for Anaesthesia Departments, July 2006

⁶ Consultant Physicians Working with Patients, 3rd Edition, Royal College of Physicians, 2005

⁷ A Charter for Paediatricians, Royal College of Paediatricians, November 2004

such as health visitors and social workers but not for senior medical staff. This is set out in a number of the Health Building Notes by NHS Estates.⁸

Office facilities

4. Each consultant needs access to a phone with an appropriate level of privacy. In addition a personal computer with internet access, along with secure filing space for papers and case notes.
5. Additional storage space for relevant books, journals and files is also essential.⁹

Those with a private office should have sufficient space for seating up to 3 people.¹⁰ Depending on need and available space, shared offices should also have additional seating.

6. Each consultant needs a secure login and networked hard drive storage.

The size of this storage space should be locally determined but it needs to be of a sufficient size to enable work to progress efficiently and without delay. If a consultant is expected to 'hot desk', using the PC at whichever desk is available, there should be networked hard drive storage so that data can be retrieved and worked upon at whichever PC is in use within the organisation.

7. Each consultant should have the ability to synchronise hand-held diary devices.

Whilst the above are universal requirements across the profession, different specialties will obviously have different additional requirements. For example, histopathologists will need a microscope suitable for consultant level work, with a fitted digital camera. The PC specifications should be sufficient to enable web-based image viewing and sharing, including digitised virtual microscopy.

In addition to the above, some consultants may need the provision of portable computing for those whose jobs make this an appropriate way of working.

Secretarial support

Secretarial support is essential for clinical work, such as handling patient records, dealing with patients themselves and writing referral letters. Depending on workload and the needs of the individual consultant, it may also be necessary to seek further administrative support to undertake other office duties such as filing and photocopying. In these cases, it can be useful for PA and typing roles to be separated and a typing 'pool' be set up. Some hospitals have outsourced this type of work overseas as can be seen with Great Ormond Street, Southampton, Ashford and St Peters. This is only acceptable if the hospitals can ensure that correspondence and calls to patients and other clinicians are dealt with in a timely manner. Consultant letters should preferably be sent out within 5 days and at a maximum within 10 days of dictation.¹¹

Because of the importance attached to the role of a medical secretary and/or personal assistant, it is important to ensure that there are suitable arrangements in place to cover for any absence. Consideration needs to be given to the circumstances in which each specialty works; for instance, many consultants may require additional secretarial time to ensure that communication with GPs is timely and effective. To this end, it is important that secretarial cover is available at lunchtimes, in the case of annual leave and sickness.

⁸ For instance, page 26, HBN 22

⁹ Specimen job description – Consultant histopathologist, Royal College of Pathologists, 2005

¹⁰ HBN 26, Facilities for surgical procedures: Volume 1, 2004

¹¹ Page 27, A Charter for Paediatricians, Royal College of Paediatrics and Child Health, 2004

Rest facilities

Many departments employ staff who 'will need access to the rest and recreation facilities'.¹² These need to be available 24 hours a day and be subject to the principles of good housekeeping.¹³ In a position statement¹⁴, the BMA sets out that:

'Since the advent of the EWTD, doctors have increasingly begun to work full shifts instead of traditional on-call rotas. This has led to some hospitals removing on-call rooms on the grounds that staff on full-shift rotas should not be sleeping while on duty. However, there is ample evidence to suggest that sleep, or at least adequate rest, on night shifts is beneficial for patient care and is likely to prevent adverse incidents.'

In addition to on call sleeping facilities, there is also a need for general on call rest facilities. Therefore:

8. Within the rest room, there should be a sufficient number of tables and chairs for staff along with refreshment facilities.
9. At least one telephone should also be provided.
10. Access to the area should be secure.

NHS Estates suggest that access should be by means of 'security locks with close proximity card entry'.¹⁵

Education and training facilities

Some hospitals will have specialist sites like a postgraduate centre accommodate education and training facilities. In the absence of this kind of site, departments will require the following:

11. For training purposes, a seminar room should be provided close to the relevant department.
12. Equipment within that should include IT facilities, including projection equipment, a whiteboard and a suitable number of tables and chairs.¹⁶
13. A library stocking the latest journals, publications and other relevant material should be situated nearby.

The provision of the above facilities is essential to ensure that knowledge is kept up to date, as required by the GMC.

Changing facilities

A 'bare below the elbows' policy was introduced by the government in January 2008 following a series of well-publicised outbreaks of hospital infections. The CCSC guidance can be found here:

<http://www.bma.org.uk/ap.nsf/Content/CCSCdresscode051207?OpenDocument&Highlight=2,uniform>

Despite the limited evidence, there is a general public perception that uniforms pose an infection risk when worn in and around clinical settings.¹⁷ However, good practice suggests that doctors should be able to shower and change their clothes on duty as underlined in the Heath Building Notes produced by NHS Estates. As such:

14. Hospitals must provide shower and changing facilities.

¹² Page 25, HBN 22. Page 29, HBN 26

¹³ Page 29, HBN 26, 2004

¹⁴ <http://www.bma.org.uk/ap.nsf/Content/jntposstmtsleap?OpenDocument&Highlight=2,rest,facilities>

¹⁵ Page 29, HBN 26

¹⁶ Page 31, HBN 26

¹⁷ British Journal of Infections Control, Volume 8, no4, September 2007

15. In order to minimise the movement of clinical staff and possible spread of infection, these should be located near the operating theatres.
16. In addition to this, locker rooms, with personal secure storage for belongings should also be available along with an appropriate amount of seating.
17. Secure access to these staff areas is needed.
18. As set out in HBN 26, shower facilities should be provided in 'self-contained, full height rooms to provide maximum privacy. Cubicle partitions are not acceptable.
19. Dry changing areas equipped with mirrors, hair dryers and a shaving point are [also] required'.¹⁸

Parking facilities

20. Resident or on-call doctors should have access to a parking space near their accommodation where onsite car parking is available.

Where this is not available, employers should attempt to ensure that alternative secure parking arrangements are in place.

¹⁸ 5.17 – 5.18, page 30, HBN 26

Conclusion

Consultants need various supporting resources in the course of their duties in order to work effectively. This document sets out the standards and resources that the CCSC believes UK consultants should have access to within their working environment. The Australian Medical Association has already set similar standards for hospital doctors.¹⁹

Without these facilities, there is the potential for the efficiency, effectiveness and morale of the consultants working within a department to fall. In the recent BMA survey, more than half of the respondents reported that they did not have adequate resources to support their role as a doctor. There seems little doubt that working practices are being adversely affected and often this can ultimately prove detrimental to patient care.

This document defines the standards and facilities by which consultants of all natures should expect to work. In conjunction with the BMA survey, it will be presented to NHSE and other relevant stakeholders with a view to producing a joint position statement on the provision of resources.

If you have any comments on this document, please send them to arivett@bma.org.uk

¹⁹ www.ama.com.au/web.nsf/doc/WEEN-6MV9QE

Acknowledgements

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