Response to: Implementing a 48 h EWTD-compliant rota for junior doctors in the UK does not compromise patients’ safety: assessor-blind pilot comparison

Sir,
I read with interest the paper by Cappuccio et al. on implementing an EWTD-compliant rota. Whilst the paper makes for interesting reading, I do not believe that the authors’ conclusions can be drawn from the data that they present. First, the sample size is too small to produce meaningful information. Second, the control (52 h) and intervention (48 h) groups were performed on two separate specialities (respiratory and endocrine, respectively) with completely different demands, therefore, the two groups are not comparable. In addition, no details are given about the randomization of doctors to the two groups, therefore, any differences observed could be explained by having more competent doctors in the intervention group. Although the final physician assessors were blinded to grouping, there was no blinding of the initial nurse assessors of medical errors and this could have a profound impact on the results. The alteration in the intervention rota half way through the study again casts doubts on the validating of the results. The perception by the doctors that the intervention was detrimental on education and training is of concern and the counter argument given in the discussion that shorter rotas maybe better for training is weak, with no results to back it up. I agree with the statement that evidence-based policy decisions must be made for working hours, however the authors’ conclusions that an EWTD-compliant rota with reduced weekly hours improves patient safety compared to a traditional rota cannot be drawn from the data that they have presented. In the current media climate, such methodologically weak data will be open to considerable misinterpretation and maybe wrongly used to support policy change.

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Re: Cappuccio et al. paper

Sir,
Cappuccio et al.’s paper ‘Implementing a 48-hr EWTD-compliant rota for junior doctors in the UK does not compromise patient’s safety: assessor-blind pilot comparison’ states that it provides the first objective evidence of the impact of EWTD-compliant schedules on patient care. It concludes that its evidence supports the hypothesis that ‘a 48 hr week…improves patient safety’. This is an important claim, and thus the quality of the evidence needs to be carefully scrutinized.

The main finding was that in an intervention group—doctors on a 48-hr compliant rota—there was a ‘rate reduction’ in the number of medical errors and adverse events, compared to that found with doctors working a traditional rota. The comparison was made between EWTD—compliant doctors looking after patients on an endocrine ward, and doctors on a traditional shift pattern looking after patients on a respiratory ward.

The key missing observation is whether, with doctors working the same shift patterns, the error rate and adverse events would have been indistinguishable between these two groups of patients. This could have been easily established with an appropriately designed study, and the lack of this key control observation severely limits the conclusions that can be drawn.
We agree that the implications of introducing the EWTD on patient care are of great importance, and the practical issues need addressing urgently—such as loss of education opportunities with shorter shifts, lack of daytime cover, poor quality and more frequent handovers and indeed the shortage of doctors in appropriate grades to fill these rotas. Highlighting these is a valuable contribution. But as robust evidence on the effects of EWTD-compliant rotas on error rates, the study is deficient.

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