Is on-call possible at 60?

It is possible that 2015 will be recognised as a seminal year for the medical workforce in ICM and all other specialties. At the time of writing, contract negotiations that may change terms and conditions of working for a generation of doctors (in England at least) are underway. Whether the feasibility of being on-call during the later parts of a career will be addressed as part of these discussions is not certain. What is clear, however, is that ICM should not rely on external events and agencies to solve what is an increasing concern for many in the specialty.

The changing demographic profile affects doctors as well as patients.

We're all increasingly aware that the demographic of our patients is changing. We provide intensive care to older patients than we did a decade ago, and predictions suggest this trend will continue ([1],[2]). These patients are complicated, have challenging co-morbidities, and need experienced clinicians to manage them effectively. The Academy of Medical Royal Colleges report into Seven-day Consultant Present Care[3], outlines how 'patients expect treatment by competent clinicians and a parity of care irrespective of the day of the week'. The FICM / ICS Core Standards[4] re-enforce the need for regular consultant input irrespective of the time or day of the week.

We need to remember, however, that as doctors we are ageing too.

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[1] Sean M Bagshaw et al., "Very Old Patients Admitted to Intensive Care in Australia and New Zealand: a Multi-Centre Cohort Analysis," *Critical Care* 13, no. 2 (2009): R45, doi:10.1186/cc7768.

[2] C BRANDBERG, H BLOMQVIST, and M JIRWE, "What Is the Importance of Age on Treatment of the Elderly in the Intensive Care Unit?," *Acta Anaesthesiologica Scandinavica* 57, no. 6 (February 4, 2013): 698–703, doi:10.1111/aas.12073.

[3] AoMRC, "Seven Day Consultant Present Care," *Aomrc.org.Uk*, accessed November 29, 2015, http://www.aomrc.org.uk/doc_view/9532-seven-day-consultant-present-care.

[4] Core Standards Working Party of the Joint Professional Standards Committee, "**Core Standards for Intensive Care Units** " *Ficm.Ac.Uk*, n.d.

Changes to retirement age and pensions means that consultants will be expected to work until their late sixties. We must ensure they are able to do so effectively and safely. How?

Avoiding Burnout

'Burnout' is a big topic: a full discussion is out-with the remit of this article, but it merits consideration in this context. Often associated with ICM, there is little literature from the UK, although stress in UK intensivists has been described[5]: burnout is more assumed than measured. A 'real time' survey I conducted using voting pads at last year's 'State of the Art Meeting' suggested that the audience (obviously a self-selected and highly unscientific sample!) were very interested in the subject, but knew little about it. They wrongly believed that burnout is most likely in older, male colleagues (it isn't - young, female doctors are the most affected group[6]) and failed to recognise the impact that conflicts can have[7], feeling that organizational issues (such as bed shortages) were more likely to precipitate the problem.

Alternative Ways of Working

A central tenant of medical rotas has often been 'equality of burden': that all contribute their share of the work – often translated by rota-masters into a division of nights, weekends and bank holiday duties between those on the rota.

Is this the only way to work 'fairly'? Increasingly units have different arrangements for colleagues with particular requirements. I have a colleague with university commitments who works 'excess' weekends to make time available for university duties during the week, a solution readily accepted as both necessary and 'fair' by others on the same rota. Shouldn't we accept that alternative working patterns may be necessary

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[5] S Coomber, "Stress in UK Intensive Care Unit Doctors," *British Journal of Anaesthesia* 89, no. 6 (December 1, 2002): 873–81, doi:10.1093/bja/aef273.

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[7] E Azoulay et al., "Prevalence and Factors of Intensive Care Unit Conflicts: the Conflicus Study," *American Journal of Respiratory and Critical Care Medicine* 180, no. 9 (October 20, 2009): 853–60, doi:10.1164/rccm.200810-1614OC.

for other demands, such as an ageing workforce?

Other colleges are exploring similar issues. The RCEM is acutely aware of the need to keep consultants engaged and working, and suggests the development of annualised job plans can help to 'embed safe and sustainable practice'[8]. Similarly, the RCPCH report into New ways of working describes how the use of resident consultant on-call and 'twilight shifts' can help to solve rota problems, and describes how consultants may transition through different out of hours' commitments depending on the stage of their career. That the same report suggests its findings are applicable to other 24/7 specialties, and suggests future collaboration to develop future service models, should make us take notice.

Conclusions

So is on call possible at 60? I'm not sure, but its definitely not the only way to work. We need to explore different ways of working :changing working patterns and developing annualised job plans to mitigate the increasing demands on an ageing workforce. Improving awareness of factors associated with burnout may allow intensivists to better protect themselves and avoid this problem - either early or later in their career.

As a specialty it is definitely something we need to think about. After all, these are our careers we're talking about!

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[8] RCEM, "Developing Annualised Rotas for Emergency Medicine Consultants," September 23, 2013.