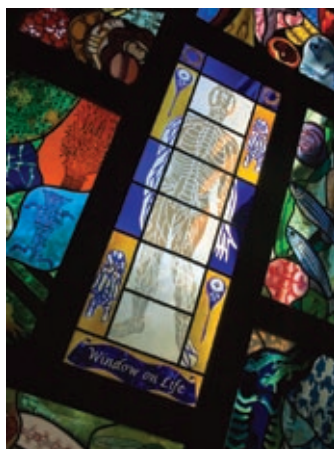




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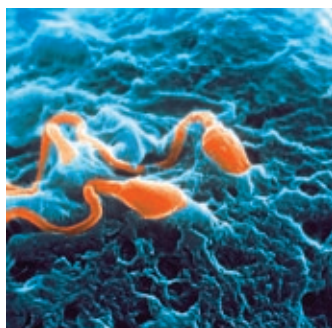
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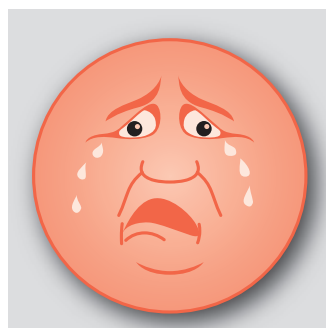


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RACHEL WELCH

**PICTURE OF THE WEEK**

**Scouts help a Bristol general practice to get appointments for swine flu vaccinations to people at risk. Because of the postal strike they also volunteered to hand deliver the letters in their half term week. See News, p 1048.**

**THE WEEK IN NUMBERS**

**1 in 3** Probability of survival to age 75 among Canadian homeless or marginally housed people (**Research**, p 1068)

**10 000** Hours of practice to reach an elite level of expertise or performance (**Analysis**, p 1062)

**27 million** People treated at the socially innovative Aravind Eye Hospital in India since 1976 (**Observations**, p 1061)

**20 minutes** Maximum time children with moderate or severe pain should wait before administration of analgesia (**Clinical Review**, p 1074)

**56%** Proportion of patients who based their choice of hospital on experience, not NHS Choices data (**News**, p 1048)

**“THE WEEK IN QUOTES**

**“General practitioners need to have a sense of the diagnostic accuracy of the tests that they use”** (**Practice**, p 1080)

**“Indian men have higher rates of alcohol related admission to hospital in England than do British white men”** (**Editorial**, p 1043)

**“There was no evidence that varenicline increases the risk of self harm”** (**Research**, p 1072)

**“Illness narrative is a distinctive publishing phenomenon that took off in the 1950s”** (**News**, p 1053)

**“The mind, made up of small, round particles, is located deep within the chest”** (**Medical Classic**, p 1089)



## EDITOR'S CHOICE

## Crunch time for doctors' hours



MALCOLM WILLET

**Editorial, p 1039**  
**Analysis, p 1062**

Concern about the European Working Time Directive continues to run high, and its effects on patient care and specialist training remain hotly disputed. Fewer hours a week and fewer years in training presage a cohort of less experienced new consultants. A shortage of doctors in the UK means juniors doing unpaid or additional locum work to fill rotas and lying about their hours (*BMJ Careers* p 145). Shift systems, loss of the team structure, and poor handover are also reported to be damaging morale.

The strongest protests come from the surgeons, who are especially vulnerable to the effects of reduced hands-on experience. So we asked a former member of our editorial advisory board, Gretchen Purcell Jackson, herself a paediatric surgeon in Nashville, to tell us how long it takes to train a surgeon. She and John Tarpley (p 1062) cite evidence suggesting that the 80 hour week imposed across the USA in 1993 reduced the quality and quantity of residents' operative experience. Nevertheless, the US Institute of Medicine recently called for further reductions in working hours.

Evidence from educational psychologists suggests that to acquire elite levels of expertise—whether in music, athletics, or science—requires about 10 000 hours of practice. Given the need for surgeons to master both cognitive and manual skills, our authors say this number should be doubled, requiring an 80 hour week through a five year residency programme. They say that if trainees can't get enough experience during a restricted working week, surgical training should be extended.

Eighty hours is already out of sight for surgical trainees in Europe, no doubt to the cheers of some who survived the old regime and more who didn't.

But the concerns about loss of experience are real. In a recent Royal College of Surgeons survey (<http://careers.bmj.com/careers/advice/view-article.html?id=20000443>), two thirds of respondents thought quality of care had worsened and more than half believed that patient safety was threatened. Countering these concerns was a recent survey by the Postgraduate Medical Education and Training Board (<http://careers.bmj.com/careers/advice/view-article.html?id=20000423>), which found that juniors in posts compliant with the directive were less likely to report errors.

Surveys are important but, as Andrew Goddard of the Royal College of Physicians said in a recent letter (*BMJ* 2009;338:b1815), they aren't going to sway MPs to call for a change in the law. What we need is hard evidence of effects on patient care. In its absence, and given the legislative deadlock that surrounds the directive (*BMJ* 2009;338:b1507) we shouldn't expect a new law anytime soon.

Can we live with what we've got? Roy Pounder, not a surgeon but deeply versed in the EWTD, thinks that surgeons can get their 65 hour week under the current law through more flexible rostering (p 1039). And there is hope from Holland, where surgeons apparently have managed fewer hours through a mix of flexibility, smarter working, structured training, and non-trainee posts for routine work (*BMJ* 2008;337:a1775). With such models before us, why can't we achieve clinical excellence at far less personal cost?

**Fiona Godlee, editor, *BMJ* [fgodlee@bmj.com](mailto:fgodlee@bmj.com)**

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**PLUS** Career Focus, jobs, and courses appear after p 1090

## WHAT'S NEW ON BMJ.COM

## LATEST BLOGS



Psychiatrist and guest blogger Stephen Ginn writes about David Nutt's recent dismissal. He says that Nutt's departure shows that "UK drug policy is clearly driven not by sober reflection of evidence on harms, but by an unacknowledged moral and political agenda."

Richard Smith writes about the introduction of article level metrics, which he thinks will "almost certainly end the tyranny of impact factors and may well mark another step towards the extinction of most scientific journals." These metrics provide information about the usage and reach of individual articles. Richard thinks that they will signal an end to many journals because such metrics give precedence to articles over journals.

Domhnall Macauley (pictured) wonders how to get the population active. How much is the right amount of exercise and what type of exercise should it be? At a recent meeting he heard that it wasn't the volume or intensity of exercise that mattered - it was the overall calorie expenditure. The problem is getting this message across to medical colleagues and via them to everyone else.

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Duncan Jarvies talks to Paul Kelly about treating TB in East Timor, and to Kevin Deans about the link between deprivation and heart disease in Glasgow. Annabel Ferriman takes us through this week's news. Listen to this and other podcasts at <http://podcasts.bmj.com/bmj/>

## MOST COMMENTED ON

The price of silence

Trends in Down's syndrome live births and antenatal diagnoses in England and Wales from 1989 to 2008

Hyperkalaemia

The unpalatable truth about ethics committees

Migraine with aura and increased risk of ischaemic stroke

## MOST READ

Partial protection of seasonal trivalent inactivated vaccine against novel pandemic influenza A/H1N1 2009

Hazardous cosleeping environments and risk factors amenable to change

Only 12% of Germans say they will have H1N1 vaccine after row blows up over safety of adjuvants

Fall prevention with supplemental and active forms of vitamin D

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## Last week's poll asked:

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## You voted:

**Yes: 207 (78%) No: 57 (22%)**



## This week's poll asks:

**"Was home secretary Alan Johnson justified in sacking his drugs adviser David Nutt?"**

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