Seven Day Working for Consultants in the Acute Medical Unit

Introduction

This statement has been produced by the Society for Acute Medicine (SAM) to explain why we believe that consultant-led care must be consistently delivered in all acute medical units (AMUs) in the UK, 7 days per week.

Background

The speciality of Acute Medicine was developed over the past decade to ensure that patients receive high quality, consultant-led care when they are admitted to hospital with an acute illness.

Acute Illness is a seven day problem; patients are as likely to develop symptoms requiring hospital assessment or admission during a weekend or bank holiday as they are during a week day. Furthermore there is considerable UK and International evidence that patients admitted at weekends are more likely to die in hospital than those admitted during weekdays. This may, in part, reflect higher illness severity; however it is likely that organisational factors including the availability of senior medical staff, contribute to this problem.

Recommendation

- SAM recommends that all AMUs provide a consultant-led service seven days per week.
- A consultant should be available on the AMU for 12 hours per day, including Saturday and Sunday.

Implementation

- Implementation will require restructuring of existing rotas and consultant job plans.
- Close collaboration between consultants specialising in acute medicine and general (internal) medicine (GIM) will be necessary to provide sustainable rota patterns.
- SAM will provide example rotas to support hospitals in developing this.
- At least 10 consultants will need to be participating in the weekend on-call rota for AMU
In many hospitals there will be a need for additional consultant appointments in acute medicine.

Conclusion

Patients deserve the same high quality consultant-led care irrespective of the day of the week on which they are admitted to hospital. SAM is committed to supporting acute medical units in providing this through the development of new rotas involving existing and additional consultant staff.

References


3. Mikulic O, Callaly E, Bennett K, O’Riordan D, Silke B. The increased mortality associated with a weekend emergency admission is due to increased illness severity and altered case-mix. Acute Medicine 10(4) 2011: 181-186