

**HOURS OF WORK.**

The theatre nurses contracts provided for a stated number of hours per week. In cardiac surgery the nurses also provided on call cover at nights and weekends. If they worked extra hours attempts were made to “give back” those hours.

Perfusionists worked in a similar way, but were paid for overtime hours.

Junior doctors contractual arrangements evolved during the period 1984-95. Initially there was no specified number of hours of work; later it was limited to 80 hours a week and still further on to 56 hours a week as a target. In cardiac surgery vigorous efforts were made to comply with these regulations but we did not always succeed.

Consultants contracts do not specify any particular number of hours per week.

There were occasions when personnel were tired but I believe their performance in the operating theatre remained at a high level.

**ERROR MANAGEMENT.**

The title of this Section should be enlarged to read *Error and Problem Management* rather than just *Error Management* as problems do arise which are not due to a mistake on anybody's part.

While a surgeon's first goal is to avoid problems, he knows that it is inevitable that they will occur; some will be technical, some related to overall patient management. Therefore the surgeon must be able to deal with such problems when they arise. For anaesthetists, the situation will be very similar.

In order to avoid problems, the work of both the surgeon and the anaesthetist must be done carefully, accurately, securely and with the exercise of good judgement.