

Half of key hospital doctors remain ill prepared to respond to major incidents in UK

Specialist trainees who are likely to be involved less confident about what to do than in 2006, survey suggests

Half of key hospital doctors who are likely to be involved in responding to a major incident in the UK aren't properly prepared to do so, reveal the results of a phone survey, published in ***Emergency Medicine Journal***.

If anything, they are less prepared than their peers were in 2006, when the last survey looking at this issue was carried out, the findings suggest.

Since 2004 all hospitals in England have been required to keep a major incident plan, or MIP for short, to respond to an incident involving a large number of casualties.

Plans cover the strategic, tactical, and operational management required, as well as key members of the response team: specialists in anaesthetics, intensive care, emergency medicine, general surgery, trauma and orthopaedics.

Recent major incidents in the UK, including the Manchester Arena bombing and the Grenfell Tower fire in London, exemplify the need for a major incident plan, say the researchers.

They wanted to find out if the relatively low levels of preparedness they found in 2006, when middle grade hospital doctors were last surveyed about this issue, had changed.

They contacted 296 specialist trainees (on call registrars) in emergency medicine, trauma and orthopaedics, anaesthetics and general surgery from 74 hospital trusts that had dealt with more than 30,000 patients in emergency care in the first three months of 2017.

Nearly two thirds (186; 63%) responded; the rest either didn't respond or didn't consent to being included in the survey. Some doctors were reluctant to discuss this issue on the phone. The highest response rate was from trauma and orthopaedics (73%), and the lowest from emergency medicine (50%).

Half the specialist on call registrar respondents (50%) hadn't read the plan at all, while around one in four (25%) had read only part of it.

Less than half the respondents (47%) knew where to find a copy of the plan; one in six (just under 18%) didn't know where to locate it, while the rest were unsure.

When asked what role they would have in a major incident response, only just over a third (36%) knew what they would be required to do. A similar proportion (37%) weren't sure; and around one in four (27%) didn't know.

Among those responding, emergency medicine doctors were, perhaps unsurprisingly, the most well prepared. But the fact that the overall situation hasn't changed in 12 years is worrying, say the researchers.

"Of concern, we found no improvement since 2006: indeed fewer individuals were confident in the role they would play if an MIP came into effect while they were on call," they note.

This is an observational study, and the findings need to be taken in light of the response rate of just under 63%, say the researchers.

And the study included only specialist registrars who would currently be expected to lead the emergency response, but major trauma centres in the UK are moving towards 24/7 consultant cover, the researchers point out.

Nevertheless, given the lack of improvement since the last survey, the researchers suggest that hospital doctors need to be better informed about their organisation's major incident plans. They suggest its inclusion in induction packs; 'disaster drills'; and role play events.