

Valuing our trainees: the future of medicine in the UK

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INTRODUCTION

Trainees are the future of medicine in the UK. Their wellbeing and morale are important not just at an individual level but as a reflection of a functioning, sustainable and valued workforce that makes up the NHS.

In recent years there has been growing concern regarding the wellbeing and morale of trainees and while this may have been voiced individually for some time, the junior doctors' contract dispute in England has catapulted it into everyday conversations. This is not surprising given the current climate of increasing pressure on NHS staff and use of the phrase 'burnt-out' being now commonplace. Consultants are similarly under tremendous pressures, reinforced by the recent publication highlighting short-staffing.¹

What are the underlying factors contributing to this situation? This paper aims to highlight some of the issues involved in this complex topic and suggests how we might improve the situation in the future.

THE CONTRACT

The recent junior doctors' contract dispute is not solely to blame for trainees' feeling under-valued. However, it raised an important issue, clearly summarised by Professor Don Berwick: 'It is not a formula for success in this country to be in conflict with the people that will make up the workforce of the future.'² In April this year, the first full emergency care strikes by junior doctors in England took place. The enormity of this action reflected the trainees' strength of feeling regarding the proposed new contract as well as their collective voice highlighting their low morale. One interesting aspect was the unity across all levels from trainees to consultants. Many consultants throughout the UK voiced support for their trainees and their valuable role having 'stood in their shoes for a day.'

Recently, junior doctors voted to reject the revised contract deal (58% versus 42%).³ This, we can only

presume, reflected many who still had unaddressed concerns about the contract. While we must now move on from this, a fundamental requirement in ensuring trainees feel valued is to have a contract that fully recognises their essential role in our NHS.

A CHANGING JOB

The NHS is under increasing pressure and demand. This is unsurprising given the growing need to provide consistent services throughout the week for acute medical care.⁴ The initial 2016 General Medical Council (GMC) survey shows trainees have raised concerns about workload and patient safety in the training environment.^{5–8} The reasons for this are still unknown. However, this is likely to reflect a complex picture within the NHS as we know the workload intensity varies throughout the week as do patients' and staff's perception of a patient's care.⁴ Training and service provision are inextricably linked. Within this system, training tomorrow's doctors while meeting the needs of today's NHS, undoubtedly adds additional pressures for trainees.

Numerous workforce changes, both contractual and training-related (New Deal, European Working Time Directive compliance, Modernising Medical Careers, Shape of Training), have occurred over recent years. Typically, this generates opinion that things were better previously. However, as a recent article highlights 'Was there ever a golden age for junior doctors?'⁹ It may simply be different now.

Despite improvements in many aspects of training, there is clearly a growing disparity between the trainees' perception of feeling valued as opposed to the organisation's perception of how it values its trainees. At the core of being valued is the sense of 'belonging', 'being of benefit' and 'worth' while also feeling an integral part of a meaningful system.

THE NHS CULTURE

When considering NHS culture and its requirement to provide healthy working environments to deliver high-quality patient care, the Kings Fund have highlighted six fundamental characteristics:¹⁰

1. Inspiring vision and values
2. Goals and performance
3. Support and compassion
4. Learning and innovation
5. Effective team working
6. Collective leadership

Together, these create an environment where staff feel valued. However, translating statements into actions when services and individuals are stretched is difficult and requires all party investment from the medical profession and health authorities alike.

CURRENT NHS CHALLENGES FOR TRAINEES

There is evidence that good preparation and support by a Trust during the FY1 (first post qualification) year leads to a more enjoyable year and increases the likelihood of remaining in the UK.¹¹ There is however a difference between support that nurtures confidence and support that influences the quality of a trainee's experience in a post. The 2015 GMC survey interestingly found that 78% of trainees agreed with the statement 'The working environment is one which helps build the confidence of doctors in training' while only 39% rated the quality of their experience as excellent.^{12,13} This clearly highlights a disconnect between the actual working environment and a trainee's experience of it.

A recent listening exercise carried out by the RCPE on 19 May 2016, via an hour long Twitter question and answer session, aimed to establish issues that trainees faced on the NHS frontline with these questions:

1. What are your three biggest daily challenges at work?
2. How do these challenges impact on your and your team's morale?
3. What solutions would improve your training and working environment to make you feel more valued?

Key challenges included workload intensity, rota gaps, stretched services, inadequate time with patients to provide person-centred care, bed pressures, loss of the traditional medical team and balancing service delivery versus training. In total, 70% reported these challenges had increased significantly in the last three years. Frustration with IT systems and resources also featured significantly in the discussion. This is unsurprising given

the progressive use of IT within the NHS. Access to streamlined IT processes that make admission, medicines reconciliation and discharge documentation safe and time efficient are essential. This is not without challenges nor can easily be fixed but it is essential continued efforts are made.

Another key issue discussed was the need to have the right physical environment to work in, including a place to eat, talk and 'off-load' while on-call. This can come in many forms, including a doctors' mess, but the benefit of being able to leave a stressful environment for a short time can be vital for the wellbeing of all staff.

Lastly, the balance between service provision and training was discussed. A well organised and well run service can provide excellent training and ultimately excellent training equals excellent patient care. However, if both delivering a service and receiving training are under challenge then additional tensions are created within the system. It is also vital to look at the environment in which both are delivered in an attempt to create a supportive atmosphere to allow staff to flourish and cope with the pressures placed upon them.

OVERCOMING THE HURDLES – WHAT ARE THE FUTURE SOLUTIONS?

No two systems are identical; however, looking within the UK for examples of where trainees feel valued as well as comparing our NHS to other countries could identify valuable factors which could act as catalysts for change.

CREATING A SUPPORTIVE ENVIRONMENT

Creating the right supportive environment is paramount for trainees who move frequently, with little time to form new support networks, within their rotations.

The GMC recognises within its 'Learning environment and culture' theme that 'Education and training should be a valued part of the organisational culture.'¹⁴ The GMC's document on 'Building a supportive environment' is the result of a review into tackling bullying and undermining.¹⁵ This has largely been reported in GMC surveys amongst non-physician trainees. However, the report puts this problem in a wider context of pressures that trainees feel within the NHS including behaviours which lead to undermining and ultimately low morale. These issues are generic across specialties, and many relevant to all medical staff.

Previous training documents have looked at the importance of valuing training,^{14,16,17} which is essential but neglected the environment in which the training occurs

therefore influencing the ability to train. Access to hot food out of hours, places to rest, bleep free periods, and space to discuss challenging cases confidentially away from interruption are equally important.¹⁸ There is also recognition of the importance of having opportunity for periods of rest overnight for staff to improve patient safety and increase work efficiency.^{18,19} This is part of ensuring the overall mental and physical wellbeing of staff while undertaking emotionally challenging and demanding jobs. Tired and overstretched trainees will not be able to train effectively and patient care will ultimately suffer. An individual's wellbeing is important otherwise we risk losing a humanistic approach to those needing to deliver compassionate care.

The Academy of Medical Royal Colleges Trainee Doctors' Group is exploring how best to create supportive environments. A one-day seminar held in collaboration with the GMC and other key stakeholders aimed to 'share examples of good practice and to inspire new initiatives.' Their work will be published this year with the aim of developing ideas and recommendations that can become standard practice in the NHS.

FOUR AREAS FOR IMPROVING MORALE AND WELLBEING

We feel there are four key areas that need to be tackled to improve the situation.

1 *Providing necessities to undertake the job efficiently*

The expansion of technology means we need to ensure it is an enabling tool rather than a burden. This will allow delivery of safe patient care and ensure those delivering that care feel valued.

For instance, the expectation that a medical registrar looks at results online, answers calls from across a region and does this without a dedicated phone or computer instantly adds unnecessary stress. It also undermines the essential tools they require to provide safe patient care and devalues the individual trying to undertake that role.

2 *Supported time for learning*

There needs to be recognition of unrealistic workload volumes, therefore allowing secure protected time for training, and ultimately safe patient care. This also involves working with colleagues to review the workload when necessary.

Specific learning opportunities such as supported training outpatient clinics, truly bleep-free teaching, access to procedural experience and appropriate study leave create an ethos of protecting time for training. The

RCPE Charter of Medical Training highlights key guiding principles to protecting training.¹⁶

Service provision can form a large part of 'learning on the job.' However, there is a balance between what we all recognise as training and that which is perhaps subliminal training.

3 *Nurturing the team ethos*

The traditional medical team structure was key for nurturing trainees – valuable for learning and as a supportive network. Adaptations and variations in attempting a modern team structure (daily handovers, safety briefs, checklists) and debriefing in supportive environments such as Schwartz™ rounds²⁰ try to fill this void. However, developing new team structures needs continued efforts to ensure all team members feel valued and continuity of patient care is optimised.

4 *Recognising the importance of health and wellbeing, including mental health*

Delivering compassionate care to patients needs first a culture of compassion for those delivering it. The emotionally challenging daily work of NHS staff and this impact on the individuals' mental wellbeing needs further recognition. Trainees experience stress through their job and the challenge of work-life balance while undertaking training requirements and postgraduate examinations. The support network in a closely knit team able to quickly recognise signs of concern in trainees' wellbeing has changed. We must look at not just creating resilience in the future generation and building greater awareness to recognise silent cries for help but also address the underlying issues. As summarised by Michael West in relation to current NHS health and wellbeing strategies: 'this is treating the symptoms, not cause – preparing staff to be more resilient in order to send them back into the trenches. And there is a danger that leaders could use a health and wellbeing strategy as a sticking plaster, instead of addressing the underlying and pervasive structural and cultural causes of low staff morale.'²¹

We need to recognise this as a profession which is why the RCPE Trainees and Members' Committee is organising a lecture specifically aimed at mental health and wellbeing to support shadowing doctors as they transition into their first FY1 job and are well positioned to provide high quality care as they progress through their careers.

THE NEXT STEPS

Acknowledging there are difficulties is the important first step in trying to understand what is going wrong

with the sense of belonging and value within the NHS. Many of these difficulties are common to the whole NHS workforce. The answers require a collective ongoing discussion.

No system is perfect. However, it is crucial to address the issues causing concern. This will ensure that medicine

remains an attractive career and enable us to recruit and retain to this very rewarding profession. By doing so, we will not only be nurturing our trainees, the future of medicine, but also safe-guarding future patient care.

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