

Royal College of Physicians of Edinburgh - Trainee and Member's Committee

Winter Pressure Background Briefing – December 2018

Winter pressures are an increasingly concerning feature on the medical landscape with the situation seeming to worsen with each passing year. These pressures have the potential to gravely affect the experience and safety of our patients and thus is a priority concern. These concerns have led to an initial letter from The Royal College of Surgeons in England and a subsequent joint letter from British Medical Association Junior Doctor Committee (BMA JDC) and the Academy Trainee Doctors Group (ATDG) regarding the identification, plans and processes for the redeployment of junior doctors at foundation and core training level, working with a high elective workload, to areas of unmet clinical need.

Medical redeployment is not a simple move and needs to have a number of procedures in place to ensure that doctors, and therefore patients, remain safe in practice. Factors for safe redeployment that have been identified include:

- A time-limited movement into an area where the junior doctor already has a knowledge of the team
- Clear educational and clinical supervision for each and every trainee in the area they will be working in
- A clear process of escalation (including what to escalate, and to whom) if a junior doctor is concerned about a patient
- In England there must be involvement of the Hospital/Trust Guardian to ensure the necessary support is in place
- If this is to be implemented in Scotland, Wales and/or Northern Ireland then senior clinicians at Hospital/Trust level must be identified to oversee the process to ensure the necessary support is in place
- A plan for how trainees can report their circumstances if they do not feel adequate support is in place
- An ongoing focus on education and training
- If redeployment is to be considered in future years plans must be deliberate and transparent, with a comprehensive plan for training throughout the period

If these features are not rigorously implemented then:

- Patients' safety will be put at risk
- Junior doctors may become isolated, practicing without adequate support
- Consultants and Registrars (particularly in acute settings) acquiring a significantly expanded team which, without proper securities, could be unmanageable and ineffective
- Training inequalities may occur between rotations across the year particularly if the redeployment time is repeatedly extended. Therefore the regulation of redeployment needs to be rigorously monitored in an attempt to prevent these risks from occurring

It is clear that planning for winter pressures when we are already in winter is far from ideal. These plans for redeployment go some way to creating the extra workforce provision this period demands and is an improvement over previous years. However a short term redeployment of our most junior doctors is by no means the whole answer. It is clear that numerous hospitals/trusts have tried to implement winter pressure plans. However, going forward a robust, multifaceted, national escalation strategy need to be devised and delivered ahead of the pressure period, the planning for which should commence now for next year. In doing so, medical teams will be provided with the best possible support enabling them to provide the winter care patients so desperately need to maintain their safety, health and wellbeing.

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