

Junior doctor morale

Understanding best practice working environments



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Foreword

“This report encapsulates what we have heard about the issues that are contributing to the current low junior doctor morale. It also importantly moves the conversation forward, highlighting the work across the NHS in addressing these problems, and suggesting ways for health organisations to move forward.

HEE is dedicated to improving the working lives of junior doctors and will continue our work to value, support and empower them.

We are collaborating with NHS Improvement, NHS Providers and many individuals to identify best practice that can be recognised and shared to expedite improvements at trust-level.”

Professor Wendy Reid, Director of Education and Quality and Medical Director, Health Education England

Supporting statements from across the NHS

Collaboration and commitment towards improving junior doctors’ morale

“This report articulates the concerns of junior doctors concisely and clearly. Initial efforts demonstrate commitment and collaboration to addressing identified issues. We are committed to continue helping facilitate and sustain these efforts.

Furthermore, we must not overlook the morale of the wider workforce. It must be remembered that improving morale of the workforce is not only the right thing to do but it is also paramount for improving outcomes for our patients, as morale of the workforce and quality of care delivered are inextricably linked.”

Sir Bruce Keogh, Medical Director, NHS England

“This is valuable work which recognises the scale of the challenge we face in ensuring medical training recruits and retains junior doctors successfully, provides them with the quality educational experience they need, and tries to address their individual needs and circumstances.

Little identified issues in this document will be surprising to many trainees, and much echoes what we have argued directly; however it is helpful to confront these difficult truths head-on and set out clearly the simple steps that good training environments already follow.

We continue to work with the range of organisations referenced in this document to try to make a reality of this good practice across all individual workplaces, building upon the positive steps already taken at a national level.”

Jeeves Wijesuriya, BMA Junior, Doctors’ Committee Chair

Junior doctor morale: Understanding best practice working environments

“We welcome this report which sets out the work under way to improve junior doctors’ working lives, and the commitment from national bodies to support trusts to improve morale among trainees. We now need to see this commitment in action.

It is a testament to the hard work and commitment of junior doctors that 96 per cent of them still value their relationship with patients highly despite the pressures they face.

NHS Providers is committed to sharing good practice across trusts on the practical steps which can be taken to improve the working lives and opportunities for junior doctors.”

Dame Gill Morgan, Chair of NHS Providers

“Given the tumultuous events of 2015 and 2016, it is absolutely right that we take a step back at this time to actively listen to the views, aspirations and concerns of our medical workforce. This report is very much welcomed by NHS Employers and I am pleased that we can demonstrate how, as a system, we are making progress in starting to address the concerns it highlights.

While elements of the report make for uncomfortable reading, it is also encouraging to see that doctors themselves have been able to identify what a good learning and working environment looks and feels like, can highlight where good practice exists and point to ways in which their concerns are being resolved.

We support approaches which highlight good practice in this way and will fully support this project as it moves forward, encouraging employers to learn from others and share their own success.”

Daniel Mortimer, Chief Executive Officer, NHS Employers

“NHS Improvement welcomes this report as it identifies areas where junior doctors feel they need the most support but also provides us with a better understanding of where good practice exists.

Junior doctors play a vital role in delivering care to patients and part of our work now is to work alongside them, their trusts and other health organisations, to keep this conversation going and help facilitate the changes they want to see.”

Dr Kathy McLean, Medical Director of NHS Improvement

“NACT UK strongly endorses this HEE document and believe it to be both timely and an important statement concerning our current junior doctor workforce.

In particular, we would like to emphasize the key role of local training teams including Directors of Medical Education (DMEs), Specialty/College tutors who work closely with their educational and clinical supervisors.

There must also be strong executive support from within the organisation for trainers and trainees. An important step forward for many Trusts would be to include DME or Director of Education presence on the Board plus allowing local PGMDE to have control over the education and training budget.”

Dr Alison Cooper, Chair of NACT

Background

An unprecedented year for junior doctors: 2016

The annual GMC report found the levels of dissatisfaction across the profession has reached a different order.¹ The morale of the medical workforce has a direct impact on patient safety, the quality of care delivered and productivity.^{1,2,3} The manifestation of low morale culminated in the first junior doctors' strike in 40 years. Subsequent studies have demonstrated deep-seated issues around burnout, a lack of support, and not feeling valued.^{1,3}

The number of trainees applying directly into core training after the foundation programme is dropping steadily.¹ Junior doctors are taking breaks from training citing burnout (50%) and need for a work-life balance (87%) as the reasons. There are similar trends occurring between core and higher specialty training.⁴ The Royal College of Physicians' (RCP) report comprehensively described the sentiment amongst their junior doctor membership in 2016.³

80% of trainees felt excessive stress because of their job³

Factors affecting low morale were distilled into four themes including: excessive workforce pressures, poorly managed working environments, lack of interest in wellbeing of staff, and restricted access to good training opportunities. Fifty per cent felt that the on-going low staff morale was having a detrimental effect on patient safety. Despite these pressures, the relationship between junior doctors and patients is largely unchanged, with 96% feeling valued by them.³ Relationships with consultants range widely between very good and poor. However, the relationship between trainees and trust leadership is unequivocal; there is a clear disconnect^{3,4}. A qualitative study in the British Medical Journal described a sense of junior doctors feeling 'dehumanised' by employers, who increased workload demands without regard for their personal lives.⁵

25% reported a serious impact on their mental health³

The work set out in this document was initiated following a working group between the BMA, NHS Employers and HEE Deans that sought to address non-contractual issues that arose during the junior doctors' contract negotiation. HEE describe what they have heard from junior doctors around morale, as well as their experiences of good practice in training environments. In addition to this, some of the Arms Length Bodies (ALBs), health organisations and the royal colleges outline their existing and future work and together demonstrate commitment to a collaborative effort to improve the working lives of doctors in training.

NHS Constitution's 3rd principle

Respect, dignity, compassion and care should be at the core of how patients and staff are treated - not only because that is the right thing to do, but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.

Where have things gone wrong? Negative themes from a listening exercise

HEE undertook a brief listening exercise to establish whether the negative themes previously identified by other organisations remained.^{1,3,4,5,6} Two focus groups were held with junior doctors during Autumn 2016. Subsequently the postgraduate deans were asked to corroborate the views through their local trainee networks. Alignment existed between the evidence from focus groups, existing literature and postgraduate deans. Findings were particularly similar to a listening exercise undertaken by the RCP Edinburgh in 2016.⁶ The negative themes below persist, despite the Academy of Medical Royal College's charter for postgraduate medical training which was developed in 2014.⁷

Supported

I am not....

"I don't have a personal relationship with a team or consultant"

"No one is interested in my personal development"

"My training time is unprotected; there is no one to hold the bleep to attend teaching"

"Consultants need to be more outwardly supportive of juniors"

"Loss of the 'firm' means there is no longer a feel of being in it together".

Valued

I do not feel....

"The work is relentless but no one shows appreciation"

"I don't feel valued or respected anymore"

"Rotations are too short so it's not worth people getting to know my name"

"A lot of perks of the jobs have been removed, like the mess and free accommodation"

"There is little engagement of the managers; induction should include the directorate and rota manager".

Autonomy

I have no....

"The rota is rigid and poorly managed"

"My personal life is significantly disrupted"

"I don't feel protected if I raise a concern"

"I am pushed from one ward to another, there is no continuity"

"I am treated like a worthless commodity"

"I can't give anonymous feedback".

Good: the exception not the rule

What is working well?

Around the country there are already excellent training environments offering positive role models and developmental work experiences. The listening exercise sought to explore the common features of the best working environments. Below is a summary of the results:

Supervision



- A named consultant
- Weekly designated contact
- Contact details for emergencies
- Regular feedback on performance

Rota management



- Co-design between HR and clinician
- Accountable to a clinical director
- At least 8 weeks advance notice
- System for illness or life events

Protected time



- Clinical work structured to gain maximum experience (e.g. designated clinic week)
- Training time allows for study leave and reflective supervision
- Personal life respected

Valued by employer



- Attention paid to environment (e.g. 24-hour food access)
- CEO presence at induction
- Invested in learning (e.g. QI projects)
- Educational representation at board level

Team working



- Name badges and introductions
- Weekly team forum
- Working closely with other disciplines
- Social relationship building

Support systems



- Concise and well-organised HR processes
- Simple IT solutions to order investigations and book leave
- Integrated secretarial support

Expectations of junior doctors Themes in good practice environments

As well as eliciting examples of good practice, the listening exercise produced ideas about junior doctors' expectations. Themes emerged about the visions they had for themselves, of their employer and how they expect to be supported by regional/national organisations. Most junior doctors felt disconnected from their employers and this extended beyond trusts, to the regional and national organisations that impact on their working conditions.



A summary of the expectations of junior doctors are depicted below:

 Doctor	 Employer	 National and Regional
<p>Career</p> <ul style="list-style-type: none"> • Good training environment • Positive work relationships • Balance of administrative and clinical work <p>Personal life</p> <ul style="list-style-type: none"> • Acceptable work-life balance • Access to annual leave • Opportunities for less-than-full time working 	<p>Trust</p> <ul style="list-style-type: none"> • Considerate rota coordination • Visible CEO and senior management • Shared culture of respect <p>Consultant</p> <ul style="list-style-type: none"> • Present • Approachable • Developmental • Available in a crisis <p>Team</p> <ul style="list-style-type: none"> • Well staffed • Integrated team 	<p>Regional</p> <ul style="list-style-type: none"> • Presence of Postgraduate Deans and Directors of Medical Education <p>HEE National</p> <ul style="list-style-type: none"> • Ensure high quality and supportive training environment <p>All National Bodies</p> <ul style="list-style-type: none"> • Listen to the voice of doctors in training • Create accountability • Regulate employers

What are HEE doing?

HEE listened to the voice of junior doctors during the contract negotiations with the BMA

A number of projects are underway in response to these requests, which are set out below. Future work includes working alongside NHS Improvement (NHSI) to develop guidance and good practice case studies to share with ALBs and provider trusts. Furthermore, HEE is strengthening links with royal colleges and the Consultant body to help bring about meaningful improvements.

HEE has initiatives aimed at addressing the themes by.....

Support

- Reviewing the Annual Review of Competency Progression (ARCP)
- Making equitable use of study leave budgets
- Allocating placements considerately for trainees with health issues and caring responsibilities
- Enhancing return-to-training support
- Developing a Quality in Education and Training Framework.

Autonomy

- Creating more flexible working patterns (e.g. exploring extension of less-than-full training)
- Designing systems to recognise and accredit experience outside of training
- Facilitating swap process for those with partners and families
- Enhancing transparency in costs to aid decision making (e.g. publishing costs of specialty training for trainee).



Improving
training

Value

- Developing the 'modern firm' with an initial surgical pilot
- Reviewing length of placements to reduce unnecessary rotation
- Implementing whistleblowing legal protection
- Extending notice for doctors' placements and rotas
- Developing rota guidelines.



Supporting
learners

Existing and suggested work across the NHS

All NHS organisations

- Commit to learning from good practice and case studies identified by HEE and NHSI
- Increase junior doctor engagement at all levels of decision-making
- Appoint an accountable officer responsible for deliverables related to junior doctor morale issues
- Ensure educational representation at board level, and in design of systems and processes.

NHS England

- Facilitate ALBs to work towards sustainable solutions.

NHS Improvement

- Assessment of drivers of low morale in working environment and human resources practices
- Provision of best practice guidance, along with HEE, for provider trusts
- Greater support for Directors of Medical Education
- Appointment of rota guardians in all trusts.

General Medical Council

- Adapting for the future - a plan for improving the flexibility of UK postgraduate medical training, published on 31 March 2017.
- GMC Education reforms published on 22 May, designed to simplify and clarify postgraduate curricula and support greater flexibility:
 1. Excellence by design: standards for postgraduate curricula
 2. Generic professional capabilities framework
- National Training Survey – GMC are involving doctors in training in the design of future survey.
- Review of health and disability in medical education and training, 2017/18 – new guidance will be produced. Medical students and doctors in training will be involved.

Care Quality Commission

- Build in issues affecting morale and training into reporting systems frameworks of the 'Well-Led' domain
- Raising profile of need for increasing junior doctors' representation in inspection process.

This list has been created from initial collaborative work and is not exhaustive

Existing and suggested work across the NHS

NHS Providers

- Hosted, with The Faculty of Medical Leadership and Management and NHS Improvement, an initial discussion between doctors in training, trust leaders, and national healthcare bodies about improving the working environment for doctors in training
- Continues to facilitate sharing of good practice across trusts on improving the working environment for doctors in training.

British Medical Association

- Worked to introduce special circumstances rules and facilitated placement swaps into specialty recruitment
- Prompted agreement to improve rota notice periods for junior doctors before rotations, and earlier notice of their allocated posts
- Developed pilot to explore the viability of offering less-than-full-time training to any juniors irrespective of individual needs, as part of wider efforts to make training more flexible
- Worked with HEE, NHSE and the Academy to make the progress and develop the opportunities for next steps outlined in the 'Enhancing junior doctors' working lives' report, which provides further detail to many of the initiatives referenced above
- Continuing to work with all of the organisations in this document to make a reality of the promise of flexibility for trainees, and to promote the interests of doctors in training and the wider profession.

Academy of Medical Royal Colleges

- Continue to encourage action on published report 'A Charter for Postgraduate Medical Training: Value of the Doctor in Training', endorsed by the BMA, Medical Schools Council, Conference of Postgraduate Medical Deans, GMC, employers and the four UK Chief Medical Officers
- Preliminary work exploring how to build relationships between specialty to specialty, between juniors and seniors, and between clinicians and management
- Managing expectations by publishing a report on Realistic Life of a Junior Doctor.

This list has been created from initial collaborative work and is not exhaustive

Closing statement



‘It is not for the sake of piling up miscellaneous information or curious facts; but for the sake of saving life and increasing health and comfort’

Florence Nightingale, 1859



The importance of sustained effort in addressing this issue is paramount to our collective overriding goal to improve patient safety. Florence Nightingale was famed for her work as a statistician relying on good data and evidence to drive forward improvements.

There is unequivocal evidence on low morale and this document presents a strategy on how to improve it. It is now for all organisations to implement and to drive forward improvements.

Through collaboration with NHS Improvement, we have recognised and will share case studies of excellent training environments for trusts, to enable them to develop action plans to improve junior doctors’ morale.

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