

# **Mapping initiatives to Enhance Junior Doctors' Working Lives across the UK**

## Introduction

This document has been produced through the collaborative efforts of National Medical Director Clinical Fellows, Scottish Clinical Leadership Fellows and their respective host organisations. It summarises the wide-ranging initiatives currently in place to address low morale amongst doctors in training. The examples included have been voluntarily shared by the collaborating organisations and are by no means a complete list of the many local, national and four UK country-wide guidance, workshops/courses and projects/initiatives that have been launched to date. This document aims to provide evidence of the wide-reaching and concerted efforts by many organisations to tackle different aspects of enhancing junior doctors' working lives. It is hoped that the document will serve to highlight the potential gaps or areas that require further attention and encourage a collaborative approach to solving these issues across the entire healthcare system.

Initiatives highlighted in this document have been grouped under key common themes that the work is focussed around:

- Workforce including rotas, recruitment and retention
- Work-life balance, training and service
- Supervision/Mentoring
- Health and wellbeing
- Raising concerns and resilience
- Flexibility in training
- Engagement
- Non-clinical burden

The significant overlap amongst the key themes is fully recognised and acknowledged, as is the fact that many initiatives do not focus on a single item but rather address several themes simultaneously. The primary purpose for presenting the evidence in this way is purely to help identify the key themes or areas requiring further attention. Where initiatives address multiple key themes, they have been listed only once under the most relevant sub-heading for ease of reference.

Health Education England led initiatives are detailed comprehensively in the [annual progress report](#) and therefore not repeated in this document. This document is a guide of initiatives regardless of whether they predate enhancing junior doctors working lives.

Later in this document some individual nation specific initiatives are outlined separately with England (page 21-22), Northern Ireland (page 23-25), Scotland (link found on page 26) and Wales (page 27-33).

# UK-wide initiatives to enhance junior doctors' working lives

## Workforce including Rotas/Recruitment/Retention

### Collaborative working between the BMA, CQC, GMC, HEE, NHS Improvement and NHS employers

1. Annual guardian reports ensure that departures from planned working hours, working patterns or access to planned training opportunities are recorded, and help outline these issues locally at board level. The CQC review this data in advance of inspection visits. Systematic and shared review of this data by organisations including GMC, HEE and others along with CQC would strengthen local processes, for example developing a standardised reporting template which could be used at either Board level or NHS Improvement level.

### GMC

2. Welcome to UK Practice workshop  
The GMC have developed a Welcome to UK Practice workshop offered to all doctors, regardless of stage of training, who have received their primary medical education overseas and are new to the UK. The objective of the workshop is to make the transition to the UK practice easier and hopefully less stressful for the doctor.

### NHS improvement

3. Review of doctors in training rota gaps: regional and specialty variation.  
This initiative, led by the Operational Productivity directorate, is attempting to quantify trainee rota gaps at individual Trust and department level utilising a new, annual workforce template. Looking forward, each Trust will complete this on an annual basis which will populate the Model Hospital workforce metric for Doctors in Training, as well as Consultants and Non-Consultant Grade doctors. This data could ultimately be used to cross reference with GMC trainee satisfaction surveys and also incorporated into specialty specific GIRFT (Getting It Right First Time) data packs. Trust reported bank and agency spend will also be collected on the workforce template which, in combination with NHS Improvement's Bank and Agency Directorate, could be used to identify and monitor areas of high locum spend. Subsequently, this will enable appropriate strategy to be developed to match regions and specialties and improved approaches to recruitment and retention to be explored.
4. Timely Rota commitment (12;8;6)  
Following discussions with the BMA, this is the monitoring of the commitment that doctors in training should be given an initial outline of their rota 8 weeks in advance of the rotation date and a final rota 6 weeks in advance. This work is directly linked to the Code of Practice, which was updated in 2016 following negotiations with the BMA and NHS Employers, to include agreement that HEE will provide employers with information about which doctors in training will be part of their rotas at least 12 weeks before the start of placement.

## Academy of Medical Royal Colleges

5. [Medical Training Initiative \(MTI\)](#)  
This is a Academy-led, government supported scheme to provide education opportunities in the UK to doctors in training all over the world, and in doing so alleviating some of the work stressors placed upon UK doctors in training.
6. [Creating Supportive Environments](#)  
This report led by the Academy of Medical Royal Colleges' Trainee Doctors' Group explores bullying and undermining within the medical workforce in the UK. It looks at current efforts to tackle problems and what further work is required.
7. [Improving feedback and reflection to improve learning](#)  
This guide builds on the 2016 Academy report Improving Assessment: Further Guidance and Recommendations, with practical information for trainees and trainers on high quality, supportive and constructive feedback to support professional development.
8. [Return to Practice Guidance](#)  
This report highlights the importance of a good procedure for doctors' returning to practice, and provides practical advice on promoting safe return to practice after a period of absence.

## Royal College of Anaesthetists

9. [A report on the welfare, morale and experiences of anaesthetists in training: the need to listen \(Dec 2017\)](#)  
This report presents a moral and financial imperative to safeguard the health and wellbeing of the anaesthetic workforce, supported by recommendations for health stakeholders to improve the working lives of anaesthetists in training.

## Royal College of Paediatrics and Child Health

RCPCH's work on standards and workforce data set out the required rota numbers and the current workforce across the UK recommending increasing paediatric training numbers

10. [Facing the Future – sets the standards for rotas](#)
11. [State of Child Health: The Paediatric Workforce](#)  
Recommends increasing training numbers and looking at skill mix for rotas with the accompanying [policy and data briefing](#)
12. [Rota Gaps and Vacancy Survey](#) – includes data across the UK

## Royal College of Physicians of London

Most the RCP's work with respect to doctors in training morale revolves around workforce. The idea being that the better designed and utilised the workforce force is, the happier they will be.

13. [NHS reality check: delivering care under pressure \(Mar 2017\)](#)  
This work presents data from 2100 doctors about their experiences of working in the NHS and the impact increasing 'crises' have had on morale and patient wellbeing.
14. [Keeping medicine brilliant \(Dec 2016\)](#)  
Summary of the reasons behind low morale in doctors in training, the impact of this on patient care, and practical recommendations for clinicians, commissioners and policymakers. The document is divided into 8 domains: work, physical environment, interpersonal relations, hospital organisation and policy, personal characteristics, education and training, home circumstances and patient safety.
15. [Underfunded, underdoctored, overstretched \(Sep 2016\)](#)  
Report setting out the status quo within the NHS with respect to finances, medical workforce numbers and morale issues. This was an introduction to the Mission: Health scheme of work aimed to address these issues.
16. [Valuing trainees \(Dec 2015\)](#)  
This document provides a set of guidelines for NHS Trusts (specifically aimed at Chief Executive Officers and Medical Directors) focusing on the working environment, rota design, education protection and workforce.
17. [Hospital workforce: fit for the future \(Oct 2015\)](#)  
This report highlights the variation in medical staffing throughout the UK and showcases medical registrars as 'unsung heroes' and their views on workload.
18. [Acute care toolkit: the medical registrar on-call \(Sep 2015\)](#)  
This toolkit presents a series of practical tools and recommendations to better support the role of the medical registrar, especially with regards to workload, teamwork, training and retention.
19. [Support of the Faculty of Physician Associates \(FPA\)](#)  
Publications such as an employer's guide to physician associates, and lobbying on the issue of regulation for physician associates (PA), have promoted the greater utilisation of the profession. Increasing the number of qualified physician associates will likely release service pressure on doctors in training rotas. Additionally, the NHS Improvement workforce template (See Workforce 3, page 3) is collecting national, Trust level data on PA numbers and specialty distribution for the first time.
20. [Improving teams in healthcare](#)  
Resources to support teams in a healthcare setting, introducing the concept of the modern medical firm. The resource presents evidence on how doctors in training supported within teams have greater wellbeing and less absenteeism.
21. [The RCP Census](#)  
The annual census of consultants and speciality trainees on workforce issues, including job satisfaction. Affords an opportunity for doctors to have their voices heard and influence future RCP work.

22. Annual careers symposium

The annual careers symposium is free to attend for doctors in training. Workshops provided include preparing for interviews, selecting a speciality and taking time out of programme.

23. Free membership for refugee doctors providing access to education material and other support

### Royal College of Psychiatrists

24. The RCPsych Census is a biennial census of all consultant, locum consultant and speciality doctors in the UK including a breakdown of Programmed Activity and vacancies.

### Royal College of Surgeons of England

25. [Improving Surgical Training](#) project in partnership with HEE is piloting improvements in the quality of surgical training.

### Royal College of Surgeons of Edinburgh (RCSEd)

Initiatives for all members of staff, and whilst not aimed solely at doctors in training, this group form a large proportion of the staff population.

26. [Improving the working environment for safe surgical care \(July 2017\)](#)

This report describes critical recommendations to government to improve safety in the delivery of surgical treatment and patient care.

27. [Faculty of perioperative care](#)

The RCSEd faculty of perioperative care accredits allied surgical practitioners with credentials, for example physician associates. This work by the College is aimed to support trainees in response to significant rota gaps at surgical SHO level.

### Royal College of Obstetricians and Gynaecologists

28. [Obstetrics and Gynaecology Workforce Report 2017](#)

This report outlines the challenges facing the O&G profession and the commitments the College is making to address them, including addressing immediate middle-grade rota gaps while also outlining steps not only to attract doctors into O&G, but also how to nurture and retain them throughout training and beyond.

29. Surveys and focus groups

A number of surveys and focus groups have taken place with O&G trainees to understand the challenges they face and reasons for attrition, as well as ways in which to better support trainees.

30. Flexible entry into the O&G training programme

Following discussions with HEE, it is now possible to enter the O&G specialty training programme at ST3 as well as ST1. This will help remedy attrition from trainees leaving the programme during ST1 and ST2.

31. Support for doctors returning to training

The RCOG has secured funding from NHS England to develop a toolkit to support doctors returning to training after a period of absence. The toolkit will aid the regional delivery of Return to Training (RTT) courses as well as web-based tools, and will support schools, trainees and trainers to use and capitalise on good practice.



## Work-life balance/Training/Service

### Collaborative working between the BMA, GMC, HEE and NHS employers

1. These organisations are working together to determine a method for collection of exception reporting data at a national level.

### Faculty of Intensive Care Medicine

2. Training leads are taking forward the first major rewrite of the ICM curriculum – input from doctors in training, especially around the key areas of assessment burden and training flexibility, will be central to this work.

### GMC

3. **National training surveys**  
National training surveys give doctors in training and their trainers the opportunity to provide confidential feedback on training which can be used to make improvements. Deaneries, local teams and local education providers are obligated to use the survey results to continually review and improve their training programmes and posts. GMC survey results are also being incorporated into some GIRFT specialty data packs (See Workforce 3, page 3)
4. **Regional Liaison Service (England) and Liaison Advisors (Scotland, Wales and Northern Ireland)**  
These teams spend most their time within clinical areas, bringing a vast source of intelligence from doctors ‘on the front line’ around issues or concerns they may face in training. These teams respond quickly to doctors and can trigger processes to monitor specific areas of clinical practice.
5. **Promoting excellence**  
This outlines the standards required from those organising and providing medical education to provide a supportive environment and culture for learners. These standards are monitored and reviewed through the quality assurance process.
6. **Quality assurance framework**  
The GMC is responsible for the quality assurance of medical education and training for undergraduates and postgraduates. The Quality Assurance Framework (QAF) helps the GMC to identify which organisations are not meeting medical education and training standards. If there are concerns, the GMC will request organisations for further information/evidence to provide assurance that issues are being addressed appropriately. If the GMC are not satisfied with the organisation’s response, they can intervene. This process is named ‘enhanced monitoring’. Enhanced monitoring may be triggered by reports from organisations that provide education and training, from GMC data, information from other sources including patients, students and doctors in training. Issues that require enhanced monitoring are those which could potentially adversely affect patient safety, the progression of doctors in training and quality of the training environment.

## NHS Improvement

### 5. [Eight high impact actions to improve the working environment for junior doctors](#)

Together with the Faculty of Medical leadership and Management and NHS Providers, NHS Improvement Medical Directorate identified eight actions which can be implemented quickly to improve the working lives of junior doctors. A report describing these actions was launched on the 30<sup>th</sup> October 2017 and is supported by HEE, BMA, CQC, GMC, NHS Employers and the Academy of Medical Royal Colleges.

Actions are:

1. Tackling work pressure
2. Promoting rest breaks and safe travel home, for example Guy's and St Thomas' NHS Foundation Trust –Hungry, Angry, Late, Tired (HALT) campaign
3. Improved access to food and drink 24/7
4. Better engagement between trainees and the board
5. Clear communication between trainees and managers
6. Rotas that promote work/life balance
7. Rewarding excellence
8. Wellbeing, support and mentoring

The Eight High Impact Factors are being incorporated into Operational Productivity Directorate's (NHS Improvement) Trust level assessment framework for Doctors' Productivity. This will ensure Trusts will, in the future, incorporate these criteria into the self assessment of their medical workforce.

### 6. Exception Reporting

NHS Improvement is undertaking a review of patterns of exception reporting, as detailed in Guardian of Safe Working reports. This review has been undertaken following work by the BMA to collect quarterly guardian reports, and extract the relevant data from these reports which has subsequently been shared with NHSI. Analysis of data to identify outliers and planned focus groups with doctors in training will enable further exploration into exception reporting culture.

## Royal College of Paediatrics and Child Health

### 7. Stepping up

A pilot initiative set up by a former Trainee Committee Regional representative is a college-facilitated regional network for senior doctors in training and new consultants to help prepare for the challenging transition post-CCT and support Consultants new to the role.

### 8. [Progress Curriculum](#)

The new RCPCH curriculum will be implemented from August 2018, the first to be approved by the GMC. This innovative curriculum will reduce the assessment burden for trainees. RCPCH has developed a range of materials and resources to help trainees and trainers prepare for Progress.

9. Promotion of shared learning opportunities between specialties  
This is an innovative way of learning and placing learning and career development directly into the hands of trainees: [Learning Together to Improve Child Health developed with RCGP](#) for primary-secondary care shared learning  
  
[‘Thinking Together’](#) pilot with RCPsych for paediatric trainees and CAMHS trainees to share learning funded by HEE.
10. [Examination preparation](#)  
RCPCH has published textbooks in the form of clinical cases for the MRCPCH theory examinations and provides preparation courses for the MRCPCH clinical examination -

### Royal College of Physicians of London

11. [Exception reporting: A Royal college of Physicians guidance \(Apr 2017\)](#)  
This guidance sets out the responsibilities of doctors, supervisors and guardians of safe working hours in exception reporting, and how trainees to engage in the process and exception report correctly.
12. [Being a junior doctor: Experiences from the front line of the NHS \(Dec 2016\)](#)  
This report presents findings of a survey of roughly 500 doctors in training that summarised experiences of workforce pressure, working environment, wellbeing and professional lives, as well as offering ‘treatments’ (solutions) to these problems.
13. [Supporting the acute take: advice for NHS trusts and local health boards \(Apr 2016\)](#)  
A policy statement, aimed at service designers, explaining how medical takes should be utilised and refined to be safer for patients and doctors.

### Royal College of Physicians of Edinburgh

14. [Monthly evening medical update series](#) provides an informal education program for all whom attend. This is linked to the General Internal Medicine curriculum.
15. Twitter “top tips for new doctors” events.
16. Evening 'top tips' education session supporting new foundation doctors in their first weeks at work.
17. [The John Munro Medal for excellence in teaching](#)  
This prize has been created to recognise the significant contribution of doctors in training and SAS doctors to teaching and training.
18. [Established a Recently Appointed Consultants Committee](#)  
This committee provides support for trainees about to start their first consultant job and focuses on professional issues rather than clinical education needs.

## Royal College of Psychiatrists

19. Developed an e-learning platform, Trainees' Online, to provide educational resources for trainees to support them through the MRCPsych examinations

## Royal College of Radiologists

20. Making the training [fee structure](#) simpler and more transparent
21. Creating [template induction plans](#) covering start of training, start of post and return to work (clinical oncology)
22. Publishing a [training handbook](#) to assist trainers and doctors in training.
23. Continued programme of [welcome days](#) for doctors in training new to the specialties.
24. Launched an [e-learning hub](#) as the central access point for educational resources for doctors in training.
25. Created [guidance videos](#) for final clinical and oral exams (clinical oncology).
26. Made changes to reduce the overall exam burden ([clinical radiology 2A](#)) and allow exams to be taken closer to home (clinical radiology anatomy & parts of 2B).

## Royal College of Surgeons of England

27. Actions taken forward through the five-point commitment, which also reflected the outcomes of from the [2016 membership survey](#)
28. Key support surgical doctors in training requested related to leadership. The RCS have since launched a range of new leadership programmes working in partnership with Faculty of Medical Leadership and Management.
29. Continual development of better digital and regional support for surgical doctors in training.

## Royal College of Obstetricians and Gynaecologists

### Initiatives for new consultants

30. Bi-annual newly appointed Consultants meeting designed to explore areas that present challenges as a newly appointed consultant, for example job planning, CPD, appraisals and complaint handling.
31. Developing a new Consultants Toolkit with online videos and resources addressing common issues to support new consultants in their role, as well as

templates to help set up local meetings and networks to encourage information sharing and peer-to-peer support.

## Scottish Academy with Academy of Medical Royal Colleges

### 32. [Creating supportive environments](#)

This document highlights the issues and potential ways to help develop a functioning, sustainable and valued workforce.

## Supervision/Mentoring

### Royal College of Paediatrics and Child Health

1. [Mentoring schemes](#)

There are widespread mentoring schemes throughout many Paediatric departments in the UK. RCPCH has a Mentoring Champions Network which aims to support Paediatricians who are keen to promote mentoring in their own organisation -

RCPCH also provides Core and Advanced Mentoring skills courses to develop mentors' skills.

### Royal College of Psychiatrists

2. Developed a UK wide mentoring strategy with training for local mentors and support to access mentoring locally for Trainees, Specialty Doctors and Consultants

## Health and wellbeing

### GMC

1. Health and disability guidance

The GMC are reviewing their 'Health and Disability' guidance to consider what else can be done to strengthen and support students and doctors in training with disabilities and mental health needs. GMC has recently commissioned research specifically to examine issues around the training environment for doctors with disability and mental health needs.

2. Fitness to practice reform

The GMC recognises that doctors who are undergoing fitness to practice investigations can bring about significant stress and impact a doctor's mental health and wellbeing. After the Appleby report in 2014, the GMC made significant changes to its FTP process, to help minimise undue stress during this procedure.

3. Doctors' Support Service

The GMC recognises that doctors should be offered emotional support if required during the fitness to practice process and have commissioned the BMA to provide a free and confidential 'Doctors' Support Service'. This is available to all doctors and offers emotional support from an experienced practitioner. The service is completely independent to the GMC.

4. Mental Health and Wellbeing Symposium

In February 2018, the GMC hosted a half day Chatham House symposium with stakeholders, experts and influencers from across the field to discuss the mental health and wellbeing of doctors. This symposium will help inform a programme of work that the GMC have started this year, looking into ways to tackle the causes and impacts of poor mental health and wellbeing of doctors.

### Faculty of Intensive Care Medicine

5. The Faculty of Intensive Care Medicine are taking forward a series of projects

on career sustainability for ICM doctors in training. This work will include monitoring and protecting wellbeing, addressing fatigue and sleep facilities (in conjunction with our anaesthetic colleagues) and developing career support resources online. This was highlighted as a key component (Recommendation 6) of the [first release](#) from the Critical Futures initiative.

## Royal College of Anaesthetists

6. The Royal College of Anaesthetists have developed an [educational resource pack](#) on Fatigue, developed with the Association of Anaesthetists of Great Britain and Ireland and Faculty of Intensive Care Medicine.

## Royal College of Paediatrics and Child Health

### 7. Sleep initiative

This work is led by Dr Mike Farquhar, Consultant in Sleep Medicine, Evelina London Children's Hospital and Dr Cherry Alviani, Specialty Trainee, London School of Paediatrics.

The aim is to teach Paediatric doctors in training to start "Thinking about your own health when working shifts and nights". A one-hour session included in mandatory induction covers basic sleep physiology, why working at night is fundamentally unnatural, and practical tips/advice to improve normal sleep quality and make working at night easier.

### 8. [Looking after yourself – good practice for paediatric trainees](#)

The guidance answers some of the most common concerns and questions arising from a recent high profile case. These include reflection, understaffed shifts, returning to practice after a period of absence, legal aspects of working, and self-care and team working.

## Royal College of Physicians of London

### 9. [Work and wellbeing in the NHS: why staff health matters to patient care \(Oct 2015\)](#)

This report reinforces the evidence behind the impact of a happy and healthy workforce on patient outcomes, and highlights current staff wellbeing data. The report also presents ten priority areas for action, such as championing proactive occupational health and acting on inequality.

### 10. RCP wellbeing microsite

This is a developing initiative to collate resources from various organisations (BMA, DocHealth and other stakeholders) and signpost doctors in training to support networks when in need.

## Royal College of Psychiatrists

### 11. Psychiatrists' Support Service

A free, confidential support and advice service for psychiatrists at all stages of their career who find themselves in difficulty or in need of support

## 12. StartWell

This is a Consultant led initiative for Psychiatrists in their first five years as a Consultant or Locum Consultant. StartWell focusses on 6 elements to support Psychiatrists in their first consultant role with the intention to establish good habits for their careers.

## Royal Medical Benevolent Fund (UK Charity)

### 13. [Together for Doctors](#)

This campaign raises awareness of the need to offer support to doctors throughout the UK who are working under increasing difficulty and scrutiny, as well as encouraging doctors themselves to come forward and seek help when needed.

## Raising concerns/resilience

### GMC

#### 1. Promoting professionalism at work

The Regional Liaison Service and Liaison Advisors deliver workshops including undermining and bullying, raising concerns and promoting excellence across the four UK countries. The primary aim of workshops is to promote professionalism at work.

## Royal College of Surgeons of Edinburgh

#### 2. [Bullying and undermining campaign](#) (#LetsRemoveIt)

This successful anti-bullying campaign highlights the link between bullying and undermining behaviour and patient safety and aims to change the culture of the surgical and dental workplace.

## Royal College of Obstetricians and Gynaecologists

#### 3. Work to address undermining and bullying

- The RCOG has developed a range of resources to address bullying and undermining. In conjunction with the Royal College of Midwives, the RCOG has developed a free toolkit to improve workplace behaviours (<https://www.rcog.org.uk/underminingtoolkit>). The toolkit includes good practice case studies of interventions that have reduced the incidence of bullying and undermining behaviours in O&G workplaces at various levels
- The RCOG's free eLearning resource aims to raise awareness of [undermining and bullying in the workplace](#) and illustrate ways to tackle the problem
- Since 2013 the RCOG has had a dedicated Workplace Behaviours Advisor to lead our work to address undermining and bullying behaviours in O&G
- The RCOG's network of [Workplace Behaviour Champions](#) are a local resource for trainees who want independent advice about any unacceptable behaviour they are experiencing



- The RCOG Trainees' Committee has developed [advice](#) for trainees on dealing with undermining in the workplace
- In February 2018 the RCOG and Royal College of Surgeons of Edinburgh co-hosted an event that aimed to learn from existing good practice to identify how to tackle unacceptable workplace behaviour.

## Flexibility in training

### GMC

1. [Improving flexibility of postgraduate training](#)

In March 2017, the GMC published “Adapting for the future; a plan for improving the flexibility of UK postgraduate training”

This report recognises that current training is rigid, slow to adapt and fixated with time and “tick-boxes”. The main barriers to flexible training are identified and solutions offered, for example for training to be organised by outcomes rather than time served, sharing related curriculum across specialties, promoting flexible training and supporting doctors with specific capabilities/needs.

### Royal College of Paediatrics and Child Health

2. [RCPCH Global Links programme](#)

This programme promotes opportunities for trainees to develop international and global child health training via out-of-programme global links opportunities. Trainees (and Consultant Paediatricians) work on 6 to 12 month clinical and capacity building placements in hospitals with partner countries including Rwanda, Myanmar and Sierra Leone.

### Royal College of Physicians of London

3. [RCP's Chief registrar scheme](#)

This scheme is for senior registrars to support the development of future medical leaders. The scheme allows for protected time within a training year (1-2 days per week) to focus on quality improvement and hospital governance. The scheme has had a significant impact on morale in terms of doctors in training engagement, skill development and flexible training.

### Royal College of Psychiatrists

4. Child & Adolescent Mental Health Run Through Training Pilot: For August 2018, the College introduced CAMHS run-through training to enable trainees to choose their career of choice at ST1.

5. Thinking Together – RCPsych and RCPCH have developed a pilot for CAMHS and Paediatric trainees to observe each others' clinics and participate in case discussion to better understand the mental and physical needs of their patients.

## Royal College of Surgeons of Edinburgh

6. The RCSEd recently launched a return to work short-life working group and delivered a workshop in HEE North East and North Cumbria to provide advice and support for trainees out-of-programme (OOP). There are plans to expand these workshops nationally to ensure trainees are aware of OOP opportunities and funding and to support local programmes.

## Engagement

### NHS Improvement

1. Better Quality Improvement engagement  
The four NHS Improvement, Medical Directorate National Medical Director Clinical Fellows are working on a medical engagement project with five trusts who have adopted the Virginia Mason Institute (VMI) methodology of quality improvement to explore levels of both 'board to ward' engagement and junior doctor engagement with QI. Lessons learnt, including the reasons for any lack of engagement, could potentially be extrapolated to non-VMI trusts.

### Royal College of Paediatrics and Child Health

2. Paediatric Trainees Committee  
The Paediatric Trainees Committee is a formal committee of RCPCH with representation from all regions. The Chair is a member of the RCPCH Council. The level of trainee engagement is high with trainees represented on all RCPCH Standing Committees. The Trainees Committee host a "show and tell" initiative enabling doctors in training to sharing best practice and present exceptional projects that can be disseminated locally via regional representatives. Examples include public health placements in Bristol and a research network in the West Midlands.
3. Positive Event Reporting  
Favourable event reporting has widespread adoption across geographies in Paediatrics. The forms may be completed by doctors in training, nurses and Consultants and often presented at Ground Round meetings for maximum exposure as well as providing evidence to supplement doctors in training e-portfolios.
4. Paediatric Awards for Trainee Achievements (PAFTAs)  
This is a trainee-led initiative that started in Wessex and with support from RCPCH, has now been adopted nationally with PAFTAs held at the RCPCH annual conference. The awards allow nomination of colleagues and aim to give thanks and celebrate the achievements of doctors in training.
5. #paedsrocks campaign  
This campaign was launched during ST1/2 recruitment in November 2017. Doctors in training and consultants tweeted 40 reasons (one per day until 30<sup>th</sup> November 2017)

why #paedsrocks. RCPCH have also produced promotional videos with clips of doctors in training talking about why they love paediatrics, opportunities within the specialty and how to overcome some of the challenges in paediatrics.

## Royal College of Psychiatrists

6. #ChoosePsychiatry campaign was launched in September 2017 to promote psychiatry as a career of choice. It had a reach of over 200million and featured on BBC and Sky news on the launch day. The College also has specific membership grades for Medical Students and Foundation Doctors interested in psychiatry.
7. The Psychiatric Trainees' Committee has been particularly active since the contract dispute and ran a series of focus groups around the UK in 2016/17, which resulted in the [publication of their Report 'Supported & Valued'](#). The publication of this report and its findings have been supported by the College and it has been widely distributed to our doctors in training and educators as well as to HEE and Medical Directors in NHS Trusts.
8. In June 2018, the Psychiatric Trainees' Committee launched an implementation guide; a collection of case studies with supporting advice to inspire trainees, senior doctors and management to either establish or improve their own local junior doctor forums. These forums aim to facilitate positive and open communication at Trust level.

## Royal College of Surgeons of England

9. The Royal College of Surgeons published an [open letter \(Sept 2016\)](#) to doctors in training members in which issues arising from the junior doctors' dispute were acknowledged. The letter outlined a series of commitments and actions the RCS advised other organisations should take.
10. The RCS has conducted an offline and online poll to find out what 'junior doctors' wanted to be called, following feedback that the term was misleading. Over 900 responses were received and demonstrated that the majority (75%) wanted to simply be called 'doctors'. They will be publishing a response to the poll and proposed next steps in due course.
11. Work closely with Association of Surgeons in Training (ASiT) and British Orthopaedic Trainees' Association (BOTA), the trainee organisations within surgery, who provide the RCS with an invaluable trainee perspective in much of their work. The ASiT and BOTA trainee presidents are on the RCS Council and other committees/working groups. The RCS provides support for ASiT and BOTA conferences, meetings and other activities.

## Royal College of Surgeons of Edinburgh (RCSEd)

12. The RCSEd have an active Trainees Committee that ensures the College is reactive to the specific needs of trainees throughout the UK. The chair of the Trainees Committee is a fully elected member of RCSEd Council.
13. The RCSEd Trainees Committee recently succeeded in getting Tax Relief off the FRCS exam for all surgical candidates and also worked on projects including the return to work programme
14. The RCSEd launched 4 national advocacy groups in each of the 4 UK nations, to ensure that we are responsive to local trainee needs and can react appropriately to specific healthcare issues.

## Royal College of Obstetricians and Gynaecologists

15. Workshops and surveys with trainees to understand reasons for attrition (see above).
16. Members of the RCOG Trainees' Committee are involved in all initiatives set out in this paper, with discussion and feedback from the Trainees' Committee feeding back into all of the workstreams.

## Non-clinical burden

### Royal College of Anaesthetists

1. The Royal College of Anaesthetists are liaising with NHS Employers around certain payroll issues, in terms of the timings of when anaesthetists-in-training are paid, and the accuracy of the payments. This is work in progress.

# Initiatives to enhance junior doctors' working lives in England

## Work-life balance/Training/Service

### GMC

1. Exception reporting survey

The Regional Liaison Service has conducted a survey of over 250 doctors in training to explore barriers to exception reporting. Data collected included whether they had exception reported, what the report was for, whether there had been coercion around reporting and the main issues discouraging exception reporting. Results were presented to a round table of doctors in training.

# Initiatives to enhance junior doctors' working lives in Northern Ireland

## Workforce including Rotas/Recruitment/Retention

### GMC

1. Improvements to rota monitoring in Northern Ireland, Scotland and Wales  
Exception reporting is not used by doctors in training in Northern Ireland, Scotland and Wales. In these countries, employer representatives are obliged to ensure doctors in training can work safely and effectively without excess workloads. They must ensure that the hours worked by doctors in training comply with the new contract and European working time directive. This is done through a two-week rota monitoring period. The GMC devolved offices are working with employer representatives and the BMA to consider improving this system to enable individual doctors in training to report more specific concerns about their training.

### Northern Ireland Medical and Dental Training Agency (NIMDTA)

2. [Valued strategy](#)  
NIMDTA believe that NI Medical and Dental trainees should be VALUED. They strive to ensure that trainees are listened to, supported and provided with high quality training opportunities. This has led to the development of a VALUED strategy inclusive of a variety of initiatives.

## Work-life balance/Training/Service

### Department of Health

1. Time to Train initiative  
This initiative involves top-up funding of £2.4 million/year to provide trainers with 1 hour education and training time/trainee/week to support and develop doctors in training.

## Health and wellbeing

### BMA Northern Ireland

1. Facilities questionnaire and survey  
This suite of questionnaire and surveys is currently being undertaken to determine the rest facilities, provisions of water and other hygiene factors available for doctors in training.

## Raising concerns/resilience

### GMC with Northern Ireland Medical and Dental Training Agency (NIMDTA)



1. FY2 Generic skills

This is a full day course covering equality and diversity and GMC guidance including good medical practice, consent, confidentiality, undermining and bullying and discrimination.

2. Iquest module 2 (Improving quality and understanding to enhance training)

This is a full day workshop for those in the initial years of specialty training. The workshop covers a range of guidance including social media, consent, confidentiality, end of life case, raising concerns, leadership and management, maintaining boundaries, personal beliefs

## Engagement

### Department of Health

1. [Health and Social Care \(HSC\) Collective Leadership Strategy](#)

The HSC Workforce Strategy is highly relevant to doctors in training as it describes the approach to making health and social care in Northern Ireland a fulfilling and rewarding place to train and work including promoting doctors in training and all staff to feel valued and supported.

### The Regulation and Quality Improvement Authority (RQIA)

2. [Clinical Trainee Associate](#)

This leadership opportunity for doctors in training co-sponsored by RQIA and NIMDTA. The role is designed to support RQIA's hospital inspection teams through enhanced engagement with junior medical staff during each inspection.

# Initiatives to enhance junior doctors' working lives in Scotland

Scotland initiatives will be available shortly, at which time this document will be updated. For enquiries before then please email [John.Colvin@gov.scot](mailto:John.Colvin@gov.scot).

# Initiatives to enhance junior doctors' working lives in Wales

## Workforce including Rotas/Recruitment/Retention

### Welsh Government

1. [Train, Work, Live Campaign](#)

This is a recruitment initiative to attract and train more doctors and nurses in Wales. The website contains a wealth of information regarding working and training in Wales, including links to relevant external websites that offer further support. In addition TrainWorkLive has had a very strong presence at the annual BMJ fair over the past few years.

2. Welsh Government, Health and Social Care Strategy for Wales

The Welsh Government is currently drafting a five-year strategy for Wales with an emphasis on the wellbeing, capability and engagement of the workforce under the Quadruple Aims. The Parliamentary Style Review into health and social care recommended that Welsh Government's future plan for health and social care pursue this vigorously.

### Wales

3. Academy of Medical Royal Colleges Wales (AMRCW) Forward Plan

The AMRCW has agreed to focus its attention on the wellbeing of the workforce. They will press for training on emotional intelligence, tackling bullying (taking forward the work of RCSEd) and lobbying in Wales for a 'speaking out guardian'.

### GMC

4. Rota Monitoring

The GMC is working with the Welsh BMA JDC to highlight the importance of good rota design and monitoring for the quality and safety of training environments. A joint letter will be published shortly.

### Welsh Government/Wales Deanery

5. Financial Incentives for GP Training

The General Practice Universal Incentive is available to all GP trainees and reimburses their first sitting of the Applied Knowledge Test (AKT) and Clinical Skills Assessment (CSA) if they started their first GP Training post in Wales in the 2018 calendar year and February 2019.

A targeted Incentive gives GP Trainees starting their first GP Training post in one of the targeted Schemes in the 2018 calendar year up to February 2019, a payment of £10k (less tax) in their ST1 year and a second payment of £10k (less tax) if they remain working as a salaried doctor or partner in one of the targeted areas after completion of training. The schemes eligible for the incentive are Bangor, Dyffryn Clwyd, Wrexham, Aberystwyth and Pembrokeshire

Trainees who complete their ST3 year in one of the practices in Powys will also be eligible for this payment though it is administered in a slightly different way and payment is made at a different point in the training programme.

## 6. The Welsh Clinical Leadership Training Fellowship

The Welsh Clinical Leadership Training Fellowship (WCLTF) has been running in Wales since 2013. The fellowship gives the opportunity for trainees to take an out of programme year with a focus on leadership and quality improvement activities. During this year fellows have a wide and varied programme of leadership training including the Academi Wales postgraduate certificate in leadership and the opportunity to shadow leaders from across health, education and training. Furthermore, they have opportunities to network on a national and international stage with subsidised attendance at a number of quality improvement and leadership conferences.

The WCLTF has, by a number of measures, been very successful. The majority of fellows have gone on to take significant leadership roles in a number of NHS organisations and the private sector in organisation such as health technology start-up companies. NHS organisations in Wales have been highly engaged with the WCLTF process and have been fully committed by offering quality improvement projects within their organisations

## 7. The Wales Clinical Academic Track

The Wales Clinical Academic Track (WCAT) fellowship programme was launched in August 2009. The primary aim of the scheme is to equip clinical academic trainees with the range of knowledge and skills required to compete as independent investigators in the modern area of translational research. It is anticipated that fellows of this scheme will make successful applications for prestigious Clinician Scientist Fellowships from major funders including the Wellcome Trust and the Medical Research Council.

WCAT fellowships are run-through clinical fellowship training positions in Academic Medicine & Dentistry. They are a collaboration between the Wales Deanery and the major Universities in Wales (Bangor, Cardiff and Swansea) in association with and receiving ring-fenced funding from Welsh Government.

Each WCAT Fellowship provides training from entry through to CCT and includes a salary funded 3-year PhD Training Fellowship and a period of clinical training with protected academic time (0.2 WTE) in the clinical training years.

## 8. Emergency Medicine Training

The Emergency Medicine training scheme has inbuilt dedicated supernumerary training time into their training posts which enhances training opportunities to help achieve curriculum requirements. Furthermore, there are clearly defined rota rules within the EM education contract that stipulate what is an appropriate shift duration and that rotas have inbuilt time for appropriate handover. The School, of Emergency Medicine has also developed innovative posts that enable the trainee to work in medical education and research and still have training time that counts towards CCT.

[Wales Deanery/Welsh Government/NHS Wales/RCPsych in Wales/Swansea Medical School/Cardiff Medical School](#)

## 9. All Wales Strategic Medical Workforce Group – Psychiatry

This group was set up in 2017 to explore solutions to under-recruitment to psychiatry training. It is a multi-stakeholder group that is currently looking at all aspects of psychiatry experience from undergraduate, through foundation and into training to

develop a strategy to improve recruitment and retention. One of the most significant recommendations of the group is the psychiatry financial incentive.

The psychiatry financial incentive will reimburse trainees commencing core psychiatry training in August 2018 with the cost of one sitting of paper A, paper B and the CASC examination. This will be reviewed during the medical workforce planning process this year with a view to it continuing. The group is also developing a mentoring schemes for students interested in a career in psychiatry and recommending the development of dual training higher training posts.

## Welsh Government/NHS Wales/Wales Deanery

### 10. The National Imaging Academy

The National Imaging Academy is a major development in Wales which will centralise radiology training for all trainees in South Wales. The Academy has been developed with state of the art imaging technology to ensure trainees have the most effective training experience. It will also enable trainers to continue to report images for the Health Board they work for following their teaching commitments. The National Imaging Academy will be opening its doors in August 2018.

## Work-life balance/Training/Service

### Core Medical Doctors in Training

#### 1. [The Core](#)

'The Core' is a website developed in 2016 by three doctors in training who were passionate about improving the medical training experience. The website is now used by all doctors in training in Wales, supported by the Wales Deanery and Royal College of Physicians.

### Wales Deanery

#### 2. [Wales Deanery Education Contract](#)

The Wales Deanery has worked with Welsh Government and the Welsh Health Boards and Trusts to develop an Education Contract for junior doctors in Wales, which guarantees ring-fenced time for learning incorporated into their working week. This ensures that all trainee doctors have access to a range of educational opportunities to support career development. The Wales Deanery has developed ECAS (Education Contract Attendance System) which can monitor whether these training opportunities are being provided to trainees. It's a bespoke system designed to provide real-time monitoring data to the Deanery. The data can be used to address quality management issues that trainees might be experiencing.

#### 3. [BEST Trainee Awards](#)

The annual BEST trainee awards recognise trainees who make an outstanding contribution to a number of areas including the training programme, raising the profile of the specialty, medical education, leadership, quality improvement, the third sector and foundation training.

## NHS Wales

### 4. Single Employer for GP trainees

All GP trainees in Wales now have a single employer. This initiative has been very well received and enables trainees to only require one round of employment checks prior to the start of the GP Training Scheme. GP Trainees in Wales now have a single consistent contact point for queries relating to terms and conditions of service including matters such as maternity and sickness absence. Furthermore, access to occupational health services are consistent and only one set of pre-employment health checks are required.

## Supervision/Mentoring

### Wales Deanery

#### 1. The Educational Supervision Agreement

The Educational Supervision Agreement sets out an agreement between an Educational Supervisor, a Local Education Provider (Health Board/Trust) and the Wales Deanery which defines the roles, responsibilities and rights of the three parties and identifies the mechanisms to support the provision of high quality postgraduate medical education and training. The Agreement is fundamental to enhancing the quality of postgraduate medical training in Wales through professionalisation of the role of the Educational Supervisor and recognition of the workload involved in supervising trainees and the resources required to support this. It aims to ensure that Educational Supervisors receive protected time, resources and support to deliver their educational role, including increased recognition of the Educational Supervisor role within the consultant job planning process and access to appropriate training.

#### 2. Sharing Training Excellence in Medical Education (STEME) Conference

This conference is dedicated to developing a forum for trainers in Wales to share ideas and best practice. The conference also enables trainers to ensure they are demonstrating continuing professional development mapped to the Academy of Medical Educators training competencies. The conference is a joint venture between the Wales Deanery and the Medical Schools in Cardiff and Swansea Universities.

## Health and wellbeing

### Wales Deanery

#### 1. [MedTRiM](#)

The Medical Trauma and Resilience Management (MedTRiM) course is designed to support staff following potentially traumatic events and to provide tools to cope with the cumulative stress of working in a high-pressure environment such as healthcare. Based on the Trauma Risk Management (TRiM) course used by the marines, MedTRiM is a one-day course delivered to healthcare practitioners of all levels (including trainees) and all specialties. The first MedTRiM training was delivered in June 2015. Since then many MedTRiM training sessions have been run across Wales. The course is ever developing in line with feedback and as we gain a deeper understanding of the needs and expectations of our attendees. Over 700 trainees have completed the programme.

## 2. Professional Support Unit (PSU)

The Deanery provides pastoral and practical support to trainees who encounter difficulties during training including adverse ARCP outcomes, exam progression or mental health difficulties. The PSU works with the trainees to provide support and develop actions plans. There is also an option of onward referral to a specialist service providing psychological interventions from strategies to increase assertiveness to formal psychological therapies.

## Cardiff University

### 3. [Health for Health Professionals](#)

Cardiff University, administers the Health for Health Professionals (HHP) service under Debbie Cohen, which offers independent confidential psychological support to all doctors in Wales. HHP organises face to face counselling support provided by accredited psychotherapists. This service is fully funded by the Welsh Government.

## NHS Wales

### 4. [Staff Health and Wellbeing online toolkit](#)

The NHS Wales recognises that the health and wellbeing of the NHS Staff is a key factor that influences performance at work, engagement within the workplace, and levels of sickness absence. They recently launched an online toolkit with guides and tools to support workforce health and wellbeing.

## Raising Concerns and Resilience

### Wales Deanery

#### 1. Education Contract Attendance System (ECAS)

The Wales Deanery has developed ECAS which can monitor whether training opportunities incorporated into the education contract for each specialty are being provided to trainees. It's a bespoke system designed to provide real-time monitoring data to the Deanery. The data can be used to address quality management issues that trainees might be experiencing.

## Flexibility in Training

### Wales Deanery

#### 1. Less than full time training

The Wales Deanery has a strong ethos for encouraging less than full time training. It has been voted the Most Family Friendly Deanery by the Medical Women's Federation in 2011, 2012 and 2013.

## Engagement

### Wales Deanery



1. Trainee Engagement Forums

The Wales Deanery regularly run trainee engagement forums to enable trainees to attend and discuss important issues. At the most recent event issues around trainee moral and feeling valued were important topics. Following these meetings action plans are developed to tackle issues. The Wales Deanery is currently developing a section on its website to inform trainees about progress against these action plans.

2. Dean's Think-Tank

The Think-Tank was set up in 2017 and consists of winners and nominees of the BEST trainee awards. The role of the group is to advise the Dean directly on training related issues. The chair of the group sits on the Management Executive of the Wales Deanery and a variety of other Wales Deanery committees.

## Conclusions

Mapping the initiatives to enhance junior doctors' working lives across the UK is an exercise which has been led and developed by doctors in training. This document serves to highlight the many initiatives, activities and guidance that have been published on a local, regional and national scale across the four countries. Acknowledging the caveat; that the initiatives included are by no means a complete list, the document provides clear evidence a vast amount of effort has been directed at improving the morale and working lives of doctors in training.

Many organisations have made a concerted effort and released publications to address workforce issues including rota gaps, recruitment and retention for doctors in training. Another theme that has been addressed by key guidance from several organisations relates to education and the balance between service and training commitments. A substantial body of work has been completed and specific recommendations provided to improve the health and wellbeing of doctors in training. The efforts by multiple different organisations to promote health and wellbeing has raised awareness and the profile of this theme amongst doctors in training, their supervisors/trainers and across the healthcare system.

Although initiatives have been listed under particular key themes, it is accepted that many initiatives and written guidance focus on and cover several themes. Even accounting for this, there are limited initiatives listed specifically to address the issue of increased flexibility in training. Health Education England's initiatives for increased flexibility in training are detailed in the enhancing junior doctors' working lives annual progress report for 2018 and include the less than full time pilot with the Royal College of Emergency Medicine and proposed step-on, step-off approach to postgraduate training explored through the review of competence progression for healthcare professionals. The successful, Royal College of Physician's Chief Registrar Scheme provides an exemplar in this theme, and consideration for adoption by other specialties and stages of training should be made. Feedback from focus groups have emphasised the importance for increased flexibility in training to allow doctors in training to pursue their own individualised training and career pathway. The autonomy engendered to doctors in training to decide on their own personalised training pathway through increased flexibility is complemented and supported by high quality supervision and mentorship. We believe these aspects, specifically to promote flexibility in training across all specialties and at all stages of training, coupled with high quality supervision and mentorship are the themes requiring further attention and would lead to an enhanced educational and training environment. Further resource should also be allocated to address issues arising from the non-clinical burden on doctors in training.

Strong trainee representation and engagement as described by several Royal Colleges is welcomed and will help to build further on all initiatives presented. It is the voice of the doctors in training, providing ongoing constructive feedback, drawing on frontline experience and eliciting the practical ways to implement change that will enable initiatives to have real impact on their working lives. A significant challenge remains in how we may assess or quantify sufficient impact of initiatives on doctors in training across varied geographies and specialties. However, this mapping exercise provides a useful stock take of progress made to date. Building on the momentum,

using the vast resource of initiatives and guidance presented as a strong foundation, it is now time for collaborative working to move definitively into implementation. It is only through collaborative working across the system led by doctors in training, that organisations can implement change to ultimately enhance the working lives of all doctors in training.

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