

The wellbeing of junior doctors in training

Preventing, acting and supporting after the sudden death of junior doctors whilst in training

Statement of Intent from HEE

The death of any individual is distressing. This is even more so when the death is unexpected or deliberate.

There have been a number of suicides reported and the profession has expressed concern over the issue.

For those working in the NHS there are a number of online resources. For doctors in training there are multiple routes of support and information available. However the doctor may not be aware of them, particularly if in distress and all parties have a responsibility to act should they become aware.

As a result of the system wide concern, HEE hosted the first joint meeting on this subject in January 2018 where key partners were invited, including the BMA and BMA-JDC, AoMRC, NACT, NHS Employers and the GMC. All involved in working with the doctors in training believed that there is more that could and should be done.

Health Education England's Deans are developing guidance and process in this area.

Key principles have been agreed:

1. Acknowledgement that there is an issue
2. Prevention
3. Ensuring access to support is available
4. Approach and advice during the initial post suicide period
5. Learning from events

Acknowledgement there is an issue

HEE had already acknowledged that this is an issue for our junior doctors in training, by the work already in place. The coming together of this wider group acknowledged the system wide concerns raised and how we must work together.

HEE has also established a review into 'Learner Well-being and Support' chaired by Sir Keith Pearson and clinically led by Professor Simon Gregory. This work will feed into that review.

The Evidence available

HEE NE and Newcastle University looked at the evidence in this area. Numbers of medical suicides are not greater when compared to the general population, but the numbers of deaths are still of concern.

For male doctors, the SMR for deaths between 2011 and 2015 was 63, significantly below the population figure (95% Confidence Interval 48 to 81), and for female doctors not significantly different at 101 (95% CI 63 to 153). This gender effect is more accentuated among healthcare professionals overall, with male SMR=84 (CI 72 to 97) and female SMR=124 (109 to 141)..

There is therefore a difference in risk between men and women, which is a concern. While suicides among men predominate, medicine has some protective effect. While for men the risk of suicide is a societal issue, for women it may be a more specifically professional one.

Personal and professional factors may both be associated with increased risk, and organisational stakeholders in education, employment and regulation may all have a role in addressing those risks.

NHS Environment

NHS Employers have done a considerable amount of work in this area and produced a number of resources¹ as have PHE². There are also specific concerns with the wider workforce. Environments where bullying occurs are both associated with suicide. Specific concerns for Doctors in training need to be further considered which include breakdown of traditional team and support structures, loss of informal environments within hospitals, requirement to pass exams and the impact of failure, complaints and regulation. The latter particularly an issue if GMC referral is an outcome.

Using all advice and guidance available

There are many sources of support and information. This will be linked together and disseminated widely. In particular the joint NHS document has been produced and endorsed by Public Health England: Reducing the risk of suicide: a toolkit for employers³. This document has a large amount of advice with regards to prevention for any employee in the workplace.

Providing more detailed guidance should this happen and signposting

This will again use the resources available but provide a framework for those who deal with such events making sure the practicalities are dealt with appropriately and sensitively.

¹ <http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience>

² https://wellbeing.bitc.org.uk/sites/default/files/business_in_the_community_suicide_prevention_toolkit_0.pdf

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Postgraduate Deans in England

As Postgraduate deans we have a particular responsibility and duty of care to doctors in training. Therefore Postgraduate deans within England will be applying a systematic approach to such events, in particular suicide, where it is hoped that proactive action and intervention where appropriate will reduce the incidence of such events and allow system wide learning to minimise the risk of future events and target interventions effectively.

Principles of this approach

In keeping with the importance placed on all work streams, there will be a nominated English dean that will co-ordinate the approach for response within England.

There will be an annual collation of events and an annual summary produced with recommendations.

Reporting will be systematic way to ensure patterns and lessons learned are visible and shared.

Next steps

As a result of the January meeting it was agreed a statement of intent would be produced with more detailed work to follow to enable appropriate advice, action and support to be in place.

HEE has therefore produced this statement.

Areas for future discussion

There are clearly a number of concerns that require further exploration with the wider system.

These include:

To support any doctor, but particularly those in training, to raise health and other concerns, safely and confidentially.

To reconsider the transfer of information process particularly between the undergraduate and postgraduate interface, but also at other career transition points. This should involve the Medical School's Council.

Dissemination of information across the NHS

A further round table meeting will be arranged later this year when the documents as stated have been developed and to explore the issues as above.

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