NHS

WORKING ENVIRONMENT AND WELLBEING GUIDE

Improving facilities, training and the wellbeing of junior doctors in the Midlands in response to the COVID-19 pandemic

"I welcome this timely practical guide highlighting the importance of a supportive work environment. Doctors in training need sufficient access to rest and sleep facilities for their wellbeing.

As leaders, we recognise that innovation and better patient care comes from inclusive work environments that foster diverse ideas, nurture staff with diverse talent and backgrounds and create strong relationships with their workforce.

This guide promotes the creation of healthy habits and work cultures, for providers to embrace and enact, supporting the learning, development and wellbeing of doctors."

Dr Nigel Sturrock
Regional Medical Director
NHS England and NHS Improvement - Midlands

"As we begin to design a new normal during the COVID-19 pandemic it is critical for future service delivery that we fully re-establish education and training with a particular focus on those trainee doctors whose progress has been most affected. This requires system-wide commitment and we are pleased that the Midlands' Charter has affirmed this commitment of our service providers.

The pandemic has demonstrated to all the importance of looking after our workforce and this will continue to be central to the re-establishment of education and training. Our trainees need to work in environments that are conducive to training and receive the wellbeing support so crucial for effective working. We are therefore really pleased to welcome this Working Environment and Wellbeing Guide that outlines some of the practical measures that can be taken to support trainees and supports the aims of the Midlands' Charter.

It is impressive to see how some providers have risen to this challenge and we hope that commitment and innovation can be cascaded system-wide. Health Education England (HEE) will work with all providers to support and monitor the Clinical Learning Environment utilising its Quality Framework which is being refreshed to adapt to the new environment."

Dr Jonathan Corne
Postgraduate Dean East Midlands
Health Education England

Professor Russell Smith
Regional Postgraduate Dean
Health Education England

Introduction

During the COVID-19 pandemic there has been significant disruption to the training of junior doctors with the cancellation of rotations, reduction in training opportunities and impact on trainee wellbeing.

There are fantastic examples of providers creating additional support for trainees, wellbeing areas and developing innovative technological solutions to provide training and outpatient appointments. In addition, there has been national guidance provided by Health Education England (HEE)[1] and the Academy of Medical Royal Colleges (AOMRC)[2] to try to minimise the impact on trainees and provide guidance on the restarting of training.

Although services are restarting there are still significant pressures on training opportunities and rest facilities due to the need for social distancing, reduction in elective procedure lists, changes in outpatients' pathways and the reallocation of significant volume of elective surgery to the independent sector.

We also must consider the impact on the health and wellbeing of our trainees following unprecedented challenges. As stated in We are the NHS, the 2020 NHS People Plan[3]:

"The pandemic has already had a significant physical, mental and psychological impact on our people – and this will continue for some time to come. Many people are tired and in need of rest and respite. Evidence tells us that those in caring roles often wait until they are very unwell before raising their hand. So we must all encourage each other to seek help – and seek it as soon as it is needed. And leaders, teams and employers must keep offering people support to stay well at work, and keep offering it consistently, across teams, organisations and sectors."

There have been significant recent national efforts to improve junior doctors working lives. In 2018 the British Medical Association (BMA) published the Facilities and Fatigue (F&F) Charter[4] which contains guidance on the improvement of facilities, induction, training and rota design.

In 2019, the General Medical Council (GMC) commissioned Caring for Doctors Caring for Patients[5] a review of the mental health and wellbeing of UK doctors and medical students. This report highlighted the multi-dimensional aspects of wellbeing and produced an action plan to meet people's core needs of Autonomy, Belonging and Competence.

HEE annually report on issues affecting junior doctor quality of life as part of its Enhancing Junior Doctors' Working Lives programme[6]. The NHS People plan makes a clear commitment to improve junior doctors working experiences and "paying greater attention to their health and wellbeing". The Enhancing Junior Doctors Lives report demonstrates HEE initiatives including enhanced flexibility in work and supporting doctors returning to training that aim to improve these issues.

The standards, actions and ongoing work from these national programmes are still extremely relevant and provide continuing benefits to trainees. However, due to the current challenges a working group of Midlands based trainees was established to propose additional considerations that could be simply and quickly enacted in the region.

Suggested improvements for Facilities, Training, and Wellbeing services

Rapid advances have been made during the COVID-19 pandemic, therefore there is an opportunity to celebrate and share these improvements. As stated in the NHS People Plan "where new approaches have worked well, we should not roll them back but adopt them systematically."

As recommended by the GMC report, Caring for Doctors Caring for Patients[5]:

- ☐ Organisations should have completed or have a plan in place to fulfil the simple steps outlined in the BMA Facilities and Fatigue Charter 2018 to improve facilities and reduce fatigue.

However, we must all review previously made plans to fulfil the BMA Facilities and Fatigue Charter 2018, as new guidance regarding social distancing and changes in working conditions or clinical pathways may now mean they are not sufficient.

CASE STUDY

Trainee Involvement

Working within the Postgraduate Medical Education team, the Junior Doctor Liaison Officer (JDLO) is a unique role which promotes the training experience and welfare of the Nottingham University Hospitals NHS Trust junior medical workforce offering practical, administrative and pastoral support. The role was highlighted by the Care Quality Commission last year as an area of outstanding practice.

Nina Iacovitti
Junior Doctor Liaison Officer
Nottingham University Hospitals NHS Trust

Wellbeing and Mental Health Support

Resources both nationally and locally have significantly improved rapidly due to the COVID-19 pandemic and an awareness of its impact on wellbeing and mental health.

Unfortunately, even prior to the pandemic nearly 1 in 4 doctors in training in 2018 stated via the GMC survey that they felt burnt out to a high or very high degree[7]. It has also been demonstrated that mistakes are more frequently made by burnt out doctors[8] and patient satisfaction is higher in organisations where staff wellbeing is higher[9].

In summary, "Doctors who feel highly valued and motivated are better equipped to deliver high-quality care and meet the needs of patients and the wider NHS", Professor Sheona MacLeod[6].

Therefore, in addition to the excellent support being offered we recommend:

- ☐ Wellbeing and mental health support are offered regularly and services are sign-posted on induction.
- ☐ Details of the Practitioner health service are provided on induction.
- ☐ Occupational health should be an important part of induction and self-referral possible.
- ☐ Subscriptions to digital wellbeing provisions should be continued.
- ☐ Nutritious food and exercise should be encouraged by organisations and be readily available.

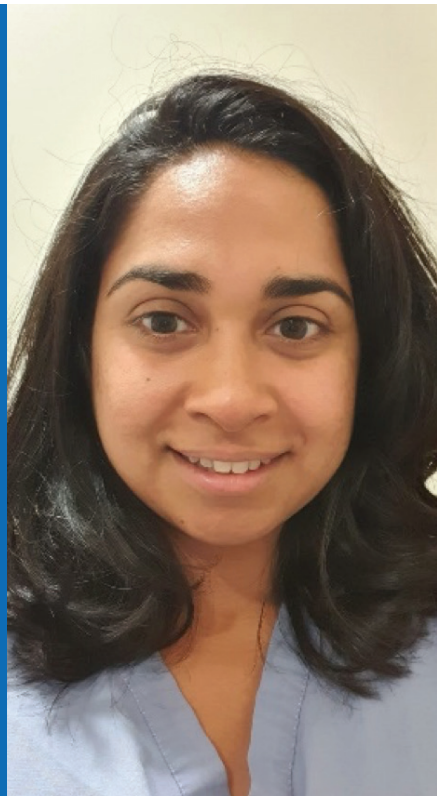
CASE STUDY

Wellbeing Strategy

Recognising the need to support the holistic wellbeing of staff, Sherwood Forest Hospitals NHS Foundation Trust developed a four-level self-care and wellbeing strategy in the early phases of the COVID-19 pandemic. Collaborating with consultant psychologists, evidence-based mental health and psychosocial support strategies including webinars, access to safe spaces (Dens) and pastoral support were offered to staff framed by 30-day wellbeing calendar with a headline topic for each day.

This has helped to inform the ongoing development and implementation of a provider-wide wellbeing strategy, including continued fortnightly psychological wellbeing webinars, provision of safe spaces (Dens), proactive review of rest facilities and 24-hour access to catering provisions.

Dr Ruwani Abeyratne
Chief Registrar, Sherwood Forest Hospitals NHS Foundation Trust



Rostering and Rota Design

Due to the challenges of COVID-19, changes to junior doctor rotas had to be made at pace and were designed to match demand that was unpredictable and incomparable. Trainees responded amazingly to the crisis and in many instances designed and lead rota developments. As rotations have restarted there has been a return to more recognisable working patterns. However, additional challenges remain and there is the risk of further increases in demand due to COVID-19 and winter.

In response to the current working environment and to facilitate training we suggest:

- ☐ Review clinical areas minimum staffing. Due to the acuity of patients, donning and doffing and the change of admission pathways staffing levels may need to be increased.
- ☐ Increase frequency of breaks due to the use of PPE and the acuity of patients.
- ☐ Encourage exception reporting to determine areas of increased demand.
- ☐ Review on an individual basis the possible need for increased study leave. To allow trainees exposure to opportunities they may have missed and time for postponed examinations.
- ☐ Provide support for trainees to make up for lost opportunities of training, research and procedures.
- ☐ Ensure flexible rostering. For example, allow the ability to work in two different providers or sites to provide additional training opportunities.
- ☐ Encourage and provide support for the completion of non-essential Annual Review of Competency Progression (ARCP) requirements that may have not been possible including quality improvement, teaching, and research.

If a second wave occurs:

- ☐ Ensure adequate notice of rota changes.
- ☐ Ensure requested annual and study leave is honoured.
- ☐ Ensure rotas are designed to all staged escalation/de-escalation depending on demand.
- ☐ Ensure trainees access to educational opportunities is continued.
- ☐ If trainees are reallocated to another area, ensure they have appropriate clinical supervision.
- ☐ Shadow rotas where trainees are at home but can be called in at short notice should not be routine and only enacted following discussions with trainees and their programme director. If shadow rotas are required, remuneration for the non-resident period, contractual rest breaks between shifts and notice periods are necessary.

CASE STUDY

Rota Development

"Sherwood Forest Hospitals NHS Foundation Trust have used online rota software for four years allowing complete transparency of on call duties, teaching sessions, theatre and clinic attendance. This initiative was piloted with junior doctor leadership in the medical division before rolling out to the rest of the Trust. The software enabled a working group of the Rota team, Human Resources and junior doctor leaders to quickly respond to the pandemic and develop a new COVID-19 rota for trainees to increase out of hours cover."

Dr Daniel Smith
Leadership and Management Fellow
Sherwood Forest Hospitals NHS Foundation Trust

CASE STUDY

Digital Learning

"At Lincolnshire Partnership NHS Foundation Trust trainees are comprehensively supported to ensure ongoing education and training. Rapidly developed protocols enable remote working for certain activities, prompt provision of laptops and the development of flexible rotas lead to low sickness levels and excellent feedback regarding management support. Teaching via Microsoft Teams, online training and weekly newsletters from the Director of Medical Education and online forums from the Medical Director ensured training continued throughout the pandemic."

Dr Ananta Dave
Medical Director
Lincolnshire Partnership NHS Foundation Trust

Induction

Due to social distancing and the rapid development of new clinical pathways in response to the pandemic, changes to junior doctor induction has been enforced with excellent examples of digital platforms and innovation being utilised.

To ensure junior doctors start their placements fully prepared we would recommend induction includes:

- ☐ The use of digital platforms to aid induction.
- ☐ Virtual guides, handbooks and e-learning.
- ☐ A module covering COVID-19 treatment and clinical pathways.
- ☐ PPE teaching and FIT testing for all new starters with certification provided.
- ☐ Signposting to resources for wellbeing support and occupational health.
- ☐ The completion of individual risk assessments before starting clinical practice.
- ☐ Provide updates on policies that have been mandated due to the pandemic.

CASE STUDY

Medical Induction

The Covid-19 pandemic introduced numerous challenges for the induction process. Through the pandemic, and in response to the 'new groups' of staff requiring inducting (e.g. redeployed doctors, interim foundation doctors), 483 junior doctors and 72 medical students received online/virtual induction via the Microsoft Teams Live platform between May and August 2020. The University Hospitals of Leicester NHS Trust induction team were able to adopt newly available technologies in a timely manner to deliver induction without any significant dilution of the content. The interactivity, ability to record content, and the financial savings associated with delivery of content via a virtual platform has likely changed the way induction is delivered.

Dr Ciaran Grafton-Clarke
Clinical Education Fellow
Leicester Royal Infirmary

Training

Training has been significantly affected by the COVID-19 pandemic and the necessary changes to working practices. However, there has been many opportunities for learning and the development of additional skills. These transferable capabilities include the care of COVID-19 patients, palliative care experience and the development of novel skills such as virtual consultations.

We recommend the following actions to ensure trainees development is prioritised:

- ☐ Survey trainees for missed opportunities and learning needs on their rotation to new providers and/or departments.
- ☐ Every procedure, operation, clinic, or consultation is a potential training opportunity. Solutions to enable this need to be developed.
- ☐ Increase the provision of technology including headsets, cameras, computers within clinics to ensure teaching and supervision of virtual consultations.
- ☐ Completion of the HEE COVID self-certification document[10] and/or COVID passport developed by HEE/The Faculty of Intensive Care Medicine recognising trainee's experience and learning during the pandemic.
- ☐ If providers provide mobile devices to trainees, ensure they can be used for virtual training and meetings with the installation of appropriate applications.
- ☐ Increase the provision of mandatory training courses for example Advanced Life Support (ALS), Care of the Critically Ill Surgical Patient (CCrISP), Advanced Trauma Life Support (ATLS) to reduce the backlog of trainees caused by the cancellation of previous dates.
- ☐ Ensure universal access to elective surgery lists in private settings.
- ☐ Further support for educational supervisors to enable them to provide further study leave time for previously missed educational opportunities innovative solutions.
- ☐ Provide extra time and resources for the revision and undertaking of Royal College exams.
- ☐ Provide private (pop-up) rooms in non-clinical areas for supervisor meetings utilising digital technology and consider utilising space vacated by those working at home.
- ☐ Provide space to receive virtual lectures where interaction during teaching is possible.
- ☐ Provide additional simulation training to ensure changes in clinical practice due to COVID-19 are demonstrated and practised and to compensate for missed clinical experience.
- ☐ Provide proactive support via mentoring and networking opportunities to meet consultants and trainees in specialties to gain insight and support with career progression.

CASE STUDY

Training Priorities

"The Clinical Education team in collaboration with junior doctors created a survey to understand the impact on training and experiences of junior doctors during COVID-19 pandemic to develop priorities for developing an adaptable, innovative training framework. 137 trainees responded to the survey and the findings demonstrated significant inequity in training opportunities suggesting that educational bodies should strive to develop personalised training programmes going forward."

Dr Ciaran Grafton-Clarke
Clinical Education Fellow
Leicester Royal Infirmary

CASE STUDY

Curriculum Coverage - Maxillofacial Surgery Surgical Training

Part of the curriculum in Maxillofacial Surgical Surgery is Paediatric Craniofacial surgery. To facilitate training of East Midlands based trainees they spend a 2-week attachment at the Birmingham Women's and Children's NHS Foundation Trust (BWCFT) observing cases in theatre, attending clinics, ward rounds and Multi-Disciplinary Team (MDT) meetings. This was sufficient for Certificate of Completion of Training (CCT) and was a big help for the exam. BWCFT arranged an honorary contract. It was agreed with all units that trainees would 'drop out' of their usual rota for this period and would not have to take annual or study leave. HEE also agreed to pay for travel and accommodation for those two weeks as it was recognised it could not be provided elsewhere in the region.

Rest, Food, Travel and Changing

There have been fantastic examples of improvement in organisations in response to the BMA Fatigue and Facilities Charter 2018 and the landmark funding agreement of £10 million from the government. The General Medical Council support implementing these changes and state "all healthcare employers should provide all doctors with places and time to rest and sleep, access to nutritious food and drink."[5]

Examples of improvements include new bedrooms, showers, and kitchen facilities as well as refurbishment of existing doctors mess[11]. During the first COVID-19 wave rapid improvements were made on many sites to these areas. We ask that organisations do not withdraw these advances and to continue improving.

Therefore, we suggest:

Rest spaces, common rooms, or the mess:

- ☐ To not regress from additional rest and wellbeing spaces provided to all staff during the first COVID-19 wave.
- ☐ Review currently provided non-subscription-based rest spaces to ensure the space is sufficient to allow social distancing for all trainees.
- ☐ Provide frequent deep cleans of rest areas to reduce the risk of outbreaks.
- ☐ Ensure there is equity of rest space availability between hospital sites and specialties.
- ☐ Review vacant rooms and office spaces to determine if innovative rest spaces can be created outside of normal working hours.

Catering:

- ☐ To not regress from the improved availability of hot drink provision and access to nutritious hot foods 24/7 which has improved in many providers.

Travel:

- ☐ Provide equity of access and cost to car parking across the region.
- ☐ Consider that public transport especially for BAME trainees, shielding doctors and shift workers may be inappropriate and other methods of travelling to work may be required.
- ☐ Include transport to organisations as part of a trainee's risk assessment.

Changing areas and shower facilities:

- ☐ Ensure equity of availability across specialities and sites.
- ☐ Ensure there is sufficient capacity now there is an increase in PPE and scrubs usage.
- ☐ Ensure these areas are frequently deep cleaned.

CASE STUDY

Trainee Engagement

University Hospitals Coventry and Warwickshire NHS Trust has focused on trainee engagement in response to restoration of services following COVID-19. It is important to ensure direct trainee engagement into the broad range of topics covered relating to COVID-19 restoration including PPE provision, COVID-safe access to rest/refreshment facilities, flu vaccination provision and communication strategies.

An example of this include trainees actively participating in the Trust's multi-disciplinary Infection Prevention Council that was formed in response to COVID-19. The Council includes representatives from nursing, medicine, occupational health, facilities management, estates and communications. Further examples of engagement at the organisation include five trainees involved in rota design of junior doctor rotas following the pandemic and further direct representation to senior workforce planning teams. The approach has been so successful the Trust are now recruiting two additional Associate College Tutor roles with a view to using this a springboard to a future Chief Medical Registrar post.

Trainee Engagement

The GMC wellbeing report recommends improving doctor's autonomy and belonging by introducing mechanisms to influence the culture of their healthcare organisations and decisions about how medicine is delivered.

The COVID-19 pandemic allowed many junior doctors to be involved and lead the rapid transformation of services, rotas and education programmes proving that junior doctor engagement is extremely beneficial. Engagement must also be sought to improve the diversity of decision makers. As recently highlighted in the NHS People Plan, there are existing inequalities and the COVID-19 pandemic has had a disproportionate impact on BAME colleagues.

Therefore, we recommend that trainees are involved in:

- ☐ The development of a response to this document and implementation plans.
- ☐ Winter planning.
- ☐ Second wave planning.
- ☐ Restarting education and innovation discussions.
- ☐ The improvement of junior doctor rotas.
- ☐ Active BAME provider networks.
- ☐ Quality Improvement project work.
- ☐ Service reconfiguration.

CASE STUDY

Developing Clinical Leaders

"Work is underway to implement national recommendations that relate to the experience and wellbeing of the junior doctor workforce mapped against the Faculty of Medical Leadership and Management Eight High Impact Actions. Nottingham University Hospitals NHS Trust is proud to have four Chief Registrars supporting the Divisions and junior doctors in working towards these aims, as well as nurturing our trainees with interest in developing clinical leadership roles."

Dr Georgina Barrows
Chief Registrar
Nottingham University Hospitals NHS Trust

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NHS England and NHS Improvement - Midlands

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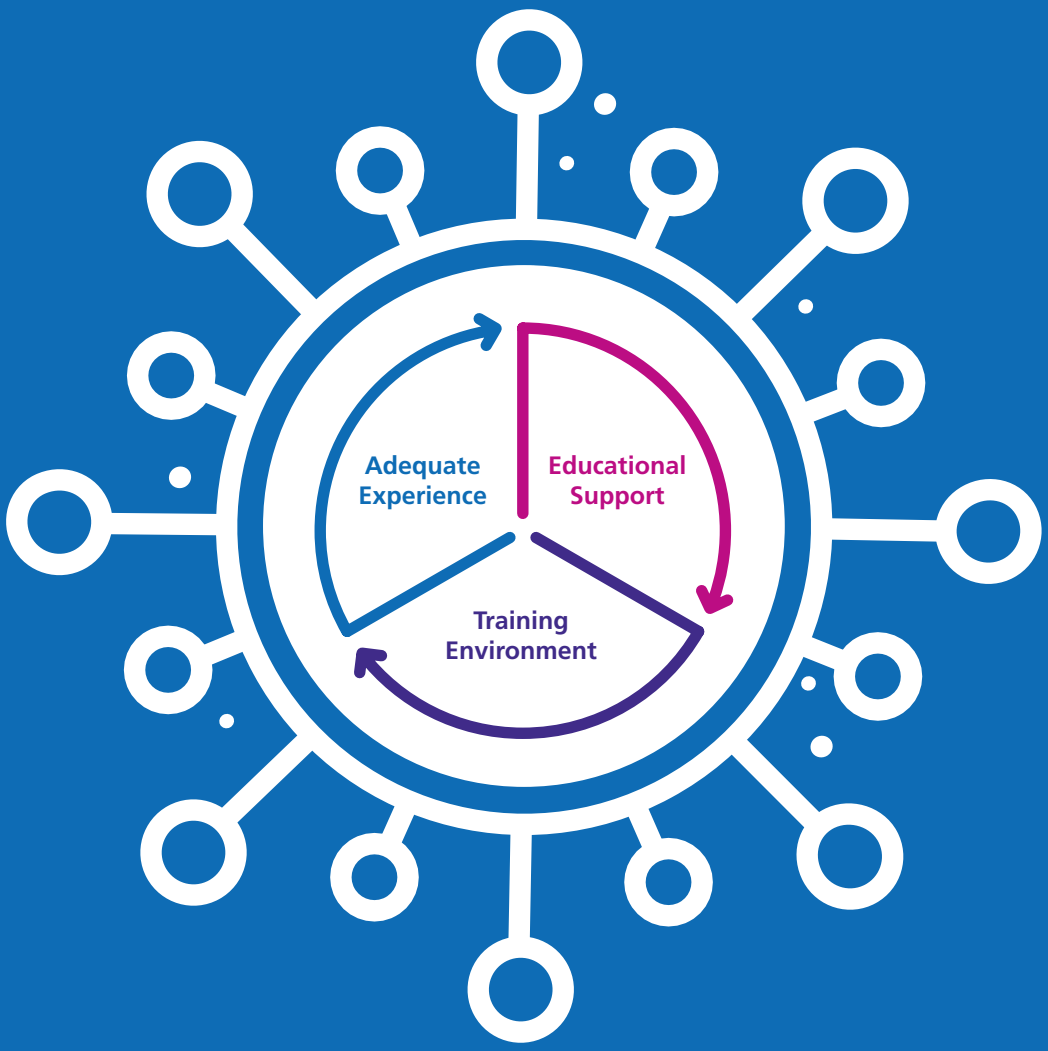
Images used in this publication were taken before the COVID-19 pandemic.



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