Royal College of Physicians | Coleg Brenhinol y Meddygon (Cymru)

Doing things differently

Supporting junior doctors in Wales

May 2019

Foreword

In October 2018, the Welsh Government established Health Education and Improvement Wales (HEIW): a new NHS Wales body with a remit to improve training, promote the development of staff and plan a health workforce that will deliver a high level of care for the people of Wales. This report highlights the challenges ahead in relation to hospital medicine, and the opportunities that will arise from collaboration between HEIW, RCP Wales and other stakeholders to develop new models of working. This is going to be crucial if we want to achieve our goal of ensuring that working in Wales, as a trainee physician, specialty and associate specialist (SAS) doctor or consultant physician, is supported, fulfilling and long term.

Rota gaps are created by shortages of doctors. These shortages result in an increased workload, which consequently impacts on motivation, education and wellbeing, and on the quality of care offered to patients. This problem needs to be solved.

We need to create and develop an NHS that encourages school pupils to have the ambition to study medicine in Wales, and supports doctors who want to advance their career living and working in Wales.

We have an opportunity to do things differently in Wales. This requires strong and ambitious leadership to create the right environment, so that doctors can drive forward the changes needed.

Dr Gareth Llewelyn
RCP vice president for Wales

At a glance

- In 2018, almost one-third of advertised consultant posts were unfilled across Wales.[1]
- In north Wales, only 43% of advertised consultant jobs were filled.[1]
- More than one-third of consultant physicians in Wales are likely to retire within the next decade.[2]
- 46% of consultant physicians are due to reach 60 years of age in the coming 10 years.[2]
- 60% of consultant physicians in Wales face frequent rota gaps in their team.[2]
- One-fifth of consultant physicians say that rota gaps are causing problems with patient safety.[2]
- 35% of consultant physicians 'act down' to cover registrar rota gaps.[2]
- 25% of ST3 registrar posts are currently unfilled in Wales.[3]
- 70% of medical registrars encounter frequent rota gaps.[2]
- 82% of medical registrars have been asked to cover a rota gap.[2]
- 63% of medical registrars are covering rota gaps on a regular basis.[2]
- 74% of medical registrars say that their work–life balance is the first thing to suffer.[2]
- 74% of consultant physicians work evenings and weekends.[2]
- 87% of medical registrars work evenings and weekends.[2]
- Only 38% of medical registrars say their internal medicine training is 'excellent' or 'good'.[2]
- 45% of medical registrars have considered discontinuing internal medicine (GIM) training.[2]
- 83% of medical registrars say that reducing rota gaps is the best way to improve GIM training.[2]

Doing things differently: our recommendations to make medicine better

The Welsh Government and NHS Wales should:

- take a nationally coordinated and strategic approach to workforce planning and data collection
- make staff health and wellbeing a national priority
- increase the number of undergraduate and postgraduate training posts in Wales
- appoint wellbeing staff to improve induction and support doctors in training as they move around Wales
- plan fair and flexible rotas and take the pressure off trainee doctors to organise their own cover
- guarantee protected time for research, education, quality improvement and leadership schemes
- fill permanent rota gaps by investing unspent trainee money in clinical fellowships and SAS doctors
- build strong medical teams and encourage a sense of belonging and identity at a hospital
- establish a junior doctor forum in every hospital with access to staff support
- increase the number of medical school places offered to Welsh-domiciled students
- develop rural and remote medicine as a training pathway in which Wales is a world leader
- invest in physician associate roles that can free up trainees' time for education
- invest in national programmes such as the chief registrar scheme and flexible portfolio training
- support physicians working in non-training jobs to develop their careers
- develop and invest in structured Certificate of Eligibility for Specialist Registration (CESR) courses with mentoring and support for specialty doctors
- give overseas doctors the chance to train in the NHS using the Medical Training Initiative.

Time for action

Welsh hospitals are understaffed and overstretched.

Over two-thirds of trainees report regular and frequent rota gaps, almost one-third of advertised consultant posts go unfilled, and absence due to sickness is rising.

There are a number of reasons for this: an ageing population, an increase in patients with complex health problems, a large number of doctors nearing retirement, and a more flexible approach to work among younger doctors. Overall, we simply haven't looked far enough ahead and planned accordingly.

If we want to make sure that Wales has a sustainable medical workforce that meets the needs of patients, we need to move away from a piecemeal approach to workforce planning. We need an ambitious health and care workforce strategy for Wales, led nationally by Health Education and Improvement Wales (HEIW), that is patient centred, clinically led and supported by new funding from the Welsh Government.

An ambitious vision for the future

Following the 2018 publication of *A revolution from within: transforming health and care in Wales*, the final report of the parliamentary review of health and social care in Wales,[4] the Welsh Government published its response, *A healthier Wales: our plan for health and social care.*[5]

The RCP has welcomed this long-term plan, which outlines a 'future vision of a whole system approach to health and social care, which is focused on health and wellbeing, and on preventing illness.' However, while the broad aims are to be welcomed, the plan lacks detail. The Welsh Government has promised £100 million towards the transformation of NHS services, but there's little useful information available about where this is being spent.

Investment in social care needs to happen as soon as possible. Aside from rota gaps, the single biggest concern reported by our doctors is the lack of capacity in the system to transfer patients home or into community care. As more hospitals find themselves under extreme pressure, patients are waiting longer for treatment at the front door. Many of those who are well enough to leave hospital remain trapped in the system, unable to go home or move into community care because of a lack of capacity and staff.

Any increase in NHS spending must be targeted at new ways of working. The focus shouldn't be on primary care vs secondary care – it's about changing the whole system. More GPs are working at the front door of hospitals in Wales, and hospital specialists are increasingly running clinics in the community. We need to continue to think imaginatively about how we deliver services. We need innovative new ideas; we need to encourage and support doctors and other healthcare professionals to lead change. Above all, we need to share this learning between health boards and increase the pace of change.

HEIW has been tasked with developing a workforce strategy – but this has been on the cards since 2013, when the Welsh Government first committed to such a strategy. We need to accelerate change. We need the NHS to do things differently. Too often, health boards advertise the same old posts with no success. Only 43% of advertised consultant jobs were filled last year in north Wales[1] – health boards need to think differently about how (and who) they are recruiting.

'I believe that Wales is small enough that everyone can help each other, but big enough to make a massive change … If hospitals invest in their core medical trainees, they will come back as registrars. If you're fully staffed, you'll do more audits, might get more publications … [and] more investment in the area.'

Trainee physician, NHS Wales

The number of students from Wales applying to study medicine in Cardiff and Swansea is rising[6] – this is excellent news, and should be welcomed. However, progress is slow, and we need to do more by working with schools to promote careers in medicine, healthcare and medical research. We need to encourage children from all backgrounds and all parts of Wales to consider becoming doctors.

We also know that workforce data are often patchy and unreliable – making it almost impossible to plan ahead. The Welsh Government, NHS Wales and HEIW must commit to working together to gather reliable evidence on staffing, career pathways and working patterns, and they should commit to working with outside organisations including royal colleges to make these data readily accessible, transparent and easy to understand for patients, families and the general public.

Future medical leaders

Doctors in training, often known as trainees or junior doctors, deliver patient care in a range of settings. Trainees working in the 30 medical specialties are responsible for assessing and admitting the majority of unwell patients who attend hospital via emergency departments, as well as looking after inpatients on the wards.

A typical day for a trainee would include identifying all patients for whom their team is responsible and ensuring that they are reviewed on a ward round, booking and checking the results of investigations, communicating with patients, relatives and other medical teams, and making arrangements for patients to be discharged. They may also see patients referred from the community in an outpatient clinic to decide ongoing treatment and support, and undertake routine procedure lists.

Trainees are usually the first to attend an unwell or deteriorating patient and have no option to opt out of weekend, overnight or shift work. Posts rotate every 4–6 months, with longer posts of up to 1 year offered to more senior doctors in training, ensuring exposure to a range of learning skills and environments.

Doctors in training will be future medical leaders. The case studies in this report highlight the important work they are doing in Wales to ensure that they continue to provide excellent, safe and effective patient care while being able to protect their own wellbeing. They are doing things differently. Now, it is time for the Welsh Government and NHS Wales to value and support them by training more doctors, offering more flexibility and a better work–life balance.

Not so 'junior': The journey from medical student to consultant physician*

5 years at medical school. Medical students complete an undergraduate medical degree before they enter postgraduate medical training. Others may have completed an undergraduate degree (3–4 years) in another subject before entering a postgraduate medical course (4 years).

2 years of foundation training. This is the first stage of postgraduate training for medical graduates. Referred to as junior doctors, doctors in training or trainees, they work on rotations across the NHS, including in hospitals and GP practices.

3 years of internal medicine training (IMT). Trainees have made the choice to become a physician (rather than a GP, surgeon or other type of doctor). They do a variety of rotations in different medical specialties, including acute and geriatric medicine. In their third year, they take on the more senior role of a medical registrar. Some trainees in a small number of specialties will specialise after 2 years of IMT.[7]

4 years of specialty training (ST). Trainees have now decided what type of hospital specialist they want to be, choosing from around 30 medical specialties including cardiology and geriatric medicine. Most will train in internal medicine alongside their specialty. At the end of specialty training, doctors can apply for a consultant post, in which they will continue their learning throughout their career.

Time spent out of programme. Many trainees spend valuable additional years doing academic research, participating in leadership programmes or gaining experience in other countries.

***Note:** This box reflects changes made to the new internal medicine curriculum that will come into effect from August 2019. The new model will prepare physicians to work with an increased focus on chronic disease management, comorbidity and complexity of illness, especially in older patients.

Meeting the demand

Between 2007 and 2017 the number of consultant physician posts in Wales increased by 70%, from 409 to 694.[2] However, despite this increase in headcount, in 2018 almost one-third of advertised consultant physician posts were unfilled.[1] The numbers are even worse in north Wales, where only 43% of job vacancies were successfully appointed.[1] These are fully funded posts that NHS health boards are unable to fill because of a lack of applicants or suitably trained doctors.

More than one-third of consultant physicians in Wales are likely to retire within the next decade, with 46% of consultant physicians due to reach 60 years of age in the coming 10 years.[2]

There are no quick fixes: the journey from medical student to consultant takes more than a decade. This alone demonstrates the importance of a long-term approach to workforce planning.

Location is by far the biggest factor when trainee doctors are considering their long-term career options, and it is vital that more is done to create incentives. The positive news is that 81% of medical registrars in Wales would train here again if given the choice[2] – we need to build on this and incentivise doctors to come and work in Wales in the first place.

‘ Health boards should think long term. The places where I’m thinking of returning to as a consultant – they are pretty much based on my experiences as a trainee.’

Trainee physician, NHS Wales

We also know that more and more doctors in training are opting to take a career break after they’ve completed the first few years of formal postgraduate training. Some go abroad; others want to gain experience in different areas of medicine. We want to encourage these new experiences – but how can we keep in touch with them while they are away, and how can we persuade them to come home again?

Encouraging junior doctors to choose Wales

Health boards should be offering:

- **structured mentoring and support programmes**
- **clinical leadership and quality improvement opportunities**
- **academic research and innovation opportunities**
- **taught MSc and MD/PhD degree opportunities**
- **more flexible working patterns and training pathways**
- **enhanced study budgets**
- **one-off grants to ease the financial burden of professional exams.**

The RCP will:

- **support trainees through our college tutor and associate college tutor networks**
- **organise training, events and workshops across Wales with networking and mentoring opportunities**
- **speak up for doctors in training on the national stage.**

Plugging the gap

Rota gaps present one of the biggest concerns for doctors: in 2017, 60% of consultant physicians in Wales told us that they faced frequent rota gaps in their team. One-fifth of consultant physicians reported that rota gaps were causing problems with patient safety – and the others all told us that rota gaps would probably cause problems were it not for stopgap solutions and workarounds.[2]

For the past 3 years, at least one-quarter of ST3 medical registrar (the first year of specialty training) posts have been left unfilled in Wales:

	NTN posts	NTN posts filled	LAT posts	LAT posts filled	Total posts	Total posts filled
August 2018	62	47 (76%)	15	11 (73%)	77	58 (75%)
August 2017	56	39 (70%)	21	9 (43%)	77	48 (62%)
August 2016	66	54 (82%)	28	12 (43%)	94	66 (70%)

LAT = locum appointment for training; NTN = trainee with a national training number.

Worse still, 70% of medical registrars tell us that they encounter frequent rota gaps, with 82% reporting that they have been asked to cover a rota gap. 63% of these doctors in training are covering rota gaps on a regular (ie weekly or monthly) basis. Rarely are these doctors offered any kind of compensation (either monetary or time off in lieu), and 74% of our medical registrars report that their work–life balance is the first thing to suffer.[2]

'I missed my child going to bed on Christmas Eve. She is almost 3 and she was very excited … I was very disappointed by this. It was due to the workload that I finished 3 hours late.'[16]

Between 2012 and 2017, the frequency of rota gaps stayed the same or increased, despite year-on-year increases in demand for services. In fact, on average, consultant physicians in Wales report that they work 4 hours a week over their agreed contract, and the vast majority (74%) work evenings and weekends. For registrars, this increases to 6 hours a week over their contract, and 87% working evenings and weekends.[2]

Rota gaps have a direct impact on job satisfaction and service improvement. With doctors spread more thinly, they have less time to dedicate to leadership, education, training, research and quality improvement. More than one-third (35%) of consultant physicians report that they 'act down' to cover registrar rota gaps, with 62% telling us that informal teaching is sacrificed, followed by management work (51%), then formal teaching sessions (43%) and research (43%).[2]

A clear sign of the impact of rota gaps on morale is the lack of job satisfaction reported by doctors who practice general internal medicine (GIM). In the past 2 years, job satisfaction for doctors training in GIM has been significantly lower than in their specialty practice: 49% compared with 90%.

This needs to be addressed, and quickly. While 87% of medical registrars in Wales agreed that their specialty training was 'excellent' or 'good', far fewer (38%) said the same thing about their GIM training. In fact, almost half (45%) said that they had considered discontinuing GIM training.[2]

'We hope the scheme will be beneficial to the NHS as a whole as well as to the development of the trainee'

Flexible portfolio training (FPT) is a co-badged pilot project between Health Education England and the RCP. It is aimed at medical registrars who will train in general internal medicine alongside their chosen specialty, such as geriatrics or acute medicine.

The FPT scheme ensures that trainee doctors have 20% of their training time (1 day a week) protected for professional development in one of four pathways: research, medical education, quality improvement or clinical informatics. The aim is to address the shortfall in medical registrars by improving the overall training experience, especially for those doctors who participate in the acute unselected medical take. Because each post will operate as a normal national training number (NTN) post, hospitals will not receive any additional funding for taking on FPT trainees. However, this will hopefully be offset by the fact that hospitals will fill posts that previously were empty.[17]

> **'It is better to have the trainee there 80% of the time than not at all. Hospitals can lose money paying for locums to cover rota gaps or cancelling services when consultants need to act down.'**
>
> Dr Hussain Basheer, RCP education fellow

The scheme is currently running in a handful of pilot sites in England and it is open to ST3 trainee entrants who are dual training in certain hard-to-staff specialties and locations. From September 2019, the scheme hopes to open to medical registrars in Wales.

This is an area that needs urgent attention, as patients are living longer and increasingly have combinations of complex conditions that don't fit under one specialty.

The good news is that 66% of medical registrars in Wales are now dual accrediting in GIM/acute medicine, and this will increase as more specialties start to dual train with GIM under the new internal medicine curriculum.[7] However, we need to find ways of making the job more attractive to keep trainees interested in general medicine. A key solution is to reduce rota gaps – 83% said that this would be the best way to improve GIM training.[2]

'The transition into the role of medical registrar is both exciting and anxiety inducing'

The transition into the role of medical registrar is both exciting and anxiety inducing in equal measure. Many trainees who have not yet started higher training view the role as entirely unenviable due to perceptions of unmanageable workload and increased responsibility, a view that has been demonstrated to deter many junior trainees from entering specialties which dual train with internal medicine. Concerns have been raised that although the MRCP(UK) PACES examination equips trainees with the clinical skills required to manage the medical intake, there is a lack of training for the other skills that are vitally important, such as managing and escalating medical emergencies, leading a team, time management and resolving disputes.

A group of us – consultants and registrars – came up with a 1-day course for core medical trainees. The idea was to give some short lectures and run some interactive group sessions in a relaxed environment. We talked about medical emergencies, teamwork in cardiac arrests, clinical skills such as external pacing and non-invasive ventilation, when to call the consultant and, crucially, we looked at non-clinical skills (prioritisation, workload management, leading a team).

It's a very popular course. We run it once a year and we get excellent feedback. Every health board should be encouraging their trainees to attend this course, or one like it; it would help doctors to feel supported by their employer as they transition to the role of medical registrar – which is one of the most important roles in a hospital, and is as rewarding as it is challenging.

Dr Melanie Nana and Dr Holly Morgan
Trainee physicians, NHS Wales

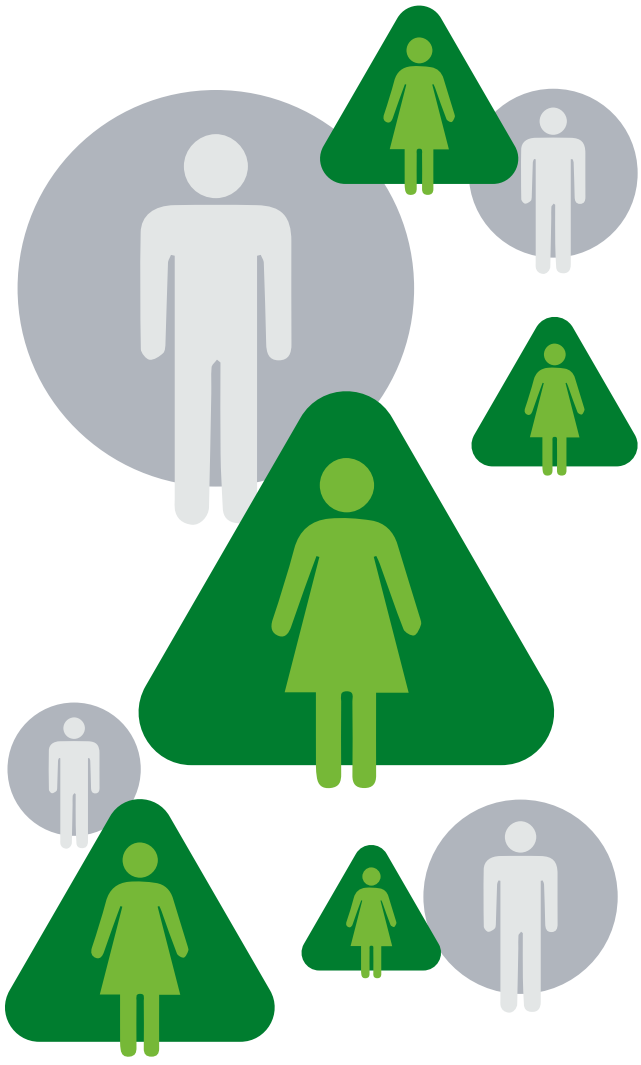
Dr Helen Fowles and Dr Ruth Alcolado
Consultant physicians, NHS Wales

A changing workforce

Over the past 10 years, there has been real progress in the number of women being appointed as consultant physicians. In 2007, 18% of consultant physicians in Wales were women, and by 2017 that figure had almost doubled to 30%. Furthermore, in 2017, 53% of medical registrars in Wales were women, up from 39% in 2010.[2] There is still work to do, but this should be celebrated.

Women are still more likely to work less than full time (LTFT) than men. In 2007, one-quarter of women consultant physicians worked LTFT, compared with 3% of men. In 2017, the proportion of women consultant physicians working LTFT had risen to 32%, and the number of men working LTFT increased to 5%.[2]

Overall in Wales, 14% of consultant physicians and 16% of medical registrars work LTFT. The growing number of doctors working LTFT is a trend that is likely to continue; what is clear is that working practices are changing and flexibility is only going to become more important to the next generation of doctors. There is a clear message that we need to train more doctors now to meet the demands of the future.[2]



A voice for trainees

A chief registrar is a leader; a trainee advocate. Their role is to stand up for junior doctors and provide a link between trainees, consultants and the health board. The RCP chief registrar scheme provides protected time for senior trainees to practise leadership and quality improvement while remaining in clinical practice. They are also supported by a bespoke 10-month development programme designed and delivered by the RCP.[8]

'The challenges have increased my resolve to take up future leadership roles and to encourage juniors to do the same. Most importantly, as chief registrar I was able to improve trainees' awareness and ability to report unsafe staffing levels.'

Dr Aarij Shahid Siddiqui,
RCP chief registrar 2017–18,
Cardiff and Vale University Health Board

Chief registrars:

- provide a vital bridge between senior clinical leaders, managers and the wider trainee workforce
- address local challenges and priorities
- collaborate across teams and traditional boundaries to deliver better outcomes for patients.

The RCP works with HEIW to appoint college tutors at every hospital in Wales. These consultant physicians support the education and development of trainee physicians. However, a more recent development is the appointment of associate college tutors, a leadership role which is undertaken by at least one core medical trainee at every hospital in Wales. Associate college tutors are encouraged to develop skills to improve patient care, lead medical education initiatives and represent their trainee colleagues at directorate level. They attend training days hosted by the RCP and they are encouraged to take part in the RCP's work to influence change at a national level, preparing them early in their careers to take on more senior leadership roles.

'In a leadership role, it is important to be visible, approachable and on-call'

I became the chief registrar in Aneurin Bevan University Health Board in 2016. Originally, my role was intended to focus on quality improvement at the health board, but it grew and changed with the needs of trainees to become more of an advocate role. For example, when trying to get trainees to talk to me about the problems they were facing, I realised that emails were not getting a response. So I established two monthly 'mess' meetings, one at the Royal Gwent in Newport and one at Nevill Hall Hospital in Abergavenny. I wanted to make sure that these were informal, which is why the meetings were held in the mess, not in the postgraduate centre. I took anonymous minutes, which I shared with the health board education committee and the medical directorate meeting. Then I took the impact of these concerns and any offered solutions from health board management straight back to trainees.

In a leadership role, it is important to be visible, approachable and on-call. I think that being on the ward gave me credibility and I developed a relationship with trainees that was based on mutual trust. It is vital that chief registrars are open and honest about the limits of their capacity; we need to make sure that we ask trainees what they want, instead of assuming that we know what they are thinking. Promises made have to be followed through. Protected training time is vital, and health boards need to understand that trainees must be allowed to learn. Core medical trainees especially have to be freed up to attend clinics and we need to work with other healthcare professionals more effectively to allow trainees to take a break from the wards and develop their medical and professional skills.

Dr Sabreen Akhtar
RCP chief registrar 2016–17
Aneurin Bevan University Health Board

The RCP has also launched the Lady Estelle Wolfson Emerging Women Leaders Programme,[9] a fully funded leadership development programme aimed at addressing the underrepresentation of women in leadership roles within the RCP and the wider medical profession. Two of the inaugural eight places on the scheme have gone to consultant physicians working in Wales, who are using their learning from the programme to inspire others in Wales through workshops, mentoring and networking opportunities.

‘[Trainees] are all leaders, whether you realise it or not. Your medical students and other healthcare professionals around you all look up to you for guidance, support and encouragement. [They] all have a powerful voice. Trainees have a massive, massive voice. Regardless of your gender, your ethnicity, your religion or your working pattern, we all have the opportunity to change things and move medicine forward.’

Dr Nerys Conway
Consultant physician and fellow of the Emerging Women Leaders Programme

‘An empowering evening with the next generation of #WalesFutureLeaders’

In March 2019, RCP Wales hosted an evening workshop aimed at doctors who want to learn more about leadership and improvement. Hosted by two Emerging Women Leaders fellows, Dr Nerys Conway and Dr Joanne Morris, the workshop attracted more than 50 delegates, who heard talks about developing a new service, getting involved with quality improvement and clinical research, and making the most of leadership opportunities.

> ‘Lead by example … Respect everybody and understand who they are. Learn about yourself – it has taken me a long time to learn about who I am and who I want to be. Understand your strengths and your weaknesses. Expect barriers. Everybody gets pushed back. I’ve had terrible times … But it is worth it. Pick your battles wisely. And always retain your perspective – know what’s really important.’
>
> Consultant physician and speaker at the RCP #WalesFutureLeaders event

The workshop was followed by an opportunity to meet mentors and take part in a networking session. Ninety-five per cent of delegates said that they would recommend the event to a friend; feedback was overwhelmingly excellent. There is a real appetite among doctors to learn more about becoming future medical leaders and RCP Wales hopes to organise more events like this in the future.

> ‘I think that the evening was very successful, and it would be a shame if this sort of thing couldn’t happen again. Wales should be leading the way with innovation and inspiration – we can attract and keep our colleagues if we look to support and take care of them, and show that we do this, and I think events like this are a prime example.’
>
> Consultant physician and fellow of the Emerging Women Leaders Programme

Time out of the traditional pathway

More and more doctors are opting to take time out of 'run-through' training. Maybe they want to have more of a work–life balance; perhaps they want some time away from the fast-paced training pathway, or to gain more experience before they specialise. Whatever the reason, we need to support these doctors by offering different routes to a consultant post, ensuring protected time for research, teaching and professional development, and providing opportunities to do much more than simply cover rota gaps.

These doctors are often known as specialty and associate specialist (SAS) doctors, who are in non-training senior roles with at least 4 years of postgraduate medical training. There are SAS doctors in every hospital specialty, as well as in primary and community care. Many SAS doctors have made a positive choice to step into an SAS position from a traditional consultant training pathway, maybe for geographical stability or the chance to work regular hours in a chosen specialty. These posts often provide a better work–life balance than the traditional training pathway.[10] However, some health boards in Wales find it hard to retain SAS doctors owing to low morale. Unless issues of career development and progression, CESR process, recognition and status, pay and workload are addressed, it is unlikely that doctors will either want to join or remain in the SAS grade in significant numbers.

SAS doctors can work towards the CESR or apply for a training post if they wish to become a consultant, although many prefer a career as an SAS doctor.

'Many [doctors], including consultant colleagues, perceive these posts to be the end of career progression … There's no real dedicated time for professional activity, mainly because there is nobody else to cover me. I can't leave the hospital for any reason.'

Associate specialist physician, NHS Wales

'From very early on in medical school, you are told you have to go into training, that there's no other route … So I always thought that being a specialty doctor would end up being a negative thing, but actually, now I'm doing it, I love it. It works for me, it works for my life outside work. I've got stability, I don't have to move around.'

Specialty physician, NHS Wales

'I do feel a little bit like I haven't got job security. I feel like they might say, well, we don't need you anymore. If I ever want to go and do a sabbatical, they might say, you're here as a service provider and we're not supporting you to do that … I feel a bit like a long-term locum, and that's the worst thing … There's no peer support, I don't have an educational supervisor. Even if we had a group of us, or one particular doctor, someone we could ask questions – that would be good.'

Specialty physician, NHS Wales

Supporting SAS doctors to develop their career

Health boards should:

- ensure that SAS doctors are part of a supportive team with senior consultant support
- develop and invest in structured CESR courses with mentoring and support for SAS doctors
- ensure that SAS doctors have protected time for career development, including education and research
- implement the SAS Charter (2014), which sets out optimal working conditions for SAS doctors[11]
- ensure that all SAS doctors receive a job plan and an annual review with a study budget attached
- send all SAS job descriptions to the RCP for approval by elected officers before advertisement
- work together to develop a national mentor network and leadership training for SAS doctors
- encourage SAS doctors to take part in medical directorate meetings and senior board committees
- put systems in place to support SAS doctors who report bullying and harassment.

The RCP will:

- gather evidence and data through surveys of SAS doctors to ensure that their voice is heard
- encourage SAS doctors to become fellows of the RCP and have a greater say in the RCP's work
- work with health boards to approve job descriptions for SAS doctors[12]
- consider running CESR workshops in Wales, if there is enough demand[13]
- continue to offer SAS doctors the opportunity to serve on committees and working parties
- encourage the use of the CPD diary[14] and the ePortfolio[15] to prepare for appraisals and CESR applications.

Looking after our staff, taking care of our patients

We also need to invest in the health and wellbeing of the whole NHS workforce. Staff engagement and wellbeing are associated with improved patient care and better patient experience. Improving staff health and wellbeing should be part of the new NHS Wales workforce and training strategy, and the NHS should promote national sharing of good practice on staff health and wellbeing.

Many hospital working and living environments could be so much more welcoming. The introduction of 24-hour access to a kitchen or, even better, a staffed canteen serving healthy food; making water coolers readily available; and allocating areas for rest, study and reflection are all relatively small steps that could make a huge difference. Consultants and senior staff should promote rest breaks during long shifts. Health boards should ensure that on-site hospital accommodation for junior doctors meets a high standard – too often, we hear stories of doctors who are put off applying for jobs at certain hospitals because the live-in accommodation has a terrible reputation.

Health boards should ensure that trainees have the opportunity to speak up through regular contact with senior management and clinicians. Trainees must be enabled and encouraged to take part in changing and reforming the system in which they work – above all, they should feel valued by senior staff. All hospitals should establish a junior doctor forum, and trainees who take a leadership role should be offered some protected time to develop these skills and support their colleagues.

'Again and again, I hear junior doctors describe … exhaustion, the burden of responsibility, the ever growing fear of making a mistake, the isolation, and the lack of support from other colleagues.'[18]

'I went to the ward quality and safety meeting once … there was representation from all sorts of groups, but no representation from junior doctors, and we are, after nurses, the biggest group of professionals who can make decisions about patient care.'

Trainee physician, NHS Wales

Hospitals should also consider appointing staff who can specifically support the wellbeing of trainee doctors as they move around Wales between health boards and specialties. Postgraduate medical education centres are quite rightly focused on ensuring high-quality training, and they are often unable to provide the extra support that could help doctors working in a fast-paced and highly stressful environment. These hospital-based roles could advise on accommodation, schools and provide local knowledge for doctors and their families who are not from the area.

This model is being pioneered in the USA, where seven key drivers of burnout have been identified: workload, efficiency, flexibility or control of work, culture and values, work–life integration, community at work and meaning in work. A 'chief wellness officer' at Stanford Medicine has introduced strategies to reduce the impact of each of these drivers on the individual, the team and the organisation as a whole – but observers caution that this needs leadership from the top and an investment of time and resources.[18]

'When we start a new job, half the time we don't get a signed contract … The salary is never right. It's such a basic issue which happens every year, they know the doctors are going to rotate, but your tax code is never right and they never put you on the right pay grade. I know people who have threatened to leave jobs because they couldn't get time off for their wedding. They were more stressed about swapping an on-call than their wedding. That is wrong. Just because we are doctors, we shouldn't have to accept that as normal, it shouldn't be acceptable.'

Trainee physician, NHS Wales

Introducing other clinical staff into the team can also relieve the pressure on junior doctors. The introduction to the workforce of physician associates represents the biggest NHS staffing change for decades. Working alongside doctors, physician associates can provide crucial support such as taking patient histories or ordering and interpreting diagnostic tests. This can reduce the burden of administrative work and free up trainee doctor time for clinics, research and formal teaching. The RCP is supporting the NHS Wales physician associate network by working with HEIW and the Faculty of Physician Associates to support and develop the role as it is expanded and introduced into health boards across Wales.

'It's made me feel like someone cares about doctor wellbeing'

Since embarking upon my career in medicine, I have been aware all too frequently of the challenges I and my colleagues face, managing basic needs such as access to sanitary products and the ability to take toilet breaks in our working and training environments. These are essential in maintaining dignity during our periods while accommodating the requirements of our clinical practice.

When training at Aneurin Bevan University Health Board (ABUHB), I continued to hear distressing accounts from colleagues that when their periods started at work, became unexpectedly heavier or lighter, or they simply forgot their own supplies, they could not easily acquire sanitary products.

So I designed a scheme that offers free and easily accessible sanitary products across all three acute hospital sites in ABUHB for doctors. The Sanitary protection On Site (SOS) initiative consists of boxes containing a variety of packaged different forms of sanitary products, and they are now available in the mess facilities of all three hospitals.

Many doctors felt uncomfortable asking colleagues if they could provide them with sanitary products in an emergency; some were even fashioning poor substitutes, such as toilet tissue and micropore tape 'pads'. Others reported enduring the indignity of bleeding through their work clothes and the need to continue working due to clinical need and patient safety. Junior doctors, like many of their healthcare colleagues who work out of hours, routinely lack the ability to access onsite and freely available sanitary products, or to leave the hospital site to acquire them.

The emergency boxes are small and inexpensive – each box costs approximately £7 to stock and is currently being funded by the project team. I really hope that this initiative will be taken up across Wales and widened to include all clinically working NHS staff. By doing so, it will serve to improve the wellbeing and preserve the dignity of hardworking, dedicated colleagues who work challenging and busy shifts while delivering high-quality and safe patient care. Feedback has been overwhelmingly positive, with one doctor describing it as 'essential, much needed and a small change that's made a huge difference.

Dr Josie Cheetham
Trainee physician, NHS Wales

How can the RCP help?

Through our work with patients, consultants and trainees, we are working to achieve real change across hospitals and the wider health and social care sector in Wales. You can also help to inform the RCP's work in Wales by sending us your comments, ideas and examples of good practice.

Our 36,000 members worldwide (including 1,300 in Wales) work in hospitals and the community across 30 different clinical specialties, diagnosing and treating millions of patients with a huge range of medical conditions, including stroke, care of older people, cardiology and respiratory disease. We campaign for improvements to healthcare, medical education and public health. We work directly with health boards, NHS Wales trusts and HEIW; we carry out regular 'local conversation' hospital visits to meet patients and front-line staff; and we collaborate with other organisations to raise awareness of public health challenges.

We organise high-quality conferences, teaching and workshop events that attract hundreds of doctors every year. Our work with the Society of Physicians in Wales aims to showcase best practice in Wales through poster competitions and trainee awards. In July 2018, we hosted the inaugural and highly successful RCP membership (MRCP(UK)) and fellowship (FRCP) ceremony for Wales.

Our work to influence national change in Wales has ensured that the RCP has a powerful voice across a wide variety of policy areas, including the medical workforce, NHS reform and public health challenges. We have consistently called for a more joined-up approach to the recruitment and retention of NHS staff, for action to ensure a better work–life balance for doctors, and for a clinically led national health and care workforce and training plan. Our messages on alcohol, obesity and tobacco have been instrumental in shaping public health policy over the past few decades.

We will continue our work to keep medicine brilliant, but a whole-system problem needs a whole-system solution. Now is the time for the health and care sector to come together and do things differently.

To help shape the future of medical care in Wales, visit our website:
www.rcplondon.ac.uk/wales

To find out more about our chief registrar scheme, visit:
www.rcplondon.ac.uk/projects/chief-registrar-scheme

To find out more about flexible portfolio training, visit:
www.rcplondon.ac.uk/projects/flexible-portfolio-training

To find out more about the Emerging Women Leaders Programme, visit: **www.rcplondon.ac.uk/education-practice/courses/emerging-women-leaders-programme**

To tell us what you think – or to request more information – email us at:
wales@rcplondon.ac.uk

Tweet your support:
@RCPWales
#MedicineisBrilliant
#MeddygaethynWych
#WalesFutureLeaders

Further reading

The **RCP census of consultant physicians and medical registrars in the UK** is an annual census, conducted by the RCP on behalf of the Federation of the Royal Colleges of Physicians. It is sent to all UK consultant physicians and medical registrars in the general medical specialties. In the census, we request information about job plans, workloads and responsibilities. It gives thousands of doctors across the UK the opportunity to have their voices heard and influence future RCP work.[2]

The **Improving teams in healthcare** project (November 2017) provides resources to support teams in a healthcare setting, introducing the concept of the modern medical team.[19]

Feeling the pressure: Patient care in an overstretched NHS in Wales (April 2017) highlights the results of a snapshot survey on the winter pressures faced by doctors in Wales and sets out recommendations to relieve the pressures they face.[20]

Medical recruitment in Wales (March 2017) responds to the Senedd Health, Social Care and Sport Committee inquiry into medical recruitment.[21]

Being a junior doctor (December 2016) explores the challenges that face the NHS from the perspective of junior doctors, and it is drawn directly from their experiences.[22]

Keeping medicine brilliant (December 2016) provides a summary of the reasons behind low morale in doctors in training, the impact of this on patient care, and practical recommendations for clinicians, the NHS and policymakers across the UK.[23]

Physicians on the front line: The medical workforce in Wales in 2016 (November 2016) calls for a long-term vision for the Welsh NHS that shows real ambition on service change and sets out recommendations to improve recruitment and retention of consultant physicians and doctors in training in Wales.[24]

The sustainability of the health and social care workforce in Wales (October 2016) responds to the Senedd Health, Social Care and Sport Committee inquiry into the sustainability of the health and social care workforce in Wales.[25]

Valuing medical trainees (December 2015) provides a UK-wide set of guidelines for NHS bodies which focus on the working environment, rota design, education protection and workforce.[26]

Hospital workforce: fit for the future (October 2015) highlights the variation in medical staffing throughout the UK and showcases medical registrars as 'unsung heroes' and their views on workload.[27]

Focus on the future: Our action plan for the next Welsh government (June 2015) sets out an action plan for the Welsh government during the campaign for the 2016 Welsh parliamentary election.[28]

Rising to the challenge: Improving acute care, meeting patients' needs in Wales (October 2014) interprets the Future Hospital Commission model for a Welsh context and proposes clear, positive and constructive solutions.[29]

Acute care toolkit 8: The medical registrar on call (November 2013) 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.[30]

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