



# Valuing medical trainees

## How NHS trusts can support doctors in training

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Doctors in training are the backbone of the NHS, delivering high-quality patient care throughout the UK and across 7 days. Current contract disputes broadly reflect the poor morale felt by many doctors in training. Evidence shows that when staff feel healthy, valued and engaged they deliver better care, with improvements in patient safety and experience, and reduced costs.<sup>1</sup> We need national and local action to make trainees feel valued and empowered now, and to retain their experience and expertise in the NHS in the future. This short guide sets out some of the key steps that can be taken by NHS trusts to improve the working lives of doctors in training. The recommendations are drawn from existing good practice, and feedback from trainees and consultants.

### 1 Positive working environment

The role and workload of doctors in training are varied, complex and considerable. Expectations about the role and responsibilities of the medical registrar vary across the UK. As a result, many medical registrars report performing non-priority tasks that could be carried out by other members of the healthcare team. This impacts on their time available to perform high-priority roles to a high standard and in a timely manner. Similarly, core medical trainees report heavy service demands leading to a loss of training opportunities, deterring some trainees from pursuing a career in the acute medical specialties.<sup>2</sup>

#### Areas for action for NHS trusts

- **Establish a robust induction programme for all trainees.** This programme could introduce trainees to local policies and procedures, and information relevant to the trust. A national induction programme would be beneficial for trainees when they commence their post.
- **Monitor workloads.** Monitoring workloads of medical registrars and core medical trainees enables hospitals to ensure that staffing levels are adequate to maintain safe patient care. Hospitals should ensure that medical registrars are not working alone at night.
- **Support flexible working.** Part-time posts at a range of levels should be developed and integrated into regular rostering systems,\* particularly in the acute specialties.<sup>3</sup>
- **Provide a positive working environment.** Trainees should have access to healthy food and drink outside normal hospital catering hours, and access to communication devices such as a mobile phone.<sup>4</sup>

At a national level, the RCP has called for national guidance on the role of the core medical trainee and the medical registrar. Such role descriptions, which would be implemented locally by employers, would better define responsibilities for different specialties, the level of responsibility and seniority, and expectations regarding non-clinical work such as teaching and research.<sup>5</sup>

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\*The General Medical Council's report *The state of medical education and practice in the UK (2015)*<sup>3</sup> shows that less than full time working has risen for consultants, and is more common in specialties where hours can be planned. This in part reflects that fact that the majority of doctors in training are female: 55% of medical students and 57% of all doctors in training.

## 2 Strong teams and effective rotas

Work patterns and rotas should promote team working and a sense of joint staff responsibility for patients. Current on-call rotas are driven by acute pressures, which has all too often led to the breakdown of team working. This has a negative effect on patient care, learning, morale and peer support.

### Areas for action for NHS trusts

- **Establish a regular on-call team.** Wherever possible, each hospital should have a regular on-call team. This improves continuity, aids supervision and promotes clear roles within the team. This can be achieved by using supernumerary posts to fill rota gaps at short notice, reducing agency fees.
- **Develop team rotas that reflect role and career stage.** The most effective rotas reflect the composition of the team, including competencies, stage of training, training responsibilities and the personal circumstances of team members.
- **Prioritise time for handover.** Effective handover between shifts is crucial for patient care, and should be planned into rota design.<sup>6</sup>
- **Plan rotas that allow time for training.** Shift patterns should be structured to ensure that core medical trainees are able to attend relevant post-take ward rounds and handovers, outpatient clinics and other learning opportunities.
- **Publish rotas in good time.** Publishing rotas well in advance allows trainees opportunity to balance commitments and plan their life outside work. This can help to contribute to a better work/life balance.
- **Plan rotas that facilitate flexible working.** There must be sufficient flexibility within training rosters such that trainees do not feel that they are being penalised for working less than full time.

## 3 Time for training and teaching

Trainee and supervisor feedback indicates that, when workload increases, training is often the first thing to be compromised. As workloads increase, clinical and educational supervisors are increasingly called upon to meet clinical demands. This means that training opportunities can be missed. While this is necessary in the short term to prioritise patient safety, it is not beneficial in the long term if the standards of training decline.

### Areas for action for NHS trusts

- **Protect time for training.** Job plans for consultants and trainees at all levels should prioritise training as a core responsibility, with protected time. Doctors in training should have dedicated time through the day for learning and reflection.
- **Protect time for teaching.** Job plans for both consultants and trainees in supervisory roles should include protected time for teaching. For consultants, contracts should include supporting professional activity to supervise trainees, which is adhered to in practice.
- **Dedicate time for supervision.** It is important for supervisors to spend time with trainees in a non-ward round situation, with preferably at least 1 hour per week as 1:1 support.
- **Ensure a high-quality training environment.** Hospitals should adopt the quality criteria for core medical training (CMT).<sup>7</sup>
- **Provide facilities for training and reflection.** Trainees should have access to adequate facilities to support their work and training,<sup>8</sup> with dedicated space to work and rest.

## 4 Build capacity

The NHS should explore the use of innovative roles that support trainees to deliver effective care and take time for training.

### Areas for action for NHS trusts

- **Explore opportunities to employ international medical graduates.** The Medical Training Initiative (MTI) scheme gives international medical graduates the opportunity to work and train with a UK employer for up to 2 years.
- **Consider employing physicians associates to support the delivery of acute care.** Both physicians associates and nurse practitioners can make a substantial contribution to the delivery of acute care. When employed effectively, they can help to reduce the non-priority workload of trainees.

### Useful links

A range of guidance, support and recommendations aimed at improving the working lives of medical trainees is available online.

- Joint Royal Colleges of Physicians Training Board. *Quality criteria for core medical training (CMT)*. [www.jrcptb.org.uk/sites/default/files/0711\\_JRCPTB\\_CMT\\_A4\\_4pp\\_WEB.pdf](http://www.jrcptb.org.uk/sites/default/files/0711_JRCPTB_CMT_A4_4pp_WEB.pdf)
- Royal College of Physicians. *Acute care toolkit 8: The medical registrar on call*. [www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-8-medical-registrar-call](http://www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-8-medical-registrar-call)
- Royal College of Physicians. *The medical registrar: empowering the unsung heroes of patient care*. [www.rcplondon.ac.uk/file/1793/download?token=8fbmTetN&usg=AFQjCNHcEGZu7cvB4cyZF1ihHSQsJYY3hw](http://www.rcplondon.ac.uk/file/1793/download?token=8fbmTetN&usg=AFQjCNHcEGZu7cvB4cyZF1ihHSQsJYY3hw)

### References

- 1 Royal College of Physicians. *Work and wellbeing in the NHS: why staff health matters to patient care*. RCP, 2015. [www.rcplondon.ac.uk/guidelines-policy/work-and-wellbeing-nhs-why-staff-health-matters-patient-care](http://www.rcplondon.ac.uk/guidelines-policy/work-and-wellbeing-nhs-why-staff-health-matters-patient-care) [accessed 6 January 2016].
- 2 Tasker F, Newbery N, Burr B, Goddard AF. Survey of core medical trainees in the United Kingdom 2013 – inconsistencies in training experience and competing with service demands. *Clin Med* 2014;14:149–56.
- 3 General Medical Council. *The state of medical education and practice in the UK*. GMC, 2015. [www.gmc-uk.org/publications/somep2015.asp](http://www.gmc-uk.org/publications/somep2015.asp) [accessed 6 January 2016].
- 4 West MA, Dawson JF. *Employee engagement and NHS performance*. The King's Fund, 2012. [www.kingsfund.org.uk/sites/files/kf/employee-engagement-nhs-performance-west-dawson-leadership-review2012-paper.pdf](http://www.kingsfund.org.uk/sites/files/kf/employee-engagement-nhs-performance-west-dawson-leadership-review2012-paper.pdf) [accessed 8 December 2015].
- 5 Royal College of Physicians. *Acute care toolkit 8: The medical registrar on call. Maximising clinical experience, training and patient care*. RCP, 2013. [www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-8-medical-registrar-call](http://www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-8-medical-registrar-call) [accessed 6 January 2016].
- 6 Royal College of Physicians. *Acute care toolkit 1: Handover*. RCP, 2011. [www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-1-handover](http://www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-1-handover) [accessed 6 January 2016].
- 7 Joint Royal Colleges of Physicians Training Board. *Quality criteria for core medical training (CMT)*. JRCPTB, 2015. [www.jrcptb.org.uk/sites/default/files/0711\\_JRCPTB\\_CMT\\_A4\\_4pp\\_WEB.pdf](http://www.jrcptb.org.uk/sites/default/files/0711_JRCPTB_CMT_A4_4pp_WEB.pdf) [accessed 6 January 2016].
- 8 General Medical Council. *The trainee doctor. Foundation and specialty, including GP training*. GMC, 2011. [www.gmc-uk.org/Trainee\\_Doctor.pdf\\_39274940.pdf](http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf) [accessed 6 January 2016].