

# **Caring for doctors, Caring for patients:**

**How to transform UK healthcare environments to support doctors and medical students to care for patients**

# Four priority areas of research and engagement

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The review team looked at these priority objectives by considering the following:

- ✓ Quantitative research, including analysis of National Training Survey (NTS) and NHS National Staff Survey data
- ✓ Qualitative research, including a literature review, reviews and articles and extensive engagement
- ✓ Case study information from a range of organisations internationally and across the UK
- ✓ Findings and outcomes from engagement, including stakeholder meetings and face to face sessions with 11 groups of doctors and 5 groups of students across the UK

# Impact of poor wellbeing

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## ➤ **INDIVIDUALS**

Over a third of doctors working in secondary care indicated that they'd been unwell as a result of work-related stress in the previous year.

## ➤ **THE SYSTEM**

Over half of doctors working in hospitals in England are considering leaving the organisations in which they work (47%). Nearly one in five (17%) are considering leaving the National Health Service (NHS) altogether

## ➤ **PATIENT CARE/ SAFETY**

In one study, researchers found that doctors with high levels of stress were 45.8% more likely to make a major medical error in the following three months, compared with those who had low levels of stress.

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## The ABC of doctors' core needs



**The review considered workplace factors which impact on the health and wellbeing of doctors and medical students in three main categories:**

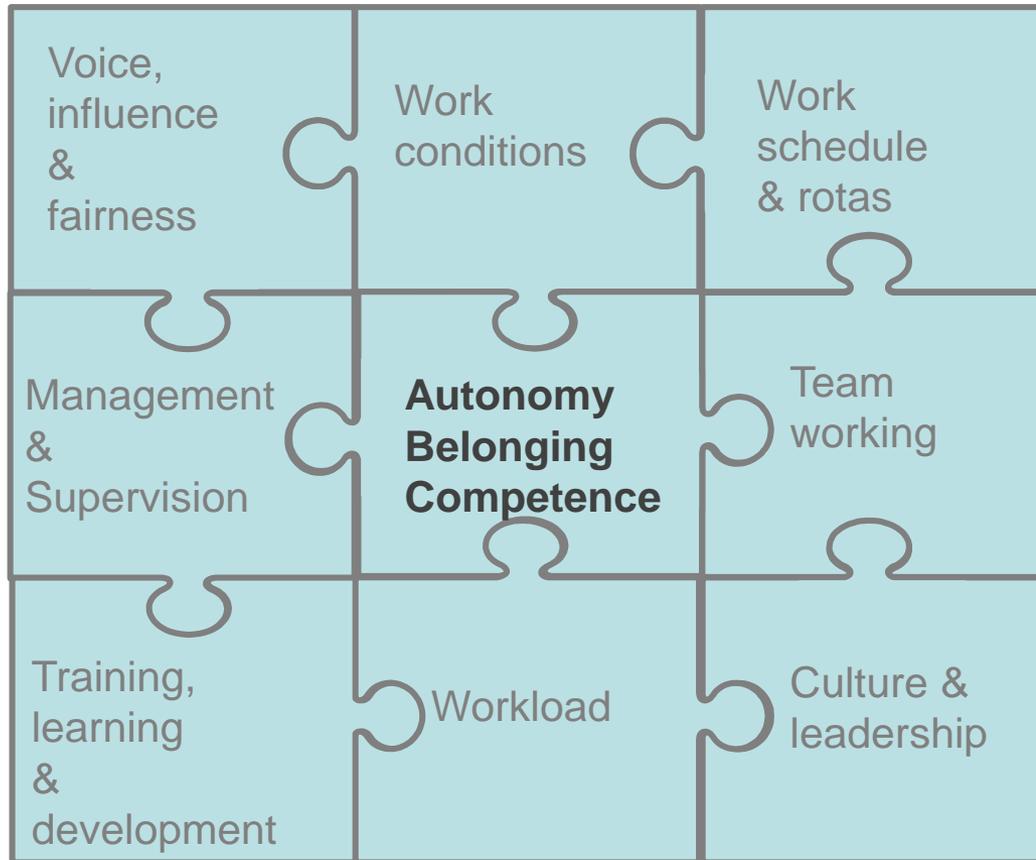
**AUTONOMY/CONTROL** - the need to have control over our work lives, and to act consistently with our work and life values.

**BELONGING** – the need to be connected to, cared for, and caring of others around us in the workplace and to feel valued, respected and supported.

**COMPETENCE** - the need to experience effectiveness and deliver valued outcomes, such as high-quality care.

# Recommendations

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# Autonomy and control

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<b>Voice, Influence and Fairness</b>	To introduce mechanisms for doctors in primary and secondary care to influence the culture of their healthcare organisations, and decisions about how medicine is delivered.
<b>Work conditions</b>	To introduce UK-wide minimum standards for basic facilities in healthcare organisations.
<b>Work schedule and rotas</b>	To introduce UK-wide standards for the development and maintenance of work schedules and rotas, based on realistic forecasting in primary and secondary care that support safe shift swapping, enable breaks, take account of fatigue, and involve doctors with knowledge of the specialty to consider the demands that will be placed on them.

# Case studies as examples of good practice

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## Case Study

### Effective rota management

Brighton and Sussex University Hospitals NHS Trust has a staff rota system that has created greater flexibility and enabled staff to choose their shifts to suit their other commitments, provided all the necessary clinical shifts are covered. As well as providing substantial benefits to patient care, the new approach to rotas has also improved educational opportunities throughout A&E. Benefits have included: being fully staffed, reduced turnover of staff, improved recruitment, reduced returns to A&E following discharge and reduced A&E waiting times throughout the day. The approach has helped the department win the Royal College of Emergency Medicine training Department of the Year 2018.

## Belonging and community

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### **Team-working**

To develop and support effective multidisciplinary team-working across the healthcare service.

### **Culture and Leadership**

To implement a programme to ensure healthcare environments in both primary and secondary care have nurturing cultures enabling high quality, continually improving and compassionate patient care and staff wellbeing.

# Team-working

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## Case Study

### Team working in crisis situations

Hywel Dda University Health Board saw a reduction in cardiac arrest calls in acute adult general wards after integrating multidisciplinary team working principles into a medical simulation programme for support staff, nurses and junior doctors. This encouraged good team working and reflective discussions, where all contributions were valued. Resuscitation team leads reported that feedback and reflection among the clinical staff following incidents was a powerful learning process leading to more effective care.

# Competence

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<b>Workload</b>	To tackle the fundamental problems of excessive work demands in medicine in both primary and secondary care that exceed the capacity of doctors to deliver high quality safe care.
<b>Management and supervision</b>	To ensure all doctors have effective clinical, educational and pastoral support and supervision to thrive in their roles.
<b>Training, learning and development</b>	To ensure the systems and frameworks for learning, training and development: <ul style="list-style-type: none"><li>● Promote fair outcomes.</li><li>● Are sufficiently flexible to enable doctors and medical students to grow and develop throughout their careers and to better manage their wider life circumstances.</li></ul>

# Three Independent Reviews



## Independent review of gross negligence manslaughter and culpable homicide

June 2019  
Working together for a just culture

## FAIR TO REFER?



June 2019

### Reducing disproportionality in fitness to practise concerns reported to the GMC

This independent research conducted by Dr. Doyin Atewologun & Roger Kline, with Margaret Ochieng, was commissioned by the General Medical Council to understand why some groups of doctors are referred to the GMC for fitness to practise concerns more, or less, than others by their employers or contractors and what can be done about it.

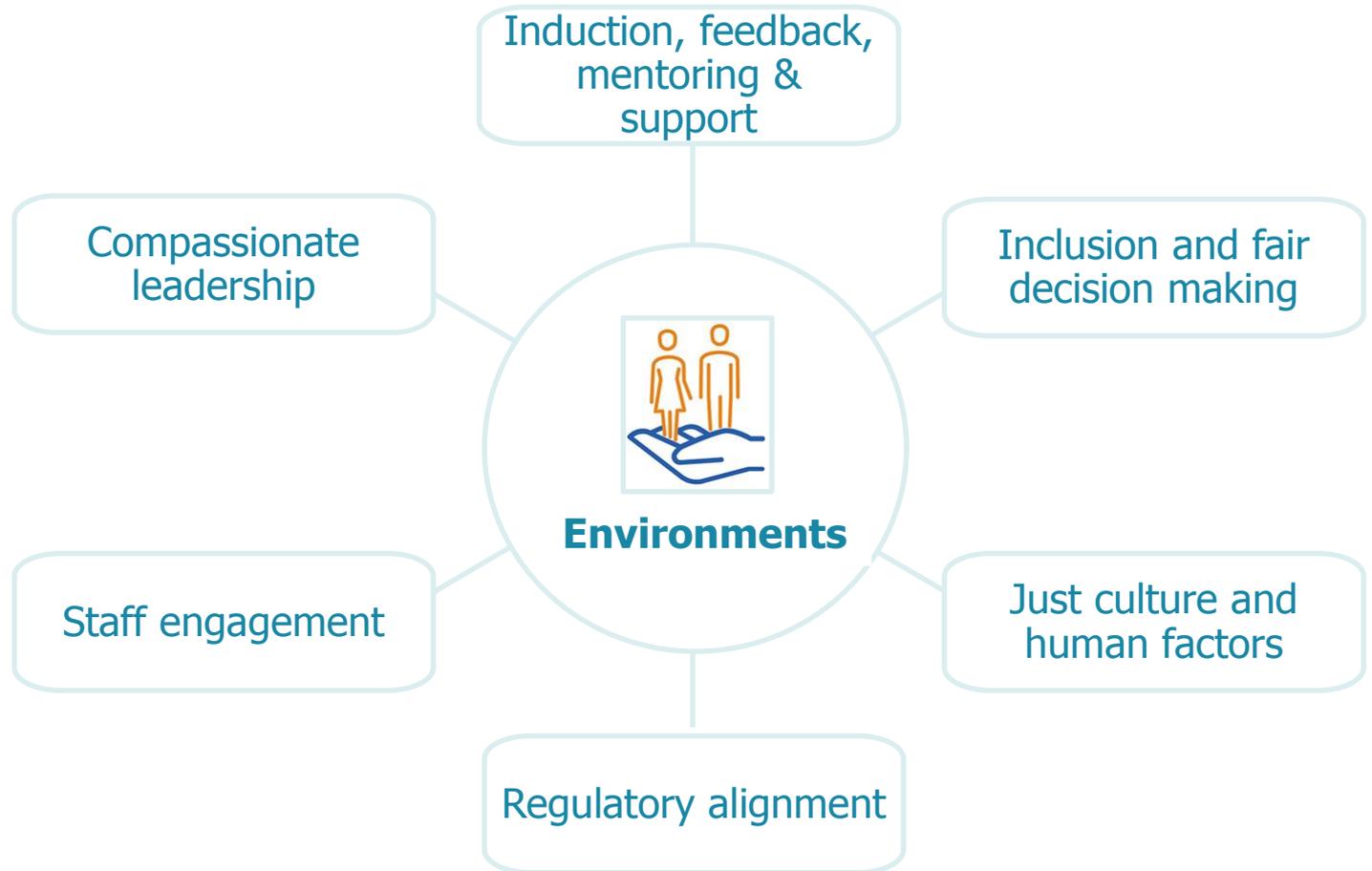
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Professor Michael West and Dame Denise Coia

# Common themes across reports

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## Our response: working with others

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- Tailored **four country approach**
- **Working with system partners to deliver** our joint ambitions such as developing a sustainable workforce for the future, supporting the profession, and ensuring a safe healthcare experience for patients across the UK
- We've now held roundtables in each of the four countries to **bring together leaders** from across the UK's health systems to discuss the reports and recommendations, and to **identify areas for action**. While discussions and **priorities varied** in each country, reflecting local issues and environments, participants across all the events agreed to support a **collective, system wide response to deliver change**.
- Working to **align** with four country NHS Plans

# Thank you...

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Do you have any questions?

We would like to hear your thoughts on how we might monitor and evaluate progress. What relevant data is available?



General  
Medical  
Council

For further information please contact  
us at [wellbeing@gmc-uk.org](mailto:wellbeing@gmc-uk.org).

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