



JANUARY 2019

SALFORD ROYAL NHS FOUNDATION TRUST

IMPROVING JUNIOR DOCTORS' ACCESS TO EDUCATIONAL OPPORTUNITIES

The organisation

Salford Royal trains and educates clinicians of the future. It employs 26 core medical training (CMT) trainees and 16 registrars in medicine.

Doctor Andrew Stevens is a renal registrar. He supports junior doctors in CMT to gain the skills and the experience needed for the role of medical registrar.

Background

A new three-year internal medicine (IM) stage 1 training programme has replaced the current curricula, with the aim of further developing junior doctors to take on the role of medical registrar.

A key change of the new programme is that from August 2019, junior doctors must attend a minimum of 80 outpatient clinics, compared to the current 40 clinics.

To understand the current access to educational opportunities, and therefore make any changes needed to meet the future educational requirements, Dr Stevens held a series of engagement sessions with junior doctors.

On finding they were using external training days to access clinics due to a lack of capacity, Dr Stevens received support from the trust to redesign the rotas to enable access to educational opportunities such as clinics and procedural skills.

What the trust did

Dr Stevens began by reviewing the peak admission times for patients referred to the on-call medical team. He then redesigned the doctors' rostering system (DRS), changing many standard day shifts to twilight shifts, mirroring the peak admission times.

The number of registrars on shift was set to two, having previously been variable between one and three, thereby providing more stability. Supporting professional activities (SPA) for the registrars was also incorporated into the rotas, to acknowledge the increasing demand on a registrar's time and the need for designated administration and audit time.

CMT shifts were redesigned to incorporate the expected spike in workload in the early evening and remove aspects that saw many working out of their comfort zone and feeling unsupported. Core trainees now have designated clinic weeks and shifts which allow them to work as a more senior trainee, closely supported by registrars and consultants.

The workforce planning coordinator undertook a further review to assess whether these changes would impact on the minimum staffing levels on wards. Rota patterns between departments and wards were included to ensure out of hours shifts were evenly distributed between the specialties.

Outcomes and benefits

Improved GMC National Training Survey (NTS) Results

The work undertaken by the trust to make improvements around the delivery of education and training within CMT is reflected in the NTS survey results in terms of adequate experience, clinical supervision, overall satisfaction and team work.

The college tutor for medicine, CMT lead, and supervisors share details of patient clinics and encourage junior doctors to attend. This is supported by the change to the rotas which ensures junior doctors get their protected training time as well as access to clinics to gain the experience they need to progress.



Programme Group	Trust / Board	Indicator	2017	2018
CMT	Salford Royal NHS Foundation Trust	Overall Satisfaction	68.18	71.17
		Clinical Supervision	82.06	87.08
		Clinical Supervision out of hours	81.47	82.29
		Teamwork	66.67	69.79
		Handover	66.18	62.50
		Supportive environment	59.41	66.04
		Adequate Experience	62.35	66.15

Cost savings

As the number of on-call night shifts were reduced, the new rotas led to a relative cost saving of £6,000 which would have been paid out in enhanced pay. As the trust moves towards seven-day consultant led care, cost savings on the junior doctor rota can be reallocated to fund other roles, including those of clinical fellows.

Workforce planning

The change in the working hours of the junior doctors was used to support a business case model for seven-day working for consultants and the recruitment of additional clinical fellows for the trust.

This change is reflected in the results around clinical supervision during the day and out of hours, which had previously been flagged by as a red outlier.

Evaluation

Prior to these changes, there was only one registrar working a shift with an ST2 who often had to act up to undertake the role of the registrar. This mixed ability rota (CT2 level core trainees rostered alongside ST3+ registrars) led to discrepancies in the cover provided by the on-call team. The trust has received anecdotal feedback that the rostering of the additional registrar, to maintain two on every shift, is helping to maintain patient flow through the emergency assessment unit.

The trust has commenced a data collection exercise and will be undertaking a full analysis to measure the positive impact this change is having on patient discharge rates.

The trust also acknowledges that the tier 4 rota plan will need to be adapted prior to August 2019, to accommodate the new curriculum requirements around increased access to clinics. The trust plans to undertake this task in May 2018.

Dr Stevens will monitor implementation of the adapted rota around access and work intensity of shifts via feedback from the cohort of junior doctors starting the IM programme in August 2019.

Considerations

Planning

Coordinating meetings to seek feedback from staff groups within medicine can be challenging.

Some staff groups were initially apprehensive about rota and pay changes. At the same time, minor conflicts occurred between the different medical specialties around cover for out of hours.

To gain buy-in, Dr Stevens held additional engagement sessions to highlight the positives of having an additional registrar on shift.

Exception reporting

Once the clinics have been built into the rota, junior doctors should be able to attend unless of exceptional circumstances.

Missed educational opportunities can be raised through the [exception reporting process](#) – it is not solely for working hours. This can be used as evidence to form the basis of a case to make further improvements to the educational environment for junior doctors.

Contact

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Published November 2018
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