

Case for Change

Improving the rotational experience for doctors in training



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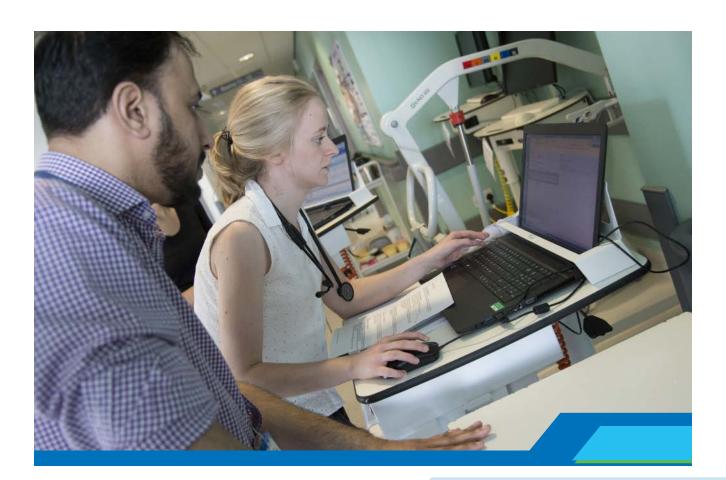
Doctors entering the NHS soon realise that rather than one large organisation the NHS is in fact made up of hundreds of individual employing organisations. It is important that doctors feel part of the NHS as a whole as well as feeling part of their local employer.

All NHS employing organisations have the same overarching legal, regulatory and national policy framework when employing staff. Each has to satisfy themselves that individuals being employed are who they say they are, are fit to be employed and competent to fulfil the role offered to them.

However, these employing organisations interpret these national requirements slightly differently, resulting in marginally different policies, processes, practices and standards leading to a great deal of unwarranted variation, as highlighted in Lord Carter's report - Operational productivity and performance in English NHS acute hospitals: unwarranted variations.

For those NHS staff that move from NHS trust to NHS trust this means providing the same or similar personal information. They have to travel to the new employer to pass employment checks before their first day and immediately after they arrive. They are subjected to having to largely repeat statutory and mandatory training.

Ironically, as agency workers are not employed directly by the NHS trust, they do not need to complete the information, checks and training when starting at a new contract - this is done once, centrally through the employing agency.



Case for Change – Improving People Practices

Commitments to NHS staff LTP commits to 'enable staff to more easily move from one NHS employer to another'

2016 Junior Doctors contract to 'streamline processes for recruitment and induction'
Carter requires elimination unwarranted variation.

practices more efficient and effective.

Better use of time
An average of 2 days of
doctors' time lost per annum

Making our administration

Agency backfill for lost days Up to 50% of admin teams time taken up

Improving Staff Experience
Ensure staff feel part of the NHS as well
as part of their local employing
organisation

Ensure staff feel their time is valued Eliminate unnecessary duplication Improve consistency of staff experience

Improving
People Practices
– starting with
doctors in
training

Unlock systemic barriers Getting policies, systems and processes working for our people

Partnership approach to solving systemic issues Using all levers at our disposal Organising people to act collectively Developing system leadership capability

Doctors in training

The unnecessary duplication, the poor and sometimes stressful experience is felt most acutely by doctors in training. Trainee doctors frequently rotate between NHS organisations to gain breadth and depth of experience as they increasingly specialise through their 8-10 year training programmes. On average doctors will change employers once a year and rotate training roles every six months.

HR and medical staffing team experience

The experience for HR and Medical staffing teams processing these new starters is equally unsatisfactory, as they are frustrated by the seeming duplication and inefficiency of the underpinning processes. They are required to commit considerable time, effort and energy in peaks as rotations occur on specified days each month. With August being particularly busy, this can prove difficult to manage while also continuing to provide continuity of service to the organisation.

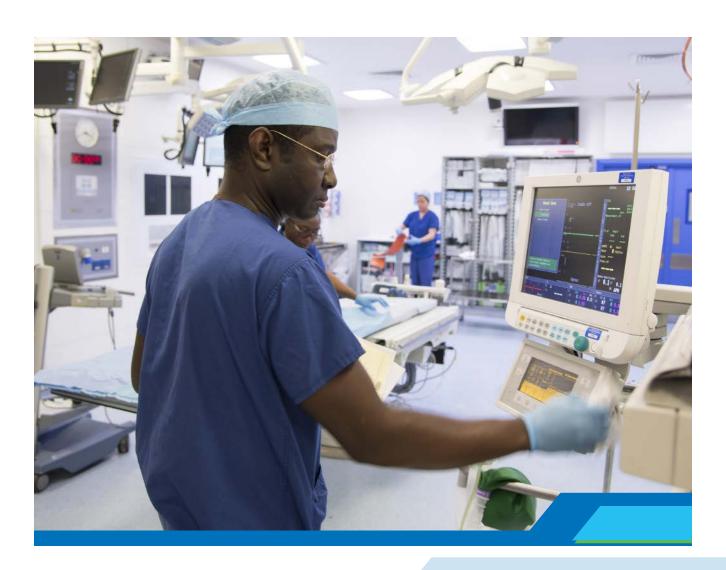
Better use of time

It is estimated that an average of 2 days of doctors' time is wasted every year while in training. This also results in additional spend on agency locums to backfill time not spent with patients plus the cost of administration.

It is estimated that loading data in the ESR system takes 10 minutes per doctor, checking documents will take at least a further 30 minutes (assuming all documents are provided first time), occupational health clinics take another 15 minutes. With 53,000 doctors in training, it is estimated that the workload (if evenly spread across the year) would equate to approximately 96 full-time administrative staff. In reality this workload is spread across many people, including more senior staff, and the workloads all peak around specific days in the month so this absorbs much more in terms of capacity of these functions to do anything else.

The national Improving People Practices programme formally brings together key stakeholders for the first time to unlock the systemic barriers to change that have hindered previous attempts for improvements.

The time has come to overcome these issues once and for all, respecting the value of previous training and improving the experience of NHS staff. Starting with the doctors, we aim to release efficiencies and fulfill the commitment to doctors in training as part of the **2016 Junior Doctors contract** negotiations and reconfirmed in the **NHS Long Term Plan**.





Health Education England www.hee.nhs.uk

NHS Improvement https://improvement.nhs.uk

