Royal College of Physicians

Being a junior doctor

Experiences from the front line of the NHS

Mission: Health

December 2016

Introduction

The NHS provides some of the highest-quality, most efficient and most accessible healthcare in the world. The UK has a long tradition of medical innovation, and it continues to make groundbreaking medical discoveries that change the way we treat disease and care for patients. We attract doctors from across the globe with our world-renowned programmes of medical training and our thriving medical community.

Yet the NHS in 2016 is underfunded, underdoctored and overstretched.[1] A shortfall in NHS funding and a shortage of essential front-line staff is damaging patient care and putting staff under pressure. This report explores the challenges that face the NHS from the perspective of junior doctors, and it is drawn directly from their experiences. It is uncomfortable but essential reading for anyone who wishes to understand the reality of being a junior doctor in 2016. This is not only the story of a profession under pressure: it is a warning that patient safety is at risk, and a call for action. The junior doctors who contributed to this report have not stopped at diagnosing the problem: they have also set out the beginnings of a treatment plan. Junior doctors have spoken truth to power. Those in power must now listen, and act.

'If you're always being pushed beyond your limit your health suffers, your patient care suffers.'

Not so 'junior': the journey from medical student to consultant

In this report, we refer to 'junior doctors', 'doctors-in-training' and 'trainees'. These terms are subject to much debate within the medical profession, in part because none convey the level of decision making, seniority and expertise that is possessed by doctors as they move through their training.

- **Medical school – 5–6 years.** After medical students complete their undergraduate medical degree, they enter postgraduate medical training.
- **Foundation training – 2 years.** This is the first stage of postgraduate training. Now referred to as 'junior doctors', 'doctors-in-training' or 'trainees', they work on rotations across the NHS, including in hospitals and GP practices.
- **Core medical training (CMT) – 2 years.** Trainees have made the choice to become a physician (rather than a GP, a surgeon or another type of doctor). They do four to six rotations in different medical specialties.
- **Specialty training (ST) – at least 4 years.** Trainees have now decided what type of hospital specialist they want to be, choosing from around 30 medical specialties. They take on increasingly senior roles, including as the medical registrar. At the end of specialty training, doctors can apply for a consultant post.

About this report

This report outlines the views and experiences of junior doctors. Research for this report was undertaken against the backdrop of the junior doctor contract dispute, but it focused on the non-contractual issues that face junior doctors working in the NHS. It is based on a survey of 498 junior doctors that was conducted by the Royal College of Physicians (RCP) in April 2016. Most of the junior doctors who responded to our survey were higher specialty trainees (71%) and core medical trainees (19%). The majority reported working in a clinical post. On 22 June 2016, over 30 junior doctors attended an RCP roundtable ('An evening with officers') to discuss issues related to the working lives of junior doctors: the challenges and the potential solutions. The areas for action ('treatments' set out at the start of each chapter) are drawn from their feedback.

Acknowledgements

Research for this report was led by RCP clinical fellows Dr Judith Tweedie, Dr Yee Yen Goh and Dr Mohsin Choudry, working in collaboration with the RCP's Trainees Committee. The RCP would like to thank the 498 doctors who took the time to respond to the survey in April 2016, the junior doctors who attended the RCP's 'An evening with officers' discussion event in June 2016, and those who contributed to the debate on social media.

‘... a warning that patient safety is at risk, and a call for action ...’

Being a junior doctor in the NHS in 2016

Being a junior doctor is intense, rewarding and challenging. For many, the challenge of working in an increasingly overstretched NHS is taking its toll. That’s bad for patients, bad for doctors and bad for the NHS.

Intense

Seven in 10 junior doctors work on a rota that has a permanent gap. Junior doctors commonly go through seven shifts per month without drinking enough water, and four shifts per month without eating a meal.

Rewarding

Overall, 96% of junior doctors feel valued by the patients they care for, but feel that they spend too much time away from them: 41% of junior doctors report that the burden of excessive administrative work poses a serious risk to patient safety in their hospital.

Challenging

Four in five junior doctors regularly experience excessive stress because of their job. One in four junior doctors report that their role has had a serious impact on their mental health.

1 Workforce pressures

Symptoms

Six out of 10 junior doctors report that patient safety is being put at serious risk due to poor availability of out-of-hospital services and a shortage of available hospital beds. Half of junior doctors report that patient safety is seriously compromised by gaps in junior doctor rotas, and seven out of 10 work on a rota that has a permanent gap.

Diagnosis

There are clinical staff shortages, exacerbated by a lack of capacity in wards and the community.

Treatment

> Increase funding and workforce numbers
> Fill permanent rota gaps
> Plan fair and flexible rotas
> Build strong medical teams
> Improve induction

‘It puts you under a lot of pressure; you’re stretched, it is difficult to know what to do ...’

Lack of capacity

Over three-fifths (60.6%) of junior doctors reported in our survey that poor availability of out-of-hospital care – such as primary care and social care – is having a serious or extremely serious impact on patient safety. Similarly, well over half (58.3%) of respondents said that a lack of hospital beds is putting patients at risk.

Junior doctors also reported concerns about access to diagnostic services, both inside and outside office hours. Nearly a quarter (23.8%) reported that a lack of diagnostic services ‘out of hours’ was having a serious or extremely serious impact on patient safety. This figure dropped to 16.7% for in-hours diagnostic services.

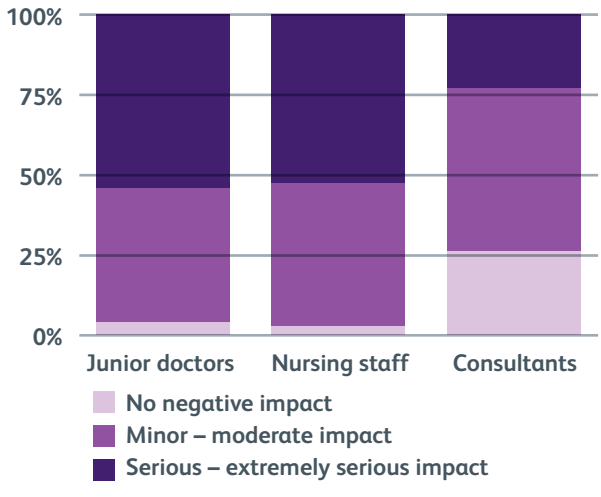
Rota gaps

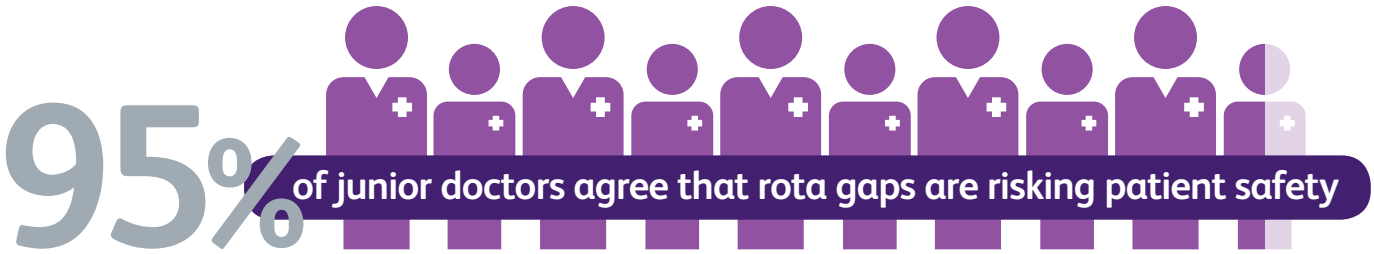
Nearly seven-tenths (69%) of doctors who work on a clinical rota are working on a rota that has a permanent gap. Rota gaps increase the workload across the team, and can have a significant impact on patient care and staff wellbeing. Nearly all junior doctors (95%) reported that rota gaps were having a negative impact on patient safety in their place of work. Over half (52.5%) reported that the impact of junior doctor rota gaps on patient safety is serious or extremely serious.

This is exacerbated by gaps in the rotas of other members of the clinical team. The impact of nursing shortages was felt particularly acutely. Nearly all junior doctors in our survey (96%) reported that gaps in nursing rotas were having a negative impact on patient safety. Over half (51.3%) reported gaps in nursing rotas that were so severe that they were having a serious or extremely serious impact on patient safety. Nearly three-quarters (73.2%) reported that consultant rota gaps were having a negative impact on patient safety, with 22% reporting a serious or extremely serious negative impact.

Nearly one in five junior doctors (18%) reported working at a level above their career stage.

Fig 1 Rota gaps and their negative impact on patient safety





‘I am regularly having to cover gaps in the on-call rota meaning at times I am covering the work of two medical registrars, which is soul destroying.’

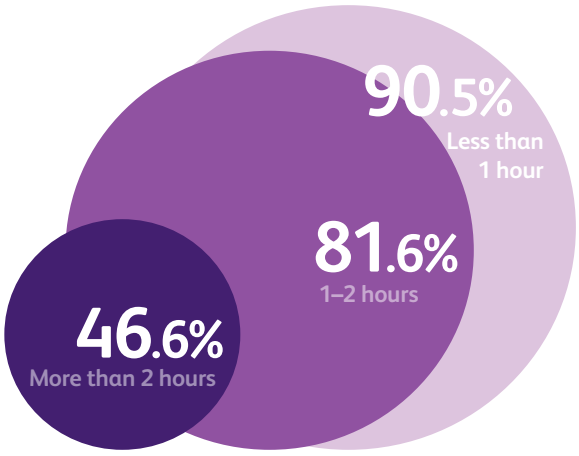
Extra hours

A shortage of clinical staff has a knock-on effect on the hours that are worked by trainees. Junior doctors reported regularly working longer than their rostered hours. As well as impacting on staff wellbeing, working long hours impacts on the ability to perform complex tasks, and can put patient safety at risk.[2]

Nine out of ten (90.5%) doctors in our survey had stayed at work for longer than their rostered shift at least once in the previous month. Nearly half (46.6%) reported working for at least 2 hours beyond the end of their shift at least once in the previous month.

Most commonly, junior doctors reported staying for longer than their rostered hours eight times in the previous month. Those who reported working for an extra 2 hours or more most commonly reported doing so on three occasions.

Fig 2 Percentage of trainees working longer than their rostered hours*



*Number of trainees who, in the last month, have worked longer than their rostered hours and for how long.

Team working

Rotas that promote teams working together on an ongoing or regular basis were seen as key to providing high-quality care and building strong relationships within and across teams. Frequent rotations, with limited induction and little continuity in the team across shifts, left many junior doctors feeling disconnected from their place of work. The breakdown of the medical team was central to the reported sense of disengagement among trainees, as reflected in previous research by the RCP.[3]

Shift patterns, and the need to cover rota gaps, can mean that junior doctors move departments within a rotation on a weekly basis. Junior doctors spoke about it feeling unusual to work an out-of-hours shift with the same group of people twice. On more than one occasion, the junior doctors we spoke to described feeling like ‘migrant workers’ who are shunted from one location to the next.

Induction

Junior doctors’ sense of isolation is frequently exacerbated by a lack of induction – or even introduction – at the start of a new rotation. In our group discussions with junior doctors, there was consensus that action was urgently needed to improve induction. Doctors-in-training reported being frustrated by receiving multiple, generic inductions when moving between different hospitals. Conversely, clinically focused induction was often lacking. Trainees spoke of not being introduced to their consultant or team, not being shown how to use local systems (eg for ordering tests), or starting a new rotation on a night shift.

2 Working environment

Symptoms

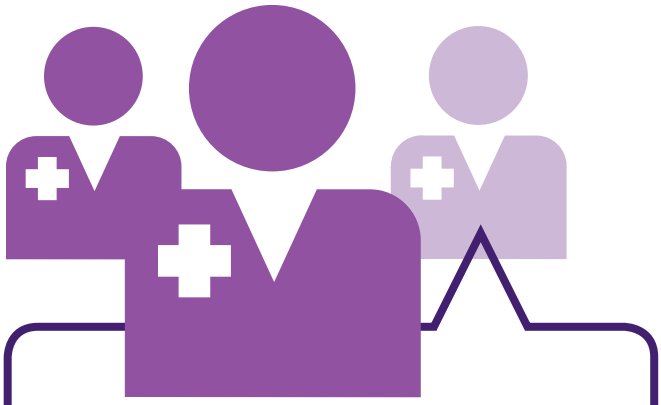
The majority of junior doctors (56.1%) report going through at least one shift in the last month without eating a meal. Three-quarters worked at least one shift in the last month without drinking enough water – most commonly, junior doctors report not drinking enough water during seven shifts per month. Junior doctors report a shortage of rest breaks, and a lack of facilities for resting, learning and engaging with their team.

Diagnosis

There is poor access to basic facilities, particularly for staff working at night.

Treatment

- Ensure 24-hour access to food/kitchen facilities
- Make water coolers available
- Promote rest breaks
- Allocate areas for rest, study and reflection
- Reduce the burden of administrative work



Two-thirds of core medical trainees worked at least one shift without eating a meal in the last month

Access to food

A junior doctor's shift may last for 12 hours or more. The majority of junior doctors in our survey (56.1%) reported going through at least one shift in the last month without eating a meal. For core medical trainees, this figure was even higher: 65% of core medical trainees had worked at least one shift in the last month without eating a meal. Most commonly, junior doctors reported going through four shifts per month without eating a meal.

Anecdotal feedback from trainees suggests that this has been exacerbated by the removal of canteen facilities for staff, particularly out of hours. This often introduces particular challenges for front-line clinical staff, such as junior doctors, who often work 'out of hours', and who are often unable to leave the hospital premises due to the short duration of breaks and the need to provide a rapid response in the case of emergencies.

'Our shifts are relentless. The medical registrar can't even sit down for 10–15 mins at lunch without the bleep going off several times.'

Access to water

The overwhelming majority of junior doctors (73.7%) reported working at least one shift in the last month without drinking enough water. This figure was even higher for core medical trainees: eight out of ten core medical trainees (79.1%) reported working at least one shift in the last month without drinking enough water. Most commonly, junior doctors reported going through seven shifts per month without drinking enough water – increasing to eight shifts per month for core medical trainees.

Junior doctors cited examples of hospitals removing water coolers from many of the main hospital areas. This makes it difficult for staff – particularly those working out of hours – to access water swiftly and conveniently.

Space to rest, study and reflect

A night shift can last between 11 and 13 hours.[2] Evidence shows that rest breaks contribute to the provision of safe care, and they have long been advocated by the RCP.[2] However, the junior doctors we spoke to provided accounts of being unable to take adequate breaks, and the absence of suitable rest areas for staff. Some spoke of being actively discouraged from taking naps – this anecdotal feedback is supported by evidence gathered by the *Health Service Journal*.[4] Junior doctors recounted difficulty staying awake throughout the night, and concerns about their safety when travelling home after their shift.

Junior doctors also reported a shortage of non-clinical facilities – like meeting rooms or seating areas – for staff to share expertise with colleagues. This contributed to the loss of a sense of community among hospital workers.

Administrative burden

In our roundtable discussions, junior doctors repeatedly singled out face-to-face time with patients as the most important and rewarding part of their work. Indeed, our survey shows that nearly all junior doctors (96%) feel valued by the patients they care for. However, our research also reveals that many junior doctors feel that their time with patients is compromised by the 'excessive burden' of administrative tasks. The junior doctors we spoke to frequently referenced a 'tick-box culture' and they reported spending an 'excessive' amount of time filling in forms or entering data on electronic systems.

In our group discussions, a number of junior doctors reported feeling frustrated about the amount of time they spend queuing to use hospital computers, or using slow, unreliable and multifarious IT systems. Junior doctors reported that these challenges were often most acute at the start of a rotation, when they often have to learn to use IT systems 'on the job' due to a lack of adequate clinical induction.

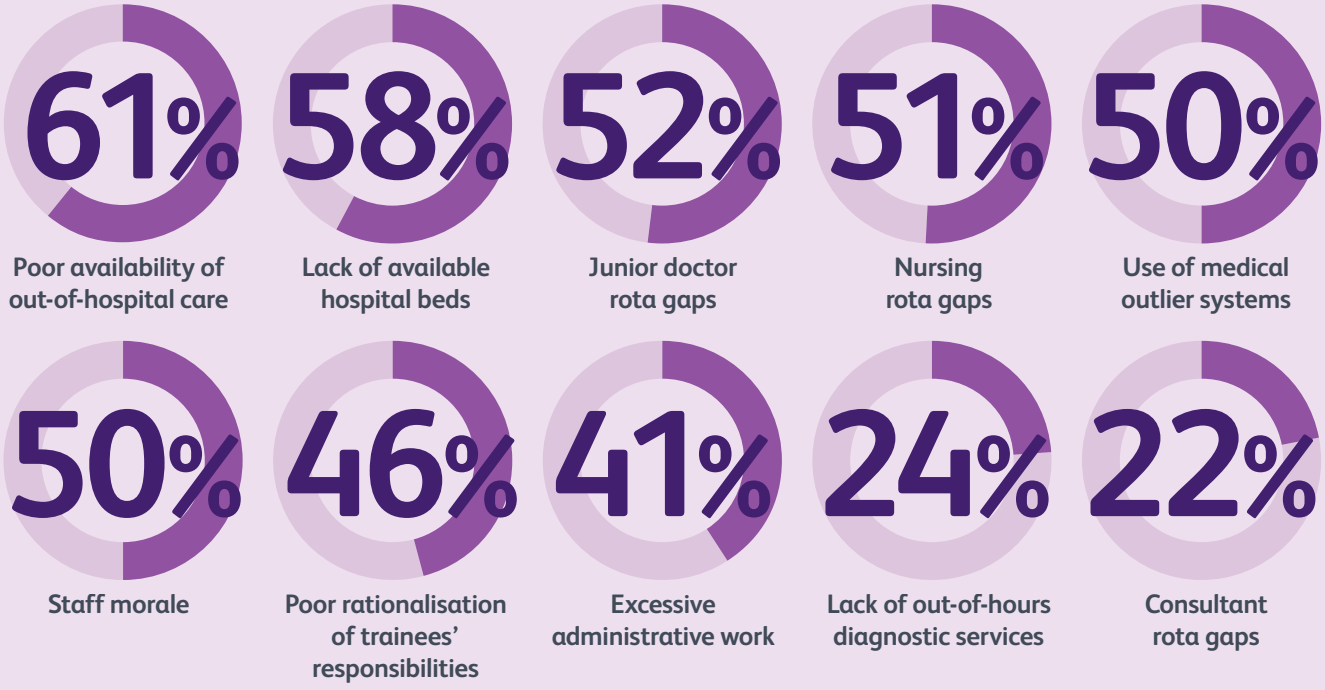
> 'On call I don't get access to a water fountain and in 10 years I've never had access to a clean registrar's office ...'

six out of ten

junior doctors say that poor availability of out-of-hospital care is putting patient safety at serious risk

Patient safety: the junior doctors' perspective

Junior doctors were asked whether a number of issues were having a negative impact on patient safety in their place of work. The 10 highest rated* factors were:



*Percentages of respondents who rated factors as having a serious or extremely serious negative impact on patient safety in their place of work.

trainees report that a shortage of available hospital beds is putting patient safety at serious risk

six out of ten

3 Wellbeing

Symptoms

Half of junior doctors report that poor morale is seriously affecting patient safety. Only three in 10 junior doctors report feeling valued by the chief executive of their hospital or trust. Four junior doctors in every five report sometimes or often experiencing excessive stress as a result of their job. One in four report that their mental health is often negatively affected by their work. This is exacerbated by a perceived stigma about seeking support, and concerns about 'speaking up'.

Diagnosis

The workforce is overstretched, and there are barriers to seeking support and a lack of contact with the hospital management team.

Treatment

- Make pastoral care services readily available
- Promote flexible working
- Promote time for reflection and debriefing
- Ensure regular contact between trainees and the management team
- Engage junior doctors in hospital structures

'Having to do a clinical [shift] by yourself with 20 people is far more exhausting than a clinic with 10 people.'

Stress and morale

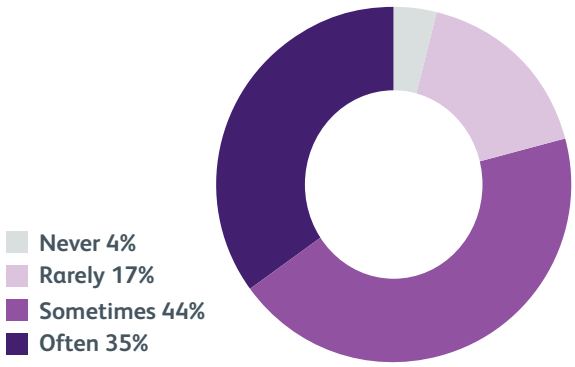
Being a doctor is rewarding, but it can also be intense and challenging. Almost half of junior doctors (49.7%) reported that poor morale was having a serious or extremely serious impact on patient safety in their place of work.

With four in every five junior doctors reporting that their job sometimes or often causes them excessive stress, perhaps the incidence of low morale is not surprising. However, it is troubling. There is a clear link between excessive stress and a higher incidence of sickness absence and lower levels of productivity. Further still, poor staff wellbeing has been linked to poorer outcomes for patients.[5]

The results of our survey suggest some link between rota gaps and excessive stress. Overall, 83% of those working on a clinical rota that has gaps reported sometimes or often experiencing excessive stress, compared with 73% of those working on a rota that has no gaps.

Rota planning also has a role to play in reducing stress. Junior doctors reported that it was not uncommon to receive rotas with little advance notice, making it difficult to balance their work with their home life. This is particularly challenging for those who have dependants.

Fig 3 The level of stress associated with my job has been excessive



Mental and physical health

Over half (54%) of junior doctors reported that their job sometimes or often has a negative effect on their physical health. The incidence of their job having a negative impact on junior doctors' mental health is higher still. Six out of ten (61%) junior doctors reported that their mental health is adversely affected by their job sometimes or often. The mental health concerns referenced by junior doctors ranged from clinical anxiety and panic attacks to insomnia.

Fig 4 My job has negatively impacted on my *physical health*

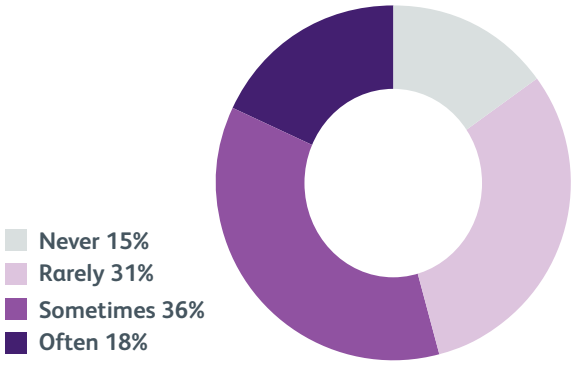
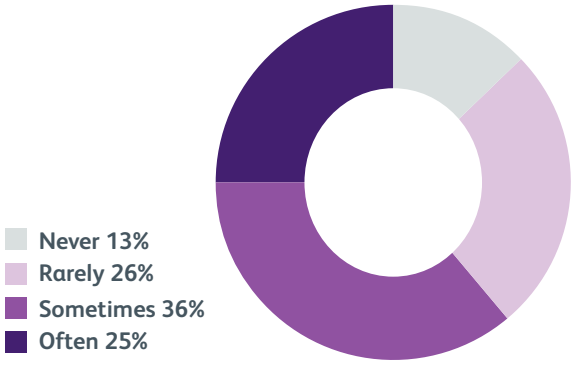


Fig 5 My job has negatively impacted on my *mental health*



There also remains a stigma around seeking assistance from pastoral care services in times of professional or personal difficulties, meaning that trainee doctors are often left feeling isolated and without help. For example, we were told that it is now difficult to find time to debrief after serious adverse incidents due to workload and a lack of time. This has a profoundly negative effect on the emotional resilience of the junior doctor and fails to promote a culture of learning and openness among the wider team.

Action must be taken to ensure that doctors across all levels, including trainees, have access to effective pastoral support services so that their mental and physical health can be protected while they work long and stressful hours.

'I ignored my own health as I was more concerned about not missing work and putting colleagues at risk of unmanageable workloads.'

Table 1 How valued by colleagues do junior doctors feel?

	Consultants	Chief executives	Non-clinical managers	Nursing staff	Trainees supervised	Patients
Not valued (not at all or rarely)	**24** (6.3%)	**225** (67.8%)	**275** (77.7%)	**14** (3.7%)	**3** (0.8%)	**15** (3.9%)
Valued (sometimes or often)	**266** (69.6%)	**104** (31.3%)	**77** (21.8%)	**301** (79%)	**253** (68.6%)	**295** (77.0%)
Extremely valued	**92** (24.0%)	**3** (0.9%)	**2** (0.6%)	**66** (17.3%)	**113** (30.6%)	**73** (19.1%)
TOTAL	**382** (100%)	**332** (100%)	**354** (100%)	**381** (100%)	**369** (100%)	**383** (100%)

Valued by colleagues

The overwhelming majority of junior doctors feel valued by the patients they care for (96%) and their clinical colleagues. Junior doctors reported feeling valued by doctors that they were responsible for supervising (99%), their nursing colleagues (96%) and their consultant (94%). However, junior doctors reported feeling less valued by colleagues outside their immediate clinical team. Over two-thirds of junior doctors (68%) reported that they did not feel valued by the chief executive of their hospital or trust. Over three-quarters (78%) reported not feeling valued by other non-clinical managers.

In our discussions with junior doctors, we explored the perceived disconnect between trainees and hospitals' non-clinical teams. The reasons for this disconnect are complex, and often systematic. The junior doctors who were involved in this study referenced barriers that included:

> lack of direct engagement with managerial colleagues
> short duration of rotations
> lack of recognition of their experience
> lack of time spent with consultants and other senior colleagues
> hierarchical approach to medicine.

It is clear from our research that junior doctors are keen to bring new ideas and fresh thinking to their roles. Many of the junior doctors we spoke to described how their medical expertise was sometimes considered to be insufficient to make a valuable contribution, despite their having up to 13 years of clinical expertise.

Open culture

The junior doctors we spoke to described persistent challenges in speaking up about patient safety concerns, unprofessional behaviours or when other errors have occurred. There remains a perception that those who speak up about issues are often labelled as 'troublemakers' or as being unable to cope with the job. Several trainees we spoke to noted concerns that speaking up may result in a negative end of year appraisal.

Furthermore, junior doctors highlighted deep concerns about the manner in which mistakes are dealt with by the trusts in which they work. Too often, junior doctors described a blame culture, rather than an open culture. Trainees felt that the need to reflect, learn and improve has not been embedded in NHS systems. Junior doctors reported having limited opportunities to learn and reflect as a team, although 'grand rounds' were raised as an example of good practice that should be promoted across the NHS.

'I have little contact with the chief executive or senior non-clinical managers so it is difficult to assess how valued I feel by them.'

4 Professional lives

Symptoms

Nine out of 10 junior doctors feel valued by their consultant, but many report that workforce pressures squeeze out time for training.

Diagnosis

Junior doctors do not have enough time for training or with consultants, and there is too much focus on ticking boxes.

Treatment

> Prioritise time that trainees spend with consultants
> Protect time for training
> Promote a positive relationship between trainees and consultants
> Move away from 'tick-box' training
> Offer better whole career planning

'I can, in a year's rotation ... never do more than 2 days with a consultant on call; how is that meant to develop me?'

Access to consultants

Junior doctors' relationships with consultant physicians are key to all aspects of their development and to overall morale and wellbeing. Consultants are seen as role models, educators, coaches and mentors. But trainees also see them as being under pressure, with their time for trainees often being squeezed by service pressures.

Overall, 94% of junior doctors reported that they felt valued by their consultant: 27% 'sometimes' felt valued; 43% 'often' felt valued; and 24% felt 'extremely' valued. However, many junior doctors said that the support provided by their peers and senior colleagues had been eroded by disjointed working patterns and a lack of continuity between teams.

Across the board, the junior doctors we spoke to would value more dedicated time with senior colleagues, more opportunities for constructive discussions and feedback, and the space to debrief with senior colleagues after distressing events. In relation to clinical work, one in five (19%) junior doctors reported that difficulty accessing senior physician advice had a serious or extremely serious negative impact on patient safety.

Medical hierarchy

Junior doctors also spoke of the detrimental impact that the medical hierarchy could have on their relationship with consultants. Too often, a focus on seniority and status created distance and tension between colleagues: not only between colleagues at different career stages, but also between colleagues in different specialties and teams.

> *'We have lost the social underpinning framework that made us a strong profession together. That has happened over time – an increasing* [divide] *between "the elders" of a profession and the future of the profession.* [This is] *highly damaging.'*

Junior doctors spoke of feeling devalued and disempowered by the use of phrases like 'it was much worse in my day'. Such phrases were felt to devalue legitimate concerns about their work, and could potentially lead to patient safety issues or barriers to seeking support.

Junior doctors were keen for consultants to take a lead in re-building the medical team, by breaking down hierarchies and promoting informal opportunities to build a sense of team working – many referenced simple things like taking the team for coffee at the start or end of a shift. The junior doctors at our roundtable discussion identified some simple tips for consultants to make trainees feel supported and valued:

> introduce yourself (by your first name)
> say thank you
> be available
> be open, human and fallible
> never say 'it was worse in my day.'

Not enough time for training

Consultant physicians are struggling to find dedicated time for teaching and training due to increased demands on their time. Dedicated training time is often one of the first things to be sacrificed as clinics become busier and workload increases.[3] Doctors-in-training reported being passed from consultant to consultant, with little continuity of oversight and guidance. This can lead to a lack of meaningful appraisals and assessments that contribute to learning and development.

Workforce pressures and a fragmented medical team are creating a challenging environment for learning and hamper any effort to provide coherent and consistent support for training and development. There are tremendous, and sometimes unique, learning opportunities for junior doctors during on-call shifts.[3] However, there is evidence that these opportunities are not being realised.

'Tick-box' learning

Strong working relationships between trainees and their supervisors are vital for developing professional skills. The doctors-in-training that we spoke to described interactions with educational and clinical supervisors that were dominated by long generic tick-box lists, which are often unreflective of professional and clinical developmental needs. They also reported significant frustrations with the e-portfolio, and they felt that these 'tick-box exercises' distracted from meaningful conversations with and appraisal from supervisors. Trainees reported that educational supervisors, in particular, often seemed to be distant and disconnected from the trainees' day-to-day performance.

Junior doctors were keen to minimise the amount of time they spend completing forms, and to focus instead on developing a closer relationship with their supervisors to receive regular, meaningful feedback. This feedback should not be limited to those who are in formalised supervisor roles, but should also take proper account of the wider learning and clinical environment in which trainees work.

Disjointed training

Trainees reported that opportunities to follow a patient throughout the entire patient pathway are limited. This means that their ability to learn about the impact of care and medical intervention on patients' experience and outcomes is curtailed. Continuity of patient care allows doctors to accumulate knowledge, reduces the use of investigations and improves patient satisfaction.

In addition to the above, some doctors-in-training told us that frequent rotation changes disrupt their training. Junior doctors can move jobs every 3–6 months, often to different geographical locations. The rotational nature of the job can allow junior doctors to develop a breadth of experience and to broaden their skill sets. However, frequent rotations over the course of a number of years can lead to a disjointed training experience.

The lack of continuity in professional relationships means that career planning for the junior doctor is focused on very short-term goals rather than longer-term development and aspirations.

'I think we need to address how we educate in this time of huge service pressure to ensure we are producing capable doctors in the future.'

Being a junior doctor: our findings in

Being a junior doctor is intense, rewarding and challenging. For many, the challenge of working in an increasingly overstretched NHS is taking its toll. That's bad for patients, bad for doctors and bad for the NHS.

1 Workforce pressures

Symptoms

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Diagnosis

There are clinical staff shortages, exacerbated by a lack of capacity in wards and the community.

Treatment

- Increase funding and workforce numbers
- Fill permanent rota gaps
- Plan fair and flexible rotas
- Build strong medical teams
- Improve induction

2 Working environment

Symptoms

The majority of junior doctors (56.1%) report going through at least one shift in the last month without eating a meal. Three-quarters worked at least one shift in the last month without drinking enough water – most commonly, junior doctors report not drinking enough water during seven shifts per month. Junior doctors report a shortage of rest breaks, and a lack of facilities for resting, learning and engaging with their team.

Diagnosis

There is poor access to basic facilities, particularly for staff working at night.

Treatment

- Ensure 24-hour access to food/kitchen facilities
- Make water coolers available
- Promote rest breaks
- Allocate areas for rest, study and reflection
- Reduce the burden of administrative work

3 Wellbeing

Symptoms

Half of junior doctors report that poor morale is seriously affecting patient safety. Only three in 10 junior doctors report feeling valued by the chief executive of their hospital or trust. Four junior doctors in every five report sometimes or often experiencing excessive stress as a result of their job. One in four report that their mental health is often negatively affected by their work. This is exacerbated by a perceived stigma about seeking support, and concerns about 'speaking up'.

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The workforce is overstretched, and there are barriers to seeking support and a lack of contact with the hospital management team.

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brief

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- Protect time for training
- Promote a positive relationship between trainees and consultants
- Move away from 'tick-box' training
- Offer better whole career planning

'Consultant physicians are struggling to find dedicated time for teaching and training due to increased demands on their time.'

Useful resources

The RCP has produced a range of other recommendations and guidance aimed at improving the working lives of junior doctors. These include:

- Royal College of Physicians. *Valuing medical trainees: How NHS trusts can support doctors in training.* www.rcplondon.ac.uk/news/rcp-produces-guidance-valuing-trainees
- Joint Royal Colleges of Physicians Training Board. *Quality criteria for core medical training (CMT).* www.jrcptb.org.uk/cmtquality
- 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
- Royal College of Physicians. *The medical registrar: Empowering the unsung heroes of patient care.* www.rcplondon.ac.uk/file/1793/ad?token=8fbmTetN&usg=AFQjCNHcEGZu7cvB4cyZF1ihHSQsJYY3hw
- Chief registrar scheme. The chief registrar role is a new *12–18 month* senior leadership role *for trainee physicians (ST5+).* www.rcplondon.ac.uk/projects/future-hospital-chief-registrar

References

1 Royal College of Physicians. *Underfunded, underdoctored, overstretched: The NHS in 2016*. London: RCP, September 2016. www.rcplondon.ac.uk/guidelines-policy/underfunded-underdoctored-overstretched-nhs-2016 [Accessed November 2016].

2 Royal College of Physicians. *Working the night shift: preparation, survival and recovery: A guide for junior doctors*. London: RCP, 2006. https://cdn.shopify.com/s/files/1/0924/4392/files/working-the-nightshift-booklet.pdf?17099618065117123 41 [Accessed November 2016].

3 Royal College of Physicians. *The medical registrar: Empowering the unsung heroes of patient care*. London: RCP, 2013. www.rcplondon.ac.uk/file/1793/download?token=8fbmTetN [Accessed November 2016].

4 Lintern S. Exclusive: Patients at risk as doctors forced to work without rest at night. *Health Service Journal* 2016. www.hsj.co.uk/topics/workforce/exclusive-patients-at-risk-as-doctors-forced-to-work-without-rest-at-night/7006252.article [Accessed November 2016].

5 Royal College of Physicians. *Work and wellbeing in the NHS: why staff health matters to patient care*. London: RCP, 2015. www.rcplondon.ac.uk/guidelines-policy/work-and-wellbeing-nhs-why-staff-health-matters-patient-care [Accessed November 2016].

The RCP's view

Being a physician is challenging, but rewarding. The RCP champions a system in which trainees are:

- **valued** for the care they give to patients and provided with the facilities they need to deliver outstanding care
- **supported** in training and education, given the time and space for career planning and allowed the freedom to pursue a life outside of medicine
- **motivated** by a culture that respects, develops and engages them fully to ensure that the best care is provided for patients and the future of the NHS.

The system must be properly resourced so that all staff are able to provide safe and effective care for patients, and to protect their own wellbeing. This means increasing health and social care funding and training more doctors. Our report *Underfunded, underdoctored, overstretched: The NHS in 2016*[1] calls on the government to take urgent action to improve patient care, value staff and protect the NHS.

What next?

The RCP is developing an action plan to guide its work with and for junior doctors: our major priority in 2017. We will continue to call on the government and hospitals to address the issues that affect junior doctors, with the highest priority. We will develop guidance and toolkits aimed at managers, consultants and trainees, and we will promote the implementation of our recommendations across UK hospitals. We will share good practice and develop new ways of giving our junior doctor members a voice.

The action plan will be available to download at: rcplondon.ac.uk/trainees.

About the RCP

The RCP aims to improve patient care and reduce illness, in the UK and across the globe. We are patient centred and clinically led. Our 32,000 members worldwide work in hospitals and the community across 30 different medical specialties, diagnosing and treating millions of patients with a huge range of medical conditions.

The Trainees Committee

The RCP's Trainees Committee represents trainees within the RCP and plays an active role in shaping the future of medicine. Members of the committee are elected from each deanery region in England, Wales and Northern Ireland.

Find out more at: rcplondon.ac.uk/trainees-committee

Get involved

The RCP provides expert advice to government, national organisations and policymakers. We are always keen to hear about examples of good practice, and suggestions of how we can address the challenges faced by junior doctors, hospitals and the NHS. Join the debate and help shape the future of training, health and healthcare.

For more information, visit
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Royal College of Physicians

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