Physician engagement and burnout are major workforce issues in healthcare. Morale and engagement of junior doctors is low, with increasing numbers taking time out of training, or leaving the profession. There is widespread dissatisfaction with current training paradigms in post-graduate medical education.

In 2016, we conducted a survey of the working lives of junior doctors at Oxford University Hospitals. The responses of 146 junior doctors highlighted areas for improvement in induction, working lives, and training. Doctors reported significant rates of presenteeism (53%) and burnout (62%).

Results were presented to organisational leaders, educators, and junior doctor forums. These meetings acted as a spur for change, and led to the development of a bespoke engagement event.

We conceived and designed a one-day engagement workshop to explore junior doctors’ morale, training, and working lives. Over 40 junior doctors and consultants joined patient representatives and organisation leaders for the event. This consisted of 3 workshops, followed by a competition to develop trainee-led improvement projects.

The first workshop explored the lived experiences of junior doctors’ working lives. The second discussed how healthcare demands and the medical profession will change by 2030, and how medical training will need to change to meet these future demands. The third workshop discussed the interventions needed to achieve excellence in medical training and working lives, and agreed a preliminary timeline for this improvement.

The results of the event informed a strategy for enhancing medical training: improving morale, training, and working lives for doctors in training in Oxford.

Leadership in information delivery

General medical foundation doctors at the Queen Elizabeth Hospital Birmingham currently cover a complex rota of six different on-call shifts. However from fora and multiple patient safety incidents, issues with shifts clarity were highlighted including:

1. How to access electronic resources.
2. Team roles and responsibilities.
3. Location of handovers.
4. Ensuring patient safety by highlighting weekend reviews.
5. Clarification of cardiac arrest bleeps and areas covered.
6. Differentiation of the requirements between day and night shifts.

To review concerns a 12 question survey was created. Doctors (1st survey n=12, 2nd survey n=9) were asked on a scale of 1–5 how they felt a topic was covered (1 not covered – 5 (covered very well)).