Leading across complex systems and organisations

22 ENHANCING MEDICAL TRAINING: IMPROVING MORALE, TRAINING, AND WORKING LIVES FOR DOCTORS IN TRAINING IN OXFORD

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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 agreed a preliminary timeline for this improvement.

The results of the event informed a strategy for enhancing post-graduate medical training, and highlighted several areas for immediate improvement. The outcomes of this meeting were discussed at junior doctor forums, the medical director's office, HR department, education department, and regional education committees, at which feedback was sought.

This work provides a co-produced vision of excellence in physician training and working lives which we can strive to achieve.

Engagement

23 ENGAGEMENT OF FOUNDATION DOCTORS WITHIN A SURGICAL TEAM – HOW ARE WE DOING AND HOW WILL WE IMPROVE?

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Aims There has been a significant decline in general surgery recruitment and a perceived lack of engagement of Foundation

Trainees (FTs). We set out to assess and improve the current status of FT engagement at Good Hope Hospital.

Method and results A survey based on key indicators of engagement and focus groups of trainees was delivered to consecutive rotations of FTs. The majority did not feel valued by their team, not involved with decision making and reported minimal opportunity or encouragement to attend theatre. After their placement they were actually less likely to consider a career in surgery!

Firstly we improved theatre accessibility with induction, handbooks and encouragement. Secondly we set up laparoscopic skills trainers and ran skills competitions for each rotation. Thirdly we introduced role reversal clerking and ward round as standard practice. Finally we assessed nursing attitudes and addressed the issues they had with FTs leaving the wards by setting up 'bleep of the day' boards and by presenting our work to the ward managers.

Discussion All interventions to improve engagement require motivation and enthusiasm from seniors which is difficult to sustain. We have introduced the role of 'Engagement lead' to be allocated to a trainee each year with a handbook which runs through the fundamentals of engagement and outlines their role which would include induction to theatre and clinics, organising trainee led teaching sessions on surgical skills, ensuring role reversal, running laparoscopic skills competitions and troubleshooting issues with nursing staff. This role will also fulfil ARCP requirements of leadership for the core and specialist trainees who take it on. Each engagement lead should quantify improvement with repeat surveys and add to the role as they see fit, developing the department over time to create an environment within which FTs are engaged and encouraged to consider a career in surgery.

Leadership in information delivery

24 ADVANCES IN INFORMATION DELIVERY FOR FOUNDATION DOCTOR ON-CALL SHIFTS VIA PEER TO PEER INTERVENTIONS. A QIP (QUALITY IMPROVEMENT PROJECT) FOR SERVICE PROVISION

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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).

5 Points were consistently highlighted in survey returns:

1. Information not covered in induction/factually inaccurate/omitted from guidelines.
2. Information originated from senior peers only.
3. Minimal role clarification.
4. Documents were complicated and very long.
5. Lack of or difficulty in access to shift documentation.

Intervention and results To intervene a presentation was created, known as 'The Idiots Guide to Foundation On-Calls' ('The Guide'). This covered all shift roles, bleeps, responsibilities, timings and handovers. It was delivered at induction, via email and available online.

Repeat survey results showed 89% of stakeholders surveyed found 'The Guide' very useful or quite useful, with average confidence score increasing from 2.1 (pre-intervention) to 3.4 (post-intervention). There was a reduction from 67% of poor results (scores of 1 or 2) to 30%, alongside an improvement from 17% of scores 4 or 5 to 40%.

Lessons learnt

1. Involving the key stakeholders in the development of information for the induction processes leads to much better satisfaction and outcomes.
2. Guidelines should be simple, accurate, easy to read, accessible, promoted by others and regularly updated and reviewed by stakeholders.

Quality improvement, leadership, management

25 JUNIOR DOCTOR CHANGEOVER: A COLLABORATIVE APPROACH TO IMPROVEMENT

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Background The South Eastern Health and Social Care Trust (SEHSCT) is one of 5 trusts in Northern Ireland. On changeover days (first Wednesdays of August and February) junior doctors are invited to signing on sessions organised by the Human Resources (HR) team to complete paperwork and receive identity badges. Changeover can be a busy time for junior doctors and the HR Team. Feedback from the August 2017 signing-on sessions indicated dissatisfaction with lengthy waiting time, badges not correctly activated and difficulty accessing clinical care areas.

Aim To improve the signing on process for junior doctors starting new training posts in the SEHSCT

Methods We organized joint meetings between junior doctors and the HR Team and employed PLAN-DO-STUDY-ACT cycles.

For the February 2018 changeover, we improved the practicalities of the signing on process for junior doctors. Improvements included:

- Advance Electronic Form and Photograph Submission
- Advance Identity Badge Preparation
- Venue Change to Reduce Queuing.

For the August 2018 changeover we organised a Welcome Evening for junior doctors. This event combined the signing-on process with leadership talks from the SEHSCT senior management team.

Results Focus group feedback was very positive and 32 doctors completed written questionnaires:

- 100% of doctors said they felt welcomed to the SEHSCT
- 91% of doctors would attend a welcome event in the future
- 97% of doctors rated the event as good/very good/excellent
- 100% of doctors rated the venue as good/very good/excellent
- 97% of doctors stated they better understood the management structure of SEHSCT.

Conclusions Improving the signing on process required collaboration between junior doctors and the HR team. There is a firm working relationship between both parties, based on mutual respect and appreciation for each other's perspectives. Doctors now start their experience at the SEHSCT feeling welcomed and valued.

Retention of the general practitioner workforce

26 WHAT ARE THE PERCEPTIONS OF FACTORS AFFECTING GP WORKFORCE RETENTION? A QUALITATIVE STUDY OF GPS IN THE WEST MIDLANDS

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Background GP retention is a serious issue. Despite recent increases in patient volume and demand, workforce numbers have failed to adapt. Between 2005 and 2014 the number of GPs leaving almost doubled, and nearly half of those intending to leave are under the age of 50; if uncorrected, this poses a sustainability issue for the NHS.

Aims The aim of this study was to explore the perceptions and views of GPs regarding GP workforce retention.

Methods Six GPs were sampled by convenience sampling, and underwent semi structured telephone interviews in March 2018 of up to an hour. Interviews were transcribed by the researcher and analysed thematically using the six step approach by Braun and Clarke.

Findings There were five themes and ten subthemes. Themes were: increasing and changing patient expectations, consultation changes, system pressures, lack of leadership and culture. The ten subthemes were lack of patient education, increased patient consumerism, time pressures, restricted practice, breakdown in doctor patient relationship, non-primary care pressures, administrative pressures, government interference, organisational culture and workforce culture change.

Conclusion A breakdown in doctor patient relationship, increased patient consumerism and limited resources provided by the government, coupled with the less vocational workforce culture of newer GPs, have all contributed to a