56 STAND WITH ME, NOT BY ME, BE AN ALLY, DON'T BYSTAND BUT UPSTAND

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The Women's Clinician Network (WCN) led a workshop entitled 'Stand with me, not by me, be an ally, don't bystand, but UPSTAND' at SWBH NHS Trust. The aim was to empower colleagues with strategies to change behaviours from bystanding to upstanding in a momentum to change NHS cultures.

The NHS staff survey 2020 report 8.4% of staff reporting discrimination at work from managers/colleagues in the last 12 months. This has increased and at its highest level.

This workshop was delivered in response to another workshop delivered by the WCN entitled FEARLESS in February 2020 where 60 female clinicians were given strategies for response, courage and reflection in aspects of sexual and verbal abuse and harassment. 47% of female clinicians had experienced either verbal or physical sexual abuse in the workplace from colleagues and this rose to 76% from patients.

These environment leads to high sickness rates, underperformance, suboptimal team working and ultimately poor patient care.

The WCN appreciated that formal pathways were not working, and thus the next step was to empower colleagues witnessing this behaviour to change from bystanding to upstanding and creating ally's and a safe culture to call it out.

- 60% of delegates knew what upstanding was at the start and improved to 100% after the workshop.
- Only 33% of the delegates felt confident at upstanding at the start and this increased to 70% following the workshop.
- Only 60% of delegates were aware of the formal pathways of escalation for harassment before the event and this rose to 100%.
- Pre event 47% of delegates wanted to remove banter from the NHS. This decreased to 15% post event.

The workshop received positive feedback and the delegates felt more empowered to upstand and escalate formally should the need arise.

57 STANDARDISING WELLBEING FOR JUNIOR DOCTORS- THE WELLBEING CHECKLIST

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Junior doctor wellbeing is essential for both staff and patients. However, due to the rotational nature of junior doctor work, they can have difficulty accessing wellbeing services. Although there have been numerous campaigns and research into this topic, there is no standardised auditable list of requirements

incorporating expectations trainees should have from employers.

We aim, through introduction of The BMA Wellbeing Checklist, to audit and standardise wellbeing support available to junior doctors across the UK and increase accountability and support at trusts where wellbeing of junior doctors is at risk.

A working group was established to review existing literature, engage with stakeholders and design a standardised checklist of wellbeing services available to junior doctors.

The BMA Wellbeing Checklist was circulated across trusts in the UK and published on the BMA website, BMA representatives were encouraged to discuss this with management teams. There is the aim to audit in the future.

There is poor understanding of services that should be available to trainees nationally. A proactive, rather than reactive approach to wellbeing, would better inform and support junior doctors in accessing services and ensuring they are provided by employers.

58 SUPPORTING JUNIOR DOCTOR AND PHYSICIAN ASSOCIATE PARTICIPATION IN CLINICAL RESEARCH DURING THE COVID-19 PANDEMIC

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Background Covid-19 enabled clinicians to engage with urgent public health (UPH) randomised controlled trials (RCTs) investigating potential treatments. University Hospital Bristol and Weston (UHBW) prioritised three trials; Recovery, REMAP-CAP and TACTIC-R. Due to the rise in cases, it became difficult to screen, approach and recruit all patients. It is recognised that junior clinicians struggle to participate in research whilst working in fulltime clinical roles, therefore this project aims to address both issues.

Methods

- A senior research team was formed, including the Principal Investigator (PI), supporting consultant and five junior doctors, who enrolled in the Associate Principal Investigator (API) scheme.
- APIs encouraged and trained junior clinicians, increasing their involvement in trials.
- APIs facilitated two virtual education events delivering trial updates and review of local adverse events.
- A consultant-led recruitment rota, including weekends, was implemented to maximise recruitment.
- A WhatsApp group was created to enable secure communication between team members.

Results

- Junior clinician participation in research increased; 99 junior doctors and 4 physician associates (PAs) completed Recovery trial training. 76 were recognised as Recovery Trial collaborators.
- UHBW recruited 457 patients to the Recovery trial, 378 since the senior research team was implemented. UHBW reached the top 20 of 181 sites for recruitment regularly.
- Over 550 patients have been recruited to Recovery, REMAP-CAP and TACTIC-R.