AoMRC Trainee Doctors' Group

Academy of Medical Royal Colleges

Health and Social Care Committee expert panel: Evaluation of the Government's progress against commitments made in the area of the health and social care workforce in England

Academy Trainee Doctors' Group response

This is a submission to the Health and Social Care Committee's expert panel as part of its evaluation into Government progress against workforce commitments.

Introduction

The Academy Trainee Doctors' Group (ATDG) is a forum for trainee representatives from the medical royal colleges and faculties to come together. It provides an informed and balanced view on cross-specialty issues relevant to college-registered trainees.

Ensuring a healthy and sufficient workforce is vital for the continued functioning of the NHS, particularly when faced with the challenging circumstances created by the consequences of the COVID-19 pandemic. Doctors in training represent a significant part of the current workforce, but also have a vital role in its future development and in patient care. We therefore welcome this evaluation of the Government's progress against commitments made in the area of the health and social care workforce in England, and the opportunity to contribute our views to the expert panel.

Our response will focus on particular aspects of these commitments that are pertinent to postgraduate doctors in training, many of which have previously been reported in our response to the HSCC inquiry into recruitment, training and retention in health and social care. Many of these were also raised by the trainee representatives who participated in the expert panel's roundtable discussions.

Our evidence reflects the panel's focus on workforce issues in England, but we note many of the areas explored below are also pertinent across the four nations.

Executive summary

Doctors in training form a significant part of the medical workforce, making up almost one-fifth of registered doctors. Our submission highlights the following important considerations in relation to the progress of workforce policy:

- A clear, long-term national workforce strategy is needed for the NHS and social care. This should include an urgent census of current needs (including staff vacancies) and future projections reflecting anticipated patient demand, the expanding workloads of individual specialties and new ways of working.
- A review of specialty training posts is needed as part of this strategy. Investment should be provided to support the expansion of training posts where needed. It should not be the case that additional posts can only be created at the expense of other specialties.
- Greater flexibility is needed within training programmes to help balance service needs with the needs and expectations of trainees. Better monitoring and removal of barriers will help support trainees to work more flexibly in patterns and geographies that meet their individual circumstances and to engage with available training opportunities.
- More investment in training medical associate professionals is needed to support current workload pressures, and to help ensure trainees can focus on more appropriate tasks relevant to their training programme.
- Training resources continue to be insufficient, with urgent investment required for equitable, evidence-based IT and digital infrastructures to support day-to-day working and the development of digital learning platforms for all specialties. This will help to address some of the existing training inequalities.
- Better appreciation of the value of all members of the workforce is needed. This includes the potential for Specialty, Associate Specialist and Specialist grade (SAS) doctors to be supported to engage in training, educational supervisory and examiner/assessor roles which would significantly support the workload of existing trainers.
- Burnout continues to be a concern, but wellbeing services are being implemented. However, barriers to accessibility of these services needs to be reviewed and addressed.
- Consideration of the general working environment of doctors in training should be a priority, with the lack of adequate rest areas, the provision of food and water, childcare facilities and parking etc. all significant concerns for wellbeing.
- Bullying and harassment continue to be issues for doctors in training, and are reasons for some doctors leaving their training programmes. Continued investment in equality, diversity and inclusion strategies will help to support culture change.

Policy area: Planning for the workforce

1. *Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs.*

It is the view of the ATDG that this policy has not been met at the current time.

Training posts

A review of the number of training posts for each specialty (patient-facing, non-patient-facing, primary and secondary care) is needed as a priority. The pandemic has highlighted shortages in the medical workforce across specialties and this undersupply is now further exemplified by the pressure trainee doctors are feeling as a direct result of the NHS backlog. Some report feeling undue pressure to pass their examinations and complete their training programmes when they do not feel sufficiently prepared. Some are also experiencing competition from new trainees entering their specialty.

In recent years, there are some specialties where all training posts have been completely filled as part of the annual recruitment process. However, there is an urgent need for a clear workforce strategy (based on workforce projections) which includes more training posts in order to meet the increasing demand that is going to be felt in years to come. There also needs to be further consideration of the allocation of training posts; in providing more training posts to one specialty, they should not be taken away from another. Further investment is therefore needed into specialty training programmes to ensure the security of the medical workforce for the future and to ensure high-quality patient care.

The number of undergraduate medical posts available within medical schools should also be reviewed to help provision for current and future requirements. Expansions in medical school places should be matched by increases to the number of Foundation Programme and specialty training places to maintain the training pipeline.

Flexibility in training

Currently, across the different specialties there is very little flexibility in training programmes to allow doctors in training to pursue the optimal career pathway that they would like to engage with. For example, trainees who have expressed a wish to work 'less than full time' (LTFT) for reasons related to health, family, wellbeing and choice have faced barriers and resistance preventing them from doing this. Those who have been able to transition to LTFT training have experienced increased satisfaction in their training, and retention has improved in some specialties. Careful consideration and better monitoring of the future aims of the trainee body is needed; many wish to transition to working LTFT and have also expressed the desire to continue this format as a consultant. Therefore, forward planning is needed to provision additional training posts and adequate numbers of post-CCT doctors so that these desires and

expectations can be realised.

Investment in allied professional training

There are many daily tasks that doctors in training are expected to undertake which are not appropriate for their current level of training, due to the lack of available staff who would be more appropriate to perform them. This detracts from training opportunities which would be more beneficial for trainees. Greater investment is therefore needed in the allied professional workforce in both patient-facing and non-patient-facing specialties to support the development of these roles; training of greater numbers of medical associate professionals and expanding the remit of senior medical students would provide valuable support to the existing trainee workforce and ensure fuller engagement with training opportunities.

Policy area: Building a skilled workforce

1. Help the million and more NHS clinicians and support staff develop the skills they need and the NHS requires in the decades ahead.
2. £1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities.
3. Supporting moves towards prevention and support, we will go faster for community-based staff. Over the next three years we want all staff working in the community to have access to mobile digital services, including the patient's care record and plan, that will help them to perform their role. This will allow them to increase both the amount of time they can spend with patients and the number of patients they can see. Ambulance services will also have access to the digital tools that they need to reduce avoidable conveyance to A&E.

It is the view of the ATDG that this policy has not been met at the current time for the medical workforce. We are not able to comment on the social care aspects.

Training resources

The impact of the COVID-19 pandemic on postgraduate doctors in training has been significant; training programmes were paused and many doctors in training were redeployed to other clinical areas to support service provision where needed. As training has been restarted and rebooted, it has also highlighted existing challenges within specialty training programmes including deficiencies in the resources needed to adequately deliver them including access to study leave and budgets and the general working environment. The NHS also does not currently have a sufficient IT and digital infrastructure which impedes the daily work and training of doctors and also impacts on patient care.

Training inequalities

The pandemic has also highlighted the training inequalities which exist within different areas of England. Investment is needed to address these specialty-specific challenges and to expand digital training platforms that have the potential to support trainees who are experiencing these training inequalities.

Important work is underway by the General Medical Council and by medical royal colleges and faculties to tackle differential attainment in postgraduate medical exams, with a view to eliminating inequalities in medical education – this is crucial to creating fairer training cultures that support the development, retention and wellbeing of the workforce.

Work is also ongoing to improve flexibility within training programmes to allow trainees to pursue other training opportunities such as engaging with research or teaching placements. However, for trainees to be properly supported in their decisions to engage with this, the workforce needs to be able to provision for these choices and so increased numbers of training posts are needed to mitigate against trainees who may be out of programme for periods of time.

There are also many specialty-specific aspects of workforce skills development which require greater focus; the impact of genomics on cancer diagnosis/treatment and health care in general is and will continue to be significant. However, the workforce requires sufficient quality-assured training to help this knowledge and latest research become integrated into the health care system. Other areas of focus include the use of artificial intelligence, digital platforms, and remote consultation.

The trainer workforce

The significant pressure that is being felt by trainers means that they are unable to dedicate the time required to train and assess the junior workforce resulting in lost training time and opportunities, and doctors in training who do not feel confident or ready to progress through their next stages of training. Inadequate numbers of specialist doctors within the workforce have contributed to this situation. However, there are other members of the workforce which are being under-utilised in terms of their ability to train the next generation of doctors. SAS doctors have vast amounts of knowledge and experience and would be a valuable asset to the trainer workforce. Therefore, better recognition of the skills and talents of different members of the workforce is needed so that they can be encouraged and supported in both their career progression and abilities to develop the junior and future workforce.

Policy area: Wellbeing at work

1. Introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services.
2. Reduce bullying rates in the NHS which are far too high.
3. Listen to the views of social care staff to learn how we can better support them – individually and collectively.

It is the view of the ATDG that this policy has not been met at the current time for the medical workforce. As above, social care is outside our remit.

Burnout and wellbeing

The levels of burnout are rising within the trainee workforce, exacerbated by the increased workload felt at the resumption of many NHS services and the backlog. The impact of the challenging working environments experienced by many doctors in England is also a significant factor in the wellbeing of the workforce. The lack of sufficient basic amenities such as rest areas, available food and drink, childcare facilities and parking has considerable impact on the ability of a staff member to function and cope with the challenges of the day. Some Trusts were able to provide these much-needed necessities during the pandemic but it is being reported that some of these are now being removed; these are standard expectations for a healthy working environment that should be addressed in all Trusts to maintain staff wellbeing and prevent burnout.

Wellbeing services

It is encouraging that, in many Trusts, wellbeing services are being developed and provided to support staff during these and future challenging times. However, further work is needed to ensure that these are adequately advertised and utilised when they are required; many stigmas still exist and prevent doctors in training from seeking the support that they need, including concerns about their future job security and the impact on their training. Further consideration regarding the purpose and marketing/promotion of wellbeing services would be helpful to ensure that those who are responsible for these vital services provide genuine care and compassion to ensure doctors in training feel they can engage and get the help they need.

We would also suggest better utilisation of exit interviews (and the introduction of 'stay' interviews) to identify some of the reasons why trainees and other staff members are leaving or may be considering leaving the profession. This could help the service devise strategies which might encourage retention.

Flexibility

In comparison to medicine, many professions are increasingly granting their employees greater access to flexible working, in terms of hours and geographical location. Doctors in training seek access to similar benefits that would reflect a more modern and inclusive working environment.

Some trainee doctors travel and live long distances away from their support networks and their families and this can have significant implications for wellbeing. Those who have applied for an inter-deanery transfer (IDT) – to move locations – report an unsupportive process where the outcomes are not always transparent. Others are unable to work LTFT due to resistance from Trusts due to rota shortages.

These are important considerations for the overall wellbeing of doctors in training. Huge personal investment has been given to their career progression; it is important that they feel valued by the Trusts where they work and the specialties which they are a part of, and consideration should be given to ensure that their individual needs can be supported as far as possible to allow a happy and healthy working environment and career pathway.

Bullying and harassment

Bullying and harassment remain considerable issues within healthcare and each year there are many reported incidences of unacceptable behaviour from colleagues. It is also a reason for doctors in training leaving the workforce. This issue is exacerbated by the hierarchical system seen in medicine. Bystander apathy across generations of undergraduates and doctors in training has enforced this as normal behaviour. Bullying and harassment can take many different forms and also may not be visible. It is essential that strategies to address this are visible to all, including support services, and that they continue to be reviewed in terms of their effectiveness. It is also important to address this to encourage the recruitment of future doctors in training. The continued review of equality, diversity and inclusion strategies should be a crucial part of this policy.