

Innovative emergency medicine clinical fellow posts to improve job satisfaction and training

June 2017

Brighton and Sussex University Hospitals NHS Trust

What was the problem?

The trust struggled to attract junior doctors to work in its emergency department. It was losing staff due to unsustainable rotas, and failing to teach its medical students effectively. As a result, it had significant rota gaps and spent £950,000 a year on medical agency staff, while junior doctors and students were put off a career in emergency medicine.

What was the solution?

The trust wanted to:

- reduce rota gaps and improve retention
- improve staff morale and job satisfaction
- offer academic as well as clinical opportunities.

It created novel, highly attractive posts working to a new annualised rostering system that supports junior doctors, improves job satisfaction and is sustainable.

Posts comprise 66% to 75% clinical work and 25% to 33% work on non-clinical projects in education, ultrasound, trauma, research, leadership, toxicology, simulation, acute geriatrics, major incident and other areas, depending on personal choice.

All educational and simulation jobs include a fully funded and time-protected postgraduate certificate. The educational posts are attached to Brighton and Sussex Medical School and involve teaching students within the emergency department as well as wider examination and curriculum development experience.

The trust developed a rota system flexible enough to accommodate staff leave and project requirements while providing adequate 'shopfloor' cover.

Junior doctors were involved in rota design from the outset as they complete the General Medical Council's national training survey and Royal College of Emergency Medicine's survey. These both consistently report A&E as the highest pressure environment, with increasing burnout and attrition during training rates.

Before implementation the trust used a 'dummy rota', including adequate cover and financial implications, to assess if the set-up was plausible. Six months after implementation, it measured satisfaction, job recommendation and desire to apply for emergency medicine training.

The rota works via an annualisation system. The annualisation calculations allow fully for annual leave, study leave and bank holidays (whether worked or not). The system calculates a set number of clinical shifts that have to be worked over the year, and junior doctors take leave when they are not working their clinical shifts. This allows for greater flexibility than standard rotas.

What were the challenges?

The trust reports it faced no challenges to implementation. Savings on medical agency spend meant there was no overall cost, and design was free. Recruitment did not pose a challenge as the job description and protected non-clinical work were attractive.

What were the results?

The trust now has a full rota of junior doctors, and four even returned from Australia for the jobs. It has so far saved £500,000 in agency fees.

- The trust's abundance of junior doctors formed a strong and supportive peer network.
- In a recent survey of the fellows, 81% reported good work-life balance; 90% believed the job allowed them to participate in quality improvement and innovation projects they would otherwise not have time for; 100% said they would recommend the job to others.
- Various quality improvement initiatives benefited the department as a result of work done in non-clinical time.
- The jobs gained regional interest with similar posts spreading to neighboring trusts.

The trust now has more applicants than posts available, highlighting their attractiveness – for August 2017 entry it had 41 applicants for 25 posts with a 100% fill rate.

What were the learning points?

The rostering system and clinical fellow posts helped because junior doctors want to work in jobs that are sustainable, flexible and cater for special interests. They also want to work where they are respected and can see clear career progression.

Next steps and sustainability

- The posts are permanent and recruitment will continue.
- Satisfaction is expected to remain high given the structure will not alter.
- Introducing this structure to training on a national scale would see applications to emergency medicine increase and the specialty appearing a plausible option to those for whom work-life balance is fundamentally important.

The trust argues that its staffing model is the way to change junior doctor jobs for the better while improving care for patients and investing in the future.

Want to know more?

Dr Rob Galloway, Consultant in Emergency Medicine, Brighton and Sussex University Hospitals NHS Trust drroballoway@gmail.com

To see the other case studies in this series: visit the NHS Improvement website at: <https://improvement.nhs.uk/resources/engaging-supporting-and-valuing-doctors-in-training/>