### Case Example Title

**Empowering, Supporting and Valuing Junior Doctors**

### Trust (& Site) name

**Tameside Hospital NHS Foundation Trust**

### Background and initial problem

Following a Review in 2013 the trust was placed into special measures and under enhanced educational monitoring following concerns over unsafe patient safety and training environments. A subsequent overhaul of the board led to changes to address these concerns, which lead to improvements despite the constraints of limited resources in a deprived environment.

Relevance to Junior Doctors’ Morale comes from the NHS Constitution’s 3rd Principle: ‘Respect, dignity, compassion and care should be at the core of how patients and staff are treated - not only because that is the right thing to do - but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported’.

Health Education England’s 2016 listening exercise on improving working conditions for Junior Doctors (https://www.hee.nhs.uk/sites/default/files/documents/Appendix%20A%20-%20HEE%20Junior%20Doctor%20Morale%20Listening%20Exercise.pdf) identified opportunities that fall broadly into three themes:

1. **Being supported**: for training, service provision and individual career aspirations
2. **Feeling valued**: by clinical and non-clinical staff
3. **Having autonomy**: through greater involvement in decisions relating to their working and personal lives.

Health Education England collected this case example and we believe it addresses themes 1, 2 & 3 above.

### Specific aims and objectives

**What are you going to measure?**

- CQC rating
- GMC Survey questions
- Number of trainees attending Junior Doctors’ and Yellow Forums

**Hard/Soft intelligence**

### Process

**What did you do? How did you do it? How were junior doctors involved?**

**Engaging the Junior Doctors**

- **Establish a meaningful Junior Doctors’ Forum**: the existing forum
was poorly attended; the following changes were made to improve attendance after asking trainees’ input:

- Location moved to doctors’ mess next to canteen to give a sense of ‘ownership’ to junior doctors
- Held at lunch time to facilitate attendance as a ‘working lunch’
- List of attendees dictated by trainee input, which includes key decision makers to fast-track changes (medical director, head of HR, college tutors, patient safety officer, Business Managers of Medicine and Surgery).

- **Establish a separate forum for Higher Level Trainees:** As higher level trainees were not attending the Junior Doctors’ Forum, it was subsequently discovered that they have unique problems and often tend to work in greater isolation from each other; to overcome this, a bi-monthly ‘Yellow Forum’ (they wear yellow lanyards) was setup with the Medical Director and the Director of Medical Education (DME).

- **Designated Patient safety Lead for junior doctors** following concerns raised about inadequate feedback on submitted incident forms; all trainee-submitted incident forms are read by the Lead and directly fed back on to submitter to ensure they are happy with action taken

- **Monthly trainee survey monkey** for anything they have issues about with an open door policy as well as DME rounds around the hospital, creating more opportunities to approach the senior leadership team

- **24-hour/day monitored anonymous email drop-box** for trainees to raise any concerns

**Raising the profile of medical education across the trust:**

- **Valuing educators** by ensuring they are:
  
  - paid correctly
  - more engaged through two-way information channels
  - inputting more into the ARCP process
  - met with regularly, part of a united decision-making education team
  - given greater status for taking on educational roles in addition to service provision

- **Educator development programme** implemented to provide improve quality of educational and clinical supervision:
  
  - quarterly educator development days in house e.g. dealing with a trainee in difficulty, how to maintain your accreditation as a supervisor, how to write a meaningful educational report for a trainee
  - For consultants with out-of-date training badges, an external trainer was paid for by the trust to revalidate them
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<tr>
<th><strong>Communication infrastructure</strong></th>
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<td><strong>Instant communication to all foundation trainees</strong> through direct phone channel to all foundation trainees phones via text messages e.g. for cancelled teaching, last minute locums etc.</td>
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<td><strong>Bridge between business and educational department</strong> - establishing very direct communication streams medical education department and business managers enables make things a lot more immediate e.g. understaffed wards can have problems rectified at short notice</td>
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<th><strong>Challenges</strong></th>
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<td>What challenges did you encounter and how did you overcome these?</td>
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<td><strong>regaining the trust of trainees</strong> who were genuinely worried about working at Tameside and potential risks to careers; overcome by empowering them and creating infrastructure to value their voice</td>
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<td><strong>constrained financial environment:</strong></td>
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<td>o ensuring that despite this, the right areas were resourced adequately and did not rely on ‘goodwill’ e.g. DME role’s time allocation increased from national standard of 1 day a week to 2 days a week in recognition of the task-at-hand</td>
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<td>o business model recognises collective long-term payback from short-term costs for small interventions</td>
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<td><strong>Reputation rebuilding</strong> around patient safety and training; achieved through recognition of wide understanding of need for long-term strategy, through multiple incremental steps and appropriate resourcing</td>
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<th><strong>Outcome, impact and learning</strong></th>
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<td>What has the result been – on an individual level for junior doctors and other staff? / at an organisational level?</td>
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<td><strong>CQC rating</strong> improved from inadequate to good</td>
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<td><strong>GMC survey questions</strong>: ‘would you recommend this job to a colleague?’ and ‘Do you think this is a good job?’ improved From red to universally green (3 point ranking system, of red, amber and green)</td>
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<td><strong>The new junior doctor forum</strong> has resulted in been high impact changes as the relevant people for wide ranging issues (e.g. educational/contractual/administrative/staffing etc.) are all in the same room. Junior doctors view it as an open access ‘fix-it’ forum. This is reflected in the <strong>&gt;300% increase in attendees</strong>.</td>
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<td><strong>50% of all available trainees attend Yellow Forum bi-monthly.</strong></td>
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Organisation has also capitalised by **learning from higher trainees’ experiences** from jobs in other Trusts to make improvements, whilst also providing **leadership and management opportunities with benefits for both trainees and Trust** (e.g. QI projects, shadowing senior leadership)

- **The Educator development programme** has resulted in significant increases in educational provider resources; this has been reflected through:
  - higher exam success rates
  - significant increase in Manchester medical students placed at Tameside applying for foundation training there
  - higher calibre trainee applicants and greater number applicants ranking Tameside as first choice for jobs
  - improved ARCP and exam outcomes
- **Undergraduate feedback excellent** which demonstrates culture, as happy trainees are able to provide teaching to medical students
- **Anonymous drop-box is now barely in use** compared to when first opened, demonstrating open culture and trainees’ level of comfort raising concerns through face-to-face means with senior leadership

### Next-steps & sustainability

What are the next steps (if any)? How measures are in place to ensure that these changes are sustainable?

- The job in still in progress with much of the 5 year plan still ahead; as long as the trust continue to resource as they have been doing then improvements and plans for sustainability will occur
- Consultant post applicants specifically seek out medical education department engagement prior to interviews demonstrating the fixed value for education and training in the Trust system
- Lots of sensitive avenues for information through feedback infrastructure which will pick up on any sliding back on progress made thus far.
- Leadership engagement with trainees to join in the improvement journey

### Further information

Who can be contacted for further information?

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