ACADEMY OF MEDICAL ROYAL COLLEGES

IMPROVING CARE AND TRAINING AT TRAINEE CHANGEOVER DATES

Introduction

There has been concern for some time about the effects of the standardised trainee changeover date on patient care and training. The Academy was asked to produce a paper on the issue for the Medical Education UK Strategy Group which comprises the four UK Chief Medical Officers who supported the action set out below.

At the Academy Council meeting on 28 March it was agreed that the Academy and the all Colleges and Faculties would draw these recommendations to the attention of their members so they can be involved in addressing the issue at local level.

Background

Since 2007, the first week in August has seen the changeover of most grades of junior doctors. There is evidence (Jen, 2009) of a 6% increase in mortality for patients admitted on the first Wednesday in August. This is supported by UK and international evidence which shows both increased mortality (4-12%) and increased length of stay (1-7%) around changeover dates. In addition, these arrangements place considerable stress on junior staff managing unfamiliar patients in an unfamiliar setting; often with different protocols and procedures compounded by having equally new more senior trainee colleagues as the first port of call for advice and support. Such an unhappy and stressed start to a post is particularly undesirable for doctors embarking on their career, and may set the tone for the whole attachment even for those already on a formal career path. This may contribute to the relatively low satisfaction reported by early trainees to the GMC, with foundation, core medical and core surgical trainees reporting 7-14% lower satisfaction ratings than trainees in ST4+ (GMC data analysed for NJD 2011).

The situation at F1 level will be helped by the introduction of paid shadowing for F1 doctors which is to be introduced in England, Wales, Northern Ireland and probably Scotland for August 2012. This will ensure a minimum of 4 days of shadowing the outgoing F1 immediately prior to the changeover date. Increasing the direct clinical experience undertaken by senior clinical medical students as part of *Tomorrow's Doctors* should also ease the transition for F1s.

Agreed further actions

On 15th March 2012 the UK Medical Education Strategy Group comprising the CMOs and Education leads of the 4 UK nations agreed that to improve patient care and training all hospitals and deaneries should ensure that the following are occurring around all trainee rotation dates

1. **Consultants** must be appropriately available to deliver patient care and support their trainees at transition dates. Consultants must also ensure their teams both value their trainees and welcome the trainees seeking assistance.

2. **Flexible and intelligent rota design.** Incoming junior staff should receive rota protection and additional support when on call for the first few weeks of each attachment. When participating on the same rota as doctors who have just moved post, the doctors continuing in post should cover the initial on call slots to allow the familiarity and confidence of the incoming doctors to increase before being on call. At the end of attachments, departing doctors should not, wherever possible, be on call the night before moving geographies.

3. **Provide high quality clinical induction on all units.** All incoming trainees need to be shown by their professional colleagues how the unit works including accessing information, investigations, prescribing, unit protocols and be introduced to staff. The same must apply to all the units they cover when on-call. Every effort should be made to make the incomer feel a valued member of a real team. In some places, corporate induction receives so much attention that this critical patient safety clinical induction is often curtailed. This is despite the fact that much of the corporate induction may be a repeat of that offered in a trainee's previous Trust/employer. Personal input from consultants to make new trainees feel a valued part of the organisation will help to increase confidence and to feel safe to ask for help when needed.

4. **Reduction of elective work at changeover.** Clinical staff need to be freed both to deliver and to undertake effective clinical induction, and this requires a decrease in other activities including elective work, clinics and meetings.

The Academy and COPMeD will further explore moving to a staggered transition date by grade**.** Starting the ST3/ST3+ doctors 2 or perhaps 4 weeks after the date that F1, F2 and C/ST1+2 doctors start would greatly increase stability at changeover. There have been positive experiences of this approach reported in at least some specialties in many deaneries including KSS, London, Yorks and Humber, East Midlands, South West, Northern and North East Deaneries. The results of this work will be reported back to the Scrutiny Group on November 28th 2012.

Please draw these agreed actions to the attention of College members and fellows and encourage them to ensure they are acted upon at local level.