

NHS@75: an invitation to have your say

Closing date: 26 May 2023

This engagement aims to draw together collective insights on the NHS today, its history, and some of the most important ways the NHS can respond to new opportunities and challenges. It will help shape a report to the NHS in England and its partners from the NHS Assembly.

This response is on behalf of the Academy Trainee Doctors' Group. It does not represent the views of the wider Academy of Medical Royal Colleges.

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| <p>If you are happy to provide your name please do so. (person filling in the form)</p> | <p>Dr Matthew Clarke</p> |
| <p>Where are you based?</p> | <p>London <input checked="" type="checkbox"/> Northeast and Yorkshire <input type="checkbox"/> Southeast <input type="checkbox"/> East of England <input type="checkbox"/> Southwest <input type="checkbox"/> Northwest <input type="checkbox"/> Midlands <input type="checkbox"/></p> |
| <p>Are you responding on behalf of a group, organisation, or network?</p> | <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> |
| <p>If 'yes', what organisation or group are you responding on behalf of?</p> | <p>Academy of Medical Royal Colleges Trainee Doctors' Group (ATDG).</p> |
| <p>Roughly how many people were involved in the conversation that informed this submission?</p> | |
| <p>Can you tell us a little about the group involved in the conversation that informed this submission?</p> | <p>The Academy Trainee Doctors' Group (ATDG) represents trainees in postgraduate training. The ATDG comprises over 60 representatives from across the different medical royal colleges and faculties, all of which are at different stages of their respective training pathways. We are continually looking to improve the support given to doctors in training throughout their postgraduate education and work. We work collaboratively to identify particular issues and challenges, and strive to ensure that all improvements made across the NHS take into account the trainee voice, in order</p> |

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| | to enhance training, recruitment and retention of this crucial component of the workforce. . | | | | | | | | | | |
| <p>Which of the following would you primarily classify yourself as? (Please select one)</p> | <table border="0"> <tr> <td>NHS Assembly member <input type="checkbox"/></td> <td>VCSE partner <input type="checkbox"/></td> </tr> <tr> <td>NHS staff <input checked="" type="checkbox"/></td> <td>Local government or other public services <input type="checkbox"/></td> </tr> <tr> <td>Carer or volunteer <input type="checkbox"/></td> <td>Commercial partner <input type="checkbox"/></td> </tr> <tr> <td>Patient or member of the public <input type="checkbox"/></td> <td>Academic partner <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Other <input type="checkbox"/></td> </tr> </table> | NHS Assembly member <input type="checkbox"/> | VCSE partner <input type="checkbox"/> | NHS staff <input checked="" type="checkbox"/> | Local government or other public services <input type="checkbox"/> | Carer or volunteer <input type="checkbox"/> | Commercial partner <input type="checkbox"/> | Patient or member of the public <input type="checkbox"/> | Academic partner <input type="checkbox"/> | | Other <input type="checkbox"/> |
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| | Other <input type="checkbox"/> | | | | | | | | | | |
| <p>If other, please provide details</p> | | | | | | | | | | | |

Where have we come from?

1. What features, developments or services of the NHS are most important to celebrate and strengthen as we approach the 75th anniversary?

You are welcome to include any personal experiences or contributions you've made, with insights into why they were successful.

The advent of the NHS on the 5th July 1948 at the instigation of Aneurin Bevan, helped to combat many of the challenges that post-war Britain was facing in terms of healthcare provision. It allowed the voluntary and municipal hospitals to come under the umbrella of the NHS, but also created 66,000 new beds. There was not a single extra doctor or nurse created on the day it was formally launched. The implication that no-one would be required to pay for healthcare, with finances covered collectively by the population of taxpayers, improving the provision, distribution and accessibility for everyone, are principles still championed today and in the future.

Since its inception, each decade has seen new challenges placing additional pressure on the NHS, whether this be increased demand, a struggling workforce, and acute challenges such as the COVID-19 pandemic. Despite these challenges, it is still functioning and this is a testament to the resilience of the existing staff and services in their inherent ability to adapt and face these challenges. The time, dedication, hard work and vast amounts of good will that is provided by the existing workforce should be celebrated. They collectively constitute a huge volume of knowledge, experience and institutional/professional memory, the importance of which cannot be overestimated. Without these staff, many services would collapse, and therefore ensuring these staff feel valued for what they do and deliver every day should be strengthened and a priority. Alongside this, clinical leadership and management skills have expanded, and many staff are involved in a diverse range of different roles promoting patient safety, improved care and greater innovation within the NHS.

Ensuring the continued progression and supply of the next generation of the workforce has been, and continues to be, a challenge, but is also one of the components of the NHS that should be celebrated. There are a vast range of different training programmes across all healthcare professions which function in the NHS every day, providing numerous opportunities for learning and development. The specialty training programmes for doctors in training, across all medical and surgical specialties, are one such example. We should also celebrate the significant contingent of SAS/specialty doctors who make up our workforce, and their efforts to support the continued running of the NHS and training the next generation.

Alongside this, we should also celebrate the diversity of staff that we have from many different backgrounds including those from the international community. The cultural differences shared between us are a huge strength which allow us to appreciate and learn from each other and provide valuable perspectives that can be used for the benefit of our diverse patient population.

Where are we now?

2. Today, in which areas do you think the NHS is making progress?

Please feel free to include more than one area.

The NHS is facing one of greatest challenges it has ever faced; in the wake of the COVID-19 pandemic all services are struggling to meet the increased demands and pressure, and this is further transmitted to the staff. However, despite this pressure, progress continues to be made. Ultimately, it is delivering high-quality timely care to patients, across different specialties. One such area of particular progress is related to genomics; improving and developing the access to genomics testing, and expanding the remit of molecular pathology as part of the different diagnostic pathways, allows more accurate diagnoses to be obtained and a better understanding of different diseases. It also allows the provision of personalised medicine protocols and the availability of data that can enhance greater progression in research.

Another area of progress relates to the support of training that the NHS provides to doctors and other allied health professionals on a daily basis. There is a wide variety of practical experience that can be obtained and is supported, helping to develop the workforce of the future. It fosters a strong team ethic amongst the workforce with everyone working together for the benefit of patients. Even on the most challenging days, these teams work to support colleagues to achieve the best outcome possible given the circumstances. This was exemplified by the role that everyone played during the pandemic, with many staff taking on additional leadership and management responsibilities (including trainees) in addition to their challenging clinical duties, to do all they could to support the health service.

3. Today, in which areas do you think the NHS most needs to improve?

Please feel free to include more than one area.

The areas which the NHS most needs to improve are as follows:

- The challenges facing the NHS over recent months have placed undue pressure on all healthcare services. The sheer volume of need has often meant that the workforce has been forced to treat patients in unacceptable conditions, for example, practicing ‘corridor medicine.’ Due to the resilience of the staff, they have managed as best they can but this has had a considerable impact on their well-being which needs to be appreciated. The inability to do your best due to the lack of adequate resources is not easy for a staff member to cope with; this cannot become the normalised situation within the NHS and everyone needs to work to ensure that such situations do not happen, as well as providing the necessary support for staff who are working in these conditions. The Academy’s Fixing the NHS Report outlines these issues: [Fixing the NHS 210922.pdf \(aomrc.org.uk\)](https://www.aomrc.org.uk/wp-content/uploads/2021/07/Fixing-the-NHS-210922.pdf)
- There must be consideration at national level of the increased workforce numbers that are needed and the resources required to deliver these. The publication of the NHS workforce strategy is eagerly anticipated. This should include a detailed examination of training numbers; more doctors in training are needed to ensure that existing trainees do not experience undue pressure to sit examinations when they do not feel ready. The NHS needs to support the necessary funding and provision of these.
- Consideration is also needed for the maintenance of the whole-time equivalent (WTE) trainee workforce capacity in view of the proportion of trainees working less than fulltime (LTFT). Trainees who need to

work LTFT should not be discouraged from doing so, and given the impact of the pandemic and the increasing rates of wellbeing-related issues, more may feel that this is applicable to them. Workforce rotas in the NHS need to support and be flexible in terms of working arrangements.

- Exception reporting is a contractual mechanism whereby trainees can report patient safety, rostering and training concerns. The current practice is not working optimally as the individual is expected to report exceptions themselves which is difficult given existing constraints and pressures. A better model is required for monitoring working hours of trainee doctors and other staff. If working hours were properly reviewed and recognised, rota needs could be better assessed, reducing pressure on trainees. However, clinical services should also consider their response to inadequate junior doctor staffing levels; accepting these levels is not good practice and could create significant patient safety concerns within the NHS.
- There are a considerable number of doctors in training who choose to leave training and either move abroad or explore alternative careers. Reports of bullying and harassment still occur too frequently in the NHS; this is applicable to all staff. This is exacerbated by the hierarchical nature of specialty teams. Bystander apathy enforces the perception that this is normal behaviour. Bystander training should be included in all training programmes and should be mandated in the inductions of hospital trusts of all staff. Until this issue is appropriately dealt with across all specialties, there will continue to be trainees and other staff members who leave due to this issue.
- Levels of burnout are rising; the impact of the working environment and the disruption to training cannot be overestimated. Many of these challenges are not new and there is a continued perception that staff are regarded as a number rather than as an individual. Many staff reported the benefits of rest areas and provision of 24-hour hot food during the first wave of the pandemic. However, these have now been removed from many Trusts. Small changes can make a big difference to a tired member of healthcare staff. The provision of an optimal working environment as a basic right is of vital importance for the day-to-day functioning of a busy department, but also for the well-being of staff.
- Many departments are providing wellbeing and support resources to help staff in need. However, there remains a reluctance by staff to engage with these perhaps due to the perception that there is a lack of genuine empathy and appreciation for challenges currently faced. The health service requires a culture change in order to see this rectified. Changing staff attitudes at all levels is required.
- NHS staff have given many unpaid hours to help over-stretched services, and to meet the heavy demands of training. There are many personal expenses and sacrifices. The cost of training continues to rise, worsened by the impact of the current cost of living crisis. Some trainees currently cannot afford to sit their specialty examinations, inhibiting progression and potentially creating bottlenecks in the system. More financial provision by the NHS to both Colleges and trainees to support the delivery of examinations/assessments and training is becoming an urgent need to reduce the considerable financial burden.
- There are many challenges that staff face when changing departments in a new hospital. The frustrations of navigating HR departments, occupational health and payroll are considerable, with inadequate contact details provided and a lack of response to correspondence. Significant improvements in this process with adequate staffing and better communication would make a

considerable difference. Many trainees report waiting considerable time to get IT/security login details when starting in new Trusts. This causes significant frustration and potential patient safety issues.

- The anxiety associated with making an error or mistake is felt by many doctors in training. Errors can and will happen to everyone. How we manage these errors is very important. Fostering an honest, safe and open environment for discussion is key to ensure that others can learn from mistakes and prevent them from happening again. A blame culture still exists in the NHS and this needs to change to foster a healthy working environment for doctors in training and other staff. We also need to be better at recognising good practice across the different specialties.
- Supporting research is vital to help develop new treatments for devastating diseases, including the many different forms of cancer that patients and their families have to face. A vast amount of data is acquired via the NHS and allied research institutes. The NHS needs to better support the bridge between the two groups to facilitate the translation of research developments, but also to better allow the provision of vital research data to support research.
- The IT infrastructure of the NHS is not sustainable to allow the provision of high-quality care under continued time pressures. The inability to access patient results in a timely fashion adds further delays and frustrates the smooth delivery of a treatment plan. The inability of data to be exchanged between trusts also wastes unnecessary time and resource. Better IT provision is needed for the daily delivery of high-quality care, but also it needs to be adaptable to ensure that as the health service and demands continues to change, the system can also be adapted to move with it instead of the currently unworkable and unmodifiable setup which trusts are currently faced with.
- Each year, doctors in training engage with department audits and quality engagement projects; for many, it is a requirement of their training programmes to produce at least one of these each year. However, many report frustrations at trust-level when trying to implement the necessary changes as a result of these projects. The next generation of the workforce frequently have innovative ideas for change and improvement that could make a significant difference to support both patients and staff. The NHS needs to work to ensure that this valuable voice is heard and not wasted.
- Many non-clinical and clinical senior staff, organisations and the wider healthcare system do not sufficiently recognise the importance and value of enabling trainee leadership, offering development opportunities and roles, harnessing the value trainees demonstrate as leaders of today, not just potential leaders of tomorrow. There needs to be more incorporation and use of trainee leadership skills during the rostered work days, more provision of training and development opportunities, more leadership roles, and more leadership mentorship and coaching available. There needs to be improved recognition of the value of leadership activities during training progression.
- One of the reasons that the NHS is facing such unprecedented pressure is because of the rising incidences of particular pathologies. Many of these could be slowed or even prevented by interventions within the community. Increasing education and knowledge of the general public, and within schools/colleges may help to instil a sense of personal responsibility for personal healthcare which could reduce the impact down the line.
- One of the fundamental principles of the NHS is to provide high-quality healthcare for all; however, poor funding and inequitable distribution of services means that this is not always achievable.

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| | <p>Where this access is not achievable, better support is need to ensure that patients can access the services they need in a timely and appropriate fashion; if they cannot, this should be prioritised for change, alongside the necessary workforce requirements.</p> <ul style="list-style-type: none"> - An organisation that does not live and work by the principles of equality, diversity and inclusion cannot function effectively. The NHS is privileged to enjoy a diverse workforce from different ethnicities, backgrounds and cultures, mirroring the diverse patient population we work with. Our diversity is our strength and should be championed. However, there are still too many incidences where diverse individuals are marginalised either by fellow staff or patients. Empowering staff to feel they can speak up, that they will be listened to and what they say acted upon is needed to change this culture. The changing political landscape has also resulted in changing attitudes; the NHS needs to ensure that this is not tolerated in a caring workplace and workforce. - We are in the midst of a climate crisis. Every person has a personal responsibility to do their bit to ensure the effects of climate change are minimised for future generations. The NHS is no exception. There is a considerable lack of recycling, excessive use of plastic, wasted electricity and much more that could be improved. Climate change will continue to cause an increased demand on the NHS; the organisation therefore needs to lead by example and implement these changes more widely as soon as possible. |
| <p>4. What are the most important lessons we have learnt from how the NHS has been changing the way it delivers care in the last few years?</p> | <p>There are many important lessons that need to be appreciated, acknowledged and acted upon to ensure the future sustainability of this most vital of public services. At a time when there are increasing calls for privatisation of healthcare services which would not correct but would further exacerbate many of the existing challenges, this cannot be permitted to happen. The following lessons provide valuable opportunities to intervene and allow significant changes to be implemented:</p> <ul style="list-style-type: none"> - The ability to be able to adapt to changing circumstances; the demands of the population frequently change according to population demographics, disease incidences and acute challenges such as the pandemic. Flexibility within the system to allow provision for the necessary resources to meet these demands is essential. Working towards a more sustainable future in the face of the climate crisis is one such example, and adequately provisioning for the arrival of future pandemics is another. - The support and well-being of staff is vital. Work is being undertaken to increase the workforce numbers across healthcare. However, unless those staff who are currently working in the NHS are supported, they will continue to leave at an increasing rate and so this work is wasted. Genuine empathetic provision and delivery of support services is needed. A more proactive rather than reactive approach is needed to ensure that staff feelings are considered and valued by the organisation that they have dedicated their careers to working for. - The collaboration between NHS staff and the patient should continue to be developed; patients have more access to information about healthcare related topics and this is to be welcomed, particularly when it can be used to support the principle that prevention is better than cure. However, it also presents a change in the relationship |

between staff and patient, and this needs to be acknowledged and respected, from both sides, to ensure that collaboration can lead to the optimal outcome which both are hoping to achieve. Changes to staff training would be worthwhile, including whilst in medical school to fully prepare staff.

- The pandemic presented a rapid increase in engagement with the digital arena to support the provision of healthcare and training. This includes the delivery of remote clinics by specialists, diagnosticians being able to report cases from home, and doctors in training being able to access training materials and the delivery of their examinations remotely. This has brought both positive outcomes and challenges; however, further use of digital mechanisms to support provision of technology enhanced learning and healthcare in the community needs to be optimised and supported. It also needs to be adaptable to an ever-changing pattern of population needs. Innovation in this area will bring with it considerable benefits for both NHS staff and patients.
- There are far too many examples of inadequate care which are being showcased by the media and other outlets; this is not a reflection on the staff or trusts involved but on the suboptimal working conditions and lack of resources that staff are presented with, and prevent them from delivering the best quality care. The danger is that if this continues, it becomes the normalised approach and this is deeply concerning for the well-being of staff, the sustainability of the workforce and the trust of patients. Normalising unacceptable situations must be stopped.
- Changes to services are frequently implemented to try and reduce waiting list numbers and ensure patients get the care they need more rapidly. However, an often missed component of this process is the impact on services that are not always visible to patients and other healthcare staff; the diagnostic services. Unacceptable work pressures are frequently placed on staff and trainees in these settings due to a lack of adequate provision of resource, meaning that trainers do not have the time to train.
- Supporting educators and providing time for training is vital for a sustainable future workforce. Currently, many educators do not have time to deliver sufficient training or support examinations/assessments which all presents increased pressure on staff in training. Efforts to value the contributions made by educators and to financially recognise the significant time and effort required is vital to ensure that high-quality training continues in the NHS.
- Many staff are covering roles and responsibilities which are not usually in their remit, and therefore distract them from tasks that are more appropriate and necessary for their role. This also has a significant impact on training. Investing and supporting an increased workforce is needed to mitigate against this, as well as supporting the development of allied healthcare professionals, providing necessary support for their training, but not at the expense of an already stretched trainee workforce.

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| | <ul style="list-style-type: none"> - There needs to be a better awareness of the diversity of roles within the NHS. For example, SAS doctors represent a considerable element of the workforce, but they are a misunderstood and underappreciated group who play a vital role to support services and the delivery of training. These roles are going to be a more popular option for existing trainees to choose in the future; providing robust and clear career development plans for these staff is needed to recognise their considerable contribution to the NHS and ensure retention. - The NHS needs to be an organisation that stands for innovation in healthcare. At present, for many staff working within it, efforts to implement change feel like a temporary remedy to support a longer term problem. ‘Sticking a plaster over the problem’ will not fix it. This approach has to change. Better planning, provision and the capacity for forward thinking are needed. Supporting trainees as leaders of today by enabling, empowering and valuing the significant time and contributions they make is also important to ensure the leaders of tomorrow can develop into these roles. - All of these lessons have a common theme which would allow them to be more supported; better funding provision for the NHS and social care. |
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How can the NHS best serve people in the future?

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| <p>5. What do you think should be the most important changes in the way that care is delivered, and health improved in the coming years?</p> | <ul style="list-style-type: none"> - An essential aspect to this work is improving the levels of staff in the workforce. Until this is achieved, and the current rates of staff loss are reduced, the NHS will not have sufficient organisational capacity to implement the wider departmental changes that are needed. Alongside this, until the trend of inadequate funding of the NHS is reversed, changing the delivery of care will be more difficult. - It will be important to emphasise that ‘prevention is better than cure.’ Everyone needs to be reminded that they have a personal responsibility to look after their health as best they can. The NHS is a finite resource. Investment in better education and public health campaigns for all ages will be important. - Supporting patients in the community will also be vital to ensure that hospital beds are available for acutely unwell patients. Further investment and expansion of ‘hospital at home’ services are needed. The adequate resource provision and funding of social care services is a significant element of this which cannot continue to be neglected. Patients continue to suffer and are put at risk by remaining in hospital for undue lengths of time due to the inadequate availability of the social care that they need. - Prioritising patient safety and care continues to be the top priority for healthcare services and should remain so. However, allied with this should be the prioritisation of NHS staff welfare; the health service has a collective responsibility to look after and support its staff by provisioning them with the resources that they need to be able to undertake their job to the best of their ability and to look after |
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| | <p>themselves whilst they are in that role and on shift. If this continues to be neglected by trusts and the wider NHS, valuable staff members with experience and knowledge to support the next generation will continue to be lost; the NHS cannot continue to sustain these losses. Public perception of the NHS is currently very low; this frequently translates into the way patients communicate with staff. It is important that both the media and politicians work to ensure that it is recognised that NHS staff members are human beings experiencing the same challenges as other patients are; many of them may be patients awaiting particular services themselves. Fostering an improved level of respect and an appreciation for the workforce is needed.</p> <ul style="list-style-type: none"> - Adequate investment in the diagnostic services will allow improvements in access for patients, to get the results they need more promptly and to ensure they are then placed on the correct management trajectory. - Acknowledging the importance of medical (and clinical) leadership and management at all levels, and expanding this will be important for tailoring the NHS to be an even more efficient, and patient-centred system. - The NHS can also make better use of the voluntary and third sector services; there are many voluntary services that would provide support to healthcare departments and could redistribute some of the pressure faced by existing staff. Similarly, the use of patient support groups, which also comprise former patients who have been through similar circumstances, may be a good way of providing help and support to existing patients who are facing challenging circumstances. |
| <p>6. What would need to be in place to achieve these changes and ambitions?</p> | <p>To achieve these changes, the following need to be prioritised:</p> <ul style="list-style-type: none"> - Robust and adaptable IT infrastructure; this is necessary for the daily functioning of all healthcare services and departments. It is also a vital component of training pathways. - Information transfer between organisations; this is relevant for both staff and patients. New staff who are commencing work or visiting as a locum at different trusts should be able to do this with a much more streamlined and less labour-intensive HR induction process. Also, a digital healthcare system which allows access to patient information including imaging studies, pathology results and other necessary information between trusts will facilitate more rapid treatment, assist with improving the quality of the patient experience and financial savings by preventing the repetition of tests already undertaken. - Funding for social and community care (to prevent unnecessary hospital admission) and beds; until this is properly supported, beds will continue to be occupied by patients who do not need to be in secondary care, putting the patient at risk but also denying other patients the acute secondary care that they may need. - Training resources and support for education; recognising the many and diverse resources that are needed for the delivery of high-quality |

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| | <p>training will be vital to ensure the provision of a sustainable workforce across all specialties of the NHS.</p> <ul style="list-style-type: none"> - Greater resources and availability in terms of roles and opportunities for trainee, SAS and post-CCT doctor leadership within the NHS, with an important focus on diversity and inclusivity as part of this work. - Political party support and engagement for the sustainable future of the NHS; it is in the interests of everyone in the UK to ensure the sustainable future of the NHS. Therefore, strategies for daily function, improvement and development should not be solely the responsibility of the government in power but also the responsibility of all parties in Westminster and the governments of the devolved nations. It cannot continue to be used as a political opportunity for division but must be governed by a cross-party strategy with continued engagement of healthcare leaders. - Digital learning platforms and technology enhanced learning; the provision of vital learning resources for training which will help to reduce training inequalities that exist between different regions and help to improve access to expert knowledge to facilitate learning. - An open, honest and supportive environment for staff; this is fundamental to the successful running of any team, department and organisation. Addressing issues related to bullying and harassment, professional judgement, the impact of team hierarchy, discrimination and inequality are essential to valuing and appreciating the diversity of our workforce. |
| <p>7. And finally, do you have one example of a brilliant way in which the NHS is working now which should be a bigger part of how we work in the future?</p> | <p>In recent years, there has been an increasing drive within the NHS to help support, develop and implement an agenda focused on more flexibility within the system for the benefit of the trainee workforce. An example is better support and more opportunities for trainees to work less than full time if they wish to. Also, the development and expansion of the ‘out of programme’ (OOP) scheme where trainees can spend a period of time out of training to explore opportunities that include research, teaching, a placement in another centre, or even the need to take a break. Those trainees who have been out of training for a period of time (for example, due to maternity leave or sickness) are better supported when they return via schemes such as SuppoRTT. Flexible portfolio training has facilitated the ability of doctors in training to utilise their skills in leadership, management, academia, quality and improvement work, innovation, and countless other projects which benefit the wider NHS.</p> <p>This desire to support and promote flexibility within training programmes has been beneficial to countless specialty trainees. However, there is still more that can be done. Faced with the challenge of improving the retention of doctors, improved flexibility could be expanded further so that other doctors (including SAS colleagues and consultants) can also benefit from similar schemes. Supporting the workforce to enhance their working lives promotes the sustainable, happy and healthy workforce we are all seeking, ultimately for the benefit of our patients and the future of our NHS.</p> |