

Recommendations for safe trainee changeover



Introduction

Doctors in training in the UK have historically started new six-monthly rotations in February and August, with the majority of junior doctors rotating to new training programmes during the first week of August. There is an increasing body of evidence to suggest that simultaneous trainee changeover is associated with higher mortality, reduced efficiency and lower satisfaction. The Academy of Medical Royal Colleges (AoMRC) and NHS Employers have worked with partner organisations to develop simple, practical recommendations that can help mitigate these problems.

The four key recommendations are recognised as best practice and could be implemented within the current arrangements:

1. Consultants must be appropriately available
2. Flexible and intelligent rota design
3. High quality clinical induction at all units
4. Reduction of elective work at changeover times

The UK Medical Education Scrutiny Group has asked the AoMRC and Conference of Postgraduate Medical Deans (CoPMeD) to explore the wider issue of moving to a staggered transition by grade. The Safe Trainee Changeover Working Group has been established to examine options for long-term solutions to the problems for the UK Medical Education Scrutiny Group and relevant authorities in the four countries to consider.

The group comprises representatives from all major stakeholders across the UK, and aims to report in July 2013.

The AoMRC and NHS Employers believe these recommendations are applicable for use across the UK, whilst recognising that there will be local variation in how they might operate and be implemented.

Background

The majority of UK doctors in training will change their clinical posts on the first Wednesday in August. A UK study has highlighted a 6 per cent increase in mortality for patients admitted on this day¹. This is in line with international evidence showing increased mortality of between 4.3-12 per cent and 0.3-7.2 per cent longer lengths of stay around changeover dates².

To be able to practise safely, trainees must have access to adequate senior support³. This

Recommendations

The following recommendations outline the agreed best practice for minimising detrimental effects on patient care during changeover periods; ensuring trainees are well supported to perform their duties and can benefit from available learning opportunities.

The GMC's standards for postgraduate training, set out in *The Trainee Doctor*⁷ and monitored through the GMC's Quality Improvement Framework, place the highest priority on patient safety where training is being provided. GMC mandatory requirements that apply to all doctors in training include the need for appropriate support or supervision at all times, organised handover arrangements, shift/rota patterns that minimise the adverse effects of sleep deprivation and arrangements for induction. More specific requirements in these and other areas apply to Foundation doctors. The recommendations below take account of GMC requirements.

At the time of changeover it is vital that very careful consideration is given to the staffing of rotas. The fundamental pattern of a rota does not need to change, as this could cause confusion, but the way that it is populated may need to be adjusted. Trainees should not be expected to work out of hours without appropriate support until they have completed all the relevant induction, have acquired the relevant competencies and have had the opportunity to familiarise themselves with the procedures and practical considerations necessary to practise safely. As a result it may be necessary to populate the rota with other doctors, such as specialty doctors or those graded on the consultant contract, working within the employing organisation and use them to cover what would otherwise be gaps in service provision. This may mean annual leave being less available at the relevant time.

It is important that doctors are able to move between rotations, which can be geographically distant, as easily as possible. Alternative arrangements to cover out of hours duties may be necessary to ensure that doctors have adequate time to travel between rotations and attend induction at their new place of employment.

When trainees do commence on the out of hours rota or have on-call responsibilities, it is vital that they are adequately supported in discharging their duties and are able to take advantage of appropriate learning opportunities. There must be suitable access to senior advice and, where relevant, direct senior review when the trainee has concerns about a patient. Taking care that other parts of the rota are adequately staffed, and ensuring appropriate qualified doctor presence, will ensure that the new trainees have appropriate workloads in line with their capacity and competence and can deliver care to patients at the right time and to the right quality. It is also necessary to have available the right numbers and skill mix of other healthcare workers, for example nurse practitioners, site managers and physician's assistants.

To help ensure delivery of excellent standards of patient care, it is important that doctors have practical knowledge of their new location and work setting. Induction is a fundamental prerequisite for this. Induction is multifaceted and includes expounding statutory regulations, imparting essential safety information, occupational health input and orientation to the clinical environment. It is also an important way to ensure that new starters feel valued as a member of the organisation from the beginning.

It is very important that the newly arrived doctor gets a comprehensive introduction to the clinical environment they will be working in. This vital component should not be overshadowed by the need to impart large quantities of corporate information, such as fire evacuation procedures or human resources protocols. While this is important, clinical effectiveness and patient safety rely on familiarity with the clinical environment. Delivering corporate induction need not be resource intensive, for example it could be delivered by electronically and in streamlined ways. This can free more time for face-to-face clinical orientation. Induction activities will normally be undertaken within work hours during the first week of employment. Where the employer, in the interests of the service or the quality of the training, requires the employee to undertake specified induction activities before taking up post, then the time spent on these activities should qualify for some form of recompense; either time off in lieu or payment. Employers should agree local policies to clarify the level of recompense⁹

NHS Employers

NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

pay and negotiations

recruitment and planning the workforce

