

BMA

**BMA Scotland
Supporting
resident doctor
wellbeing –
now and for
the future**



Foreword



Alisdair Gilmour
BMA Scottish resident doctors
committee chair

Even before the COVID-19 pandemic hit Scotland, BMA Scotland had already reported that resident doctors in Scotland were under pressure and concerns were growing about their wellbeing and work-life balance. They were at risk of burnout from very early on in their careers and urgent action was needed to improve the wellbeing of resident doctors across the country.

Life during the pandemic has amplified these signs and many resident doctors are considering how their work impacts upon their personal lives and whether they are able to achieve the work life balance they need.

In my tenure as chair of BMA Scottish resident doctor committee (SRDC) this has been one of our top priorities – having been a resident doctor for over 10 years, I've come to understand the concerns many of us have around wellbeing and the need for that to be prioritised. Wellbeing is vast: it can range from having access to the simplest of things, but no less impactful, like having a space in your place of work to relax and decompress on your break to manage fatigue, to having easy access to hot food during a nightshift, to having a better work-life balance and more flexible ways of working.

Working conditions need to be improved for doctors in general, but this paper will focus specifically on how they could be improved for resident doctors. We are somewhat unique in that we are a diverse group of medical professionals whose job and skills vary widely, rotating between different work environments regularly and sometimes across wide geographical areas.

BMA Scotland conducted a snap survey of our resident doctor membership to seek their views on wellbeing and how best to approach the problems the workforce is facing. Of those who responded, **nearly three quarters said they did not feel supported by their employers in relation to their wellbeing** – this is a huge issue and one that must be addressed urgently. That includes ensuring residents receive their rotas on time – at least six weeks in advance – which is something that does not happen consistently across all health boards. This may seem like a small thing, but a delayed rota has a detrimental impact on resident doctors who are not able to make plans. Some resident doctors have reported receiving their rota within the same week of starting a new rotation, and this of course does affect their wellbeing.

The [Caring for doctors Caring for patients: How to transform UK healthcare environments to support doctors and medical students to care for patients review](#) was published by the GMC in November 2019, before the COVID-19 pandemic, and outlined eight key recommendations to address doctor wellbeing. It identified and discussed many of the issues and areas for action that are summarised below and should be considered alongside this document. The following phrase from the report's introduction should be carefully noted by all NHS stakeholders:

“Research shows that staff wellbeing significantly improves productivity, care quality, patient safety, patient satisfaction, financial performance and the sustainability of our health services”¹

We are asking for tangible changes to working life for resident doctors across Scotland to address this key issue of wellbeing as we recover from this pandemic. To preserve the future medical workforce, we need to evolve – and a transformational change in workplace culture is desperately required.

Alisdair Gilmour
BMA Scottish resident doctors committee chair

¹ GMC Caring for doctors caring for patients review 2019

Valuing the resident doctor medical workforce

BMA Scotland is asking that the Scottish Government and NHS employers demonstrate a clear commitment to valuing and protecting the resident doctor medical workforce. This means prioritising doctors' health and wellbeing and ensuring supportive and safe environments to train and work. The pandemic has had a significant negative impact on resident doctor mental and physical wellbeing, exacerbating the already long-standing issues they have faced for several years.

Resident doctors have been used a vital resource by the NHS in its response to the pandemic and with that have experienced considerable disruption to their education and training, to their normal working patterns, their own roles, and settings in which they work and their future plans and careers. The GMC [State of Medical Education report 2020](#)² stressed the impact this has had on doctor's wellbeing cannot be overstated.

“There is abundant evidence that workplace stress in healthcare organisations affects quality of care for patients as well as doctors' own health”¹

As we look ahead to the longer term, doctor health, safety and wellbeing must remain the highest priority and be embedded across all areas and at all levels. It will be key to NHS recovery and transformation – and critical to sustaining the future medical workforce and the NHS in Scotland. The recent Scottish Government [NHS Recovery Plan](#)³ acknowledges that the NHS is struggling and the requirement to “**put wellbeing of staff first**”. However, the report does not feature any plan to retain current staff or build the “workforce needed for the future”.

² GMC State of Medical Education report 2020

³ Scottish Government NHS Recovery plan, August 2021

Managing fatigue and preventing burnout

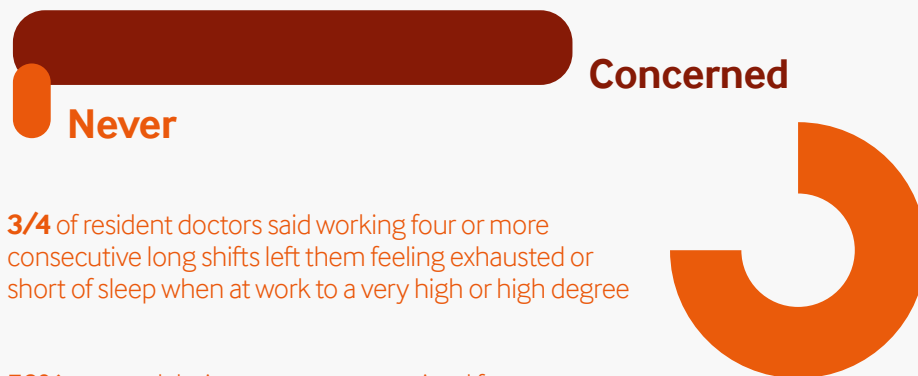
Workloads, working hours, and administrative burden are all associated with burnout²

Evidence from the [GMC National Training Survey 2021](#)⁴ clearly demonstrates that burnout rates amongst trainees and their trainers are at an all-time high, this should be a concern for all, and urgent action is required to avert a crisis in the medical workforce.

Resident doctors have told us that they are most concerned about their health and ability to manage fatigue in terms of their workload, shift working patterns, and their ability to take leave and breaks.

“Doctors are forced to work more hours than they can actually physically cope with because of staff shortages with absolutely no regard for their mental, emotional or physical wellbeing or that they have responsibilities outside work e.g. care responsibilities”.
Specialty trainee (ST3+ level) resident doctor

74% felt concerned for their personal safety, or that of their colleagues, whilst working long shifts “often” or “sometimes” – with only **6%** saying never



3/4 of resident doctors said working four or more consecutive long shifts left them feeling exhausted or short of sleep when at work to a very high or high degree

50% reported their current rota contained four consecutive long shifts (a shift lasting 10 hours or longer), with **18%** having more than four consecutive long shifts in their current rota



BMA Scotland resident doctor survey July 2021

“Work periods of over eight hours carry an increased risk of accidents that accumulates, with twice the risk of an accident at around 12 hours compared with eight hours of work”. GMC Caring for doctors, caring for patients

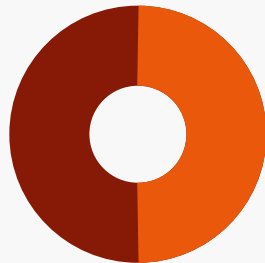
There is robust evidence of the health consequences of shift work and sleep deprivation, and associated risks. **Caring for doctors, Caring for patients**, review looked at the factors that impact on the mental health and wellbeing of doctors and reported that fatigue and sleep deprivation – associated with long working hours and shift pattern working – impacts on personal safety risks, error rates and patient care. The BMA report [Fatigue and sleep deprivation – the impact of different working patterns on doctors](#)⁵ also stresses the disruptive effects of shift working on the natural sleep cycle as a substantial risk factor for fatigue, particularly working night or early morning shifts, rapidly rotating schedules, short recovery times between shifts, and working full shifts in succession.

“First of all, ability to take my leave when I want it without having to fight tooth and nail for it or be outright denied it with fixed leave. The ability to take breaks when needed. Shorter shifts – 72 hour, seven day weeks are insane, then one day off and back to it. It’s unsustainable. Less service provision and more actual training.”

Foundation Year (FY2) resident doctor

In recent years there has been progress made towards safer working hours and patterns for resident doctors in Scotland. However, more can and needs to be done to minimise the detrimental effects well evidenced and associated with shift work and fatigue.

Resident doctors have told the BMA they are concerned for their health, and for their personal safety or that of their colleagues whilst working long shifts. This is concerning and evidence shows the risk of fatigue and negative impact of long working hours and that working consecutive long shifts increase the risk of fatigue and related risks increase with the number of shifts worked consecutively.



Over **50%** stated on a typical shift they “never” or “rarely” get to take at least 30 minutes’ continuous rest after approximately four hours duty, without interruption.

Main reasons

43% said this was mainly due to being interrupted with phone calls or referrals



Interrupted

36% said it was due to staff shortages/lack of staff to cover



Shortages/lack of staff

BMA Scotland resident doctor survey July 2021



Resident doctors have told the BMA that rest facilities would have the most positive impact on their work life and wellbeing, when considering benefits which could be (or already are) be provided by their employer.

Other top key benefits (second and third from the survey findings) are more flexible working and safe and secure car parking.

BMA Scotland resident doctor survey July 2021

A cultural shift is needed towards promoting the importance of taking breaks and rest periods for ensuring doctor wellbeing and for patient safety. The BMA, British Medical Journal, Royal Colleges, and others (Guy and St Thomas NHS Foundation Trust, which developed the '[HALT: Take A Break](#)' campaign) continue to highlight that this problem persists and is worsening – affected by increasing pressured workloads and unsupportive environments.

What are the some of the issues affecting resident doctors in Scotland?

In our recent BMA Scotland survey specific to resident doctors, those who responded revealed the following:

- **3/4** said working four or more consecutive long shifts left them feeling exhausted or short of sleep when at work to a very high or high degree
- **50%** reported their current rota contained four consecutive long shifts – defined as a shift lasting 10 hours or longer in duration, with **18%** having more than four consecutive long shifts in their current rota
- **Over 50%** stated on a typical shift they “**never**” or “**rarely**” get to take at least 30 minutes’ continuous rest after approximately four hours duty, without interruption
- **74%** of respondents reported they felt concerned for their personal safety, or that of their colleagues, whilst working long shifts “often” or “sometimes” – with only **6%** saying never
- **71%** do not feel supported by their employer in relation to their wellbeing

The implementation of small and effective changes to working conditions and environment can help reduce burnout and better protect the safety of staff. Ensuring rest facilities are provided for staff, particularly overnight and post-shift for those too tired to drive home, as well as having a doctors’ mess available may go a long way towards ensuring better wellbeing and social support among resident doctors. Safe shift patterns and rest facilities primarily protect the health and safety of patients by protecting the health and safety of staff, by allowing staff to adequately rest – reducing fatigue and improving wellbeing. Whilst the pandemic brought some new and improved access to provisions for rest, as well as catering, there remains much variability of experience across Scotland, and many of these provisions have now been retracted or diminished. It is vital that the NHS ensures staff have adequate facilities and areas to rest and recuperate, and that this is sufficiently funded for the longer-term and signposted to support doctors’ wellbeing.

How to address the pressing issue of fatigue for resident doctors and manage it effectively

- **Maximum four consecutive long shifts:** Rota design that mitigates against fatigue developing can help to prevent medical error. To limit the number of consecutive long shifts to an absolute maximum of four in any seven days for resident doctor rotas as a priority.
- **Rota approval:** ensure all resident doctor rotas have a burnout assessment, in addition to a robust educational approval process with the involvement of resident doctors.
- **Protected time off and bleep-free policy:** there needs to be a shift in culture to one of leadership amongst employers which recognises and is supportive of the need to protect time allowing for rest and uninterrupted 'bleep-free' breaks for staff, to maximise alertness at work, to minimise risks to staff, and to patients. To develop nationwide 'bleep-free' periods, where staff can take their breaks uninterrupted and consider modifying the monitoring criteria for breaks to ensure they are uninterrupted (excluding emergencies), without compromising the ability for senior staff to take rest.
- **Rest-areas:** make calm, quiet and relaxing rest facilities available for resident doctors before, during and after their shifts, including the ability to lie down for necessary rest to manage fatigue particularly during night shifts. As stressed in the Caring for Doctors review to agree minimum standards for basic facilities across all working environments. The Review recommends the implementation of the [BMA's Fatigue and Facilities Charter](#) – there are now charters for [NHS Wales](#) and [Northern Ireland](#). To develop in partnership a Fatigue and Facilities charter for Scotland.
- **Improve awareness of the effects of fatigue:** greater recognition among employers of fatigue and its effect upon the individual and patients. Employers need to be aware of how circadian rhythms can be influenced to maximise sleep quality and sleep duration, and thus maximise alertness at work, to minimise risks to staff and to patients.
- **Include doctors' wellbeing in induction programmes:** wellbeing, shift working, and fatigue reduction being covered as a compulsory part of all Health Board's mandatory shadowing and induction programme to ensure all resident doctors and those supervising them receive the necessary guidance and advice.

Workplace Culture

“The NHS needs to improve its workplace culture”.⁶

“Our annual leave is still fixed on our rota meaning there is no room for adjusting when to take leave hence you have to just keep working until exhausted. We should be allowed time off when we are too fatigued to make safe decisions”.

Foundation Year (FY1) resident doctor

Safe shift-patterns and facilities are vital for managing fatigue and overall wellbeing. However, the importance of workplace culture, and the various elements that contribute to organisational culture of the NHS, must be considered as it can adversely affect wellbeing. Resident doctors are at times treated poorly by other staff members, this type of behaviour is demoralising and can lead to feelings of anger, despondency, and belittling. The need for the ‘[Civility Saves Lives](https://www.civilitysaveslives.com)’ campaign⁷ is proof that there is a problem within the NHS. Rude behaviour in all aspects of the workplace, even seemingly inconsequential incivility, has been shown to have a detrimental impact on performance. This needs to change if NHS Scotland is to make the most of its workforce and promote a healthy workplace culture. Sadly, it is not a new problem and has been well-documented in the [Sturrock report](#)⁸ which looked at cultural issues relating to bullying and harassment within NHS Highland.

The GMC have noted that many workplace environments are not organised in such a way to make the best use of medical skills, often leading to reduced productivity and which can undermine patient care. While it may not appear obvious that the way in which resident doctors are utilised has a direct impact on their wellbeing, most resident doctors thrive when they are stimulated, are given the opportunity to develop themselves, valued and treated with respect. Medicine is a hierarchical career structure, but experience and level of training are not always well recognised. It is important to ensure that resident doctor jobs, for both training and non-training grades, offer appropriate level of responsibility, opportunity, and the ability to develop. Clinical tasks should be performed by those with the relevant training and experience or those in need of training under supervision. This is necessary to ensure that working for NHS Scotland is an attractive medical career option and retain existing staff.

“...the ability to perform virtual clinics, review of investigations, admin and project work from home or a flexible workplace. Current non-clinical workspace for resident doctors is generally very poor or non-existent.”

ST8 resident doctor

What could be done:

- **Civility Saves Lives:** cooperate with the ‘Civility Saves Lives’ campaign to role-out a nationwide, mandatory, all-staff education programme (such as active bystander training), working to ensure that poor behaviours are not tolerated and empower people to act to prevent bullying and harassment when witnessed.
- **Feel good at work:** review the roles performed by resident doctors and ensure that both training and non-training grades are valued, stimulated, and given the opportunity to develop and excel throughout their career.
- **Compassion champion:** as suggested by the Sturrock Report, an individual should be appointed in each health board/NHS site/department to act as a “mental health first-aider” and look for signs of stress within NHS organisations, able to raise concerns, and be a support for staff to turn to.
- **Development of support mechanisms:** Peer support is one such practical approach which has proven to be effective in supporting resident doctors in their wellbeing. This should be actively promoted and supported across the NHS at all levels. However, it must be recognised that further forms of more specialist support may be required, and these must be signposted. Resident doctors must be involved in decisions on what support requirements are needed, and how they are delivered, recognising there is no one support or intervention that is suitable for all.

⁶ NHS in Scotland 2019, Audit Scotland

⁷ <https://www.civilitysaveslives.com>

⁸ Cultural issues related to allegations of bullying and harassment in NHS Highland: independent review report, Scottish Government, May 2019.

Work life balance and flexible working

There are other wider work factors that affect doctors' working lives and can impact on fatigue. This includes being required to take fixed annual leave only at specified times within a rota, rather than being able to negotiate or choose the timing of holidays. This does not take account of when is best for an individual doctor to have a period off for rest and recovery, caring responsibilities, circumstances at home or even allowing doctors to achieve the work life balance they need. Even without fixed leave, many rotas are very restrictive and the processes for requesting and approving leave can vary enormously.

We have heard strongly from our members that there are barriers to them taking their annual leave entitlement when they want or need. Given the stresses and strains that resident doctors face in their work this only has a detrimental impact on their wellbeing.

Enabling resident doctors to self-roster, and the use of electronic rostering (e-rostering) are recommended tools to dealing with issues linked with managing leave. They provide solutions which are effective and efficient and can improve the work-life balance of staff whilst ensuring organisational needs are met.

Work life balance – a contributing factor to wellbeing – is a top concern and priority issue for our members. In fact, almost **80%** of those we surveyed said that more flexible working patterns would have a positive impact on their health and wellbeing.

This reflects increasing reports which show that the current medical workforce values flexibility – in their scheduling and working arrangements, as well as their training. Our members have told us that inflexible working arrangements, where they feel they have no control over their working lives, including when they are able to take annual leave, can lead to the feeling of being on a constant treadmill, and contribute to stress and burnout.

BMA Scotland is concerned that there remains a perception among residents that it can be difficult to access flexible training and the ability to work less than full time (LTFT) – in our recent survey, only a small proportion (**11%**) reported they agreed there were opportunities to work more flexibly, including less than full time (LTFT), if they wanted to. For the service to attract future doctors but also, importantly, to retain the expertise and skills of the ones we have then it is vital that the health service addresses issues of flexibility in training and working.

“Ability to minimise runs of long shifts, not working back-to-back weekends, time off for important and short notice life events including child illness, ability to pick annual leave flexibly”.
Foundation Year (FY1) resident doctor

Does your current clinical working pattern allow you to achieve the work-life balance you want?

Yes **13%**

Rarely **32%**

Somewhat **40%**

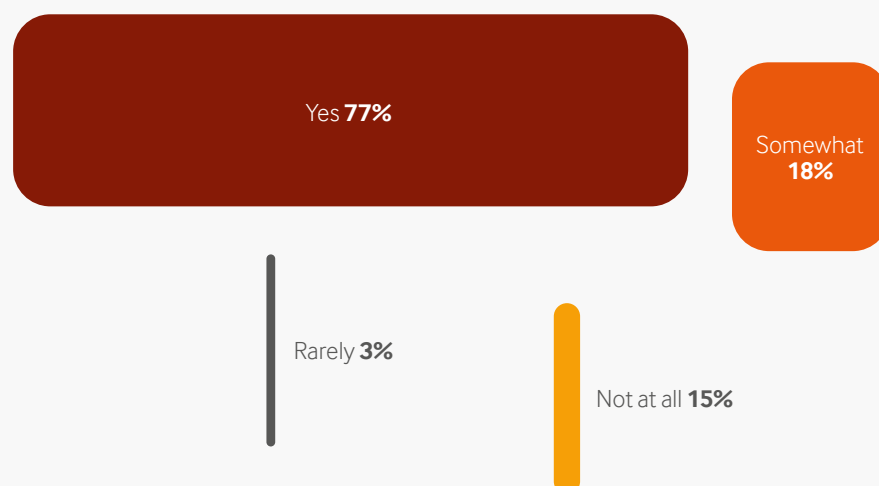
Not at all **15%**

BMA Scotland resident doctor survey July 2021

How do we address this?

- **Remove barriers to taking annual leave:** Resident doctors should have the ability to agree their leave periods, and for leave to be taken at a time when they need and want to. The requirement to take annual leave at fixed times in the rota should be the exception. Remove the 'six-week rule' for standard leave requests unless the absence will specifically involve cancelling, modifying or moving patient-facing clinical activity.
- **Self-rostering and e-rostering solutions** – Resident doctors to have the opportunity to self-roster and the use of electronic rostering systems across NHS Scotland. These solutions will assist NHS Scotland meet the aims of removing barriers to resident taking annual leave and provide a collaborative approach to good rostering and rota design with the involvement of resident doctors.
- **Rotas in advance:** ensure earlier release of rota patterns, including on-call, with urgent review of the Scottish Code of Practice with a plan to ensure agreed standards are met.
- **Leave requests in advance:** ensure all resident doctors can request leave in advance, with a guarantee it will be acknowledged and honoured unless there are exceptional circumstances.
- **Non-clinical time for all:** modify rotas to ensure that all resident doctors have adequate time for study, research, clinical/non-clinical admin time and any other requirement for their ARCP or training programme.
- **Ability to work LTFT:** ensure all resident doctors can work LTFT if they wish, removing the requirement to give any justification or reason.
- **Flexible working:** explore options for resident doctors to work flexibly where appropriate:
 - Distribution of laptops or remote IT access
 - Allow non-clinical days to be worked from home, with access as above
 - Improve non-clinical workspace for resident doctors

Do you feel that non-clinical work such as exam revision, audit/research projects, ARCP requirements and admin compromise your work-life balance?



BMA Scotland resident doctor survey July 2021

Summary

The NHS is in the midst of a hugely challenging period. The COVID19 pandemic has pushed services to the brink, but we can't ignore that the NHS was in a challenging period prior to the pandemic, doctors face more demand than ever before, and the capacity and resource of the NHS has not kept up with that demand.

Resident doctors are a large part of the NHS workforce and represent a group of doctors who vary greatly; from straight out of university to those with significant experience and responsibility, who may have been in postgraduate training in a particular specialty for more than 10 years. Due to the training and rotational nature of

“The wellbeing of doctors is vital because it is linked to a significant problem with retaining doctors, which is exacerbating existing difficulties with providing the numbers of doctors needed to support our health services”.
Caring for doctors caring for patients

their jobs, often their concerns are forgotten, and this has impacted greatly on their morale. The current resident doctor workforce represents a substantial proportion of doctors in Scotland. They are the senior doctors of tomorrow and deserve to be treated with respect as much valued colleagues. If we want to retain our resident doctors and encourage the take up of senior posts then we must change the way we do things, focus on safe environments to work, and train and wellbeing – by allowing access to increased flexibility and putting an emphasis on allowing people to have the work life balance they need. We must also acknowledge that discrimination is a problem within the NHS and discrimination in all its forms must be challenged and addressed. The evidence is clear from

both the voices of our members on the ground as well as other medical organisations such as the GMC and the Royal Colleges, if the NHS is to recover and be sustainable for the long term, then staff wellbeing must be at the heart of all we do. This paper is a clear start outlining how we can improve the professional lives and wellbeing of resident doctors – ensuring Scotland can have a healthy, motivated medical workforce not only tomorrow but in the years to come.

BMA Scotland

British Medical Association,
14 Queen Street, Edinburgh EH2 1LL
bma.org.uk

© British Medical Association, 2021

BMA 20210346