RESIDENT DOCTORS

FIVE PRIORITIES FOR WELLBEING AT WORK

BMA

There are a range of ways to support wellbeing at work and show that doctors are valued and supported.

The BMA has worked with national and local reps to seek feedback from doctors on the specific things that would make the most difference to their everyday working lives.

These are your five priorities, although there are many more ways employers can better value doctors, including some that are key locally.

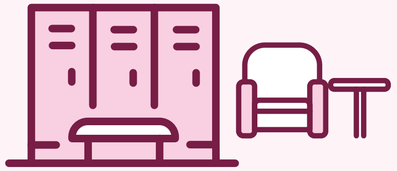
Note: this pack has been developed for hospital doctors in England, particularly resident doctors in non-acute settings, but can be easily adapted for use in other settings and in the devolved nations.

The five priorities for improving resident doctor wellbeing

On-call designated parking spaces

Self-directed learning time (SDT or SPA) commensurate to the needs of each individual

The right to work from home to undertake portfolio and self-directed learning time (SDT or SPA)



Mess, rest facilities and lockers should be included in all hospitals including any new hospital builds

Access to an out-of-hours menu 24/7 that includes a hot meal and cold snacks for staff

Setting up your local wellbeing campaign

This is a guide to support BMA Local negotiating committee (LNC) reps to deliver the wellbeing priorities, with the support of BMA officers. This guide will set out how you can work with your LNC to present key arguments for implementing the five priorities. Our guidance will include ways to campaign on each of these issues and involve members in the process, so that local leverage can be increased to support local LNC discussions and agreement with the Employer.

Step 1 – Find a lead

Wellbeing is an important issue and having a wellbeing champion or lead rep to take forward these issues in each workplace will be the key to local progress. The first step is to identify a BMA LNC rep who will lead on local implementation of the checklist.

Who's involved: BMA LNC rep

Step 2 – Build a Wellbeing campaign team

Don't work in isolation – Build a small Wellbeing campaign team to support achieving these five priorities and act as a forum to share ideas and build support. Alongside working with other LNC reps, you should also table wider discussions at your JDF and seek volunteers, promote the checklist during teaching days or whenever you get the opportunity to talk to colleagues. Share details of this campaign, including graphics, on any hospital or ward/work or WhatsApp groups and generate discussion, for example by asking colleagues to rank order their priority issue, so you can best represent your local members when presenting the campaign to employers. It's important to keep this community growing as the campaign progresses.

Who's involved: BMA LNC rep/ Wellbeing lead initially, wider campaign team as recruited

Step 3 – Power map, plan and prioritise

You may decide to start your local campaign by initially targeting one or two priorities rather than campaigning for all five at once. Before doing this, it is important to map out the key stakeholders for the campaign and any obstacles you foresee getting in the way of achieving the aims. This will help map out your route to success. Identify and prepare the different campaign tactics you will be using. By talking to colleagues about the checklist and inviting their involvement you will be driving interest and support for the ideas.

Who's involved: Wellbeing campaign team

BMA LNC rep – an accredited BMA representative who sits on the Local negotiating committee (LNC).
Wellbeing lead – a BMA member or representative who agrees to take the lead on the wellbeing campaign (this may or may not be the BMA LNC rep)
Wellbeing campaign team – a wider team of BMA LNC reps, the wellbeing lead, BMA members and doctors that want to support the campaign, other individuals that are supporting the campaign for example the Chief Registrar.

Setting up your local wellbeing campaign

Step 4 – Campaigning activity

Campaign – Develop arguments to show how implementing the priorities will enhance wellbeing. Share these arguments with members and seek their backing. Put the campaign plan into action – discuss and hold votes at JDF, start petitions, gather anonymous examples of how each of the changes would personally affect local doctors and set up a local campaign, use WhatsApp groups and write to key decision makers and stakeholders to request their support for any proposals. All this will provide evidence to demonstrate to employers the need to act on these priorities. Explain to employers that the checklist will be a way to re-engage with the resident doctor workforce at a time of national dispute, by demonstrating how much they value resident doctor staff and their wellbeing.

Who's involved: Wellbeing campaign team

Step 5 – Take it to the LNC/ JLNC meeting

BMA LNC reps should table the prioritised version of the five priorities, and any further local priorities at an LNC meeting. This will give you the chance to discuss the proposals with other BMA representatives of all grades and request their support. Next, ask for the priorities to be added onto the joint agenda to discuss with management at the JLNC. If management are already aware of JDF discussions and widespread support for the checklist, this will give you far more leverage in the meeting.

Who's involved: Wellbeing Lead and BMA LNC rep

Step 6 – Evaluate

At regular intervals throughout the campaign, discuss within the Wellbeing campaign team what are the current obstacles in the way of campaign success and how can the campaign plan be amended to overcome these. Evaluate which elements of the campaign have been successful and which have not gone as well. Create recommendations, put these into action and evaluate frequently. Once you have managed to successfully implement one aspect of the wellbeing checklist use your learning to focus on a further area of the checklist.

Who's involved: Wellbeing campaign team

Developing your key arguments

Be prepared with your key arguments ahead of the JLNC meeting. You will undoubtably be able to come up with your own arguments and add local examples about why the checklist needs to be implemented. Here are some initial points to facilitate further discussions. Use your campaign group or JDF meetings to compile your key arguments.

On-call designated parking spaces

This is primarily a Health and Safety issue. Lone workers leaving or arriving often during very antisocial hours or in very dark conditions and usually alone should be given priority access to lit, accessible car parking which is a short route from the hospital. The number of spaces required should be calculated based on the rotas.

Under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999, employers have a legal duty to assess all risks to health and safety, including the risks of lone working.

If staff do not feel that their current parking arrangements are safe, they can ask for a risk assessment. Risk assessment is a process of identifying hazards in the workplace and how likely it is that they will cause harm to staff. It should be a dynamic process whereby risks are constantly re-assessed. If a risk is identified the employer has a duty, in law, to remove the risk or reduce it. If you have identified health and safety issues with any current arrangements, you may want to discuss with your IRO ways to escalate the issue.

Additionally having accessible and nearby parking arrangements will allow doctors to respond quickly, park safely and use their time efficiently.

www.nhsemployers.org/publications/workplace-health-and-safety-standards

www.hse.gov.uk/pubns/indg73.pdf

Self-directed learning time (SDT or SPA) commensurate to the needs of each individual

Adequate time to undertake SDT/SPA time is a contractual right for all trainees according to schedule 5, paragraph 2. This sets out that doctors are entitled to exception report if they have not received adequate pay or time to complete the following 'any professional activities that the doctor is required to fulfil by their employer (e-portfolio, induction, e-learning, Quality Improvement and Quality Assurance projects, audits, mandatory training/courses)'

The Foundation programme review established that all foundation doctors should be given Self Development Time (SDT) of 2 hours per week to work on their portfolios. In many trusts this has been added to work schedules and can be taken in various ways – 2 hours per week, 1 day per month etc. If that time is missed due to work pressures, it should be exception reported so that the time can be made up. However, in other Trusts the SDT time is not on work schedules and is not being routinely offered to all doctors. NHS Employers advised that SDT time should have been in work schedules from August 2021. Occasionally, the SDT time is included on work schedules but not incorporated into a rota, so in reality trainees never find time to take the allowance.

Survey all foundation doctors to find out whether SDT time is being appropriately allocated and taken up.

Establish an agreement with the Trust to include SDT time on all rotas and work schedules.

Remind members that the Guardian of Safe Working (GoSW) will be able to remedy any missed SDT time through the exception reporting process.

Foundation programme review | NHS Employers

NHS-Doctors-and-Dentists-in-Training-England-TCS-2016-VERSION-11.pdf (nhsemployers.org)

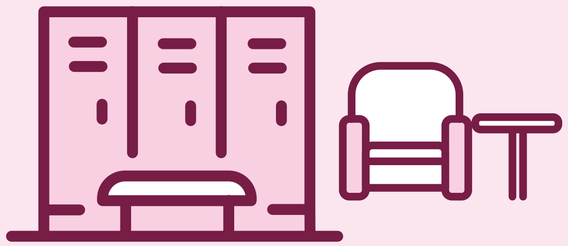
The right to work from home to undertake portfolio and self-directed learning time (SDT or SPA)

The BMA regularly hears that doctors of all grades find it increasingly difficult to undertake non-patient contact work on site. A lack of office space, or a quiet area, poor wi-fi or limited IT facilities, the lack of a comfortable chair or workspace can make it extremely difficult.

There may be a health and safety issue if there isn't a compliant workspace, and this could be something to explore. A secondary issue is the number of interruptions, requests and background noise when working on-site. For this reason, many local policies state that with prior agreement study time can be carried out at home. However, it is less frequently agreed that 'resident' doctors can work from home.

We see no reason why doctors who remain contactable should not be allowed to work from home regularly. This is likely to lead to more productive study periods, a better work life balance and improved wellbeing.

Trusts are obliged to provide adequate learning space/ resources in their contracts with deaneries (now NHS England) in exchange for being allowed to host trainees. These contracts are also referenced within doctors' employment contracts.



Mess, rest facilities and lockers should be included in all hospitals including any new hospital builds

These facilities should be available to all resident doctors, not just those that pay into a mess fund, and accessible 24 hours a day. They should be updated and offer quiet sleep/areas as well as offering food preparation areas and study areas. Lockers, changing facilities and showers should also be available.

In 2018 all trusts signed up to the BMA Fatigue and facilities charter, in return they each received funding from government to update facilities, in particular the mess facilities. Trusts that have signed up to that charter should still abide by it, although they may need reminding of that. Employers may need to be reminded about how important mess facilities can be when doctors are selecting a trust to work in. Multiple websites offer scored feedback and ranking of mess facilities from doctors, this is an important and competitive area. Mess facilities do have a bearing on a doctor's choice to work in a trust.

The contract also states in schedule 13, paragraph 7 that 'doctors who are rostered to work a night shift must have an area to take a meal and other rest breaks' an appropriate mess would fulfil this requirement.

It should also be noted that Regulation 23 of the Workplace (Health, Safety and Welfare) Regulations 1992 entails, in practice, a legal requirement for lockable storage to be provided in a suitable location for most doctors.

www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/creating-a-healthy-workplace/fatigue-and-sleep-deprivation

www.bma.org.uk/pay-and-contracts/contracts/junior-doctor-contract/junior-doctor-contract-in-england

Access to an out-of-hours menu 24/7 that includes a hot meal and cold snacks for staff.

Access to year-round catering, a hot meal and a catering facility available for at least two hours overnight between 11pm and 7am was a key pledge in the Fatigue and facilities charter. However, in many trusts provision can be as basic as access to a microwave rather than to healthy and freshly prepared food which would likely be better for employee wellbeing and performance.

While we saw many trusts temporarily improving the food or canteen offering during Covid in many areas this has reverted to very limited and inadequate facilities.

The contract states schedule 13, paragraph 4 that where doctors are required to work during the night, they must be able to access both hot and cold food and drink.

Trying to convince a primarily daytime orientated trust management of the need for out of hours facilities can be difficult but undertaking an assessment of current options in your trust, assessing likely interest in a new provision, and putting forward proposals for hot food at night, hours and options that would be acceptable could form the basis of a submission to management.





BMA