

# The Haven at New Place

Peter Hockey

January 2018

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# Wellbeing Workforce Wessex

## Medical school places to increase next year

🕒 9 August 2017 | 🇬🇧

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**An extra 500 medical school places in England have been confirmed for next year by the government.**

The Department of Health **announced in October it planned to add up to 1,500 more places** each year - a boost of 25% on current student doctor numbers - and says it will hit that target by 2020.

## Trainee Survey 2017 - Results Overall Satisfaction by LETB (Eng)

LETB/Deanery	Indicator	Year	Mean	Rank	Outcome	National Mean	National n
Health Education North East	Overall Satisfaction	2017	81.47	1	Within IQR	79.30	53074
Health Education South West	Overall Satisfaction	2017	80.79	2	Within IQR	79.30	53074
Health Education Thames Valley	Overall Satisfaction	2017	80.40	3	Within IQR	79.30	53074
<b>Health Education Wessex</b>	<b>Overall Satisfaction</b>	<b>2017</b>	<b>79.97</b>	<b>4</b>	<b>Within IQR</b>	<b>79.30</b>	<b>53074</b>
Health Education North Central and East London	Overall Satisfaction	2017	79.68	5	Within IQR	79.30	53074
Health Education North West London	Overall Satisfaction	2017	79.45	6	Within IQR	79.30	53074
Health Education Kent, Surrey and Sussex	Overall Satisfaction	2017	79.32	7	Within IQR	79.30	53074
Health Education West Midlands	Overall Satisfaction	2017	78.79	8	Within IQR	79.30	53074
Health Education North West	Overall Satisfaction	2017	78.77	9	Within IQR	79.30	53074
Health Education South London	Overall Satisfaction	2017	78.31	10	Within IQR	79.30	53074
Health Education Yorkshire and the Humber	Overall Satisfaction	2017	78.21	11	Within IQR	79.30	53074
Health Education East of England	Overall Satisfaction	2017	78.06	12	Within IQR	79.30	53074
Health Education East Midlands	Overall Satisfaction	2017	77.31	13	Within IQR	79.30	53074

## Enhancing junior doctors' working lives

### A progress report

The agreed training issues identified were:

- difficulties that arise from late rota notification and fixed leave;
- the mechanisms to deploy junior doctors in certain areas or regions that do not adequately facilitate caring responsibilities or the maintenance of relationships and family life;
- limited opportunities for doctors to train flexibly, including structural and cultural barriers to less than full time (LTFT) training;
- varying equity in study leave provision;
- the need for improvements to induction and mandatory training, including an end to unnecessary repetition;
- the rising costs of training for individual junior doctors, including the cost of examination fees;
- inequality in time out of training – the need to help doctors with improved, and more individually tailored, support upon their return to training;
- the need to support an increasing number of doctors at the post foundation/pre-specialty level who are looking for a more flexible approach to career progression;
- the need for trainees to move home repeatedly during training where this lacks educational justification or support from trainees; and
- the need for clearer legally-binding protections for junior doctors if they believe they are subject to detrimental treatment by HEE as a result of whistleblowing.



# Develop professional regulation fit for future workforce



By [Harry Cayton](#) | 2 January 2018

## Solutions

One of the solutions – and there will need to be many - is to develop new roles, to break down the boundaries between professions, to create healthcare workers who can complement and extend the capacity of doctors or pharmacists or nurses.

New roles like nursing associates and physician associates are being created, care assistants are being better trained and sometimes better paid; healthcare providers are identifying needs and filling gaps.

But will we stifle this workforce innovation and creativity before it grows by regulating it out of existence? Professional regulation creates boundaries and barriers, it defines and specifies, it focuses on individuals not teams and it is a tax on work, pushing up costs for worker and employer alike.



Department of Health

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## Promoting professionalism, reforming regulation

### Overview

The UK's model of professional regulation for healthcare professionals has become complex and outdated. It needs to change to protect patients better, to support our health services and to help the workforce meet future challenges. Better and more responsive healthcare professional regulation is a shared ambition for both the regulators and all 4 UK governments.



It has set out its ideas in *Promoting Professionalism, reforming regulation*. These ideas include common standards of conduct for all health professions, a reduction in the number of regulators, perhaps from nine to three, replacing adversarial disciplinary procedures with consent and restoration, using intelligence to prevent harm and an objective methodology for deciding what level of regulatory assurance is needed for different occupations.

Online Survey closes 23<sup>rd</sup> January 2018



## Facing the Facts, Shaping the Future

A draft health and care workforce strategy for England to 2027



### Have your say on the draft workforce strategy

We want to hear your views to inform the Workforce Strategy that will be published in July 2018 to coincide with the NHS's 70th birthday.

The consultation starts 13 December 2017 and finishes at 5pm on Friday March 23, 2018.

**For consultation**



# Wellbeing

JAMA | **Original Investigation**

## Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students A Systematic Review and Meta-Analysis

Lisa S. Rotenstein, BA; Marco A. Ramos, MPhil; Matthew Torre, MD; J. Bradley Segal, BA, BS; Michael J. Peluso, MD, MPhil;  
Constance Guille, MD, MS; Srijan Sen, MD, PhD; Douglas A. Mata, MD, MPH

JAMA December 6, 2016 Volume 316, Number 21

As many as 400 doctors, the equivalent of two to three graduating medical-school classes, die by suicide every year, according to the American Foundation for Suicide Prevention--the profession has one of the highest rates of suicide.

**Number of deaths and standardised mortality rate for male and female suicide by occupational groups 2011-2015**

Occupational group and SOC code	Deaths	SMR	Deaths	SMR
Medical practitioners (SOC 2211)	59	63	22	101

These data suggest that the incidence of suicide among doctors may be lower than that of other specific occupations, but higher than the broad occupational group. The SMR indices indicate that male doctors have a lower rate than the general population, while women are near the national average. Being a doctor is therefore statistically protective against suicide for men, but not for women.



**Doctors and suicide: a review of prevalence and factors influencing risk compared with other healthcare professions.**

*Conclusion*

The risk of suicide for doctors is real, and there are work-related factors which may precipitate suicidal behaviour. Even where work-related pressures are indirect influences, there are opportunities for employers and educators to provide support and mitigation for those and domestic pressures.

# The Sen Lab

University of Michigan



## **Intern Health Study**

The Intern Health Study is a longitudinal cohort study that assesses stress and mood in medical interns at institutions around the country, enrolling over 3000 new interns each year. Supported by the National Institute of Mental Health (R01 MH101459, K23 MH095109), the University of Michigan Depression Center and the Taubman Medical Institute.

## **Study Aims**

This research study has three overarching aims:

- 1) To understand the factors involved in stress and depression among interns in order to foster a healthier, more educational environment for interns and safer care for the patients that they treat.
- 2) To utilize internship as a model of stress to identify genes involved in the development of depression under stress.
- 3) To identify peripheral biological predictors and biomarkers of depression under stress.





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This is a national, informal, peer-to-peer support network aiming to foster a compassionate and supportive atmosphere throughout the NHS.

# Advanced clinical practice framework

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Advanced clinical practice roles are increasingly seen as key to the delivery of healthcare services.

# Wessex

medical practice is complex and unpredictable. Nothing about it is straightforward. Doctors are there to exercise judgement in situations of uncertainty. Anything less does a disservice to society.

A study (Coles & Mountford, 1999) of clinical units that were highly acclaimed for their training by medical trainees showed them to be characterised by:

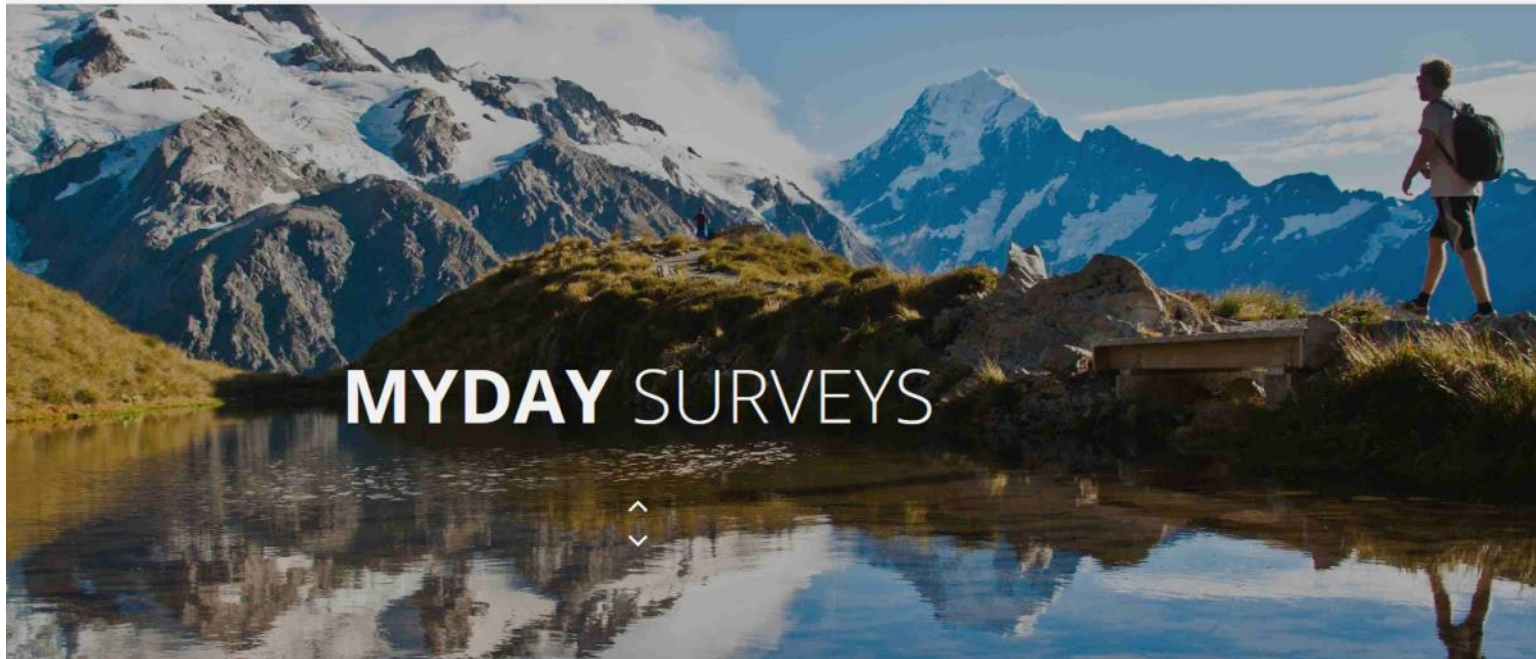
- a sense of **community** (feeling that you belonged there)
- a sense of **collegiality** (feeling that you were a colleague)
- a sense of **criticality** (feeling that anything that happened there could be openly and honestly discussed).

# MyDay Survey

**MyDay**

You can help us improve junior doctor wellbeing

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**CENTRE for WORKFORCE WELLBEING**

**Outline of proposed PhD postgraduate study**

- *Researcher 1. Investigation of psychological symptoms and emotional well-being in health professionals.*
- *Researcher 2. Investigation of insomnia, drowsiness, and decision-making in health professionals.*





## The chief registrar: Clinical leaders for today and tomorrow

Information for  
employing organisations



'A unique opportunity for physicians to develop leadership and management skills while remaining a key member of the medical workforce'

Dr Shea McNeill, chief registrar 2016/17

## Key recommendations

- **Positive overall influence:** Overall, the chief registrar scheme had a positive impact upon chief registrars and the individuals with whom they worked.
- **Significant contributions to service improvement, education provision and junior doctor engagement:** Chief registrars implemented a diverse range of locally tailored initiatives that delivered positive outcomes for organisations, and are likely to have contributed to cost savings through improvements in quality and safety.
- **Very strong evidence of personal leadership development:** Chief registrars developed leadership and mentoring skills and gained greater self-awareness, more confidence, and increased understanding of their role as a doctor and a medical leader. Direct experience of senior management activities and exposure to senior staff was extremely beneficial in understanding organisational decision-making and governance.
- **Enhanced medical engagement:** Chief registrars 'breathed life' into junior doctor fora and improved overall medical engagement between junior doctors, senior clinical leaders and managers. The 'bridge' role allowed a two-way flow of information which was welcomed on all sides.
- **Increased engagement with and facilitation of quality improvement (QI) across teams:** Chief registrars developed QI skills and became a source of QI advice within organisations. They were involved in developing a 'QI culture', which will benefit their organisations in the long term.
- **RCP leadership and management development programme:** The RCP development programme was well-regarded by the chief registrars.

<https://hms.harvard.edu/about-hms/deans-corner/deans-corner/exercise-your-curiosity>



During my 2015 Class Day address, I advised our newest physicians to let their curiosity get the better of them

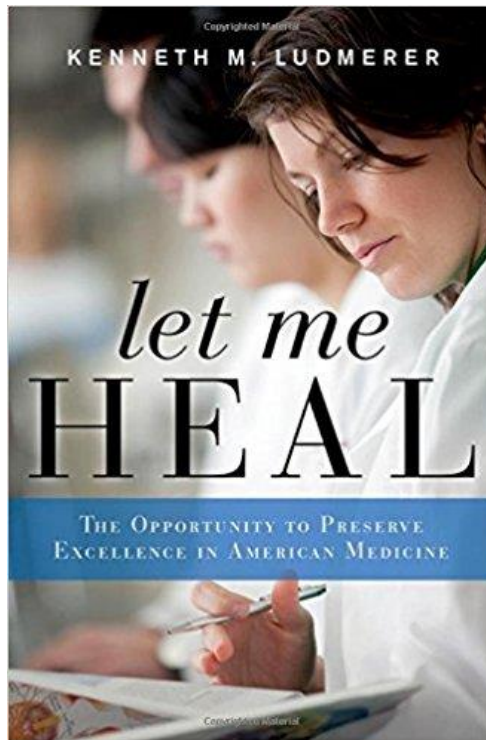
During your time at HMS, you have posed questions and you have taken the initiative to find answers. You have displayed aggressive curiosity. And that's a good thing to have in our profession.

Albert Einstein once wrote, "The important thing is to not stop questioning." Curiosity, he said, has its own reason for existing.

Curiosity about the individual patients before you is essential to your ability to understand their cultural background, their personal and health priorities, and their deepest values.

But the world in which you will be practicing as physicians is undergoing many changes, and these create both obstacles and opportunities to the exercise of your curiosity.

May you remain curious, while contributing to this exceptional profession



Ludmerer, in this book, describes the ways in which the rapid pace and organization of hospital medicine, combined with well-intentioned duty hour regulations and many, many other factors, make it more difficult for training programs today to achieve what might be seen as the optimal balance between service and education that made this system great.

These same factors also make it more difficult for trainees to focus on, and properly attend to, the needs of individual patients, in a manner that satisfies both them and their patients.

In a world of 15-minute clinical visits, both during your training and beyond, finding the opportunity to exercise your curiosity, to ask non-routine questions, and to probe the non-obvious aspects of a patient's history, can all too often get short shrift.



*Dr Rachel Mascord, BDS (Hons), University Medal; Dentist*

Doctors and dentists tend to be outcome driven, high achievers. <sup>[18, 19]</sup> This is a substantial problem when working with the human body and human beings, which are by nature highly unpredictable. The most carefully and skilfully conducted procedure may fail, simply because there are factors that cannot be controlled. Perfectionists (common in both professions) struggle with this reality.

Right now, the hot topic in medicine is resilience training, as though the building of hardier doctors will stop the suicides.

To make doctors and dentists resilient has become a neat way to avoid addressing the whole failing system of medicine and dentistry, from education, and overburdened systems, through to the challenge of retirement and the emptiness this can bring.

Developing resilience in people is like trying, too late, to reinforce the foundations of a completed building. Even the best result will always be a poor attempt to compensate for the strength that ought to have been considered and designed in, well before a brick was laid.

Healthcare regulators will need to evolve themselves from draconian overseers with their inadequately executed mandate of 'protecting the public', into organisations that care for their practitioners and the public equally.

*the*  
*attention they give to patients they deny each other.* Perhaps this stems from the fact they deny  
this level of care and attention to themselves.

Community  
Collegiality  
Criticality  
Curiosity



<https://www.youtube.com/watch?v=0VjC6tsFBTQ>