The doctors in training committee: a mechanism for change?

ABSTRACT

Medical engagement is increasingly important in ensuring that organizations deliver safe and effective patient care. The recent wave of encouragement for junior doctors to become 'change agents' is fundamental to embedding this culture. However, the mechanisms by which junior doctors engage in complex health-care systems are not well developed. The authors describe the process of setting up a doctors in training committee and its role in a large NHS trust as a way of improving junior doctor engagement.

Historically, junior doctors have encountered barriers when attempting to implement change. A doctors in training committee was established in one NHS trust which has successfully integrated junior doctors into management structures and effected several changes.

Background

The involvement of clinical staff in NHS trust management was brought sharply into focus following the failings of Mid Staffordshire which found, among other things, that senior clinicians were disengaged from the management process (Francis, 2013).

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Clinician engagement benefits the individual as well as the organization as a whole with higher job satisfaction, fewer serious incidents and a better patient experience to name a few (Wathes and Spurgeon, 2016).

Trainee doctors, although making up 25% of all licensed doctors (General Medical Council, 2015), have often been overlooked as change agents. Changes in the workplace have often been made with little input from these front-line staff or have undervalued their contribution (Winthrop et al, 2013). Reasons for this were summarized by Elias Ibrahim et al (2013) and include:

- Short-term employment contracts and frequent or short rotations
- Inadequate induction and ongoing support systems
- Perception by trainees that seniors and management are not receptive to their input.

Francis (2013) stated that 'trainees are invaluable eyes and ears in a hospital setting' and should be used as a source of information regarding patient safety. In their exploratory study Wathes and Spurgeon (2016) described how five NHS trusts had engaged junior doctors and made recommendations based on positive changes which included: changes to induction, improvements to human resources, provision of mentorship, leadership development opportunities, junior doctor forums and an active doctor's mess.

The Francis and Keogh reports paved the way for a new 'agents for change' concept. Initially conceived as a single event it has evolved into a movement among junior doctors (Adlington and Parish, 2015). In addition, leadership, quality improvement and safety capabilities have been recommended for inclusion in postgraduate curricula (Greenway, 2013).

This article describes the doctors in training committee as a way of improving junior doctor engagement with explanations as to how to establish a doctors in training committee, methods of governance, benefits to trainees and benefits to the organization.

Steps to establish a doctors in training committee

Following publication of the Francis (2013) and the Keogh (2013) reports an emphasis was placed on engagement of junior doctors. Keogh's (2013) 'Ambition 7' states that junior doctors in specialist training should 'not just be seen as the clinical leaders of tomorrow, but clinical leaders of today' and that they are 'capable of providing valuable insights, but too many are not being valued or listened to'. Keogh (2013) provided a specific example relating to junior doctor involvement in mortality and morbidity meetings, recommending that they 'must routinely participate'.

The doctors in training committee was established by the Department of Clinical Education at the University Hospitals of Leicester NHS Trust in 2013. University Hospitals of Leicester is a large three-site hospital trust with circa 600 trainee doctors and approximately 140 trust grade doctors. The Trust sought to involve junior doctors in decision-making processes, ensuring their views and experience were used to improve patient care. In line with the statement that junior doctors' 'energy must be tapped not sapped' (Keogh, 2013) other committees within the trust can now obtain junior doctor representation from the doctors in training committee to input into their work and influence decision making.

Since the doctors in training committee was founded, it has included representation from most specialities including clinical genetics, histopathology and general practice. However, at any given time, not all specialities are represented. Currently 66.6%

of specialties are represented (at present the committee does not have representation from general practice, psychiatry, pathology, or obstetrics and gynaecology). The challenge has been ensuring that smaller specialities remain represented as they have small numbers of trainees who are often providing representation on specialty-focussed committees (mortality and morbidity or quality and safety meetings).

The doctors in training committee is a network of doctors in training who connect, communicate and collaborate with the aim of being the voice of trainees within University Hospitals of Leicester. The committee acts as a stakeholder group for cross-specialty trainees of all grades.

Several steps are required to establish a doctors in training committee (*Figure 1*). Each step requires committee member engagement with both the department of clinical education and the trust hierarchy. Importantly, establishing these relationships provides the members of the doctors in training committee with a solid platform to engage with ongoing and new projects.

Figure 1. Five steps to establishing a doctors in training committee.

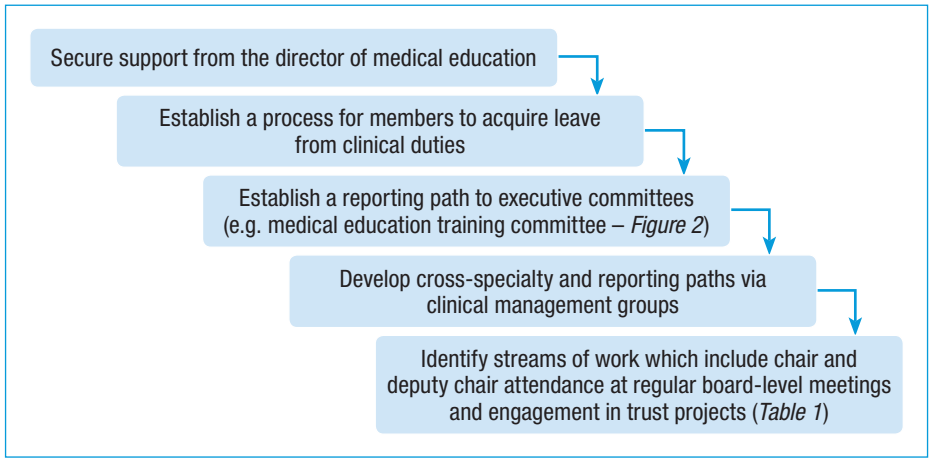
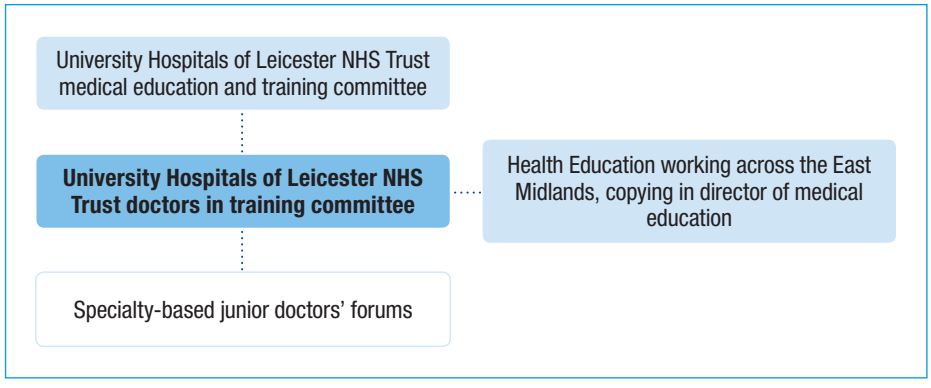


Figure 2. Doctors in training committee reporting arrangements.



Governance of the doctors in training committee

The committee elects a chair and deputy with other members nominated by specialty colleagues. The committee currently has twenty doctor members, with representatives from foundation training, core level, specialty trainees, academic and a trust grade representative. The Department of Clinical Education provides a representative and administrative support.

The committee meets bi-monthly with an agenda circulated in advance. Minutes are taken and circulated to members, and also to the University Hospitals of Leicester Medical Education and Training Committee, director of medical education, medical director, assistant medical director, trust chairman and medical human resources manager. Summaries are available on the trust intranet. The terms of reference are reviewed on an annual basis. The Trust has stipulated that leave from clinical duties is granted to members so that they may fulfil their role as doctors in training committee representatives. There is also direct contact with the medical director, human resources manager and chief executive. The unique position of the committee allows communication with senior colleagues and executives to work towards solutions for a variety of clinical and non-clinical issues.

The committee reports directly to the University Hospitals of Leicester Medical Education and Training Committee (*Figure 2*). Health Education England working across the East Midlands is included within *Figure 2*, but this is not a compulsory reporting path and they do not receive minutes of meetings. Lines of communication with Health Education England East Midlands are available if necessary.

The Department of Clinical Education provides support to the committee, which has been pivotal to the successful establishment of the committee. This has included formally organized committee development sessions (e.g. leadership and management strategies using Myers–Briggs principles led by the trust development lead) and financial support to attend education-related events (e.g. the Association for the Study of Medical Education conference). Importantly, they also provide a formal mechanism of obtaining leave from clinical commitments to attend committee-related activities which has been agreed with the trust board. Lastly, the contribution of committee members during their tenure is recognized with a formal letter from the Department of Clinical Education.

The doctors in training committee identifies issues affecting the day-to-day role and function of trainees which have not been or cannot be dealt with through existing groups and forums within specialties. Cross-specialty representation has improved dissemination of novel strategies. The doctors in training committee provides a vehicle to enable other committees within the Trust access to junior doctor representation.

Benefits to trainees

The doctors in training committee offers a chance for juniors to develop skills in leadership, advocacy, management and quality improvement. These skills have facilitated several successful projects to date including improving maternity leave processes (see project example below) and supporting the development of a new clinical library by liaison with the Department of Clinical Education and hospital facilities team. Furthermore, involvement in the

committee has facilitated achievement of curriculum competencies in leadership and management as well as providing valuable practical experience in service improvement (inpatient diabetes project) and service redesign (locum doctor processes).

The opportunity for trainee representation in trust-wide projects, which have a direct impact on the working lives of doctors in training, is crucial in building a healthy partnership as well as providing a platform to improve patient safety. This has also been extended to trust grade (non-training) doctors, for which the doctors in training committee also has a representative. They have been key in providing feedback on trust induction for trust grade doctors and providing perspectives on how the Department of Clinical Education can also support their training needs.

Benefits to organizations

The doctors in training committee has allowed doctors in training to engage more in the important strategic, leadership and management activities of the organization. The trust now has a mechanism to access junior doctor input into other committees and to hear a collective view on issues from doctors in training at all levels.

There are currently five key committees within the trust involving the highest level of management (trust board) or clinical education leads. Historically, two of these committees have had junior doctor representation. Since the inception of the doctors in training committee the remaining three committees now have representation. Beyond this, a further five task-orientated committees now have regular trainee involvement. The doctors in training committee has offered a representative to other committees and aims for each doctors in training committee member to sit on one additional committee (task-orientated or grade-related, e.g. foundation representative). The doctors in training committee is in the process of writing to all trust committee chairs to ensure that they are aware of the opportunity for a trainee rep from the doctors in training committee to sit on their committee.

Cross-specialty and varying seniority of representation is a unique attribute of the doctors in training committee. As *Table 1* demonstrates, this ranges from co-led projects and regular doctors in training committee representation on committees to engagement and invitations to wider consultation processes or formal quality visits. The cross-specialty representation is particularly useful as it ensures that appropriate individuals are seconded to projects (e.g. a medical registrar representative to the inpatient diabetes project) with the option of gaining further feedback at bi-monthly doctors in training committee meetings for wider speciality input. The project-specific committees have benefited from regular junior doctor input, giving clearer perspectives on how to disseminate messages and change practice. Importantly there is also stakeholder critique of the likelihood of success (particularly with reference to changes in a ward-based environment). To date, the doctors in training committee has co-led five projects (*Table 1*). These have all led to successful implementation (100%) of changes following direct engagement with the doctors in training committee. The most recent of these is changes to the maternity leave and return to work processes, which have undergone final approval by the human resources team within the last few weeks.

Table 1. Doctors in training committee activities

Doctors in training committee provision of committee representative on working group	Trust grade doctor project
	Clinical job tracking software
	Inpatient diabetes project
	Anaphylaxis care project
Doctors in training committee representation on trust-level committee	Education to improve patient safety
	Local negotiating committee
	Executive quality board
Successful doctors in training committee co-led projects	Library facilities project (alongside Department of Clinical Education)
	Locum doctor processes (alongside human resources and emergency department)
	Maternity leave and return to work processes (alongside human resources)
	Trust induction (alongside Department of Clinical Education and human resources)
	Junior doctor contract implementation (alongside human resources and working hours guardian)
Doctors in training committee engagement in trust-wide data analysis and quality assessment work	General Medical Council visit
	Quality management visits
	National trainee survey
	Care Quality Commission pre-inspection preparation

Project example

A committee representative from obstetrics and gynaecology had received feedback from colleagues regarding the maternity leave processes, specifically issues with acquiring paperwork, understanding timings for leave, and notification of management and human resources. A member of the human resources team was invited to the doctors in training committee meeting to discuss and identify solutions. An action plan was created which highlighted a need for a clear and concise 'pack' with frequently asked questions, a timeline and amalgamated forms. Following committee comments and revisions a final version was shared cross-specialty to ensure all trainees benefited. Human resources feedback was particularly positive about the value of engaging junior doctors in the development of the solution and their processes have been streamlined as a consequence.

The implementation of the new junior doctor contract is another topical example. The committee opted not to comment on the political aspects of the contract negotiation as that was largely left to the local negotiating

committee. However, the doctors in training committee invited the chief executive and deputy medical workforce director to a meeting during the latter period of contract negotiations. As a group of cross-specialty individuals with trust grade representation, the doctors in training committee engaged in open discourse about concerns and fielded locally relevant topics of discussion. The outcome was a joint statement from the doctors in training committee chair and deputy medical director (workforce) explaining the local timeline for transition and highlighting the process of appointing a guardian and a contract committee.

Overall, the doctors in training committee's position has been one of supporting junior doctors at a difficult time by providing a forum for discussion between the highest levels of management (chief executive) and a large number of junior doctor voices. The feedback received from the human resources team is that engagement with juniors during rota planning for the new contract has allowed them to approach changes in a more robust manner with consideration for concerns they may otherwise not have acknowledged.

Lastly, the committee provided assistance during the piloting of a web-based incident tool for reporting junior doctor concerns, the 'gripes' tool (Carr et al, 2016). The committee was able to support wider cross-specialty dissemination of the tool and therefore ensure broader representation of junior doctor concerns.

Problems and solutions

A hurdle the committee did encounter was the short-term junior doctor placements with regular rotation. This was a challenge, and the committee have a policy of forward planning and regular recruitment cycles. Higher specialty trainees tend to have longer placements in the authors' trust and retention has been less of a problem. Maintaining a quorum of more junior trainees needs regular recruitment cycles – the foundation doctor members are usually invited to join for a year and a successor is then invited to continue. Individuals who do rotate to 'outblocks' have the opportunity to suggest a colleague from their speciality to deputise for them.

Conclusions

These real-life examples of engagement between junior doctors and trust-board level decision making highlight the value of the doctors in training committee. This demonstrates a novel mechanism for change driven by junior doctors and their passion for engagement with management processes that in times gone by would be beyond reach. For the first time this article provides a 'recipe' for establishing a junior doctor forum and outlines the potential relationships that can develop. **BJHM**

Conflict of interest: none.

KEY POINTS

- Doctors in training make up 25% of all licensed doctors are but they are not always engaged in implementing changes to working practices in the NHS.
- The doctors in training committee acts as a cross-specialty stakeholder group for all trainees of all grades (including trust grade doctors).
- Cross-specialty representation ensures best practice is shared to allow all trainees to benefit.
- The doctors in training committee provides a mechanism for improving engagement between junior doctors and hospital management.
- The doctors in training committee provides a vehicle to enable other committees within the trust to access junior doctor representation.
- The doctors in training committee members receive protected time to attend meetings, administrative support and some initial training for their roles.

Adlington K, Parish E (2015) How to become an 'agent for change'. www.fmlm.ac.uk/news-opinion/how-to-become-an-%E2%80%98agent-for-change%E2%80%99 (accessed 28 October 2016)

Carr S, Mukherjee T, Montgomery A, Durbridge M, Tarrant C (2016) Developing the 'gripes' tool for junior doctors to report concerns: a pilot study. *Pilot Feasibility Stud* **2**: 60. https://doi.org/10.1186/s40814-016-0100-0

Elias Ibrahim J, Jeffcott S, Davis M (2013) Recognizing junior doctors' potential contribution to patient safety and health care quality improvement. *J Health Organ Manag* **27**(2): 273–286. https://doi.org/10.1108/14777261311321824

Francis R (2013) Report of the Mid Staffordshire NHS Foundation Trust public inquiry. www.midstaffspublicinquiry.com/ (accessed 26 October 2016)

General Medical Council (2015) The state of medical education and practice in the UK. www.gmc-uk.org/SOMEP_2015.pdf_63501874.pdf (accessed 28 October 2016)

Greenway D (2013) Shape of training: Securing the future of excellent patient care. www.shapeoftraining.co.uk/reviewsofar/1788.asp (accessed 28 October 2016)

Keogh B (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. www.nhs.uk/nhsengland/bruce-keogh-review/documents/outcomes/keogh-review-final-report.pdf (accessed 14 March 2017)

Wathes R, Spurgeon P (2016) Junior doctor engagement: Investing in the future. www.fmlm.ac.uk/resources/junior-doctor-engagement-%E2%80%93-investing-in-the-future (accessed 14 March 2017)

Winthrop C, Wilkinson I, George J (2013) The Francis and Keogh reviews have made junior doctors powerful agents for change. *BMJ Careers* http://careers.bmj.com/careers/advice/view-article.html?id=20015202 (accessed 28 October 2016)