A new approach to improving facilities for resident hospital doctors

Andrew Whitehouse, David Wall, Anne Davies

The British Medical Association and the Department of Health recently agreed tougher systems to force NHS trusts to improve living conditions for resident doctors. Central to the proposals is the system of monitoring pioneered in the West Midlands, described below, which has resulted in significant improvements in the facilities provided by the region's trusts in the last 3 years.

INTRODUCTION

The aim of this study was to establish whether the setting of specific standards for NHS trusts with regard to accommodation, security, catering and recreational facilities for resident junior doctors, with annual monitoring by a trained officer from the postgraduate deanery, might improve facilities.

An observational study was conducted comparing the quality of facilities on two consecutive years' annual inspection rounds. The study took place in all acute and community NHS trusts in the West Midlands region. Outcome measures were the comparison of compliance with the standards at the monitored trusts, measured by the award of stars, on successive visits over a 2-year period.

Forty trusts were involved in the study. Each trust was required to meet deanery standards in five categories of facility. The award of a star recognizes full compliance with the standard in any category. In the first year of the study 50 stars were awarded in the region out of a possible 200. In the second year 73 stars were awarded. There were also numerous improvements within categories, which were valuable, but insufficient to earn a star. The study concluded that setting clear standards for trusts for the provision of accommodation, security, catering and recreational facilities for resident doctors, together with phased monitoring of those facilities by a trained officer, was associated with significant improvements over a 2-year period.

Dr Andrew Whitehouse is Associate Postgraduate Dean, **Dr David Wall** is Acting Postgraduate Dean and **Ms Anne Davies** is Facilities Accreditation Officer, Department of Postgraduate Medical and Dental Education, University of Birmingham, Medical School, Edgbaston, Birmingham B15 2TT

Correspondence to: Dr A Whitehouse, George Eliot Hospital, Nuneaton, Warwickshire CV10 7DJ a.b.whitehouse@bham.ac.uk

Training grade doctors spend years working in NHS trusts, often as residents. Their quality of life, and their ability to work and learn effectively, depends on a decent standard of food, security, living space and, ideally, recreational facilities (Maslow, 1970). Many NHS hospitals are old, however, with basic facilities. Trust managers have often regarded the improvement of such facilities for junior doctors as low priority.

Standards for facilities have been set by the NHS Management Executive (1991) and the British Medical Association (BMA) Junior Doctors' Committee (1998), but have been widely flouted (Wall et al, 2000). Systems for monitoring are haphazard, with duplication of effort by the inspecting agencies, whose visitors, often hospital consultants, are generally untrained and lack expertise.

In 1997 one of the authors (AW) returned from a travelling fellowship in North America with an interest in the system used in the USA, where trained 'field surveyors', working on behalf of the Accrediting Council for Graduate Medical Education, undertake inspections of facilities and education in units where doctors receive training (Whitehouse, 1998; Cassie et al, 1999). The West Midlands Postgraduate Deanery adopted this idea and appointed a facilities accreditation officer.

METHOD

A deanery group set out the standards to be applied, basing them on NHS Management Executive (1991) and BMA Junior Doctors' Committee (1998) guidance. The facilities were divided into five categories, each with precise specifications (*Tables 1–5*). All forty trusts training junior doctors were advised of the standards and of the proposed monitoring programme. The facilities accreditation officer was then appointed. The officer (AD) had previously worked in the human resources department of a large hospital trust in the region.

In 1997 and 1998 AD undertook a review of facilities in all the region's trusts. Before each visit the officer sent a questionnaire for completion by the trust's facilities manager. The clinical tutor arranged for junior doctors to be available for interview during the visit. At the visit the officer went through the completed questionnaire with the doctors to verify the content and met trust officials. She visited a representative sample of the accommodation and of the other facilities on each site.

After each visit the officer wrote a report recording the findings, itemizing deficiencies and awarding a star for any category in which full compliance was achieved. The draft report was sent to the trust for correction of errors of fact and, after correction, sent to the trust chief executive with a covering letter detailing highlights and

recommending action to improve where necessary. Copies of each report were sent to the clinical tutor, the trust facilities director, the postgraduate dean and his deputy, the regional director of general practice education, the chairman of the regional task force and the hospital accreditation committees of each Royal College.

A second round of visits was completed in 1999 and early 2000. Statistical comparison was made using chi-squared analysis.

RESULTS

On the first round of visits 50 out of a possible 200 stars for full compliance with the standards were awarded. On the second round 73 stars were awarded (P=0.0071). In many cases there were substantial improvements within a category but they still did not meet the standards needed for the award of a star. There were three trusts that lost their star in the catering category because of reduction in the availability of out-of-hours food for trainees. Overall, however, 50% more stars were awarded in the second round than the first. It was also clear from the second round that some trusts were in the process of major building works to deal with deficiencies reported in the first.

DISCUSSION

The study has shown that the setting of clear standards, combined with the appointment of a facilities accreditation officer, led to significant improvement in the facilities provided for resident doctors in the West Midlands. The new arrangements replaced a fragmented system in which large numbers of untrained consultants inspected trusts. Furthermore previous standards were not consistently understood or enforced.

Setting the process of accreditation within an annual review allows the trusts to understand that a steady improvement year on year is expected. The provision of clear, specific, descriptive feedback on the trusts' performance as facilities providers seems, as feedback should, to promote correction of the failures. Royal College hospital accreditation teams are provided with the most recent report on trusts they are due to visit in the West Midlands, and therefore no longer need to inspect the facilities in person. This gives them more time to investigate educational issues.

The increase in the number of stars awarded in the second round is clear evidence of the improvements made. Improvements within a category insufficient to earn a star should also be recognized for the encouragement this may give to trusts. For the next review it has therefore been arranged to break down each star category into three points. Compliance with a third of the requirements in a category will thus earn a point. When all three points are earned in the category, a star will be

TABLE 1.
Facilities accreditation: West Midlands Deanery.
Required standards for accommodation — single and on call

Basic requirements for residential and on-call accommodation (single)	
1.1.1	Rooms should be serviced between changes of occupant
1.1.2	Rooms should be reasonably sound, light and draught proofed
1.1.3	Rooms should ensure privacy for the occupant
1.1.4	Doors should be able to be secured from the inside
1.1.5	Occupants should be able to adjust the temperature of their room
1.1.6	Rooms should be well decorated and well maintained
1.1.7	Rooms should have a washbasin with hot and cold water, either in the room or ensuite, unless residential accommodation is in the form of a self-contained house or apartment
1.1.8	Separate toilet and shower cubicles should be available for every three occupants or a separate toilet and bath for every two occupants
1.1.9	There should be a telephone by each bed connected to the internal hospital telephone system. External telephones should be readily accessible from residents' rooms and there should be one in the common room. Telephone charges should be reasonable and no greater than British Telecom domestic rates. In self-contained accommodation there should be a phone in the house/apartment
1.1.10	On-site accommodation should be accessible to the main hospital and connecting routes should be well lit. Where this is not practicable an efficient escort service should be available
1.1.11	Entrances and approaches to all accommodation buildings should be secure and well lit
1.1.12	Accommodation that is part of the main hospital estate should be covered by a fire certificate. Self-contained accommodation should contain smoke detectors
1.1.13	Communal areas should be serviced daily in on-call accommodation and a minimum of 5 days per week in residential accommodation. This is not applicable to self-contained accommodation

TABLE 2.
Facilities accreditation: West Midlands Deanery.
Required standards for accommodation — single residential only

Additional basic requirements for residential accommodation (single)	
1.1.14	Rooms should have a good quality bed, desk and chair, reading lamp, bookcase/shelves, cupboards and drawers, and an armchair. If the room is not large enough to provide sufficient space a separate sitting room should be available
1.1.15	Residents should have access to adequate laundry facilities
1.1.16	Where accommodation is home for a number of residents there should be a properly furnished and adequately sized common room
1.1.17	Rooms should contain three or more single electric sockets to take three pin plugs
1.1.18	Accommodation should contain a well-maintained kitchen and eating area
1.1.19	A weekly bed linen change should be accessible. This is not applicable to self-contained accommodation unless provided for house officers

TABLE 3.
Facilities accreditation: West Midlands Deanery.
Required standards for on-site catering

1.2.1	There should be breakfast available at an appropriate time (i.e. half an hour before earliest duty start time)
1.2.2	There should be a hot lunch available at an appropriate time
1.2.3	There should be a hot evening meal available at an appropriate time (i.e. for a minimum of 2 hours and served until at least 7.30 pm) in an acute unit
1.2.4	There should be access to hot food (self-service snack meals as a minimum) for those working shifts out of hours or those on call
1.2.5	There should be access to snacks at all times (more than just confectionery)
1.2.6	Where trusts are responsible for 9.00 am to 5.00 pm outpatient sites, these should contain a kitchenette and have lunchbox type food available within walking distance

TABLE 4.
Facilities accreditation: West Midlands Deanery.
Required standards for general hospital security

1.3.1	Hospital site security — three of the following four conditions should be in place:
	a. Hospital site security — available 24 hours per day
	b. Hospital doors locked during the night, except in accident and emergency
	c. Porter/security guard in accident and emergency on acute sites and/or walk-in clinics on non-acute sites
	d. Close circuit television or similar
1.3.2	Is there a locker or equivalent for personal possessions?
1.3.3	Has the hospital taken reasonable measures to protect individuals when they are exposed to personal danger, e.g. the provision of personal attack alarms, panic buttons, breakaway training, porter escorts and a protocol for dealing with violent incidents?

TABLE 5.
Facilities accreditation: West Midlands Deanery. Required standards for recreational facilities provided on site or locally with concessions

1.4.1	Hospital social club/bar
1.4.2	Swimming pool
1.4.3	Outdoor games facilities
1.4.4	Indoor games facilities
1.4.5	Gym
1.4.6	Doctors' mess (sitting room separate from residence) — clean and well maintained
1.4.7	Other (please specify)

awarded. This should allow trusts to see more clearly how their efforts have brought them closer to full compliance in a category.

The authors have not so far published the results of the inspections, naming individual trusts, but have taken the view that constructive feedback to trusts works better than a 'name and shame' policy. There are, however, good arguments for publication, e.g. so that junior doctors can select jobs with better information of the living conditions in the unit. Publication might also encourage the trusts to act more quickly to raise their standards.

The authors feel that a trained data collector, working to precise standards, is more efficient than an amateur. It is also true that senior consultants' time can be better spent in ways other than the inspection of living facilities. These findings support the recommendation recently made by the NHS Executive, that such trained officers should be deployed by all postgraduate deaneries for this purpose. **HM**

Conflict of interest: none.

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KEY POINTS

- The quality of living facilities provided for resident trainee doctors affects their quality of life and their ability to learn.
- Monitoring of these facilities has been fragmented in the past and advised standards widely ignored by trusts.
- Appointment of a trained facilities accreditation officer in the West Midlands region, to monitor clearly defined standards in trusts, led to a significant improvement over 3 years.
- The Department of Health now advises that facilities accreditation officers should be deployed throughout the country.