Appendix 2: Royal College of Physicians Medical Registrar Survey

This survey is being carried out by the Safe Medical Staffing Working Party of the Royal College of Physicians with the approval and assistance of the Joint Royal College of Physicians Training Board (JRCPTB), and the support of the Royal College of Physicians of Edinburgh and Royal College of Physicians and Surgeons of Glasgow.

The Safe Medical Staffing Working Party

While there is a general appreciation that the levels of medical staffing have fallen dangerously low, there are no benchmarks against which to compare the current levels. This working party is designed to define such benchmarks for a variety of clinical situations, responding to the statement bellow made by the Royal College of Physicians in 2013:

> The RCP should work with the NHS to provide guidance on acceptable staffing levels for a given workload, including the optimum number and appropriate grade of junior doctors necessary for a given volume of admissions, case mix, number of inpatients covered and support provided for other specialties.
>
> (*The medical registrar*, London: RCP, 2013)

The Medical Registrar Survey

The purpose of this survey is to try to identify the nature and volume of work undertaken by middle-grade medical staff when on-call for general medical issues, but specifically excluding work directly relating to the medical intake and associated activities such as deep-vein thrombosis (DVT) or transient ischaemic attack (TIA) clinics.

By taking part in this survey you will provide us with an understanding of the work that you do in the various parts of the hospital at different times of the day and night when you are on call.

Having this information will help us to make clear recommendations for the number of doctors or other staff needed to ensure safe, timely and effective emergency care for patients while providing satisfactory working conditions for the medical registrars themselves.

Some definitions and explanations

- **The medical registrar**

We consider the 'medical registrar' to be the most senior member of resident medical staff, reporting directly to the consultant on-call. Most of the staff acting in this role will be medical

specialty registrars, but as other doctors can also fill this role, for simplicity's sake we have chosen to use the term 'medical registrar' to describe any member of medical staff who meets the definition above.

- **The format of the survey**

We consulted with the Trainees Committee of the RCP when drawing up this survey and it incorporates their recommendations. We have provided the survey in both a paper-based format and also online. We have accepted their suggestion that we request the identity of the respondent's hospital – we have chosen its post code – as an alternative to details about that hospital's bed numbers. We are not seeking to identify hospitals other than as a route to determining their bed numbers. We wish the survey to be as anonymous as possible and are making no effort to discover the identity of respondents.

- **Types of work undertaken by the medical registrar when on-call**

While it would have been fascinating to know the detail of every task carried out by medical registrars when on-call for the wards, this would be extremely demanding to collect and is not necessary for our work. To plan staffing numbers we need to know whether the work carried out on-call is appropriate for medical registrars, how long it takes and whether there are other, possibly better, ways of managing these patients' problems.

To acquire the information that we need, we have divided the tasks that are undertaken by medical registrars on-call, managing existing inpatients, into four categories:

- **New work** – a new problem or an unanticipated issue with an inpatient's known medical problem. This would be entirely appropriate work, provided that it was truly unheralded.

- **Handover work** – previously requested continuing management of an inpatient's known medical problem. This again would be appropriate work, provided that it was not a last minute delegation of a problem that initially arose earlier in the working day.

- **Legacy work** – a problem arising in an inpatient that should have been identified and for which management could have been started by the ward's day staff during the working day.

- **Non-clinical patient related work** – non-clinical administrative work for patients who have been previously admitted. Bed management would be an example of such work.

We request that respondents identify the category that best describes the task that they are reporting and *emphasise that the identification of legacy work that is not undertaken by day staff*

does not imply any criticism of those staff. We strongly suspect that there may well be staffing problems on the wards by day as well.

- We would value your opinion of the workload you faced during the time that you reported. Was it light, reasonable, heavy or unacceptable and hazardous to patient safety?

- We also wish to determine to what extent the work of the medical registrar on-call involves patients in non-medical disciplines. Better medical involvement with these patients during the working day might reduce this workload on-call.

- When reporting any delays that you incurred in responding to the tasks reported, we consider an excessive delay to be one that hazards a patient's comfort and an unacceptable delay to be one that hazards a patient's safety.

- We want to know whether you feel that some of the tasks that you undertake could be carried out by other clinicians, either more junior doctors or alternative staff such as nurse practitioners (nurse pracs) or physician associates (PAs).

Please complete **Form A** providing us with your background information and **Form B** giving details of tasks undertaken eight consecutive by you when on-call.

If you have completed the survey on paper, please return hard copies of both Form A and Form B by post (not email please) to the address in the 'instructions' section of **Form A**.

Dr Rhid Dowdle
Chairman of the RCP Safe Medical Staffing Working Party

Royal College of Physicians Medical Registrar Survey - FORM A – Instructions and respondent's background information

Office use only - Response number →

Instructions

- **If you go on-call for your specialty and not the general intake, this survey does not apply to you, even if you are dually training with GIM.**

- **Form A** describes the period of work that you are reporting. **Form B** describes *up to eight consecutive tasks* carried out during that period.

- Please print copies of the survey forms on A4 paper with the printer set to print *"Actual size"* rather than *"Fit".*

- Please do not make photocopies of either form as this may lead to problems when the forms are scanned for data acquisition.

- Please use a black, or very dark pen for all entries.

- For text entries, please write letters and numbers clearly in CAPITALS, in the centre of each box, taking care not to cross the lines.

- For "tick box" entries, please mark with a cross - ☒, rather than a tick - ☑

- If you make a mistake and there is an alternative response, black out the box with the error - ■ - and cross your new answer - ☒

- Please return the completed forms by post (not email) to *DCC, Unit 9, Wharfside, Rosemont Road, Wembley, Middlesex HA0 4PE*

Q1. Please give the total number of beds in your hospital ☐☐☐☐ and the number of beds within your Department of Medicine ☐☐☐

Or - Please give the postcode of your hospital ☐☐☐☐ - ☐☐☐

Q2. When you are providing on-call cover for the wards, **do you take part in the medical intake as well?** **Yes** ☐ **No** ☐

Q3. When you are working on-call, are there other <u>resident</u> on-call middle grade ("Registrar") staff available in any of the following specialties?

☐ **Cardiology** ☐ **Respiratory Medicine** ☐ **Gastroenterology** ☐ **Renal Medicine** ☐ **Geriatric Medicine** ☐ **Neurology**

Q4. Please indicate the type of shift that you are reporting on

☐ **Weekday day** ☐ **Weekday evening** ☐ **Weekday night** ☐ **Weekend day** ☐ **Weekend evening** ☐ **Weekend night**

Q5. We would like you to report as much of your shift as possible. *Please let us know at what time you started and finished reporting*, to the nearest 15 minutes using a 24 hour clock, even if you are not able to report the entire shift. *Please then calculate the length of time reported*

H H : M M **Started time** ☐☐:☐☐   H H : M M **End Time** ☐☐:☐☐   H H : M M **Length of time reported** ☐☐:☐☐

Q6. During the period that you reported *did you feel that your workload was* ☐ **Light** ☐ **Reasonable** ☐ **Heavy** ☐ **Unacceptable / Patient Safety Risk**

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FORM A – Instructions and respondent's background information

Office use only - Response number →

Task No: 1

Time Started   H H : M M   Time Finished   H H : M M   **Time taken – nearest 15 min**   H H : M M

- [ ] New work
- [ ] Handover work
- [ ] Legacy work
- [ ] Non-clinical patient related work
- [ ] Medical ward patient
- [ ] Medical outlier
- [ ] Non-medical in-patient
- [ ] Emergency Department / A&E patient

How quickly were you able to attend this task?
- [ ] Immediately
- [ ] Acceptable delay
- [ ] Excessive delay
- [ ] Unacceptable delay / patient safety risk

Could this task have been done by another clinician?
- [ ] No
- [ ] Yes - CMT
- [ ] Yes - F1-2
- [ ] Yes - Nurse Prac.
- [ ] Yes - P.A.

Task No: 2

Time Started   H H : M M   Time Finished   H H : M M   **Time taken – nearest 15 min**   H H : M M

- [ ] New work
- [ ] Handover work
- [ ] Legacy work
- [ ] Non-clinical patient related work
- [ ] Medical ward patient
- [ ] Medical outlier
- [ ] Non-medical in-patient
- [ ] Emergency Department / A&E patient

How quickly were you able to attend this task?
- [ ] Immediately
- [ ] Acceptable delay
- [ ] Excessive delay
- [ ] Unacceptable delay / patient safety risk

Could this task have been done by another clinician?
- [ ] No
- [ ] Yes - CMT
- [ ] Yes - F1-2
- [ ] Yes - Nurse Prac.
- [ ] Yes - P.A.

Task No: 3

Time Started   H H : M M   Time Finished   H H : M M   **Time taken – nearest 15 min**   H H : M M

- [ ] New work
- [ ] Handover work
- [ ] Legacy work
- [ ] Non-clinical patient related work
- [ ] Medical ward patient
- [ ] Medical outlier
- [ ] Non-medical in-patient
- [ ] Emergency Department / A&E patient

How quickly were you able to attend this task?
- [ ] Immediately
- [ ] Acceptable delay
- [ ] Excessive delay
- [ ] Unacceptable delay / patient safety risk

Could this task have been done by another clinician?
- [ ] No
- [ ] Yes - CMT
- [ ] Yes - F1-2
- [ ] Yes - Nurse Prac.
- [ ] Yes - P.A.

Task No: 4

Time Started   H H : M M   Time Finished   H H : M M   **Time taken – nearest 15 min**   H H : M M

- [ ] New work
- [ ] Handover work
- [ ] Legacy work
- [ ] Non-clinical patient related work
- [ ] Medical ward patient
- [ ] Medical outlier
- [ ] Non-medical in-patient
- [ ] Emergency Department / A&E patient

How quickly were you able to attend this task?
- [ ] Immediately
- [ ] Acceptable delay
- [ ] Excessive delay
- [ ] Unacceptable delay / patient safety risk

Could this task have been done by another clinician?
- [ ] No
- [ ] Yes - CMT
- [ ] Yes - F1-2
- [ ] Yes - Nurse Prac.
- [ ] Yes - P.A.

Task No: 5

Time Started ⬜⬜ : ⬜⬜ (HH:MM)   Time Finished ⬜⬜ : ⬜⬜ (HH:MM)   Time taken – nearest 15 min ⬜⬜ : ⬜⬜ (HH:MM)

- ☐ New work
- ☐ Handover work
- ☐ Legacy work
- ☐ Non-clinical patient related work
- ☐ Medical ward patient
- ☐ Medical outlier
- ☐ Non-medical in-patient
- ☐ Emergency Department / A&E patient

How quickly were you able to attend this task?
- ☐ Immediately
- ☐ Acceptable delay
- ☐ Excessive delay
- ☐ Unacceptable delay / patient safety risk

Could this task have been done by another clinician?
- ☐ No
- ☐ Yes - CMT
- ☐ Yes - F1-2
- ☐ Yes - Nurse Prac.
- ☐ Yes - P.A.

Task No: 6

Time Started ⬜⬜ : ⬜⬜ (HH:MM)   Time Finished ⬜⬜ : ⬜⬜ (HH:MM)   Time taken – nearest 15 min ⬜⬜ : ⬜⬜ (HH:MM)

- ☐ New work
- ☐ Handover work
- ☐ Legacy work
- ☐ Non-clinical patient related work
- ☐ Medical ward patient
- ☐ Medical outlier
- ☐ Non-medical in-patient
- ☐ Emergency Department / A&E patient

How quickly were you able to attend this task?
- ☐ Immediately
- ☐ Acceptable delay
- ☐ Excessive delay
- ☐ Unacceptable delay / patient safety risk

Could this task have been done by another clinician?
- ☐ No
- ☐ Yes - CMT
- ☐ Yes - F1-2
- ☐ Yes - Nurse Prac.
- ☐ Yes - P.A.

Task No: 7

Time Started ⬜⬜ : ⬜⬜ (HH:MM)   Time Finished ⬜⬜ : ⬜⬜ (HH:MM)   Time taken – nearest 15 min ⬜⬜ : ⬜⬜ (HH:MM)

- ☐ New work
- ☐ Handover work
- ☐ Legacy work
- ☐ Non-clinical patient related work
- ☐ Medical ward patient
- ☐ Medical outlier
- ☐ Non-medical in-patient
- ☐ Emergency Department / A&E patient

How quickly were you able to attend this task?
- ☐ Immediately
- ☐ Acceptable delay
- ☐ Excessive delay
- ☐ Unacceptable delay / patient safety risk

Could this task have been done by another clinician?
- ☐ No
- ☐ Yes - CMT
- ☐ Yes - F1-2
- ☐ Yes - Nurse Prac.
- ☐ Yes - P.A.

Task No: 8

Time Started ⬜⬜ : ⬜⬜ (HH:MM)   Time Finished ⬜⬜ : ⬜⬜ (HH:MM)   Time taken – nearest 15 min ⬜⬜ : ⬜⬜ (HH:MM)

- ☐ New work
- ☐ Handover work
- ☐ Legacy work
- ☐ Non-clinical patient related work
- ☐ Medical ward patient
- ☐ Medical outlier
- ☐ Non-medical in-patient
- ☐ Emergency Department / A&E patient

How quickly were you able to attend this task?
- ☐ Immediately
- ☐ Acceptable delay
- ☐ Excessive delay
- ☐ Unacceptable delay / patient safety risk

Could this task have been done by another clinician?
- ☐ No
- ☐ Yes - CMT
- ☐ Yes - F1-2
- ☐ Yes - Nurse Prac.
- ☐ Yes - P.A.

RCP Medical Registrars Survey

Overall data

- 312 responses were received, 307 online, 5 on paper.

- Responses were made from at least 154 hospitals (19 responses were anonymous).

- There were responses from hospitals in all four nations of the UK.

Ward cover combined with leading the intake

- On 240 sites the medical registrar both led the intake and covered the wards.

- On 66 sites there was a separate medical registrar for ward cover alone.

Other registrar presence – 312 respondents

- 116 respondents reported resident cardiology registrars.

- 64 respondents reported resident renal registrars.

- 48 respondents reported resident gastroenterology registrars.

- 47 respondents reported resident respiratory medicine registrars.

- 54 respondents reported resident neurology registrars.

- 31 respondents reported resident care of the elderly registrars.

Workload – 312 respondents

- 3 respondents felt that their workload was light.

- 58 respondents felt that their workload was reasonable.

- 135 respondents felt that their workload was heavy.

- 35 respondents felt that their workload was unacceptable and a potential hazard to patient safety.

Task undertaken on-call

- 106 respondents from 79 hospitals described their work on-call.

Type of work

- 130 new work

- 92 handover work

- 25 non-clinical patient related work

- 21 legacy work

Patients seen

- 135 emergency department patients

- 100 medical ward inpatients

- 39 non-medical in-patients

- 37 medical outliers

Timeliness of work

- 116 no delay

- 145 acceptable delay

- 48 excessive delay

- 4 unacceptable delay and a potential hazard to patient safety

Medical registrars' opinions of alternative staff to undertake the tasks described

- 187 tasks required a medical registrar

- 143 tasks could have been undertaken by a core medical trainee (CMT)

- 55 tasks could have been undertaken by a foundation trainee (F1–2)

- 28 tasks could have been undertaken by a nurse practitioner (NP)

- 14 tasks could have been undertaken by a physician associate (PA)