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Dear Chris,

Royal College of Physicians (RCP) Cymru Wales response to the HEIW annual plan 2021-22

We welcome the publication of the Health Education and Improvement Wales (HEIW) draft annual plan. It is a comprehensive and detailed overview of the organisation's planned work for 2021—2022.

The RCP now calls on HEIW, NHS Wales and Welsh government to work together to:

- increase the supply of doctors across all parts of the medical workforce.
- guarantee protected time for research, education, quality improvement and leadership schemes.
- deliver on their commitment to make staff health and wellbeing a national priority.

In 2021-22, HEIW should work with partners to support doctors to deliver the best care possible by investing in postgraduate training, medical education, and career development.

Physician associate regulation must be fast tracked, medical school places should be increased and there should be more flexible working. Perhaps most importantly, all clinicians must be allowed time and space to rest and recuperate once the pandemic begins to slow down.

The NHS workforce has gone above and beyond during the pandemic. In July and August 2020, the GMC national training survey provided a stark warning: 59% of trainees in Wales felt somewhat or highly burnt out because of their work. Consultants and specialty doctors also reported feeling the strain, with 84% saying that their work was emotionally exhausting.[1]

Now is the time to repay these clinicians. Healthcare professionals deserve fair, filled and flexible clinical rotas, guaranteed protected time for research, innovation, leadership and medical education, investment in junior and specialty doctor forums for every hospital, and a named executive lead responsible for supporting and improving staff wellbeing in every health board.

For healthcare workers, the moral injury of caring for patients with COVID-19 alongside personal danger, fear of placing loved ones at risk, extended shifts, disrupted processes, rota gaps and wider social restrictions have only compounded pressures.[2]

Belonging to a team is important; feeling supported and valued by your colleagues is essential, especially during a crisis. But this won't be enough in the long term. HEIW and Social Care Wales must deliver now on the priorities in their joint health and social care workforce strategy and deliver systemic change.

[1] GMC national training survey 2020
[2] Ladds et al. *Developing services for long COVID: lessons from a study of wounded healers*. Clinical Medicine 2021 21:1 pp59–65

Caring for those who care

The impact of this pandemic on NHS staff will last a very long time.

Their patients, friends, and colleagues have been critically ill; some have died. Many will have had COVID-19 themselves; others will be diagnosed with long COVID in the months to come. A growing backlog of non-COVID healthcare threatens to overwhelm the system. Thousands of doctors – many not used to seeing death in their usual roles – have been deployed away from their specialty and their colleagues. Junior doctors have lost months of education and medical training.[3]

> 80% of respondents to one north Wales survey of trainee doctors said that the pandemic had negatively impacted their learning. 43% felt their progression to speciality training would be harmed, and 70% did not think they were adequately involved in the decision-making process around redeployment.[4]

HEIW must consider its workforce planning in the knowledge that forms of PTSD and moral injury may become more prevalent among the workforce over the next few years. NHS leaders should encourage open conversations about mental health while being a flexible and supportive employer.

The health service and HEIW should now consider appointing wellbeing staff in postgraduate education centres across Wales. These would be staff who would be responsible for the induction and wellbeing support of junior doctors as they move around Wales, working in collaboration with education staff. A named executive lead at each health board should be responsible for workforce wellbeing. They should be given the resources and the authority to ensure that staff feel supported and valued.

> ‘Hospitals should also consider appointing staff who can specifically support the wellbeing of trainee doctors as they move around Wales between health boards and specialties. Postgraduate medical education centres are quite rightly focused on ensuring high-quality training, and they are often unable to provide the extra support that could help doctors working in a fast-paced and highly stressful environment. These hospital-based roles could advise on accommodation, schools and provide local knowledge for doctors and their families who are not from the area.
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> ‘This model is being pioneered in the USA, where seven key drivers of burnout have been identified: workload, efficiency, flexibility or control of work, culture and values, work–life integration, community at work and meaning in work. A ‘chief wellness officer’ at Stanford Medicine has introduced strategies to reduce the impact of each of these drivers on the individual, the team and the organisation as a whole – but … this needs leadership from the top and an investment of time and resources.’ [*Doing things differently*, RCP Cymru Wales 2019]

Addressing rota gaps

Many healthcare professionals have worked antisocial hours in a state of sleep deprivation and a heightened state of anxiety for months now. There is also the risk of moral injury, where barriers – including a lack of resources, time, staff or beds, all of which have been prevalent at times during this pandemic – prevent clinicians providing the quality of care they want to provide.

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[3] BMJ. “We are setting ourselves on fire to keep everyone else warm”—what does the recovery look like for NHS staff?

[4] Prince and Adhiyaman. *Impact of COVID-19 on the foundation training programme in North Wales*. Future Hospital Journal 2020.

The harm caused by moral injury is very real. The NHS must learn to recognise it, encourage staff to talk about it and needs to start addressing its root causes. Wellbeing resources can only go so far. We need to think beyond the pandemic: addressing rota gaps must be an absolute priority. Having enough staff on a shift allows time to eat and drink, get some fresh air, have a sit down or a hot drink. Above all, clinicians who feel appreciated and part of a team provide better patient care.

Staff are physically and mentally exhausted. Doctors must be enabled and encouraged to take their annual leave in long enough blocks to allow for rest and recuperation. This might mean less activity in the short term, but it is an investment in the future which allows staff to recover and recharge.[5]

In the longer term, the NHS must recruit and retain more doctors by offering a better work-life balance and more opportunities for education, quality improvement and research.

> 'We need to ensure that the numbers of doctors we are training at each stage of the medical training pipeline meets the needs of the population in Wales and makes NHS Wales as self-sufficient as possible.' [HEIW draft annual plan, pp38-9]

The health service went into this pandemic with severe and widespread rota gaps; it became clear very quickly that there was no real surge capacity, and a year later, the workforce is stretched beyond recognition. Expanding the workforce needs a multi-pronged approach, and alongside overseas recruitment and an expansion in medical school places, the RCP has called for an increase in the number of postgraduate training places in Wales. We therefore welcome the commitment to 26 new medical training posts from September 2021 with another six to follow in medical oncology over the following two years.

Rebuilding the NHS

Recent research from the King's Fund shows that successful disaster recovery requires a focus on mental health and wellbeing, the involvement of all voices and communities, collaboration across agencies, organisations and services, and the prioritisation of workforce wellbeing.[6]

Clinicians and patient groups must be central to plans to rebuild and redesign the NHS. This applies equally to medical education and training. Junior doctors and specialty doctors should be at the heart of decision-making about their education. HEIW should work with hospitals to establish junior doctor and SAS doctor forums, giving trainees and specialty doctors a stronger voice in the way the NHS is run.

Time out of the traditional pathway

> 'From very early on in medical school, you are told you have to go into training, that there's no other route … I always thought that being a specialty doctor would end up being a negative thing, but now I'm doing it, I love it. It works for me; it works for my life outside work. I've got stability, I don't have to move around.' [Specialty physician, NHS Wales]

More and more doctors are opting to take time out of 'run-through' training. These doctors are often known as specialty and associate specialist (SAS) doctors, who are in non-training senior roles with at least 4 years of postgraduate medical training. Many SAS doctors have made a positive choice to step into an SAS position from a traditional consultant training pathway, maybe for geographical stability or the chance to

[5] BMJ. "We are setting ourselves on fire to keep everyone else warm"—what does the recovery look like for NHS staff?
[6] The King's Fund. Covid-19 recovery and resilience.

work regular hours in a chosen specialty. These posts often provide a better work–life balance than the traditional training pathway. Whatever the reason, we need to support these doctors by offering different routes to a consultant post, ensuring protected time for research, teaching and professional development, and providing opportunities to do much more than simply cover rota gaps.

> 'Staff and associate grade doctors make up between 15 and 20% of the medical workforce and therefore it is important that we provide better development and support to maximise their potential. Global links in terms of medical training will also be explored to support the workforce model in a sustainable way.' [HEIW draft annual plan, pp38-9]

Supporting SAS doctors to develop their career

Health boards should:

- ensure that SAS doctors are part of a supportive team with senior consultant support
- develop and invest in structured CESR courses with mentoring and support for SAS doctors
- ensure that SAS doctors have protected time for career development, including education and research
- implement the SAS Charter (2014), which sets out optimal working conditions for SAS doctors[11]
- ensure that all SAS doctors receive a job plan and an annual review with a study budget attached
- send all SAS job descriptions to the RCP for approval by elected officers before advertisement
- work together to develop a national mentor network and leadership training for SAS doctors
- encourage SAS doctors to take part in medical directorate meetings and senior board committees
- put systems in place to support SAS doctors who report bullying and harassment.

The RCP will:

- gather evidence and data through surveys of SAS doctors to ensure that their voice is heard
- encourage SAS doctors to become fellows of the RCP and have a greater say in the RCP's work
- work with health boards to approve job descriptions for SAS doctors[12]
- consider running CESR workshops in Wales, if there is enough demand[13]
- continue to offer SAS doctors the opportunity to serve on committees and working parties
- encourage the use of the CPD diary[14] and the ePortfolio[15] to prepare for appraisals and CESR applications.

Table 1: Supporting SAS doctors to develop their career (*Doing things differently*, RCP Cymru Wales 2019)

Key recommendations

Health Education and Improvement Wales should:

- deliver on their commitment to make staff health and wellbeing a national priority
- encourage NHS Wales to name an executive lead for workforce wellbeing at each health board
- implement an ambitious patient-centred and clinically led national workforce and training strategy
- work with health boards to build strong medical teams and encourage a sense of belonging in hospitals
- take a nationally coordinated and strategic approach to workforce planning and data collection
- work with health boards to guarantee protected time for research, education, QI, and leadership schemes
- invest in national programmes such as the chief registrar scheme[13] and flexible portfolio training[14]

- develop rural and remote medicine as a training pathway in which Wales is a world leader
- support an increase in the number of medical student and postgraduate training posts in Wales
- support an increase in the number of medical school places offered to Welsh-domiciled students
- appoint wellbeing staff to improve induction and support trainee doctors as they move around Wales
- support fair, filled and flexible rotas for junior and SAS doctors
- encourage health boards to take the pressure off trainee doctors to organise their own cover
- work with health boards to establish junior and specialty doctor forums in every hospital
- support SAS and specialty doctors working in non-training jobs to develop their careers
- work with health boards to fill rota gaps by investing unspent money in innovative clinical fellowships
- develop and invest in structured CESR courses with mentoring and support for specialty doctors
- invest in new healthcare roles such as physician associates
- work with health boards to give overseas doctors the chance to train using the MTI.[15]

Also attached are:

- Breaking down barriers: Our action plan for the next Welsh government (2019)
- Doing things differently: Supporting junior doctors in Wales (2019)

For more information
If you have any questions, or to set up a meeting, please contact my colleague Lowri Jackson, RCP head of policy and campaigns for Wales at Lowri.Jackson@rcplondon.ac.uk.

With best wishes,

Dr Olwen Williams
RCP vice president for Wales