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The impact of foundation doctor training: impact on workforce wellbeing and patient care

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The impact of foundation doctor training: impact on workforce wellbeing and patient care: Phase 1 (The EDiT Study)

Scientific Summary

Aims

- to describe the current arrangements for the delivery of foundation training in England
- to identify how the training experiences of foundation year 2 doctors (FY2) impacts on their well-being, motivation and job satisfaction.

Study type and setting

A consultation of postgraduate education stakeholders and a scoping study in up to four English postgraduate educational deaneries and four emergency departments (EDs) using qualitative methods in order to gain a full contextual understanding of the issues contributing to the experiences of the FY2 doctors, with a particular emphasis on the speciality of emergency medicine.

- Consultation exercise: up to 15 in-depth semi structured interviews will be carried out with national and regional stakeholders
- Scoping study: Interviews with consultant training leads and focus groups with FY2 doctors in up to four postgraduate deaneries and four EDs.

Outcomes

- Description of current variation in the organisation and delivery of training to FY2 doctors throughout England
- Describe the provision for the well-being of FY2 doctors in the planning and implementation of their training
- An understanding of the factors contributing to FY2 doctor, well-being, motivation and job satisfaction and patient care.

Lay Summary

There have been a number of changes made recently by the government to improve the working conditions and well-being of NHS staff as there is evidence that improved working conditions can improve staff well-being, and in turn patient care. However the evidence of a direct link between well-being of staff and quality of patient care within healthcare is limited. More evidence is required about which aspects of working in the NHS impact on staff and also which aspects of well-being influence patient care.

This study aims to evaluate the well-being of doctors in training (foundation year 2) and compare this with quality of care provided to patients attending the emergency department (ED). Key aspects of well-being such as motivation, job satisfaction, and confidence that may impact on quality of care will be considered.

The study comprises; 1) a consultation exercise to determine the current training arrangements for foundation year 2 doctors (FY2s) at the national and regional level and 2) a scoping study in a small sample of postgraduate medical deaneries and EDs to understand how the organisational and training arrangements for FY2s impact on their well-being.

Information from the consultation exercise and scoping study will be analysed in order to identify those key factors that potentially impact on the well-being of FY2 doctors (e.g length of training rotations, induction procedures, support and supervision). The aim of this study (phase 1) is to provide a full contextual understanding of the issues contributing to the experiences of FY2 doctors, with an emphasis on their experiences in the specialty of Emergency Medicine. It is also anticipated this phase will inform the subsequent phase 2 study (not part of this protocol).

Research Outline

Introduction

In 2005 all UK Deaneries introduced Foundation Programmes as the initial phase of Modernising Medical Careers (MMC). The foundation programmes were designed as 2 year holistic programmes for doctors in training, suited for medical graduates. Postgraduate training is now structured around a formal programme with a national curriculum and structured assessment of clinical competencies. The impact of these new arrangements is not well understood, particularly in terms of the impact on the well-being of the doctors in training and the impact on services and patients.

This study aims to evaluate the national and regional arrangements for the planning and implementation of foundation training with a particular emphasis on identifying variation in these arrangements and how this impacts on FY2 doctors. The study will also investigate the factors which contribute to the well-being, motivation and confidence of FY2 doctors at the local level, with an emphasis on the specialty of emergency medicine.

Aims

- to describe the current arrangements for the delivery of foundation training in England
- to identify how the training experiences of foundation year 2 doctors (FY2) impacts on their well-being, motivation and job satisfaction.

Objectives

- To conduct a national and regional consultation exercise with training stakeholders in order to
 - Describe the national strategic view of the aims of delivering foundation year 2 doctor training with a particular focus on the role of training in providing for the well-being of doctors
 - Assess how the national view is implemented on a regional basis through the postgraduate deaneries and identify any regional variation to implementation within the specialty of emergency medicine.
- To gather information on the experiences of FY2 doctors, from the perspective of both those in training and those carrying out the training, particularly how these experiences impact on FY2 doctor well-being, motivation and job satisfaction. This will be carried out in up to four postgraduate deaneries and four EDs. Based on these findings we will develop a measure to inform a quantitative evaluation of FY2 doctors in a further proposed phase 2 study.

Background, including NHS context and relevant literature

NHS context

Recent initiatives have been introduced into the NHS designed to improve the organisation and conditions of work and hence workforce well-being. The impact on NHS staff of inadequate working conditions has been of increasing interest to policy makers, with issues such as poor recruitment and retention of staff negatively impacting on healthcare effectiveness.^{1 2} These initiatives have highlighted the importance of support within organisations for the effective development of individuals, with clarity about what is required from a post, in order that they meet their potential.

Importance of training on doctor well-being and patient outcomes

The link between staff development, motivation and well-being and the impact on patient care is recognised as important.^{3 4} Training and appraisal have been identified in the literature as an important element in appropriate people management, impacting on knowledge and skills, job satisfaction and well-being, which in turn may influence patient outcomes.⁵ Previous studies have demonstrated relationships between the quality and extent of training and appraisal with psychological well-being of staff and better patient care.
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There is limited evidence of direct association between factors which effect performance and outcomes in health care and that would be important to take into account when studying a changing workforce. In one study⁹ which sought associations between organisational practice and clinical outcomes, it was possible to demonstrate a linkage between good Human Resources practice (such as appraisal and training) and effective teamwork with reduction in measures of patient mortality. A further study¹¹ demonstrated, in a non-health care setting, that organisational climate (e.g. skill development, concern for employee welfare) was significantly associated with productivity and profitability, and that the relationship was mediated by employee job satisfaction.

There is an increasing literature on links between patient safety and organisational culture and climate, with a range of tools and interview methods proposed.¹²

Training doctors in the NHS

Recently doctor training has undergone change in response to policy initiatives to improve the quality of patient care. The introduction of Modernising Medical Careers (MMC) in 2005¹³ was in response to perceived longstanding problems with the job structure, working conditions and training opportunities in postgraduate medical education. Training posts were criticised for being short term, stand-alone and not part of a clearly identified training programme, while supervision and assessment was judged as variable. These issues called into question whether doctors were being appropriately trained to meet the demands of a modern, patient-centred NHS.¹⁴

The first stage of MMC reform introduced a two year, Foundation Programme (Foundation years 1 and 2) to address these perceived deficiencies. Postgraduate training now is structured around a formal programme with a national curriculum and structured assessment of clinical competencies.

A recent inquiry into MMC¹⁵ has highlighted a number of areas of concern with the foundation training model; variability in the quality of the year 2 placements and doctors not reaching appropriate levels of clinical responsibility when compared with their SHO predecessors. These issues have the potential to impact on the well-being and motivation of doctors and also on quality of patient care provided by them.

The report recommended greater clarity about what role Foundation year 2 doctors are expected to play in the healthcare team and what their service contribution should be. A further period of re-structuring of postgraduate training now seems possible and this may affect the Foundation Programmes and hence the first stages of a doctors career.

Importance of evaluation

There is a need for better quality research evidence to fully investigate the nature of causal links between doctor training, other aspects of people management and their impact on psychological aspects of this workforce and patient outcomes. Studies need to incorporate a longitudinal element into their design, need to be adequately powered and need to incorporate validated measures in order to better establish these causal links.¹⁶

It is crucial that initiatives designed to improve the knowledge, skills and well-being of the workforce, are evaluated and monitored. There is also a need for the development of standardised measures of factors such as well-being and job satisfaction that impact on patient care, which can provide meaningful comparative data across organisations and to act as a baseline for future studies.¹⁷

The ED is in a unique position to provide an excellent broad based experience for foundation doctors in a challenging, high profile environment where there is the need to demonstrate safe and effective care and decision making in the context of rising demand and scarce resources. This makes the ED an appropriate setting for this proposed evaluation.

It is proposed to use qualitative methods in a phase one study to understand the national, regional and local factors that contribute to the experiences of FY2 doctors. The focus of the qualitative evaluation will be to study the impact of these organisational and strategic factors on well-being, motivation and satisfaction of FY2 doctors. Data collected will contribute to the development of quantitative measures of doctor well-being.

Plan of investigation

The study will use a qualitative approach across multiple sites as follows:

1. Planning and preparation

- Ethical approval will be sought via the National Research Ethics Service.
- All EDs in England will be approached for participation in phase one and a proposed second phase of the study.
- As EDs agree to participate in the study, applications for research & development approval will be instigated within each Trust.

2. Consultation exercise

- Interviews will identify, compare and assess different strategies and organisational arrangements for the implementation and delivery of post-graduate medical education and training.
- We will undertake a national, regional and local service level consultation involving stakeholders who will be consulted about the arrangements to deliver and monitor doctor training and determine the local context in which postgraduate training is being implemented and delivered.

3. A scoping study is proposed in up to four postgraduate deaneries and four EDs selected to represent diversity in approach to training, organisation size and type, as well as urban and rural location.

- To identify the range of factors that contribute to the well-being, motivation and satisfaction of FY2 doctors
- To identify important data collection items for a survey instrument to be used in a proposed second phase of the study.

Methods (including the plan of analysis)

1. Consultation exercise

Up to 15 in-depth semi structured telephone or face-to-face interviews will be carried out with national and regional stakeholders. These may include representatives from the postgraduate and medical education training board (PMETB), General Medical Council (GMC), the national Foundation Programme Office [www.foundationprogramme.nhs.uk], modernising medical careers (MMC), the MMC Inquiry team, postgraduate deans and foundation school directors within English postgraduate deaneries. Topics will include; the current organisation of foundation doctor rotations, monitoring and assessment issues, criteria for success and planned developments in future training. Data will be collected on; arrangements for the implementation of the foundation training agenda, key initiatives and examples of best practice occurring nationally.

2. Scoping study in up to four postgraduate deaneries and four emergency departments

Up to four postgraduate deaneries and four EDs will be selected for a combination of interviews and focus groups. Selection of these postgraduate deaneries and EDs will be informed by data gathered in the consultation exercise and will include criteria such as variation in approach to the implementation of training, variation in size of organisation and geographical profile.

The main aspects of this work will include:

Foundation year 2 doctors

Views will be sought from FY2 doctor focus groups about the training programme, experiences in their working environment, peer support and mentorship, value of the job and opportunities for development.

Consultant trainers and training leads

Two interviews per site with emergency medicine consultants involved in the delivery of training at FY2 level will gather information on induction, monitoring, assessments and sign off. In addition, the impact that the new training arrangements have on other staff within EDs in terms of workload, motivation and job satisfaction will be explored.

Foundation year 2 doctor survey development

A survey for a proposed second phase study will be developed mainly using adaptations of previously validated scales that reflect the information gathered from themes identified during the scoping work.^{18 19 20 21 22 23} It is felt that the use of pre-existing validated scales that have normative data on doctors within the NHS¹⁷ versioned to reflect the variables identified in phase one, will enable both contemporaneous and longitudinal comparative studies during the phase 2 study.

2. Data analysis

Qualitative analysis. (Scoping study of up to four postgraduate deaneries and four EDs)

Analysis of data collected from focus groups, interviews and ethnographic observations carried out in up to four postgraduate deaneries and four EDs will be analysed using thematic analysis (TA). This method is flexible and has the potential to identify, analyse and report themes within the data.²⁴ A broadly theoretical TA approach will be taken in order that analysis is driven by the research aim of identifying key themes related to well-being, motivation and job satisfaction in FY2 doctors.

Main Outputs

- Description of current variation in the organisation and delivery of training to FY2 doctors throughout England
- Describe the provision for the well-being of FY2 doctors in the planning and implementation of their training
- An understanding of the factors contributing to FY2 doctor, well-being, motivation and job satisfaction and patient care.

Proposals for the involvement of stakeholders

Stakeholders have had a key role in the planning and writing of this proposal. The input from co-applicants GN (the UK Lead Dean for Emergency Medicine) and AF (an ex-local Foundation Programme Director, and current Training Programme Director for the Acute Care Common Stem) has proved invaluable in identifying existing organisations and processes for the phase one stakeholder consultation in this study. Our patient representative (BD) has attended meetings and commented on drafts and her input has ensured that the patient experience is incorporated into the design. The steering group also has representation from a Foundation School Director and two FY2 junior doctor representatives who will review and comment on relevant documentation and be consulted at each stage of the study regarding junior doctor involvement and provide feedback on the junior doctor perspective. It is expected that the consultation exercise in this phase one study will enable the views of stakeholders (from training, emergency medicine and patient perspective) to shape the format of a proposed second phase study, which will include a Foundation year 2 doctor survey and records review study. In addition, key stakeholders from medical education, emergency medicine and patient representation will form the steering committee for the study. Finally, participants at all levels will be invited to two workshops at the conclusion of the study, in order to disseminate and discuss the findings.

Plans for dissemination of results

The results will be disseminated as:

- Final report to the NIHR SDO detailing the findings in relation to the aims and objectives
- Two workshops held at the end of the study to disseminate the findings from both phases.
- The first will be for key stakeholders such as deanery, PMETB, GMC and MMC representatives.
- The second will be for participating Trusts, EDs and patients.
- A report for distribution to policy makers, the College of Emergency Medicine and academy
- of Royal Colleges, the GMC, PMETB, MMC team and MMC Inquiry team, regional postgraduate deans, foundation school directors and local training leads and trainers

- A series of research papers for publication in relevant peer reviewed journals.
- Presentation of the findings at relevant health services research, medical education and emergency medicine meetings.

Steering Committee

The remaining applicants (GN, AF, JG, BD) will support the study through the formation of a steering committee that will be responsible for monitoring its progress. These individuals have extensive experience of doctor training and modernising medical careers, emergency care delivery and research in this field in the UK. The steering group also has representation from a Foundation School Director and two FY2 junior doctor representatives who will review and comment on relevant documentation and be consulted at each stage of the study regarding junior doctor involvement and provide feedback on the junior doctor perspective. Meetings will be held at 6 monthly intervals to; ensure safety of participants, monitor the study, ensure data protection and advise on the final report.

Team Expertise

The research team combines significant medical, clinical and HSR expertise and this study will build on local strengths and prior work in service evaluation. SM and AF have extensive clinical experience in emergency medicine. SM currently divides her time between clinical commitments in the ED, and HSR in emergency medicine at the University of Sheffield.

Previously and current commissioned projects involving SM and CO have evaluated the impact of paramedic practitioners on older people (The Health Foundation), assessed factors that affect ED waiting times (NIHRSDO) and evaluated the role of Emergency Care Practitioners (NIHRSDO).

The Institute of Work Psychology is dedicated to conducting applied research in work settings and is the leading centre for research in Work and Organisational Psychology in the UK. AC was the member of a team that undertook a large scale project for the Department of Health, examining the well-being of 193 secondary health care teams and 5,000 individuals in NHS Trusts in England. RO has extensive experience in risk management, patient safety and changing workplace behaviour. Relevant research projects include methods for assessing quality from hospital records, stakeholder consultations with UK rail companies, passenger representatives and health and safety regulators, and the contribution of organisational and individual factors to employee health status. GN is the National Lead Dean for emergency care and has extensive research experience in the field of postgraduate medical education and a flexible healthcare workforce. JG is a member of the PMETB board and has worked for more than 30 years in medical education development and policy research, JG is Special Adviser to the World Federation for Medical Education. BD is a lay advisor who has experience as service user, but has also participated in previous research into organisational aspects of emergency medicine.

Project timetable

Phase one (months 0-12)

In the first 12 months of the project we will complete:

- Planning and preparation of the study
- Consultation exercise with key stakeholders
- Scoping study of four postgraduate deaneries and four EDs
- Development of the survey tool for phase one
- Analysis and write up of phase one.

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