

## **Abstract**

Medical engagement is increasingly important in ensuring organisations 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 healthcare systems is not well developed. The authors describe a Doctors in Training Committee (DiTC) as a way of improving junior doctor engagement through establishing a (DiTC) in a large NHS Trust.

## **Short Introduction**

**Historically, junior doctors have encountered barriers when attempting to implement change. We established a Doctors in Training Committee (DiTC) which has successfully integrated junior doctors into management structures and effected several changes in a large NHS organisation.**

## **Background**

The involvement of clinical staff in NHS trust management was brought sharply into focus following the failings of Mid Staffordshire which found, amongst other things, that senior clinicians were disengaged from the management process (Francis, 2013). Clinician engagement benefits the individual as well as the organisation 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 licenced doctors (GMC, 2015), have often been overlooked as change agents. Changes in the workplace have often been made with little input or undervalued the contribution from these front line staff (Winthrop, Wilkinson and George, 2013). Reasons for this were summarised by Ibrahim, Jeffcott and Davis (2013) and include: short term employment contracts and frequent/short rotations, inadequate induction and on-going support systems

and perception by trainees that seniors and management are not receptive to their input (Ibrahim, Jeffcott and Davis, 2013).

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 (Francis 2013). In their exploratory study Wathes and Spurgeon (2016) describe how five NHS trusts have engaged junior doctors and made several recommendations including: changes to induction, improvements to human resources, provision of mentorship, leadership development opportunities, junior doctor forums and an active doctor’s mess (Wathes and Spurgeon 2016).

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 amongst junior doctors (Adlington and Parish, 2015). In addition, leadership, quality improvement and safety capabilities have been recommended for inclusion in postgraduate curricula (Greenway, 2013).

The authors describe the Doctors in Training Committee (DiTC) as a way of improving junior doctor engagement with explanations as to how to establish a DiTC, methods of governance, benefits to trainees and benefits to the organisation.

#### **Steps to Establish a DiTC**

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

The Doctors in Training Committee (DiTC) was established by the Department of Clinical Education (DCE) at the University Hospitals of Leicester (UHL) NHS Trust in 2013. UHL 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 utilised 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 DiTC to input into their work and influence decision making.

Since the DiTC was founded, there has been 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 (we do not have representation from general practice, psychiatry, pathology or obstetrics and gynaecology). The challenge has been ensuring small specialities remain represented as they have small numbers of trainees. These individuals are often providing representation to higher priority specialty-focussed committees (mortality and morbidity or quality and safety meetings).

The DiTC is a network of doctors in training who connect, communicate and collaborate with the aim of being the voice of trainees within UHL and the committee act as a stakeholder group for cross specialty trainees of all grades.

There are several steps required in order to establish a DiTC (Figure 1). Each step requires committee member engagement with both the DCE and the Trust hierarchy. Importantly, by establishing these relationships, it provides the DiTC members with a solid platform to engage with ongoing and new projects.

## **DiTC Governance**

The committee elects a chair and deputy with other members nominated by their peers. We currently have 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 in addition to: the UHL Medical Education and Training Committee, Director of Medical Education, Medical Director, Assistant Medical Director, Trust Chairman and Medical HR Manager. Summaries are available on the trust intranet. The terms of reference are reviewed on an annual basis. The Trust has stipulated that doctors are allowed leave from clinical duties is granted to members so that they may fulfil their role as DiTC representatives. There is also direct contact with the Medical Director, HR Manager and Chief Executive. The unique position of the committee allows communication with senior colleagues and executives to work towards solutions.

Reporting is directly to the UHL Medical Education and Training Committee (METC) (Figure 2). Health Education England working across the East Midlands (HEE-EM), is included within Figure 2, however this is not a compulsory reporting path and they do not receive minutes of meetings. Lines of communication 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. These have included, formally organised committee development sessions (e.g. leadership and management strategies using Myers-Briggs principles led by Trust development lead) and financial support to attend education related events (e.g. Association for the Study of Medical Education (ASME) conference). Importantly, they also provide a formal mechanism of attaining 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 recognised with a formal letter produced by the Department of Clinical Education.

The DiTC identifies issues affecting the day-to-day role and function of trainees, which have not or cannot be dealt with through existing groups and forums within

specialties. Cross-specialty representation has improved dissemination of novel strategies. DiTC provides a vehicle to enable other committees within the Trust access to junior doctor representation.

### **Benefits to Trainees**

The DiTC 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 processes (see Project Example) and supporting the development of a new clinical library by liaison with the DCE 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 re-design (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 DiTC also has a representative. They have been key in providing feedback on Trust Induction for Trust Grade doctors and providing perspectives on how the CME can also support their training needs.

### **Benefits to Organisations**

The DiTC has allowed doctors in training to engage more in the important strategic, leadership and management activities of the organisation. 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 involving the highest level of management (Trust board) or clinical education leads. Historically, two of these committees have

160 had junior doctor representation. Since the inception of the DiTC the remaining  
161 three committees now have representation. Beyond this, a further five task-  
162 orientated committees now have trainee involvement regularly. The DiTC have  
163 offered a representative to other committees and aim for each DiTC member to sit  
164 on one committee (task-orientated or grade related e.g. foundation representative).  
165 The DiTC are in process of writing to all Trust committee Chairs to ensure that are  
166 aware of the opportunity for a trainee rep from the DiTC.

167  
168 Cross-specialty and varying seniority of representation is a unique attribute of the  
169 DITC trainee committees. As Table 1 demonstrates, this ranges from co-led projects  
170 and regular DiTC representation on committees to engagement and invitations to  
171 wider consultation processes or formal quality visits. The cross-specialty  
172 representation is particularly useful as it ensures appropriate individuals are  
173 seconded to projects (medical registrar representative to the Inpatient Diabetes  
174 Project) with the option of fielding at bi-monthly DiTC meetings for wider speciality  
175 input. These groups have benefited from regular junior doctor input, clearer  
176 perspectives on how to disseminate messages and change practice. Importantly  
177 there is also stakeholder critique of the likelihood of success (particularly with  
178 reference to changes in a ward-based environment). To date, the DiTC have co-led  
179 five projects (see Table 1). These have all led to successful implementation (100%) of  
180 changes following direct DiTC engagement. The most recent of which is the changes  
181 to the Maternity Leave and Return to Work processes, which have undergone final  
182 approval by the HR team within the last few weeks.

#### 184 Project Example

185  
186 A committee representative from Obstetrics and Gynaecology had received  
187 feedback from colleagues regarding the maternity leave processes. Specifically  
188 issues with acquiring paperwork, understanding timings for leave and notification  
189 of management and HR. A member of the HR team was invited to our meeting to  
190 discuss and identify solutions. An action plan was created which highlighted a need  
191 for a clear and concise 'pack' with frequently asked questions, a timeline and

192 amalgamated forms. Following committee comments and revisions a final version  
193 was shared cross-specialty to ensure all trainees benefited. HR feedback was  
194 particular positive about the value of engaging junior doctors in the development  
195 of the solution and their processes have, as a consequence, been streamlined.

196 The implementation of the new junior doctor contract is another topical example.  
197 The committee opted not to comment on the political aspects of the contract  
198 negotiation as that was largely left to the Local Negotiating Committee. However,  
199 the DiTC invited the Chief Executive and Deputy Medical Workforce Director to a  
200 meeting during the latter period of contract negotiations. As a group of cross-  
201 specialty individuals with trust grade representation, the DiTC engaged in open  
202 discourse about concerns and fielded locally relevant topics of discussion. The  
203 outcome was a joint statement from the DiTC Chair and Deputy Medical Director  
204 (Workforce) explaining the local timeline for transition and highlighting the process  
205 of appointing a guardian and a contract committee.

206  
207 Overall, the DiTC position has been one of supporting junior doctors at a difficult  
208 time by providing a forum for discussion between the highest levels of management  
209 (Chief Executive) and a large number of junior doctor voices. The feedback received  
210 from the human resources (HR) team, is that engagement with juniors during rota  
211 planning for the new contract has allowed them to approach changes in a more  
212 robust manner with consideration for concerns they may otherwise not have  
213 acknowledged.

214  
215 Lastly, the committee provided assistance during the piloting of a web-based  
216 incident tool for reporting junior doctor concerns, the 'Gripes Tool' (Carr, Mukherjee,  
217 Montgomery, Durbridge & Tarrant. 2016). The committee were able to support  
218 wider dissemination of the tool, cross-specialty and therefore ensure broader  
219 representation of junior doctor concerns.

223 **Conclusion**

224 These real-life examples of engagement between junior doctors and trust-board  
225 level decision making highlight the value of the DiTC. The authors demonstrate a  
226 novel mechanism for change driven by junior doctors and their passion for  
227 engagement with management processes that in times gone by would be beyond  
228 reach. We provide for the first time a 'recipe' for establishing a junior doctor forum  
229 and the potential relationships that can develop.

230

231 **Conflict of interest**

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233 The authors have no competing interests to declare.



234 **Key Points**

- 235 • 25% of all licenced doctors are doctors in training but are not always engaged  
236 in implementing changes to working practices in the NHS
- 237 • Doctors in Training Committee (DiTC) acts as a cross-specialty stakeholder  
238 group for all trainees of all grades (including trust grade doctors).
- 239 • Cross-specialty representation ensured best practice is shared to ensure all  
240 trainees benefit.
- 241 • The DiTC provides a mechanism for improving engagement between junior  
242 doctors and hospital management.
- 243 • DiTC provides a vehicle to enable other committees within the Trust to access  
244 junior doctor representation.
- 245 • The DiTC members require protected time to attend meetings, administrative  
246 support and some initial training for their roles.

247 **Key Words:** Leadership, Junior Doctors, Management, Medical Education, Training,  
248 Engagement

249     **References**

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