Gloucestershire Safety and Quality Improvement Academy 2024

Gloucestershire Hospitals NHS
NHS Foundation Trust

Improving the uptake of self-development time by resident doctors

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1. Introduction

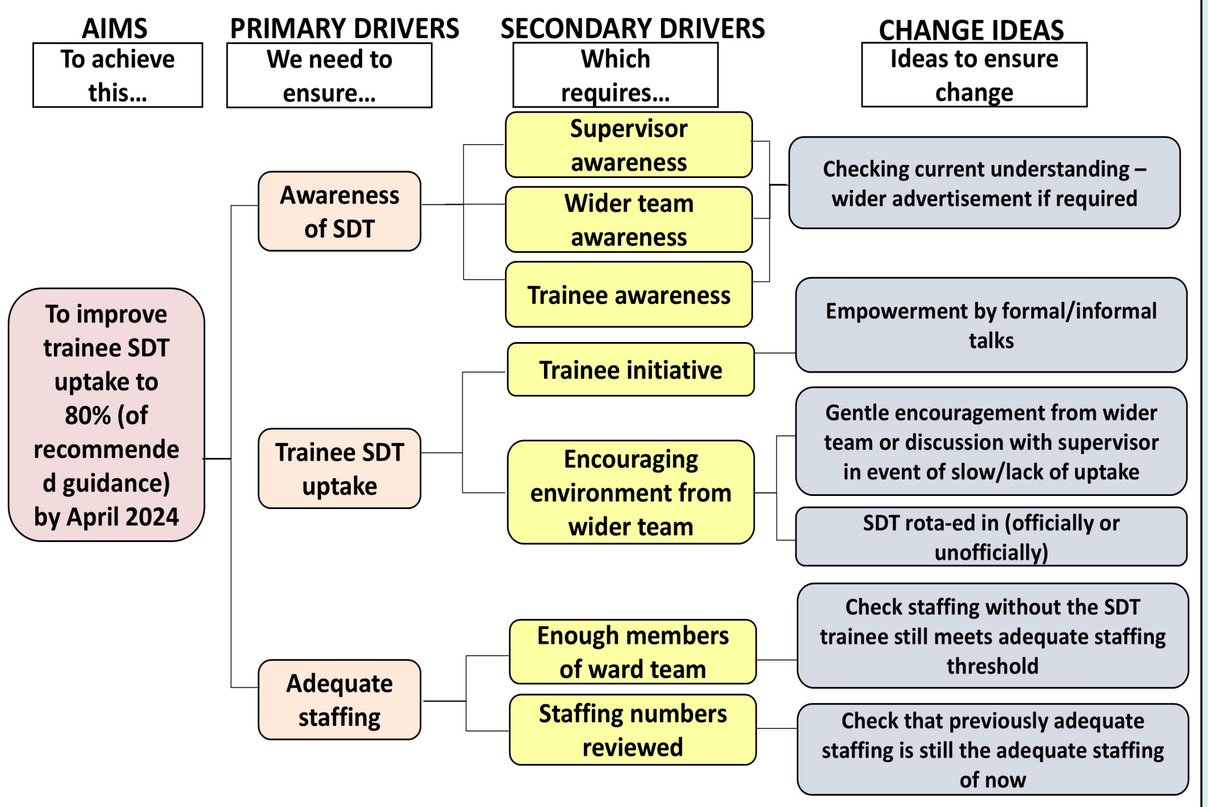
Self-development time (SDT) is crucial time away from clinical duties that doctors in training (now referred to as trainees) spend to complete their non-clinical components of the curriculum and improve their knowledge and skills.

There is a guidance for many trainees to receive 2 hours/week of SDT. Yet, trainees on Care of the Elderly (CotE) department at Gloucestershire Royal Hospital (GRH) were only able to take 0.4 hours/week on average, meaning much more of the work was taken home for doctors to complete.

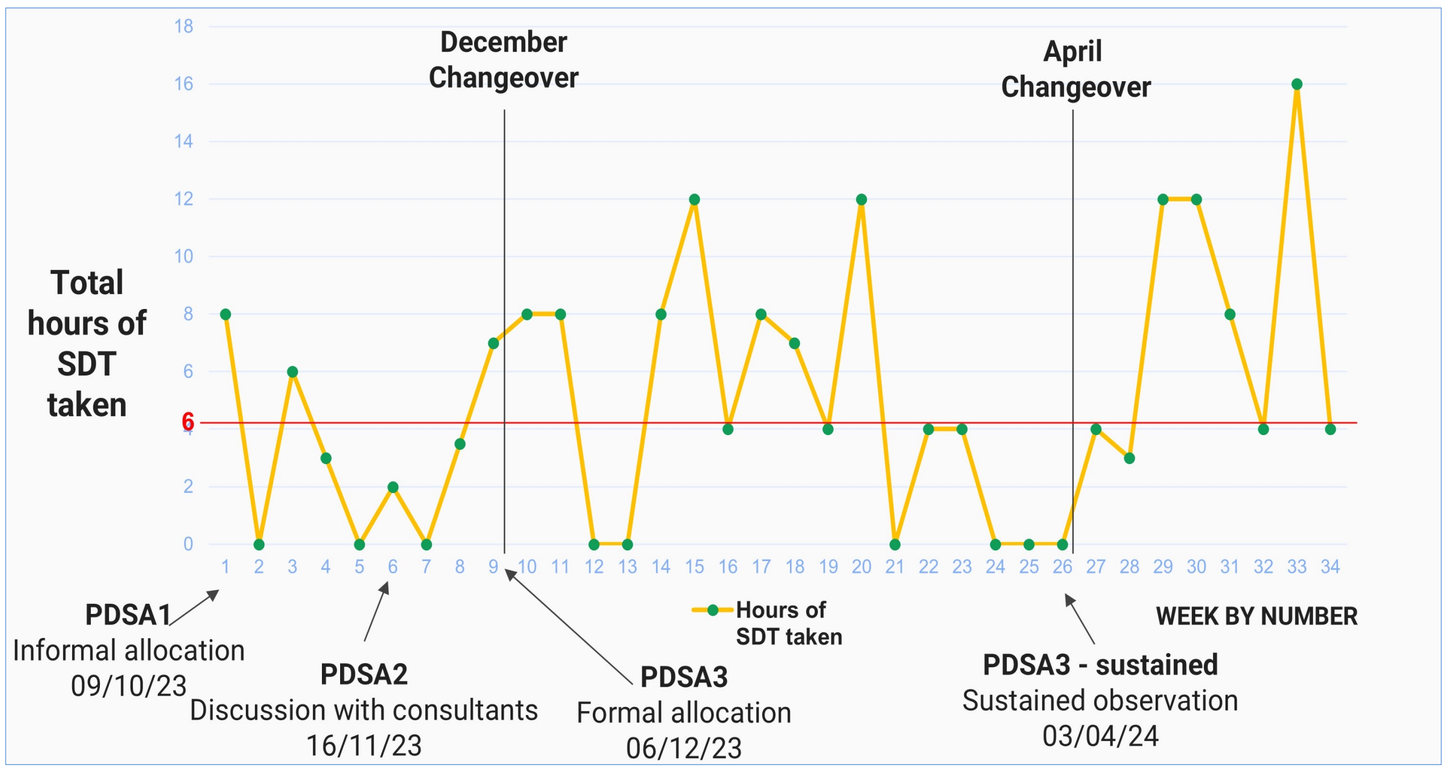
Concerningly, a trust-wide survey showed that 18/42 (42.9%) trainees had taken no SDT in the first 10 weeks since August 2023 rotation. High workload and staff shortages were the main reasons why trainees couldn't take SDT.

We aimed to improve trainee SDT uptake to support their health and wellbeing. SDT hours taken by each CotE ward-based trainees at Gallery Wing Ward 2 were collected weekly. Driver diagram was mapped to identify change ideas to design Plan, Do, Study, Act (PDSA) cycles.

2. Driver Diagram with Aim



3. Key Results with Plan, Do, Study, Act Cycles



Three PDSA Cycles were implemented to Gallery Wing Ward 2 with an increase in trainee SDT uptake from 0.4 hours/trainee/week to 2.3 hours/trainee/week by the end of the third PDSA cycle.

Measurements of SDT hours at Gallery Wing Ward 1 also culminated in similar trends with an increase of trainee SDT uptake to 2.5 hours/trainee/week.

Six trainees who were on Gallery Wing Wards 1 & 2 completed a post-intervention survey with all six trainees (100%) responding that officially pre-allocated SDT by the rota coordinator helped them to sufficiently take SDTs. Trainees effectively used this time to carry out portfolio work, quality improvement projects, and build their own career interest in specialist fields.

	Description	Timeframe	SDT hours taken	SDT hours/trainee/week
Baseline	Baseline uptake of SDT hours taken by 3 trainee doctors at Gallery Wing Ward 2 recorded	**10 weeks**	**12**	**0.4**
PDSA Cycle 1	Afternoon SDT allocated by a CotE ward-based trainee to other trainees whenever ward staffing larger than minimum	**5.5 weeks**	**16**	**1.0**
PDSA Cycle 2	Following consultant rotations on the wards, new consultants to ward informed and educated about trainee SDTs	**3 weeks**	**3.5**	**0.4**
PDSA Cycle 3	Afternoon SDT allocated by CotE rota coordinators with department-wide senior approval	**16 weeks**	**79**	**1.6**
PDSA Cycle 3 (sustained)	Successful rollout and good outcomes from PDSA Cycle 3 led to continued measurements with no further active intervention	**9 weeks**	**63**	**2.3**

4. Conclusions and Next Steps

From a busy CotE where trainees struggled to take SDT, we developed a system where SDT is allocated regularly to allow trainees to complete non-clinical training activities in their work hours. Getting an adequate team together and the baseline survey were essential. Magic PDSA cycle appeared to be PDSA Cycle 3 but this wasn't possible without PDSA Cycles 1 and 2.

Although our primary goal was met, ongoing monitoring is crucial given the unpredictability of a busy secondary care hospital ward. We want to re-evaluate trainee SDT uptake on a regularly basis to see if any further changes are necessary and disseminate our work to other departments across the country as we feel that many other departments with poor trainee SDT uptake could successfully employ a similar system to ours.