

# Innovative solutions to medical workforce challenges

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## Aims

To reduce workload for overstretched junior doctors and concurrently address rota gaps.

## Methods

Junior doctors work shifts with increasing intensity often exacerbated by frequent rota gaps. A number of interventions have already been or are in the process of being developed to aid the workforce in our hospital.

Doctors in our department previously looked after patients across more than one ward. Often the ward with fewer patients was attended to later in the day, delaying clinical tasks, causing nurses to repeatedly chase doctors and doctors providing poor feedback. As part of a restructure involving all grades of medical staff, nurses, ward clerks and managers, junior doctors were realigned into ward-based teams. Patients were split on the ward by consultant team, and junior doctors paired up with nurses to look after bays of patients, increasing continuity of care.

To aid junior doctors further we are in the process of piloting a new band 3 doctor's assistant (DA) role. The DA receives on-the-job training from junior doctors and thereafter helps with simple tasks such as discharge letters, chasing scans and completing handover lists. They also assist with clinical skills such as venepuncture, cannulation and catheterisation. It is anticipated that these roles will enable junior doctors to concentrate on spending longer with patients, thereby enhancing training.

To aid rota gaps, we have created novel foundation year 3 (FY3) level posts to attract high-quality trainees who wish to undertake further experience before embarking on specialty training. Two types of posts have been created. The first is a split 50% clinical, 50% leadership role in which doctors are given protected time to carry out quality improvement and educational projects in the department. We have recruited to these posts and the FY3s have made excellent progress thus far. The other FY3 role involves three rotations of 4 months each, one of which is a 'sabbatical' period in which doctors are able to embark on travelling and pursuing other interests.

A junior doctor referral toolkit has been established on the hospital intranet website. The toolkit provides junior doctors with referral guidance for most hospital specialties, as well as including contact numbers. This toolkit will reduce long switchboard waits,

but also provide junior doctors with more confidence before calling other specialties for advice.

## Results

Anecdotal feedback from these interventions has been extremely positive. In our most recent survey, 95% of trainees (20 out of 21) said they would recommend their post to a colleague.

## Conclusion

Creating novel posts, and proactively evaluating and improving existing systems, is important to address workforce challenges. ■

## Conflict of interest statement

Nil to declare.

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