

Learning responsibility? Exploring doctors' transitions to new levels of medical responsibility.

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Rationale

Doctors experience multiple changes during their training and subsequent careers including changes in status and seniority, changes in geographical location, change of specialty, change of clinical team. Generally, these changes or transitions are known to be associated with increased risk of untoward and adverse events in other high risk professions such as aviation and nuclear power generation.

Little is known about the effects of transitions on medical performance and most published data relates only to those situations where concerns have been raised about individual performance. Concerns have been raised, both in the literature and anecdotally, that doctors are under prepared for transitions. Given that transitions are such a regular feature of medical

careers, both better empirical evidence and conceptual thinking are required in order to understand the links between transitions and medical performance and so inform better support and management of doctors' transitions.

Methodology

This was an exploratory longitudinal study designed to consider trainee doctors, the clinical team and site in which they were making their transition, their employer and the regulatory and policy context. We therefore used a combination of desk-based research, interviews and observations to investigate selected key transitions. These were transitions from medical student to Foundation Year 1 doctor with particular focus on prescribing and from Foundation Year 2 to Specialist Trainee with particular focus on patient management.

Key findings and conclusions: Doctors' performance is not just dependent on individual skills and knowledge; it is very significantly affected by the activities, cultures and practices of clinical teams, employers and by the regulatory framework. This means that many aspects of practice can only be learnt on the job.

Implications drawn for the GMC

Doctors: Trainees should be supported to be more systematic in their approach to transitions and in their handover to successors to facilitate better transitions for others.

Teams: clinical teams need to establish more systematic approaches to recognising, supporting and enhancing colleagues' transitions.

Employers: Trusts need to develop more reliable and systematic organisational practices in the management of transitions. Foundation training schools and deaneries need to review the number of transitions trainees make, particularly to reduce transitions within rotations where possible.

Regulatory bodies: Together with foundation training schools and deaneries, regulatory bodies need to attend to the systematic provision at Trust level for supporting doctors' transitions.