General Medical Council

Wellbeing podcast transcript – episode 1

Introduction to wellbeing and the report

SOPHIE: Hello and welcome to *Prescribing change*, a podcast from the General Medical Council. We've just published a UK wide review of medical students and doctors' wellbeing. This was independently co-chaired by Professor Michael West and Dame Denise Coia.

We asked Michael and Denise to identify factors that impact doctors' wellbeing. So that we can work with organisation across the UK to help tackle the causes. In this series, we talked to three of our clinical fellows about the findings and recommendations of the review. We also hear about their own experiences and stories about managing wellbeing on the frontline.

Visit our website to read the full report and if you want to share your story or give us feedback on the podcast, we'd love to hear from you, tweet us @gmcuk.

TANITA: Hi, I'm Tanita Cross and I'm the GMC's Digital Content Officer. I'm also the producer of this podcast, and I'll be conducting the interviews throughout the series.

So today, I'm talking to three of our new clinical fellows who are joining us from different parts of the UK, and different medical specialities. Thanks all for coming along today. Would you please start by introducing yourselves?

CATHERINE: Hi. So, my name's Catherine. I'm a psychiatry trainee from South Wales.

ALICE: Hi, I'm Alice. I'm an anaesthetics trainee based in Edinburgh.

ADAM: And I'm Adam, I'm a GP trainee based here in Manchester.

TANITA: As part of his review, Michael West looked at literature and data from the UK and abroad to see what evidence he could find for the different factors that impact on wellbeing. He spoke to doctors, medical students in England, Scotland, Wales and Northern Ireland so that their voices were reflected in the review.

So, one of the main findings that struck out to me in the research is that when doctors' wellbeing is taken into consideration, it's pretty clear that there are better outcomes for patients.

Did that finding surprise you guys when you read that?

ADAM: No, it didn't surprise me at all. I think when we are going in every day and we're looking after patients, it stands to reason that if we feel supported, well looked after, and we feel that our wellbeing is being taken into account, then we feel that we're a lot more equipped and ready to perform the job that we're there to do to the best of our ability. And I think that patients can only benefit from having doctors that feel that they are supported and that their wellbeing is being taken into account.

CATHERINE: I'd agree with that. As a profession, doctors are a group of people that work incredibly hard and if we're given the right set of tools and the right workplace environment to do that in, we will produce the best outcomes for our patients.

ALICE: I think, for me, it felt a lot like common sense. But sometimes when you know something fundamentally and you believe it to be common sense and you see it on paper, with all the evidence that backs it up and just the extent to which it's true and backed by the literature, it can be quite stark. So, I mean, you know that when you go to work and you're feeling happy and you're having a good day and everything's kind of going your way, you probably do work and perform better. But the extent to which that made a real difference to patients, I think, was even more than I had believed going into this review, and I think it's quite nice when something that we all know as a profession is backed up there in black and white, and all the figures that are behind it are just put down on paper.

TANITA: I agree with you, Alice, that it is, it seems to me to be common sense that if you've got happy people in any workplace, they're going to probably do better work. And, obviously in a healthcare context, that's really important because that's going to lead to better outcomes for patients. So, in light of this then, and how important wellbeing clearly is, do you think staff wellbeing is being given enough importance in our health services at the moment?

CATHERINE: From a personal perspective, I've experienced difficult times as a trainee when I've felt that perhaps I wasn't in an environment where I could speak to somebody on a personal level about what was going on in my own life. I think there's a risk there if you don't value your trainees or you don't value doctors in general, there will be some wobbles along the way, and people won't feel that they're able to talk through and work through difficulties that they might be having.

ADAM: And I think, in general, there seems to be more of a focus on mental health, not just in the medical profession but the UK population in general. There's a big drive to think about mental health, there's a huge drive to think about wellbeing. And I think that the good thing about this report is that it is going to start that conversation within our

demographic of people who work in a healthcare setting, to actually start looking at ways that we can support our own wellbeing.

I think there are examples that this is being done already. From a primary care perspective, as I'm a GP trainee, I've had experiences where I've been, where I've worked in a GP practice where there is a big drive to have a community of practice, everyone is talking to each other, everyone's there to support each other – if you've had a difficult day, there are options to debrief with each other.

But I've also worked in settings where you are very much alone. You go in, you settle down in your room, you see your patients in a day, and there is so much going on in a day that people just don't take the time to talk to each other. And I think it's then very easy to leave that room, go home and have no feeling that you've been able to offload your problems or discuss or process your problems with other people, and I think that's extremely important to do.

ALICE: I think for me it's something that certainly hasn't been given the priority that it should have. And I think you're right, that conversation is starting, that conversation is becoming very much a centre of our profession right now, but there's always a risk with that that something seems like a fad, that something seems zeitgeisty and of the moment. And I think what we really need to be careful of, and as a profession we need to really emphasise, is that this isn't something transient.

So, for me you go to work on a normal day and there'll be days when someone really looks after your wellbeing, somebody really makes you feel good, takes the time to give you feedback, takes the time to make sure you feel supported. But then there'll be other days you go to work and you see somebody really, really struggling and you think I just don't know how best to help this person but I know there are people around me having a really difficult time. And I think that for us as doctors is a really challenging thing.

So, I think wellbeing isn't something that necessarily I've prioritised for myself in a way that I should. I don't think it's something that the profession has prioritised and I think that we as doctors probably need to take a step back and say actually this isn't the next big thing, this isn't the latest cool thing for people to be discussing, this is a really critical, fundamental problem at the heart of our profession that we need to address now and forever.

CATHERINE: The experiences that we have as doctors have to be acknowledged. You know, we see people at the absolute brink potentially at the worst time in their lives, and we see these people every day, day in, day out. So, we have to also include medical students and doctors in training as well as every other doctor from the perspective of futureproofing our workforce.

ALICE: Yeah, I think you're completely right. I think this is definitely the start of a conversation and it feels like something that's gaining momentum, and I just don't want that momentum to be lost, and it's something that we need to change cultures. I know

there's been a lot of talk in this report about looking at secondary prevention measures – so things like mindfulness and yoga – which have a lot of value, but which are about a temporary fix versus the change in cultures, the change in the way we structure ourselves, the change in the way we view ourselves as a profession, and making those kind of big fundamental shifts that will last long into the future. And I think that's what I really like about this document and that really struck a chord with me.

ADAM: I think people need to be empowered to find ways of looking after their own wellbeing and that is by facilitating it by making the workplace an environment that supports that and allows you to achieve that for yourself. And, as you were saying, Catherine, you know that needs to be in-built from the minute you arrive at medical school all the way through up to consultants who are retiring because wellbeing is going to mean different things to different people at different stages of their career, but people need to be equipped with that from day one to be able to adapt and change to what is a very, what can be a very pressurised work environment.

CATHERINE: The reason why this is a conversation as well is that there's a lot of really great examples within the report of things that have happened locally to improve wellbeing or improve the work environment. And, the idea is that we need to start having those conversations on a local level and work out what will work best for our practice, our hospital, and empowering the entire medical profession to make some of those changes.

TANITA: So, we've talked a lot about the theory of it. I mean, it's clear that if you prioritise workplace wellbeing for doctors and students at all levels and, of course, for other health professionals and other people working in the health services, that's going to lead to better outcomes. And everyone's just happier, which is just such a, just makes a nicer culture to work in. I wondered if you had any kind of concrete examples of where, you know, Adam you mentioned about having time for debriefs and things like that in a practice you worked at, any other examples you've got of where somewhere you worked did something really good that you wish other places would take on or, you know, conversely, somewhere you worked where they just didn't prioritise your wellbeing at all.

CATHERINE: From the point of view of being a psychiatry trainee, I think that there's several things that work well and have worked well for a number of years within psychiatry. We have the opportunity, pretty much on a weekly basis if we need it, for regular supervision with a clinical supervisor who's experienced in reflecting and supporting reflection of your work. What also happens, which is helpful and, I think, probably could be made more available for more of the medical workforce is the idea of balance groups, sometimes there are various different definitions for this – also known as Schwartz rounds, which is a slightly different idea but again – it's essentially, it's a process which allows a group of colleagues to reflect upon and work through a situation that may have occurred. And I think, Adam, you've experienced this within your GP practice as well.

ADAM: Absolutely. So, things like debriefing and having a chance to offload is not something that can, that necessarily needs to happen on an individual basis, it can happen in a group setting as well. So, general practice is still called from time in memoriam a

vocational training scheme or a VTS and that involves a half day where you meet with your fellow GP trainees across the three years of training within your local area and that tends to happen one afternoon a week. In the area that I train in, we have a period of time built in to each one of those afternoons where you go into a smaller group, you sit in a circle, and everyone is given time to go around and just offload absolutely anything about their working week, so that can be good things that have happened, it can be interesting patients that they've seen, but it also gives an opportunity that if you've had a particularly challenging time that that can be brought up.

Now, obviously some people aren't going to feel comfortable doing that in a small circle group, but you have your, one of the training programme directors, heads up one of those groups and so there is ample opportunity for you to get to know these people over the three years and so if you're not comfortable to say it in a circle setting, you can obviously take some time to talk to them on a one to one basis.

ALICE: I think what you're bringing out there that, you know, really strikes me as being quite similar to my experience, is the sense of community. Because I often refer to the anaesthetics trainees in the south east of Scotland as my community and I talk about going back to my community. But I do really see them in that way and I can always think of who I would go to with what problem. I know that they all came together in their own free time to do exam practice for me. I've got over 40 anaesthetics textbooks that they've al donated to me, although I shouldn't necessarily admit that because I don't think they collectively know how many I've still got.

CATHERINE: Alice, are you a hoarder?

[Laughter]

ALICE: They're now under my, they're under my stairs.

CATHERINE: Good doorstops.

ALICE: I know, yeah. But, we do come together, we do look after each other when we can and I know, I can think of a recent example. I was having a crummy day and somebody said something incredibly unconstructive to me and I thought 'I am going to go into a corner and cry now', and I spoke to one of the senior trainees and he was like 'right, we're going into this corner and cry together' [laughter].

ADAM: Yeah, that's good.

ALICE: And he sat with me and basically told me 'put that to one side, it's not a legitimate piece of feedback, it's not a helpful piece of feedback, and I know this, this, this and this about you'. And if I had gone home and dwelled on what had been said and thought it over in my mind for days, I think I would have felt truly awful about myself and my ability as a doctor. But the ability to talk about it with somebody else, actually you can put those things in perspective and give them the degree of legitimacy that they truly deserve.

But I know that within anaesthetics where I work there's been a lot of thinking around how do we build that community, how do we bring people together – and that's sometimes been focused around pub quizzes or meetups – but it's actually how we help each other, so all that exam practice, having somebody to sit down and talk with, being able to have a cup of tea with somebody, being able to tell somebody about my rubbish day – that's what I see as my community and that's what's made those people really important to me. So, I think that's something that I've really valued that sounds to me to be very similar but just in a slightly different setting to what you have.

ADAM: Absolutely, and you can adapt these things, they don't have to be all things to all people. It can be as simple as having a WhatsApp group, and that's something that we do have, but just as that there is that collective place where everyone's got access to everyone else. They can identify individuals that they identify with, get along with, and just having that support network there. And yeah, I think community's a really lovely word for it because you are with these people for quite a few years of your life and you're all working towards the same goal and people are going to have different coping mechanisms that they can help each other with along the way.

CATHERINE: Drawing from the report, I think the idea of wellbeing, community and a sense of belonging – the report itself actually focuses upon the importance of teams, but it talks a lot about the quality of that team, what that team needs to bring about to ensure that people do feel that they belong to that team and they have a role within that team, and that the team itself reviews its roles and reviews its aims on a regular basis. A lot of what we've talked about draws on those ideas and very much I think is key to potentially belonging to a team or a community.

TANITA: I think the thing that struck me the most there is the fact that one of the big key points is you need to have time to get to know the people you work with. And, again, another kind of common-sense idea, but here now we have some literature to back that up, which is great.

So, another stat that was quite shocking - but maybe wasn't to you guys - in Michael West's report, was that 47% of doctors working in secondary care are thinking about leaving the organisation they work for, and one in five are thinking about leaving the health services forever. And the national GP work-life survey reported the lowest levels of job satisfaction among GPs and that 35% of GPs are considering quitting direct patient care in the next five years.

What do you guys make of those figures? Does that chime with what you've heard from colleagues and how you might have felt in your careers so far? And what do you think those kinds of statistics might mean for you and your colleagues and, of course, for your patients in the future?

ALICE: I think for me on the one hand there was nothing that surprised me in those figures. But, what it did really bring home to me is this is half of my friends. Half of my friends feel like they want to leave the organisation they work for because most of my

friends are doctors, the people I'm with every day are doctors an d, to me, that is huge. I think just having that realisation come home again that that number of people that I work with, that I'm friends with, are just fundamentally not happy with what they're doing was really surprising and sobering.

CATHERINE: I think it highlights that wellbeing isn't a fad. As Alice said earlier, wellbeing has to be considered, it has to be something that has to be taken seriously and the problem isn't going to go away. The NHS in a sense if you think of the workforce like a combustion engine, the workforce perhaps is running out of steam. Wellbeing needs to be considered as a priority.

ALICE: I think if one in five doctors leave the NHS, the NHS will crumble. It cannot cope with that kind of exodus. And I think, at the moment, the NHS is so much running on the moral duty and the sense of vocational purpose that doctors have that as that goes away and as that trickles out and you see people leaving, I think there were more stats today in *The Guardian* from the MPS [Medical Protection Society] – about 50% of doctors are thinking about going overseas in order to protect their own wellbeing. And, you can see why people would do that, but the NHS just cannot cope, you cannot replace that number of people in a short period of time, you just won't be able to deliver a health service.

ADAM: As you said Alice, those figures are extremely sobering. I think, we all go into work, we have bad days, we have good days, our colleagues have bad days and good days. And I think you can get a bit of an idea that this is the direction things are going in just by hearing people and all of their different reasons, whether it's work/life balance, whether it's particular stresses in the career that they've chosen, but actually seeing them as cold hard figures on paper, actually then makes you realise that when put on the spot, people are willing to say that they are so disillusioned that they are willing to give up everything that they have worked so hard towards and the satisfaction that they'd hoped to derive from their career because, on balance, it's actually damaging their own physical, mental health.

ALICE: I think when you see people who recognise their own physical and mental health suffering, which I think this report demonstrates that people know they're suffering, people know that they're burnt out, people know that their wellbeing's being impacted, and that they're being driven to the brink, and that they're exceeding capacity, and how can you then blame people for wanting to find a way out? And if people think that the only way out is to leave the NHS, is to leave their post, is to go overseas, you can't possibly criticise them for that.

But, I think, what that does then do is put even more strain on those that are left behind. So, you've got more rota gaps, more work for everybody that's left to do, and so inevitably it's almost a domino effect – one leaves and the stress on everybody else is so much greater that the next one is definitely going to go at some point. So, I think if we don't do something now, it's almost exponent, you know, it will just get bigger and bigger and bigger, and the problem is only going to grow if you don't address it.

ADAM: The workforce population is just getting thinner and thinner as it's spread more and more thinly, and I think the only way that we're going to get beyond this is not, there's not going to be one quick fix overnight, there has to be a systematic root cause analysis of why all these individual people are feeling the way they're feeling, and then measure need to be put in place so that this not such a powerful feeling that's making them want to do this.

ALICE: I think what is important is that root cause analysis, that does come back to actually what I think this report is really trying to do. It's trying to say, 'okay what are the problems that we have to address?' And so, I think this will add to the literature that we have, the discussions that we have.

ADAM: Yeah, and it is information that is really important that we and the health service as whole acts upon. Because it's going to be very easy to take everything that this report has found and go, 'isn't it awful, isn't a shame?' but it needs to be acted upon. We need to take what is in the report, what is in the literature, and actually build on that and find ways of being able to deliver these changes that are needed.

TANITA: Absolutely – and that's what we'll be talking about in the rest of the series. So, thank you all for sharing your stories with us today, it's been really interesting to hear from your perspective.

So, following Michael West's extensive research and the conversations he had with doctors and medical students, his review suggests that there are three core needs that medics should experience in the workplace – and those are autonomy, belonging and competence.

In the rest of this series, we'll look at each of these needs in detail and discuss the report's recommendations on how we can address the causes, rather than just the symptoms, of poor staff wellbeing.

ALICE: We as clinical fellows really want to hear your thoughts and ideas about all the issues we discuss and how we move forward with them. So please tweet us @gmcuk, go on the website to read the full report or comment below.

SOPHIE: Prescribing change is a podcast by the General Medical Council. Thank you to Dame Denise Coia and Professor Michael West for co-chairing this review. And thanks to our guests, doctors Alice Rutter, Adam Thomas and Catherine Walton.