

“I'm in my third year of obs and gynae training. I'm currently off work due to stress and considering changing specialty and or taking a break from medicine altogether.”

“Hello, I am a junior doctor who is currently lost as to whether to stay in medicine or to leave.”

“I am a doctor with late-diagnosed depression and ADHD. I am currently unemployed having ‘crashed out’ of clinical and academic medicine a while back due to a combination of cumulative life stressors, workplace bullying and previous inadequate mental health support. I would appreciate advice on a career change.”







Being a junior doctor

Experiences from the
front line of the NHS

**Mission:
Health**

December 2016



Being a junior doctor

Experiences from the front line of the NHS

- 80% - work sometimes or often caused them excessive stress
- 18% - had to carry out a clinical task for which they had not been adequately trained
- 25% - work had a serious impact on their mental health
- Nearly 50% - poor morale had a serious or extremely serious impact on patient safety

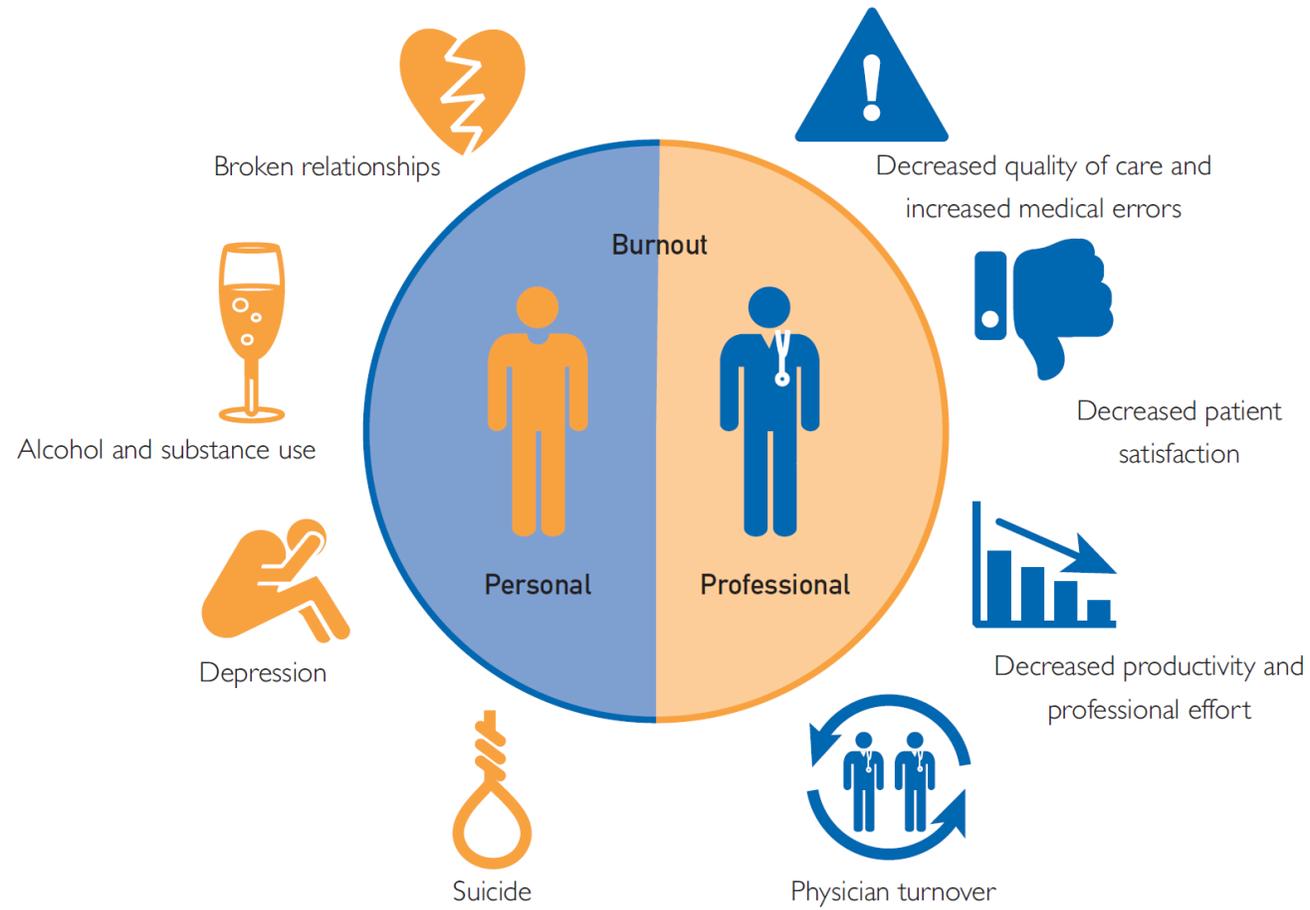


FIGURE 1. Personal and professional repercussions of physician burnout.

The King's Fund >

QMR

Quarterly Monitoring Report

The Kings Fund >

- Sustained increase in patient demand – particularly from elderly patients
 - Rising delays transferring patients from hospital to social care
 - Severe financial pressures causing cuts to staffing
-

THE Sun 40p
 THE PEOPLE'S PAPER
 Wednesday, January 3, 2018

Danielle walks out on rat hubby

I was too fat for sex
 DIET CLUB

CAMPING from just **£1**

SHOCK SUN INVESTIGATION

CRITICAL

NHS in crisis as budgets cut

A&E swamped, long waits for GP

More of us on prescription pills

Docs warn of care 'timebomb'

Daily Mail
 WEDNESDAY, JANUARY 3, 2018 www.dailymail.co.uk NEWSPAPER OF THE YEAR 65p

WHY I'VE FORGIVEN MY ACID ATTACKER
 One woman's humbling story of compassion **SEE PAGES 26-27**

WINTER CRISIS CRIPPLES NHS

++ Up to 55,000 operations postponed ++ Patients to be put on mixed wards ++ Senior doctors will man doors at A&E to turn away non-urgent cases

By Sophie Borland, Claire Duffin and James Tozer

HOSPITALS were last night ordered to cancel thousands of operations to try to tackle a winter health crisis.

In an unprecedented move, NHS chiefs demanded radical action to free up beds and medical staff. Casualty units are under 'extreme and sustained' pressure with flu cases on the rise.

Up to 55,000 non-urgent operations will be postponed until February, along with thousands of outpatient appointments and scans. Managers will be allowed to put patients on mixed-sex wards and consultants will be assigned to casualty units to assess patients on arrival. Anyone not judged to be seriously ill faces being turned away.

Confirmed cases of flu have risen 50 per cent in a week and experts are worried about an especially aggressive 'Australian' strain.

It was responsible for the worst flu outbreak in 50 years Down Under and has already claimed a number of lives in Ireland.

There were reports yesterday of waits of up to ten hours at casualty departments and managers issued social media alerts pleading with the public to stay away.

Two NHS bosses said the pressures were the worst in 30 years with one doctor apologising for 'Third World' conditions.

The first week of January is always busy with

THAT'S where one put it! Queen with crown she last wore in 1953 **SEE PAGE FIVE**

Turn to Page 2



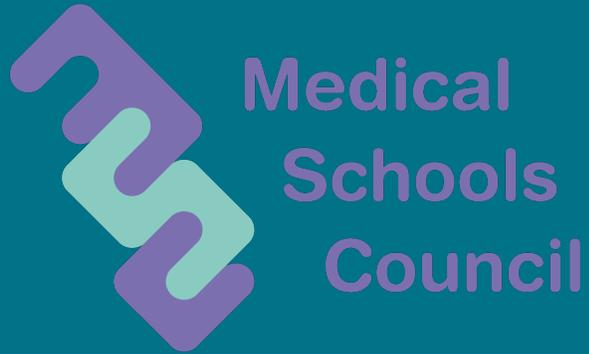
Mind – the gap:
What's missing
from medical
training?

Making Doctors

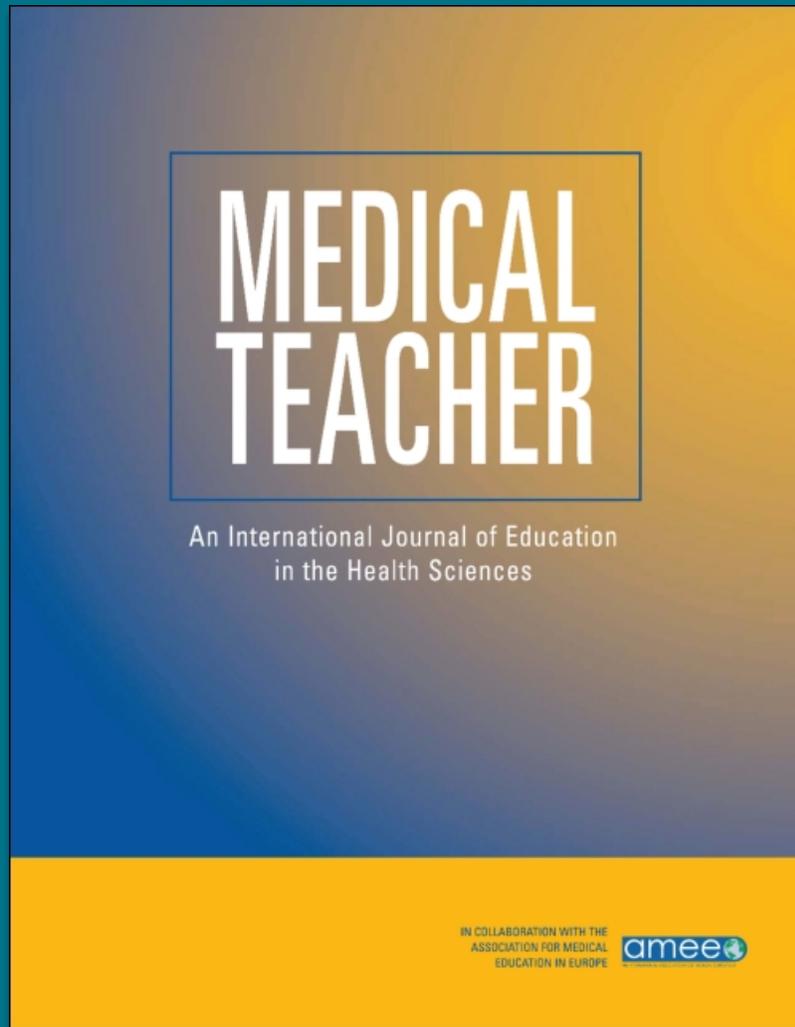
An Institutional Apprenticeship



“Medicine, unlike the military is not scientifically interested in its recruits’ psychological experiences, either their individual morale or the esprit de corps of their groups.”



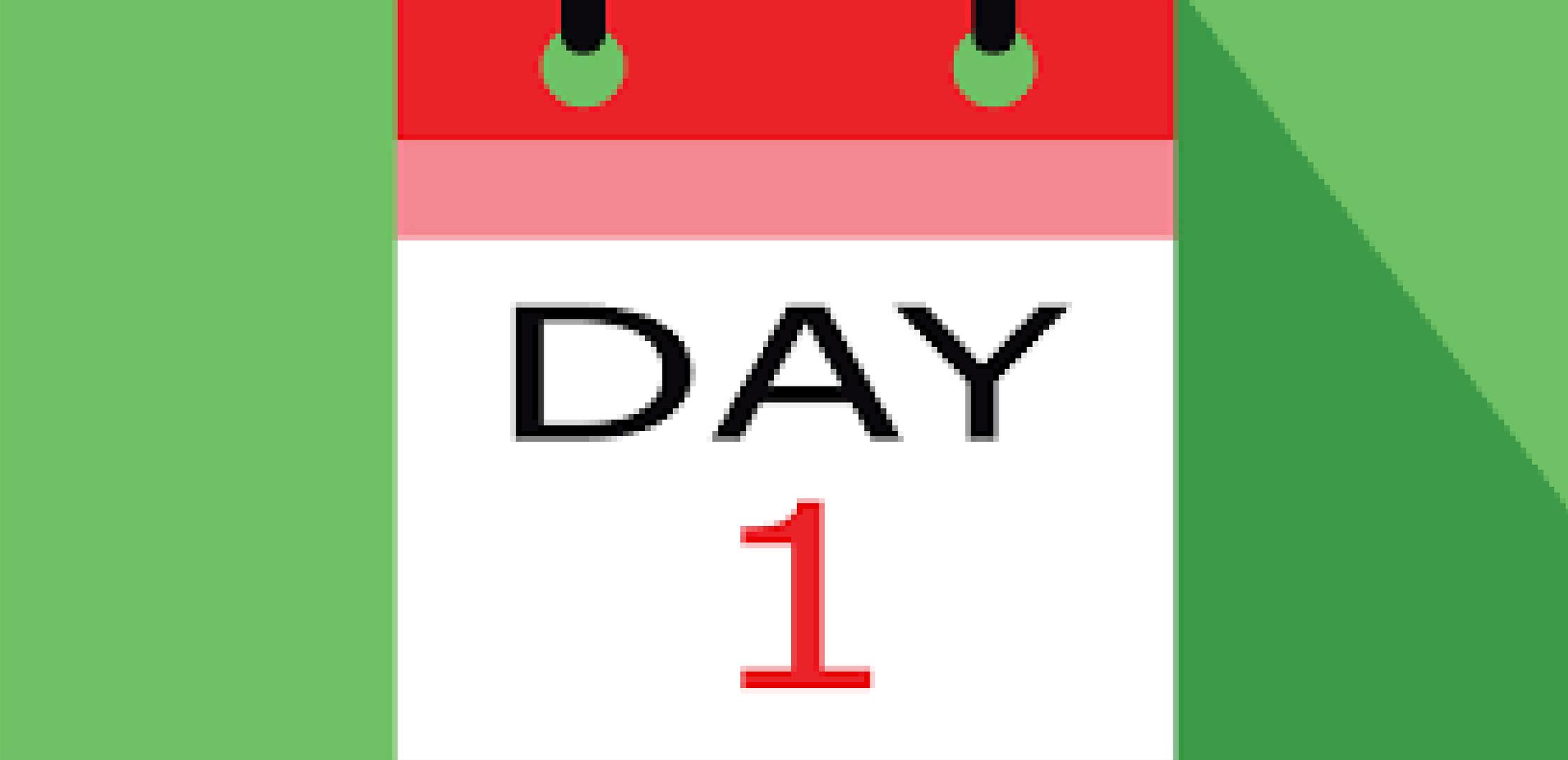
- Motivation to study medicine and genuine interest in the medical profession
 - Insight into your own strengths and weaknesses
 - The ability to reflect on your own work
 - Personal organisation
 - Academic ability
 - Problem solving
 - Dealing with uncertainty
 - Manage risk and deal effectively with problems
 - Ability to take responsibility for your own actions
 - Conscientiousness
 - Insight into your own health
 - Effective communication, including reading, writing, listening and speaking
 - Teamwork
 - Ability to treat people with respect
 - Resilience and the ability to deal with difficult situations
 - Empathy and the ability to care for others
 - Honesty
-



“There is not much evidence of the credibility of interviews, personal statements and letters of reference”

Prideux et al (2011)
33.3. pp215-33





DDAY

1

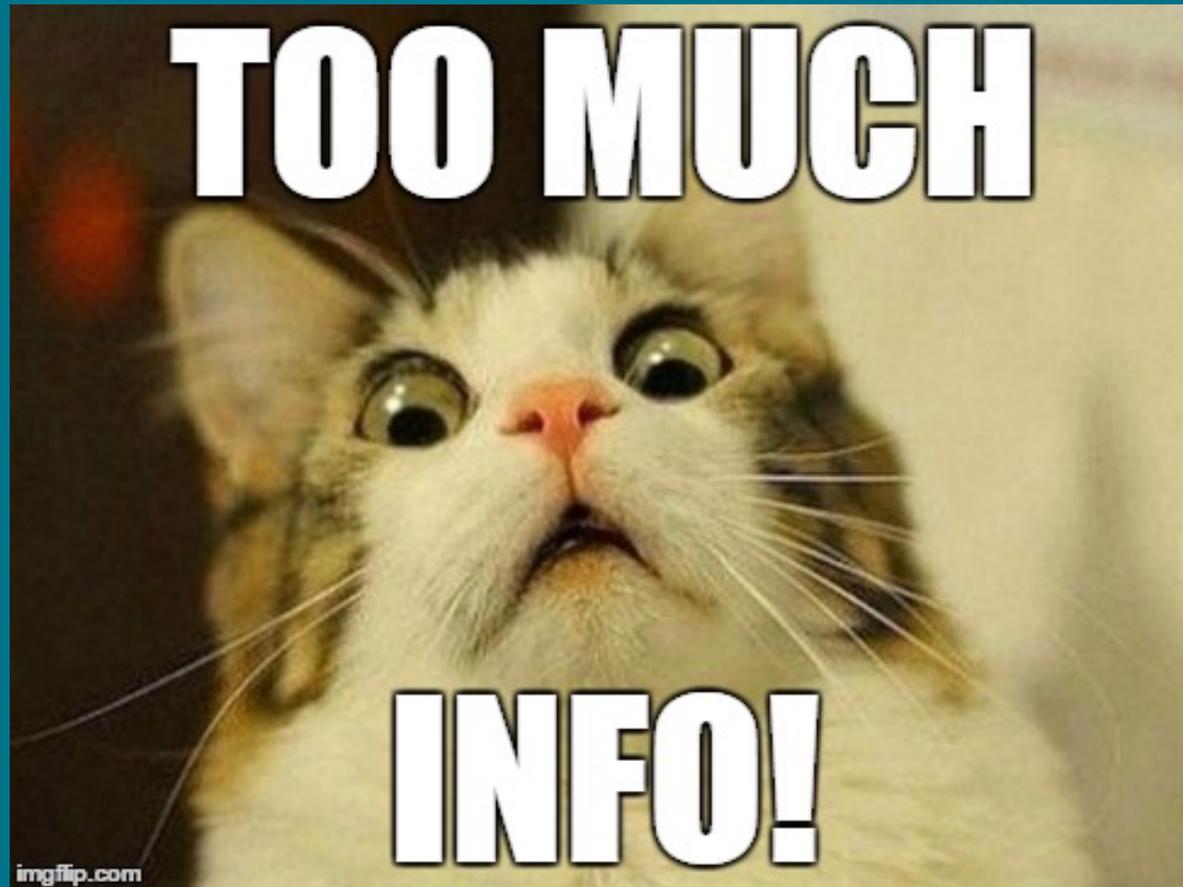
A landscape photograph of a sunset or sunrise over a body of water. The sky is a mix of purple, blue, and orange, with scattered clouds. The water in the foreground is calm and reflects the colors of the sky. The text "Dream on." is overlaid in the center in a white, serif font.

Dream on.



The ethics of supporting students to progress to the next stage of training only to continue to perform poorly are at best questionable. It is also debatable whether scarce faculty resources should be used to support progression without improvement, which may take weak students further towards registration as potentially weak doctors. “





imgflip.com

Key



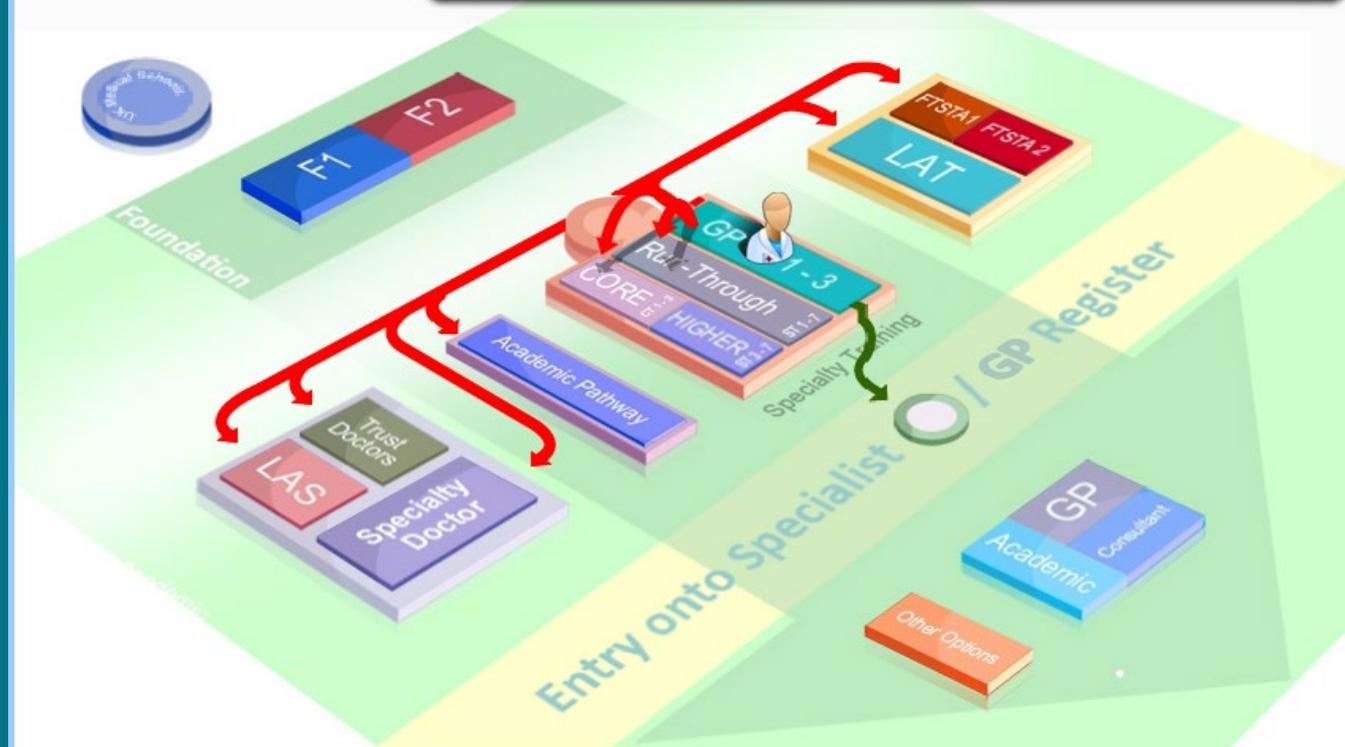
Denotes automatic progression subject to competencies



Denotes progress via open competition



Denotes progress via application to GMC (CESR – Article 14)



- Death of a spouse (100)
- Divorce (73)
- Marital separation (65)
- Imprisonment (63)
- Death of a close family member (63)
- Personal injury or illness (53)
- Marriage (50)
- Dismissal from work (47)
- Marital reconciliation (45)
- Retirement (45)
- Change in health of a family member (44)
- Pregnancy (40)
- Sexual difficulties (39)
- Gain a new family member (39)
- Business readjustment (39)
- Change in financial state (38)
- Death of a close friend (37)
- Change to a different line of work (36)
- Change in frequency of arguments (35)

These include:

- Change to a different line of work
 - Change in responsibility at work
 - Change in working hours
 - Change in residence
 - Change in social activities
 - Change in sleeping habits
 - Change in number of family reunions
 - Change in eating habits
-







Hadiza Bawa-Garba





WILLIAM FREER LUCAS

M.R.C.S. AT MIDDLESEX HOSPITAL
L.L.D.

RISKED POISON FOR HIMSELF

RATHER THAN LESSEN ANY
CHANCE OF SAVING A
CHILD'S LIFE · AND DIED ·

OCT · 8TH · 1893 ·









“Early attachment experience becomes represented cognitively in the brain as an ‘internal working model,’ a complex schema of images, beliefs, and attitudes towards attachment relationships...

the ‘caregiver icon’ which is engaged psychologically when the individual is either in need of care or **has to provide it.**”

Gwen Adshead











THIS WAY

THAT WAY

ANOTHER WAY



HALT, take a break

Have you taken your breaks today?

If you are Hungry, Angry, Late or Tired, think HALT and take a break.

- Healthier for you
- Safer for patients
- Better for everyone



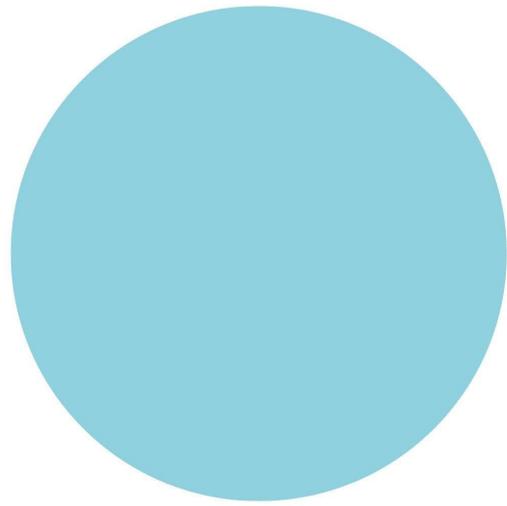
Find out how you and your team can work together to HALT and take a break – visit the [Showing we care about you](#) pages on GTi.


Guy's and St Thomas'
NHS Foundation Trust

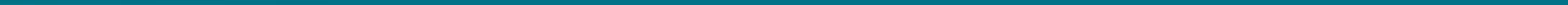


Box 8 How can hospitals make things better?

- ▶ Use forward-rotating (day-evening-night) rota designs
- ▶ Minimise frequent transitions between day and night shifts
- ▶ Provide adequate recovery time after nights to re-establish normal wake/sleep patterns
- ▶ Provide basic education for staff at induction regarding sleep and working nights, as well as general healthy lifestyle advice and support
- ▶ Ensure staff are compliant with current rest/break entitlement requirements:
 - Current 'New Deal' contract: at least 30 min continuous rest after approximately 4 hours duty
 - New contract: at least one 30 min paid break for a shift rostered to last more than 5 hours and a second 30 min paid break for a shift rostered to last more than 9 hours
- ▶ Encourage team-based 'hospital at night' approach, including bleep filtering and protection policies to permit consistent breaks
- ▶ Provide appropriate rest areas (not necessarily an 'on-call room') overnight, which allow staff to nap during breaks if they choose to
- ▶ Provide access to good quality food for night staff
- ▶ Provide beds, free of charge, for postnights staff who feel too tired to drive home
- ▶ Offer regular screening of shift workers for primary sleep disorders



The
Point of Care
Foundation



For confidential advice call 020 3049 4505



NHS Practitioner Health Programme

Supporting the Health of Health Professionals



- HOME
- MEET THE TEAM
- RESOURCES
- RESEARCH
- FOR TRAINEES
- NEWS
- FAQS
- CONTACT US

The NHS Practitioner Health Programme is an award winning, free and confidential NHS service for doctors and dentists with issues relating to a mental or physical health concern or addiction problem, in particular where these might affect their work.



For support for GPs and GP trainees, visit gphealth.nhs.uk

What is PHP?



Live in London?



Live Outside London?



Confidentiality



Contact us



Other Sources of Help



DocHealth

- What we offer
- Where we can help
- Who we are
- Fees
- Legal
- Contact

What we offer



DocHealth is a new confidential, not for profit service giving doctors an opportunity to explore difficulties, both professional and personal, with senior clinicians. This service is delivered by Consultant Medical Psychotherapists based at BMA House in London. Read more about what we offer [here](#).

Who we are



The DocHealth service is provided by senior clinicians who have the collective experience of treating over 2000 doctors in the last twenty years. You can read [staff biographies here](#).

Fee structure



This service is largely funded by contributions from the BMA and RMBF. It is a not for profit organisation independent from NHS funding. However a fee structure and contributions from doctors using DocHealth are important in supporting the provision of this dedicated service.

DocHealth is a new confidential, not for profit, psychotherapeutic consultation service for all doctors. Although located in London the service is open to all doctors in the UK. It is supported by the British Medical Association (BMA) and the Royal Medical Benevolent Fund (RMBF). The doctor using DocHealth will have an opportunity to explore difficulties, both professional and personal, with senior clinicians who have the collective experience of treating over 2000 doctors in the last 20 years. For doctors living a considerable distance from London we are able to offer, after the initial face-to-face consultation, further consultations by skype.

The service offers up to six face to face sessions, flexibly applied, with expert signposting to longer term support and liaison with other health services where needed. Treatment interventions are tailored to the individual practitioner in the context of a supportive relationship. This will facilitate greater understanding by the doctor of his or her presenting difficulties, thus enabling the doctor to regain greater control of their situation. DocHealth is exclusively self-referral, with no report writing unless specifically requested by the doctor using the service. Fees are based on a sliding scale relating to the grade and circumstances of the doctor.

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I am not sure I will survive working as a doctor, and I'm worried that I would get so stressed, anxious and depressed that I would end up either hurting someone else by accident or more likely drive myself to the edge.

I'm sorry if this come across quite melodramatic. I really have reached crisis point though and am in desperate need for some sane input.

