RCEM CARES

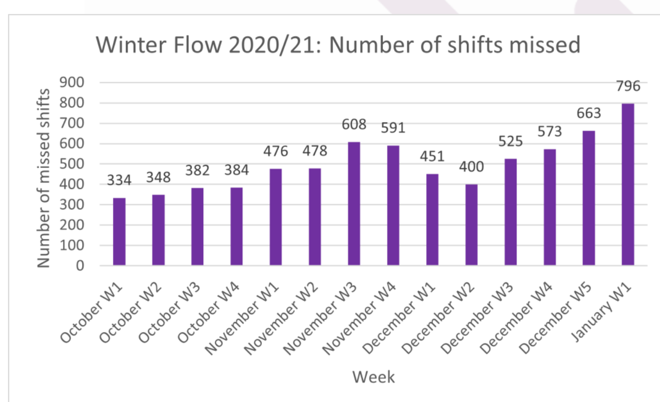
Retention of Emergency Department staff briefing

Last year, we launched the RCEM CARES campaign which provides solutions to the pressing issues facing Emergency Departments. The campaign focused on crowding, access, retention, experience, and safety. This briefing focuses on improving the retention of staff working in Emergency Departments.

Insights

- There is an urgent need to plan for the recovery of staff working in Emergency Departments, who have been working beyond their limits during this pandemic.
- Nearly a quarter of doctors suffered from clinically significant trauma symptoms during the peak of the first wave of the pandemic. During the second wave, the number of shifts missed by staff increased by 77%.
- Planning for staff recovery will need to occur within the context of continued pressures placed on Emergency Departments - this must be factored into planning.
- Mental health and wellbeing initiatives provided by Boards must be formalised, scaled up, and fit in with the practicalities of shift working.

The Emergency Medicine workforce during the COVID-19 pandemic



The pandemic has introduced significant staffing pressures into a system that was already struggling to cope. Understaffing in Emergency Departments is a problem that existed long before the coronavirus pandemic. As a result of this, Emergency Medicine suffers from the highest levels of burnout out of all the medical specialities.

Doctors have been asked to work extended shifts within rotas that have been affected by sickness and self-isolation, and where existing establishments would not normally support the kind of patterns that may be required.

Staffing and redeployment

Sickness and self-isolation this winter have continued to stress fragile rotas. Our Winter Flow Project reveals that the number of shifts missed by staff increased by 77% from the first week of December to the first week of January. This is in the face of exceptional demand placed on Emergency Departments during the second wave of the pandemic.

Impact on staff wellbeing

There is an urgent need to find work which is sustainable in the long term for those undertaking it. The unprecedented challenges facing acute services as a result of the pandemic has had a considerable psychological impact on staff. The COVID-19 Emergency Response Assessment (CERA) study found that nearly half (45%) of doctors working in emergency medicine, anaesthetics & intensive care reported psychological distress, in far greater excess than the general population. Nearly a quarter (23%) of doctors suffered from clinically significant trauma symptoms at the peak. During the deceleration of the first wave, 10% of doctors suffered trauma symptoms so severe it can be diagnosed as post-traumatic stress disorder.

It is important to consider the long term implications of this. The mental health of our workforce has an impact on our ability to deliver good quality emergency care. Senior leadership must address these problems urgently.

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Sustainability
Many Emergency Medicine doctors were working unsustainable and unsociable working patterns prior to the pandemic - it is highly likely that they will continue to do so afterwards. As pressures from the pandemic ease, there will be no easing of pressures for Emergency Departments and therefore no period of rest and recuperation for our staff.

Action is required immediately to ensure we protect the mental and psychological health of doctors working in Emergency Departments. In the short term, this requires formalising and scaling up the mental health and wellbeing initiatives provided by Boards to help staff cope with the distressing circumstances of working through the pandemic.

Senior management:

1. Rotas should reflect demand and allow for adequate time off between blocks of shifts. Changes to shift patterns should fall within accepted norms. We would recommend 8-10 hour shifts.

2. Boards must ensure that there is balance between the volume of out of hours work and shifts associated with less intense work. This is essential for sustainable working after current pandemic pressures ease.

3. The burden of 24-hour working should be a whole system effort, with equity between high-intensity frontline specialities and others. There should also be professional equity between the efforts required to see us through the crisis, and those which we will be required to deal with the aftermath.

4. Introduce a tailored programme of psychological support to Emergency Medicine clinicians. This must address their clinical need and fit in with the practicalities of shift working.

5. Ensure managers feel they can adequately support staff experiencing the psychological effects of pandemic working.

6. Formalise peer and team support structures and make evidence-based interventions such as Cognitive Behavioural Therapy available for those who are significantly affected.

Health Boards:

1. Examine the Board's policies on providing psychological support to frontline doctors and ensure interventions adequately address the scale of distress and trauma faced by clinicians working in Emergency Departments.

2. Closely monitor the uptake of psychological support offered by the Board.

References

RCEM (2020) The Winter Flow Project. Available here.

Tom Roberts et al (2020) 'Psychological Distress and Trauma in Doctors Providing Frontline Care During the COVID-19 Pandemic in the United Kingdom and Ireland: A Prospective Longitudinal Survey Cohort Study' published in pre-print. Available here.

Any questions?
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