



## Service Delivery and Workforce 2013

Tools to help address  
service and  
workforce pressures

## Purpose

Emergency Departments across the UK are facing considerable service pressures relating to workforce and activity. This document aims to provide assistance to Emergency Medicine clinicians and Departments by identifying existing resources and providing a description of new developments that we hope will help to address these pressures. It also provides an update on College work to support Emergency Departments and focus attention on finding solutions to the workforce challenges.

We understand that Emergency Departments will have seen many of these resources, and tried a range of approaches and initiatives, already; where this is the case we would be very grateful for feedback on what is working, alongside additional areas that you feel the College should exploring and addressing. Please contact the College Chief Executive, Gordon Miles, directly ([gordon.miles@collemergencymed.ac.uk](mailto:gordon.miles@collemergencymed.ac.uk)).

In addition, some of these resources will only be relevant to particular countries (e.g. new commissioning arrangements in England). Whilst there is some variation between countries, the service pressures are very similar across the UK and Ireland, and the principles outlined in this document are applicable even though the detailed specifics may vary. We hope, therefore, that this document will prove useful to all our Fellows and Members.

In England a task force hosted by the Department of Health, together with participants from a variety of professions and specialties, has reviewed the very real workforce challenges that we face and has made a series of recommendations-<http://secure.collemergencymed.ac.uk/code/document.asp?ID=6723> . These proposals have been supported by Medical Education England (MEE), and are being promoted for consideration by MEE's successor organisation, Health Education England. HEE will be asked to respond to the proposals and recommendations and enact them through the Local Education and Training Board (LETB) structures. This is welcome news, but results from this initiative will take some time to have a real impact.

This document is split into two main sections; **Service Delivery** and **Workforce**. Each section is subdivided into areas where you will find suggested activities and links to existing resources, and a consideration of those areas under development.

Please note two things:

1. This is not a complete resource – where there are blanks the College is working hard to identify or develop resources/guidance, and we are grateful for all the suggestions and good practice examples provided by Fellows and Members to date. If you are aware of existing resources or new initiatives that could appear in this document please contact Gordon Miles (e-mail above).
2. The activities and resources listed here are provided for your consideration, and we hope they will assist you in continuing to develop safe and effective care for all Emergency Department patients.

**Mike Clancy**  
**President**

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## Section A – Service Delivery

Objective	Activity	Evidence
<p><b>1. Reducing / sharing of ED workload</b></p>	<p><b>Commissioning</b> It remains crucial for Emergency Medicine professionals to actively engage with commissioners of services and developing emergency and urgent care networks</p>	<p>Existing resources:</p> <ul style="list-style-type: none"> <li>• <b>CEM Commissioning Study Days: 28 Nov 2012 and March 2013</b> <a href="http://www.collemergencymed.ac.uk/Development/CPD/CEM%20Study%20Days%20and%20Courses/">http://www.collemergencymed.ac.uk/Development/CPD/CEM Study Days and Courses/</a></li> <li>• <b>NHS Commissioning Board website:</b> <a href="http://www.commissioningboard.nhs.uk/">http://www.commissioningboard.nhs.uk/</a></li> <li>• <b>The Emergency Medicine Operational Handbook (The Way Ahead)</b> <a href="http://secure.collemergencymed.ac.uk/code/document.asp?ID=6235">http://secure.collemergencymed.ac.uk/code/document.asp?ID=6235</a></li> <li>• <b>Trauma</b> <a href="https://secure.collemergencymed.ac.uk/Shop-Floor/Professional%20Standards/Service%20Configuration/Trauma%20Care/">https://secure.collemergencymed.ac.uk/Shop-Floor/Professional%20Standards/Service%20Configuration/Trauma%20Care/</a></li> <li>• <b>Paediatric EM – Standards for Children and Young People in Emergency Care Settings (2012)</b> <a href="http://www.rcpch.ac.uk/sites/default/files/Intercollegiate%20Emergency%20Standards%202012%20FINAL%20WEB.pdf">http://www.rcpch.ac.uk/sites/default/files/Intercollegiate%20Emergency%20Standards%202012%20FINAL%20WEB.pdf</a></li> <li>• <b>Older People – Quality Care for Older People with Urgent and Emergency Care Needs</b> <a href="http://secure.collemergencymed.ac.uk/code/document.asp?ID=6440">http://secure.collemergencymed.ac.uk/code/document.asp?ID=6440</a></li> </ul> <p>Under development:</p> <ul style="list-style-type: none"> <li>• <b>CEM Commissioning guidance</b> (1<sup>st</sup> draft due end December 2012. Publication date due late Dec 2012)</li> </ul>
	<p><b>Primary Care / Urgent Care Centres</b> Increasing the role of primary care in OOH provision by liaison with the CCG board member responsible for urgent and emergency care</p> <p>EDs should consider the co-location of primary care /urgent care centres</p>	<p>Existing resources:</p> <ul style="list-style-type: none"> <li>• <b>Minimum requirements for units which see the less seriously ill or injured</b> (CEM/ENCA/FEN 2009) <a href="http://secure.collemergencymed.ac.uk/asp/document.asp?ID=4816">http://secure.collemergencymed.ac.uk/asp/document.asp?ID=4816</a></li> <li>• <b>Primary Care in A&amp;E</b> (PCF, March 2010) <a href="http://www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Primary_Care_and_Emergency_Departments/Primary_Care_and_Emergency_Departments_RELEASE.pdf">http://www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Primary_Care_and_Emergency_Departments/Primary_Care_and_Emergency_Departments_RELEASE.pdf</a></li> <li>• <b>Urgent Care Centres – What works best?</b> (PCF, Oct 2012) <a href="http://www.primarycarefoundation.co.uk/files/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Urgent_Care_Centres/Urgent_Care_Centres.pdf">http://www.primarycarefoundation.co.uk/files/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Urgent_Care_Centres/Urgent_Care_Centres.pdf</a></li> </ul>

		<ul style="list-style-type: none"> <li>• <b>Driving Improvements in A&amp;E services</b> (FTN, Oct 2012) <a href="http://www.foundationtrustnetwork.org/resource-library/ftn-benchmarking-aande-2012/briefing-benchmarking-a-e-181012-final.pdf">http://www.foundationtrustnetwork.org/resource-library/ftn-benchmarking-aande-2012/briefing-benchmarking-a-e-181012-final.pdf</a></li> <li>• <b>Urgent and Emergency Care Clinical Audit Toolkit</b> (RCGP 2011) <a href="http://secure.collemergencymed.ac.uk/code/document.asp?ID=5874">http://secure.collemergencymed.ac.uk/code/document.asp?ID=5874</a></li> </ul> <p><i>Under development:</i></p> <ul style="list-style-type: none"> <li>• Update of CEM minimum requirements and UCC toolkit</li> <li>• On-going CEM discussions with RCGP</li> </ul>
	<p><b>System-wide approaches</b> Regional workshops/stakeholder meetings to consider the wider system. This is an opportunity for all stakeholders to understand the problem and to start to enact a system-wide approach</p>	<p><i>Existing resources:</i></p> <ul style="list-style-type: none"> <li>• <b>NHS East Midlands – Emergency and Urgent Care resources</b> <a href="http://www.excellence.eastmidlands.nhs.uk/welcome/improving-care/emergency-urgent-care/">http://www.excellence.eastmidlands.nhs.uk/welcome/improving-care/emergency-urgent-care/</a></li> <li>• <b>Local Education and Training Boards</b> <a href="http://www.dh.gov.uk/health/2012/10/local-education-training/">http://www.dh.gov.uk/health/2012/10/local-education-training/</a></li> </ul> <p><i>Under development/ongoing:</i></p> <ul style="list-style-type: none"> <li>• CEM Regional Boards are undertaking work to engage regional stakeholders</li> </ul>
	<p><b>NHS 111</b> Engagement with 111- this offers the mechanism for joint working with other agencies to develop a local Directory of Care. Such Directories have the potential to redirect patients to alternative providers. This is particularly important given reports that suggest the initial results of 111 will be an increase in traffic to EDs</p>	<p><i>Existing resources:</i></p> <ul style="list-style-type: none"> <li>• <b>NHS 111 on DH website</b> <a href="http://www.dh.gov.uk/health/tag/nhs-111/">http://www.dh.gov.uk/health/tag/nhs-111/</a></li> <li>• <b>Evaluation of NHS 111 pilot sites</b> (University of Sheffield, Aug 2012) <a href="http://www.sheffield.ac.uk/polopoly_fs/1.227404!/file/NHS_111_final_report_August_2012.pdf">http://www.sheffield.ac.uk/polopoly_fs/1.227404!/file/NHS_111_final_report_August_2012.pdf</a></li> <li>• <b>Contact Robin Beal (Isle of Wight) and Jas Johal (Hillingdon) for experiences of piloting NHS 111 (via <a href="mailto:philip.mcmillan@collemergencymed.ac.uk">philip.mcmillan@collemergencymed.ac.uk</a>)</b></li> </ul> <p><i>Under development:</i></p> <ul style="list-style-type: none"> <li>• CEM website page with NHS 111 info (due End Dec 2012)</li> </ul>

<i>Objective</i>	<i>Activity</i>	<i>Evidence</i>
<b>2. Definition / reconfiguration of services provided</b>	<p><b>Cross cover</b> Consider overnight closure of smaller units</p> <p>Consider cross covering of units: working as a network</p>	<p><i>Existing resources:</i></p> <ul style="list-style-type: none"> <li>• <b>Reconfiguration of Emergency Care system services - 10 Key Principles</b> <a href="http://secure.collemergencymed.ac.uk/code/document.asp?ID=6413">http://secure.collemergencymed.ac.uk/code/document.asp?ID=6413</a></li> <li>• <b>CEM response to NW London consultation</b> <a href="http://secure.collemergencymed.ac.uk/code/document.asp?ID=6677">http://secure.collemergencymed.ac.uk/code/document.asp?ID=6677</a></li> </ul> <p><i>Under development:</i></p> <ul style="list-style-type: none"> <li>• CEM response to South London consultation (due early 2013)</li> </ul>
	<p><b>Defining core service</b> Defining what the ED does, and not becoming the default safety-net for deficiencies elsewhere in the system, e.g. referrals to inpatient teams by general practitioners, post procedure complications, early pregnancy problems, direct admission of the elderly with normal physiology to wards, etc.</p>	<p><i>Existing resources:</i></p> <ul style="list-style-type: none"> <li>• <b>The Emergency Medicine Operational Handbook (The Way Ahead)</b> <a href="http://secure.collemergencymed.ac.uk/code/document.asp?ID=6235">http://secure.collemergencymed.ac.uk/code/document.asp?ID=6235</a></li> </ul> <p><i>Under development:</i></p> <ul style="list-style-type: none"> <li>• Criteria for defining and measuring core service activity (due 2013)</li> </ul>
	<p><b>Ambulance</b> Optimising ambulance strategies for non-conveyance; developing by-pass protocols</p>	<p><i>Existing resources:</i></p> <ul style="list-style-type: none"> <li>• <b>Crowding in the ED</b> (CEM, 2012) <a href="http://secure.collemergencymed.ac.uk/code/document.asp?ID=6296">http://secure.collemergencymed.ac.uk/code/document.asp?ID=6296</a></li> <li>• <b>East Midlands Falls Service – examples of successful initiatives</b> <a href="http://www.excellence.eastmidlands.nhs.uk/welcome/improving-care/safe-care/falls-and-bone-health/">http://www.excellence.eastmidlands.nhs.uk/welcome/improving-care/safe-care/falls-and-bone-health/</a></li> </ul>
	<p><b>Telemedicine</b> Considering whether telemedicine may have a useful role</p>	<p><i>Under development:</i></p> <ul style="list-style-type: none"> <li>• CEM is seeking evidence regarding the use of telemedicine, and would welcome any examples of use and the benefits or drawbacks involved</li> </ul>
	<p><b>Informatics</b> Improving coding and information systems can have an important effect on an ED's ability to manage patients and be properly resourced</p>	<p><i>Existing resources:</i></p> <ul style="list-style-type: none"> <li>• <b>CEM Informatics guidance/information</b> <a href="http://www.collemergencymed.ac.uk/Shop-Floor/Informatics/default.asp">http://www.collemergencymed.ac.uk/Shop-Floor/Informatics/default.asp</a></li> <li>• <b>CEM Minimum Dataset</b> (latest version published 21<sup>st</sup> Dec 2012) <a href="http://www.collemergencymed.ac.uk/Shop-Floor/Informatics/CEM_Minimum_Dataset">http://www.collemergencymed.ac.uk/Shop-Floor/Informatics/CEM_Minimum_Dataset</a></li> <li>• <b>CEM Unified Diagnostic Dataset (UDDA)</b> (latest version published 21<sup>st</sup> Dec 2012) <a href="http://www.collemergencymed.ac.uk/Shop-Floor/Informatics/CEM_Uniformed_Diagnostic_Dataset_(UDDA)">http://www.collemergencymed.ac.uk/Shop-Floor/Informatics/CEM_Uniformed_Diagnostic_Dataset_(UDDA)</a></li> </ul> <p><i>Under development:</i></p> <ul style="list-style-type: none"> <li>• On-going work with DH and information system providers regarding Payment by Results, Best Practice Tariffs and national datasets</li> </ul>

<i>Objective</i>	<i>Activity</i>	<i>Evidence</i>
<b>3. Provision of alternative local services</b>	<b>Acute Medical Units</b> Optimise Acute Medical Units (AMUs)	Existing resources: <ul style="list-style-type: none"> <li>• <b>The Society of Acute Medicine</b> <a href="http://www.acutemedicine.org.uk/">http://www.acutemedicine.org.uk/</a></li> <li>• <b>Emergency Care Intensive Support Team</b> <a href="http://www.nhsimas.nhs.uk/what-we-can-offer/intensive-support-team/">http://www.nhsimas.nhs.uk/what-we-can-offer/intensive-support-team/</a></li> </ul>

<i>Objective</i>	<i>Activity</i>	<i>Evidence</i>
<b>4. Recognition and support</b>	<b>Local understanding of ED</b> Engaging with medical director and CEO to ensure the current pressures are fully appreciated.	Existing resources: <ul style="list-style-type: none"> <li>• <b>CEM Emergency Service Reviews</b> Contact Phil McMillan for details (<a href="mailto:philip.mcmillan@collemergencymed.ac.uk">philip.mcmillan@collemergencymed.ac.uk</a>)</li> </ul>
	Ensuring that the four hour standard is seen as system issue, and not an ED target	Under development: <ul style="list-style-type: none"> <li>• Quality in Emergency Care Dashboard – Key findings (due Dec 2012)</li> <li>• Quality in Emergency Care Dashboard – to allow activity benchmarking (due 2013)</li> </ul>

## Section B – Workforce

Objective	Activity	Evidence
<b>1. Maximising your workforce</b>	<b>Locums</b> Consider whether groups of hospitals could cooperate to produce a quality assurance and control package for locum doctors	Existing resources: <ul style="list-style-type: none"> <li>• <b>CEM summary of NHS Employers guidance on recruiting Locums</b> (Oct 2012) <a href="http://secure.collemergencymed.ac.uk/code/document.asp?ID=6675">http://secure.collemergencymed.ac.uk/code/document.asp?ID=6675</a></li> <li>• <b>Recommended Requirements for Locum Consultant posts in Emergency Medicine</b> (July 2011) <a href="http://secure.collemergencymed.ac.uk/code/document.asp?ID=6000">http://secure.collemergencymed.ac.uk/code/document.asp?ID=6000</a></li> </ul>
	<b>SAS doctors</b> Improvement of SAS recruitment and development	Existing resources: <ul style="list-style-type: none"> <li>• <b>NHS Employers SAS job planning guide</b> (Nov 2012) <a href="http://www.nhsemployers.org/Aboutus/Publications/Pages/job-planning-for-specialists.aspx">http://www.nhsemployers.org/Aboutus/Publications/Pages/job-planning-for-specialists.aspx</a></li> </ul> Under development: <ul style="list-style-type: none"> <li>• CEM is exploring a proposal to support additional training of SAS doctors to enable their career development and participate in overnight rotas.</li> </ul>
	<b>Other specialities</b> Increase the role of clinicians other than EM within the ED – e.g. acute medicine, paediatrics, care of the elderly	Under development: <ul style="list-style-type: none"> <li>• CEM is seeking examples of EDs that have successfully increased the role of other clinicians within the ED</li> </ul>
	<b>Nurses and Physician Assistants</b> Consider the expansion of the non-medical workforce: advanced nurse practitioners, physician assistants and other non-medical practitioners	Existing resources: <ul style="list-style-type: none"> <li>• <b>Task Force Interim Report recommendations</b> <a href="http://secure.collemergencymed.ac.uk/code/document.asp?ID=6723">http://secure.collemergencymed.ac.uk/code/document.asp?ID=6723</a></li> <li>• <b>Advanced nurse practitioners: An RCN guide to advanced nursing practice, advanced nurse practitioners and programme accreditation</b> (RCN, 2010) <a href="http://www.rcn.org.uk/_data/assets/pdf_file/0003/146478/003207.pdf">http://www.rcn.org.uk/_data/assets/pdf_file/0003/146478/003207.pdf</a></li> <li>• <b>PGDip in Advanced Nursing (Nottingham University)</b> <a href="http://www.nottingham.ac.uk/pgstudy/courses/nursing-midwifery-and-physiotherapy/advanced-nursing-pgdip.aspx">http://www.nottingham.ac.uk/pgstudy/courses/nursing-midwifery-and-physiotherapy/advanced-nursing-pgdip.aspx</a></li> <li>• <b>PGCert in Advanced Clinical Practice for Health Care Professionals (Warwick University)</b> <a href="http://www2.warwick.ac.uk/fac/med/study/cpd/subject_index/healthsci/b92z">http://www2.warwick.ac.uk/fac/med/study/cpd/subject_index/healthsci/b92z</a></li> <li>• <b>UK Association of Physician Assistants</b> <a href="http://ukapa.co.uk/">http://ukapa.co.uk/</a></li> </ul> Under development: <ul style="list-style-type: none"> <li>• Ongoing CEM involvement with physician assistant development</li> </ul>

	<p><b>ENPs and ANPs</b> Work with nursing leaders to develop a nationally recognised ENP course and ANP course</p>	<p><i>Under development:</i></p> <ul style="list-style-type: none"> <li>Ongoing discussions with RCN, ENCA &amp; FEN to support ANP/ENP development</li> </ul>
	<p><b>International recruitment</b> Consider employing overseas doctors to support short-term provision of care</p>	<p><i>Existing resources:</i></p> <ul style="list-style-type: none"> <li><b>Medical Training Initiative</b> <a href="http://secure.collemergencymed.ac.uk/Training-Exams/Medical%20Training%20Initiative/default.asp">http://secure.collemergencymed.ac.uk/Training-Exams/Medical%20Training%20Initiative/default.asp</a></li> <li><b>National Occupation Shortage List</b> <a href="http://www.ukba.homeoffice.gov.uk/sitecontent/documents/aboutus/workingwithus/mac/first-review-lists1/">http://www.ukba.homeoffice.gov.uk/sitecontent/documents/aboutus/workingwithus/mac/first-review-lists1/</a></li> </ul> <p><i>Under development:</i></p> <ul style="list-style-type: none"> <li>CEM is engaged with CfWI &amp; MAC to ensure EM remains on the national occupation shortage list for the immediate future</li> </ul>

<i>Objective</i>	<i>Activity</i>	<i>Evidence</i>
<b>2. Sustainable working</b>	<b>Annualised job planning</b> Consider introducing an annualised rota to improve flexibility and offer more options to consultants and SAS doctors	<p><i>Existing resources:</i></p> <ul style="list-style-type: none"> <li>• <b>The Consultant Contract and Job Planning for Emergency Medicine Consultants</b> (BMA/CEM 2009) <a href="https://secure.collemergencymed.ac.uk/code/document.asp?ID=4912">https://secure.collemergencymed.ac.uk/code/document.asp?ID=4912</a></li> <li>• <b>Advice on Supporting Professional Activities in consultant job planning</b> (AoMRC, 2010) <a href="http://secure.collemergencymed.ac.uk/asp/document.asp?ID=5157">http://secure.collemergencymed.ac.uk/asp/document.asp?ID=5157</a></li> <li>• <b>CEM open letter on SPAs</b> <a href="http://secure.collemergencymed.ac.uk/asp/document.asp?ID=5284">http://secure.collemergencymed.ac.uk/asp/document.asp?ID=5284</a></li> </ul> <p><i>Under development:</i></p> <ul style="list-style-type: none"> <li>• Updating BMA/CEM guidance to reflect 24/7 working practices (due mid-2013)</li> <li>• Updating CEM position statement on SPAs (due early-2013)</li> <li>• CEM has held preliminary meeting with GMC/BMA/Defence Unions/NHS Employers and is continuing discussions</li> </ul>
	<b>Evolving careers</b> Promotion of planning for careers that evolve over three decades	<p><i>Under development:</i></p> <ul style="list-style-type: none"> <li>• CEM is seeking examples of career development to support long-term sustainability, with a view to issuing further guidance in this area</li> <li>• CEM is sponsoring research into consultant stress (due 2013)</li> </ul>
	<b>Evening cover</b> At times of middle-grade shortage consultants could consider working in the evenings, with other staff allocated to days and nights	<p><i>Under development:</i></p> <ul style="list-style-type: none"> <li>• CEM is seeking examples of where EDs have adopted successful rotas to cover middle-grade shortages</li> </ul>
	<b>Skill mix</b> Consider developing combination posts e.g. pre-hospital, ICU, paediatrics to attract and retain staff. Consider posts that offer other incentives (e.g. dedicated time to pursue professional interests)	<p><i>Under development:</i></p> <ul style="list-style-type: none"> <li>• CEM is aware of anecdotal evidence that Trusts are recruiting to combination posts, or posts that offer non-standard incentives, and is seeking examples that can be shared widely</li> </ul>

	<p><b>Personal development</b> Time to train and develop within job plan</p>	<p><i>Existing resources:</i></p> <ul style="list-style-type: none"><li>• <b>The Consultant Contract and Job Planning for Emergency Medicine Consultants</b> (BMA/CEM 2009) <a href="https://secure.collemergencymed.ac.uk/code/document.asp?ID=4912">https://secure.collemergencymed.ac.uk/code/document.asp?ID=4912</a></li><li>• <b>Advice on Supporting Professional Activities in consultant job planning</b> (AoMRC, 2010) <a href="http://secure.collemergencymed.ac.uk/asp/document.asp?ID=5157">http://secure.collemergencymed.ac.uk/asp/document.asp?ID=5157</a></li><li>• <b>CEM open letter on SPAs</b> <a href="http://secure.collemergencymed.ac.uk/asp/document.asp?ID=5284">http://secure.collemergencymed.ac.uk/asp/document.asp?ID=5284</a></li></ul>
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<i>Objective</i>	<i>Activity</i>	<i>Evidence</i>
<b>3. Optimise training</b>	<b>Regional training</b> Ensure regional training is effective – run by consultants with trainee input. Consider pooling resources across wider areas to deliver more effective training	<i>Under development:</i> <ul style="list-style-type: none"> <li>• CEM is seeking examples of successful innovation in regional training for EM trainees</li> </ul>
	<b>Developing leadership skills</b> Support the development of leadership skills, to ensure trainees are prepared for the consultant role	<i>Existing resources:</i> <ul style="list-style-type: none"> <li>• <b>The Faculty of Medical Leadership and Management</b>  <a href="http://www.fmlm.ac.uk/">http://www.fmlm.ac.uk/</a></li> </ul>
	<b>Training programmes</b> Make alternative training routes more accessible	<i>Existing resources:</i> <ul style="list-style-type: none"> <li>• <b>Task Force Interim Report recommendations</b>  <a href="http://secure.collemergencymed.ac.uk/code/document.asp?ID=6723">http://secure.collemergencymed.ac.uk/code/document.asp?ID=6723</a></li> </ul> <hr/> <i>Under development:</i> <ul style="list-style-type: none"> <li>• CEM is looking at a range of potential options that make it easier for trainees from other specialties to switch to EM</li> </ul>

## Principles to remember

The contents of this page are self-evident; we've included this page to serve as a reminder of the principles that should underpin all efforts to develop your workforce and service. These statements are simple to say but not always easy to achieve in practice. However we make no apologies for raising them here; upholding the values outlined here is the individual responsibility of every one of us.

### Patients

All care provided must be patient focussed regardless of external pressures

### Value

Ensure that your staff know they are valued

### Rest

Ensure your staff get the breaks they need to function well

### Leave

Ensure annual leave and study leave happens

### Training

Don't allow service to always trump training- ensure trainees get their workplace based assessments

### Support

Ensure junior doctors receive a balanced experience and that they work in all areas esp. resus