Thrive Paediatrics:
A roadmap for transforming working lives of paediatricians

Our shared commitment to cultivating sustainable services for children and young people

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

Foreword

The NHS currently feels like a difficult place. The cost-of-living crisis, widespread industrial action, and the impact of covid have all added to a system already stretched by rota gaps and capacity issues. So, to talk about thriving in our paediatric careers risks accusations of being divorced from reality, of pointless dreaming.

But in our 'Thrive Paediatrics' work, we venture to suggest that there is a place for a dreaming, for a vision of how things could be – and should be. Change will not happen simply through painting such a picture, but it is surely more likely to happen if together we develop and share that vision and feel empowered to reach for it.

There are many things that are outside our control or influence – as individuals, teams, Trusts, and as a medical royal college. But in this document, we choose to focus on things about our working lives that we can control or influence.

Statements about best practice can seem dry, or even undesirable additional burdens. The last thing we want to do is to add a burdensome document to your to-do list! And we are convinced that we can only have success if we approach this as a community of paediatricians together, learning from, supporting and (even) inspiring each other. So we offer these statements hopefully, as a starting point (maybe even a catalyst) for change, and a vision of how things could be.

When you look around a barren garden and see green shoots of desired plants appearing, you can do two things. One is to ignore them – and they may wither away. The other is to nurture and water them, and maybe down the track to share cuttings of your (now healthy) plants with others.

When we look around paediatric practice in the UK, we see many green shoots that align with the picture we are painting in this document. 'Thrive Paediatrics' is about nurturing those green shoots. And there can be virtuous circle in this – small successes can start to change the mood and increase the energy in our teams and work settings, so that we develop an appetite to try for, and believe for more.

The Chinese proverb says "A journey of a thousand miles begins with a single step" (Laozi). Most of us are not up for a thousand-mile journey right now! But maybe a single step...? As you read this document, we hope that you will catch the vision, and we invite you to join with us on the journey to make it a reality.

Dr Jonathan Darling
Vice President for Education and Training
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1. Working Lives

All workplaces have structures that allow clinicians to treat patients in a safe and sustainable way. There are appropriate inductions, sustainable rota practices and robust structures for monitoring rota gaps, with guidelines on minimum staffing and systems in place to escalate issues. Staff have appropriately developed job plans that allow capacity for other roles, equitable access to annual leave and flexible working and recruitment and retention are considered with a long-term view.

Statements

Each paediatric workplace has the following in place:

1.1 Staff induction

a) High quality, timely staff induction with appropriate content, delivered in protected time
b) Induction content for all staff includes: timely set up on relevant digital systems; access to key Trust-wide documents (within the first week of starting); workplace learning opportunities; how to raise concerns; paediatric infrastructure; key support services and practices on managing workflow; bed management; safeguarding and the deteriorating child
c) For IMG (international medical graduate) doctors, additional content to NHS orientation is provided and signposting to existing IMG networks[1]
d) For consultants, SAS and or equivalently experienced locally employed doctors this includes: timetabled opportunities to meet key clinical and management colleagues (within 1 month); opportunity to shadow another consultant or SAS doctor within their team with an additional buddy/second on-call for initial out-of-hours working.

1.2 Workload, staffing, rotas and leave[2]

a) A robust system for monitoring compliance of all medical rotas against national contractual obligations. For example, for doctors in training, work schedules are provided a minimum of 6 weeks in advance of a placement in order to facilitate planning additional commitments
b) A systematic and robust approach to actively manage expected and unexpected gaps on rotas with senior clinician oversight and administrator support
c) Local guidelines that set out the minimum number of doctors required to support paediatric services, with a contingency plan in place, led by the medical director's team, if numbers fall below the minimum
d) A robust, systematic and transparent process for monitoring the workload and staffing levels within paediatric services, with formal investigation of teams that are repeatedly working overtime, and support for solutions to address the excessive workloads (e.g. a culture of exception reporting or similar encouraged and role modelled)
e) Processes and policies for taking annual and study leave, allocation of rota slots and pay for additional worked hours that are fair, transparent and accessible.

1.3 Sustainable Rotas[3][4]

Sustainable rotas are established with designs including:

a) Consideration of minimal staffing numbers
b) Smooth shift transition from night, twilight and day shifts
c) Rostering rest periods following out of hour shifts
d) Modelling to account for all doctors to take their allocated leave allowances (study and annual)
e) Access to annual leave that is not rostered or fixed
f) For trainees, modelling in line with the Trainee Charter and its recommendations on SPA time[5]
g) New starters should not be placed on night shifts during induction periods
h) Equity of training opportunities (i.e. access to outpatient clinics) regardless of FT or LTFT (less than full time) working status[6]
i) Equity in allocation of bank holidays.

1.4 Handovers and debriefs

a) Fostering of healthy handovers, free from public intimidation and humiliation, supportive of the wellbeing of the on-call team, ensuring that the receiving team are supportive and encouraging
b) Promoting a high-quality handover that provides adequate airtime for clinicians to highlight on-call issues and draw attention to patients with clinical, safety and safeguarding issues[7]
c) Established practices for timely debriefs both immediately after challenging experiences and in the aftermath and established pathways for more expert occupational health, psychological and wellbeing support if and when required.

1.5 Job planning and job plan reviews[8][9]

a) All consultant roles are appointed following the RCPCH guidance on job planning and recruitment, via the RCPCH Advisory Appointment Committees process, to ensure fair and sustainable appointments[10]
b) Every paediatric clinician in a fixed appointment has an annual job planning review[11]
c) Appropriate time and resources are allocated to effectively serve and progress additional work included within their job plan
d) Any job plan that exceeds the contractual allocation is discussed with the service lead, leading to agreed actions with timeframes on how best to resolve excess work[12]
e) Any paediatric clinician undergoing a significant change of personal circumstance has an opportunity to discuss and activate changes to their working arrangements within 3 months of notification[13][14]
f) All staff in consultant and SAS roles have the opportunity to request a review of their out-of-hours commitments at annual job plan reviews, depending on their health status and the work intensity. After 10 years in a substantive post this is subject to a more in-depth review for every consultant and at 2-year intervals thereafter
g) If consultants are regularly stepping down to cover middle grade roles, organisations review working practices, in accordance with NHS Employers recommendations.[15]

1.6 Fair and equitable access

a) Every team/department has a consultant group job planning discussion to ensure fair and equitable distribution of team and service responsibilities[16]
b) There is a fair, equitable and transparent process within each clinical team for annual leave, study leave and professional leave allocation
c) Every workplace has a published process for job plan appeals including mediation that ensures equity.[17]

1.7 Recruitment and retention

a) Recruitment (i.e. unfilled positions) and retention (leavers) rates are regularly reviewed by the Medical Directorate team with a view to showcase excellence and identify and set out plans to address local staffing issues and any problems
b) An exit interview is offered to all staff members who leave, with specific questions for those that leave unexpectedly, to understand and improve the impact of working patterns on life and learning experience. Appropriate representatives attend these including those who oversee training programmes where relevant
c) Each department has a proactive approach to succession planning and anticipated vacancies (e.g. due to retirement), complete with department level workforce planning that anticipates gaps and utilises the full complement of available staffing to maintain safety and avoid issues with service delivery
d) All staff have the opportunity to request flexible careers, and processes to request flexible working are clear and equitable.[18][19]

2. Professional Development

Every workplace is committed to enabling all paediatric clinicians to thrive and navigate their chosen career paths and profiles. Frameworks exist that include structured annual appraisals and personal development plans to help paediatric clinicians grow. Workplaces will have a culture of supporting learning and enabling all staff to access this both through funding, and allocation of study time. Additional roles and profiles of work outside direct clinical care are supported and adequately renumerated.

Statements

2.1 Appraisal and Personal Development

a) All paediatric clinicians have access to a structured annual appraisal that incorporates a personal developmental plan, tailored to individual clinical and professional developmental needs

b) Appropriate funding and allocation of study time to pursue their individual agreed developmental needs.

2.2 Supporting wider NHS roles and personal learning

a) All consultants, SAS and locally employed doctors are supported to discuss and plan areas of personal development at minimum annually, ordinarily as part of the appraisal process[20]

b) All paediatric clinicians are supported and encouraged to pursue a broader profile of work, including their chosen areas of interest outside of direct clinical care such as teaching, research, service improvement and leadership and management[21]

c) Consultants and SAS role job plans include capacity for policy and system leadership related to maintaining standards within paediatrics and child health and medicine more widely, including education, supervision and examinations.

2.3 Career progression

a) Workplace structures and processes that enable career progression

- a comprehensive support system including mentoring, coaching, and advisors for career related issues
- access to training and development opportunities in teaching, research, quality improvement, leadership and management.

2.4 Supporting leaders and managers

a) Every paediatric clinician is supported to develop leadership and management skills appropriate to their role

b) Paediatric clinicians in leadership positions are trained in healthcare leadership and management and are offered continued development opportunities with access to mentoring or coaching

c) Every team/department has an allocated clinical/medical team leader that is appropriately remunerated for their time in their job plan, including allocation of Programmed Activities.[22]

2.5 Culture of learning

Education and learning are valued within each workplace:

a) job-planned activity for consultants identifying as education leads[23]
b) a range of regular peer led and inter-professional teaching
c) bleep free access to teaching; ensuring that appropriate medical cover has been arranged and communicated in advance
d) promotes and trains clinicians on evidence based, high quality teaching methods and practices
e) promotes and trains clinicians on reflective practice and feedback that enhances learning and improves patient care[24]
f) supports and nurtures learning from adverse events and complaints.[25]

3. Wellbeing and Culture

Every paediatric clinician deserves to work in an environment that actively promotes, supports and enables their wellbeing with a positive, constructive culture. Workplaces have robust structures and processes that promote and activate a positive wellbeing culture. This will work to enable staff to maintain good wellbeing from the outset whilst also working to support staff who are navigating additional challenges. There is a culture of inclusivity, with diversity celebrated and any reasonable adjustments required are positively encouraged and supported. Decisions that affect patients, and the paediatric clinicians and other staff who care for them, are informed by principles of co-production and led compassionately and collaboratively.

Statements

3.1 Appropriate Facilities

a) Access to private, comfortable and well-maintained rest areas and bedrooms for both planned and emergency on-call activity that are located in a safe and accessible location[26]
b) Access to hot, healthy and nutritional food and drink 24 hours a day.[27]
c) Access to appropriate workspace with well-functioning IT facilities, hardware for virtual working including speakers, microphones and headsets and suitable seating
d) Access to break out rooms or an office for private conversations and confidential meetings
e) Access to changing rooms and secure lockers to store personal belongings[28]
f) Access to private facilities for breastmilk expressing.[29]

3.2 Wellbeing culture

a) Valuing of diversity and inclusivity, actively promoting equity for promotion, awards and new opportunities
b) Organised events for building relationships, that encourage networking and promote informal conversations away from patients and families
c) A robust, systematic approach to raising concerns within the workplace that is widely promoted, combined with clear signposting to independent external support and advice
d) Education and training on skilful communication is provided to positively and proactively challenge and address unacceptable behaviour[30]
e) National recommended roles to promote 'speaking up', including freedom to speak up guardian, guardian of safe working hours and wellbeing ambassadors are active in the workplace[31]
f) Workforce structures and processes have been designed and implemented to promote and enhance wellbeing and psychological safety workforce. These include access to education and structured events designed to promote wellbeing and psychological safety: such as psychological support/ coaching/mentoring/peer support e.g. structured debriefs following events; regular Schwartz rounds[32]
g) Active steps are taken to engage staff with wellbeing schemes and ensure equity of access to wellbeing measures, starting at induction
h) All paediatric clinicians wishing to return to work after retirement and career breaks are provided accurate information on the options available to them.[33][34]

3.3 Promoting inclusivity

a) Recognition and valuing of diversity with access to flexible working patterns in an equitable manner through a clearly available policy and process[35]
b) Consideration of individual circumstances (e.g. being a parent or carer, illness or chronic conditions) and protected characteristics in department policies that impact staff[36]
c) Explicit policies for recruitment, appraisal and progression that protect the rights of individual employees and allow them to excel in their work environment
d) Offered access to additional support during transitions such as careers breaks, parental leave and time out of training/work that allows a positive, enabling return to work. This includes access to the Supported Return to Training (SuppoRTT) programme
e) Shared parental leave should be supported and clearly outlined in an open and accessible policy
f) Transparent routes to arrange reasonable adjustments for staff with disabilities, where arrangements are positively encouraged and support is ongoing[37][38]
g) A safe working environment, free from harassment, bullying and exclusion, in which staff are able to express their opinion and thrive irrespective of their age, gender, religion, culture, sexual orientation, ethnic background or disability.[39][40]

3.4 Staff satisfaction

a) An annual staff satisfaction and experience survey, which ensures appropriate anonymity, to identify areas of good and suboptimal staff experience
b) Review of staff sickness rates as part of their annual quality assurance review and provides clarity and transparency on the mitigations to improve staff health and wellbeing.

3.5 Vision, strategy and decision-making

a) The workplace has a clear and inspiring vision and strategy for its work with CYP, that is co-produced with staff and CYP and widely understood and shared within the organisation[41]
b) Decisions that affect patient care, staff working arrangements and service provision are informed by this vision and guiding principles of requirements:
    - of the service for children and young people
    - for thriving staff
    - of the wider organisation and health economy
c) Decisions that affect patient care, staff working arrangements and service provision are made in a way that staff recognise as inclusive and collaborative and that values diverse perspectives.

3.6 Leaders in co-production

a) Paediatric clinicians contribute to leadership in the organisation that is compassionate, authentic, kind and collective. Compassionate leadership[42] means "paying close attention to all staff, really understanding the situations they face and then responding empathetically and taking thoughtful and appropriate action to help"[43][44]
b) Collective leadership[45] is shared at all levels (within and between teams and as an organisation), where everyone takes responsibility for the success of the organisation as a whole – not just for their own jobs or work area.

3.7 Communicating effectively and inclusively

a) Communication within the organisation is recognised by staff to be clear, sufficient (but not excessive), timely, two-way, accessible and to use appropriate channels (whether email, newsletters, social media, meetings etc)
b) Meetings are recognised by staff to be inclusive and an effective use of time. There is positive inclusion and participation (attention to all voices, including those less heard), clarity of purpose, effective chairing and timely, useful outputs
c) A strategy and active practices for minimising the burden of emails.

3.8 Openness and learning

a) The organisation has an open, learning culture that facilitates staff autonomy, innovation and solution-finding, enabling paediatric clinicians to deliver sustainable quality and efficiency improvements quickly[46]
b) The organisation promotes psychological safety, where it is easy to speak out about errors, problems and uncertainties and to bring ideas for improvements. This is balanced by personal accountability to patients, colleagues across the organisation and to the wider NHS.[47][48][49][50]

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Glossary of terms

Term	Meaning (in this document)
AP	Advanced Practitioner
GIRFT	Getting it right first time
IMG	International medical graduates
Leadership and management roles	Any role involving teaching/medical education, research, QI and management.
PA	Physician Associate
Paediatric clinicians	All who work in medical roles and rotas in paediatrics and child health: consultants and doctors in training (and academic counterparts); SAS doctors; international fellows. In this document, the term can also potentially extend to Advanced Practitioners and Physician Associates (but recognising that these latter two are not RCPCH members).

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