PEAR DROPS: Directly Rostered Opportunities for Protected SPA

A Paediatric Trainee Experience in multi-site Audit and Research (PEAR) Follow on Study

REACH
Research, Evaluation & Audit for Child Health

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The PEAR study, conducted by the London REACH (Research, Evaluation and Audit in Child Health) Network, identified lack of time as a significant barrier to paediatric trainees' participation in research and quality improvement activities [1]. Supporting Professional Activity (SPA) time is essential for paediatric training and attainment of Progress+ Curriculum items, as emphasised in the RCPCH Trainee Charter [2]. This recommends a minimum of 8 and 16 hours SPA time per month for ST1-3, and ST4+ respectively, in addition to departmental teaching and clinical administrative time.

Objectives

We aimed to quantify directly rostered and protected SPA time for paediatric trainees in London, in comparison to the RCPCH trainee charter. Alongside this we aimed to analyse resident doctors' subjective experiences of SPA provision as well as the capacity of rotas to accommodate more SPA time.

Methods

We conducted a cross-sectional study utilizing the London REACH Network, which spans 28 London hospitals.

REACH local leads identified all unique rotas worked by paediatric trainees within each site, categorised by grade (SHO and SpR) and subspecialities (eg neonates).

For each rota, local leads requested one doctor who worked it to completed a survey on SPA provision within the rota, alongside submitting the generic work schedule for that role.

From this, we quantified the provision of directly rostered SPA time as outlined on the work schedule, as well any shifts which may occasionally be used for SPA, even if not specifically for this purpose.

Results

Local leads from 21/28 sites responded, identifying 109 unique rotas worked by paediatric trainees. From this, 60 (55%) survey response with associated work schedule were received.

Directly Rostered SPA Time

14/60 (23%) of work schedules contained directly rostered shifts specifically for SPA activities, with only 7/60 (12%) meeting RCPCH Trainee Charter recommendations.

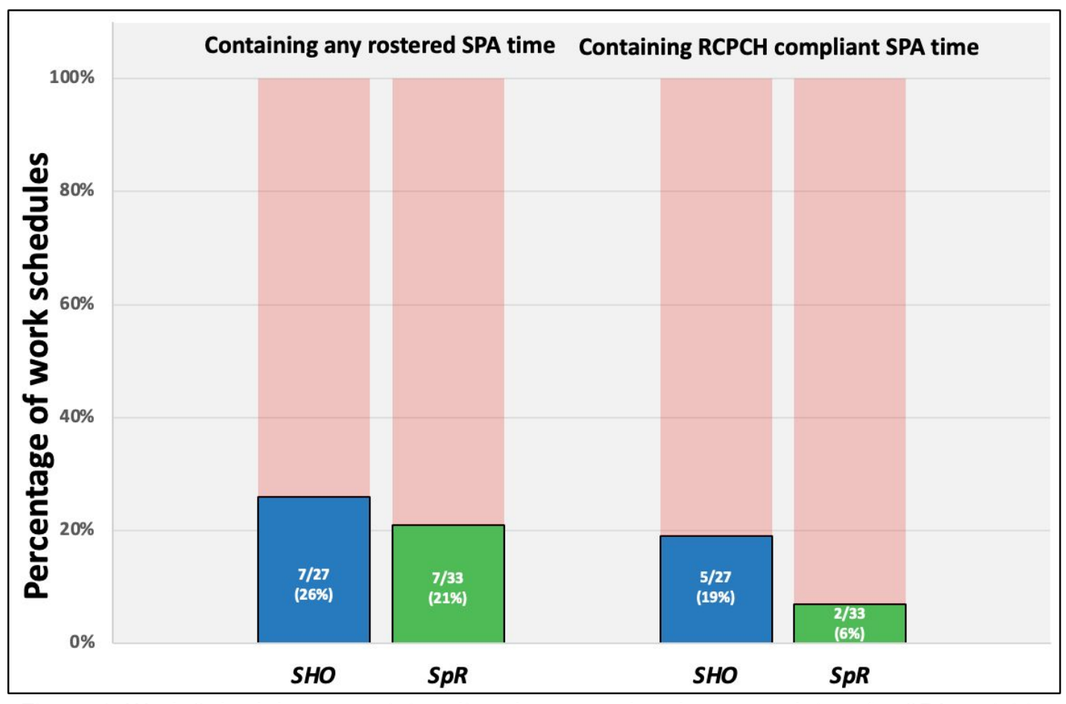

Figure 1: Work Schedules containing directly rostered and protected time for SPA activities

Shift Occasionally Used for SPA Activities

37 shifts across 31/60 rotas were reported to occasionally be used for SPA activities, 17/27 (63%) SHO and 14/33 (42%) SpR.

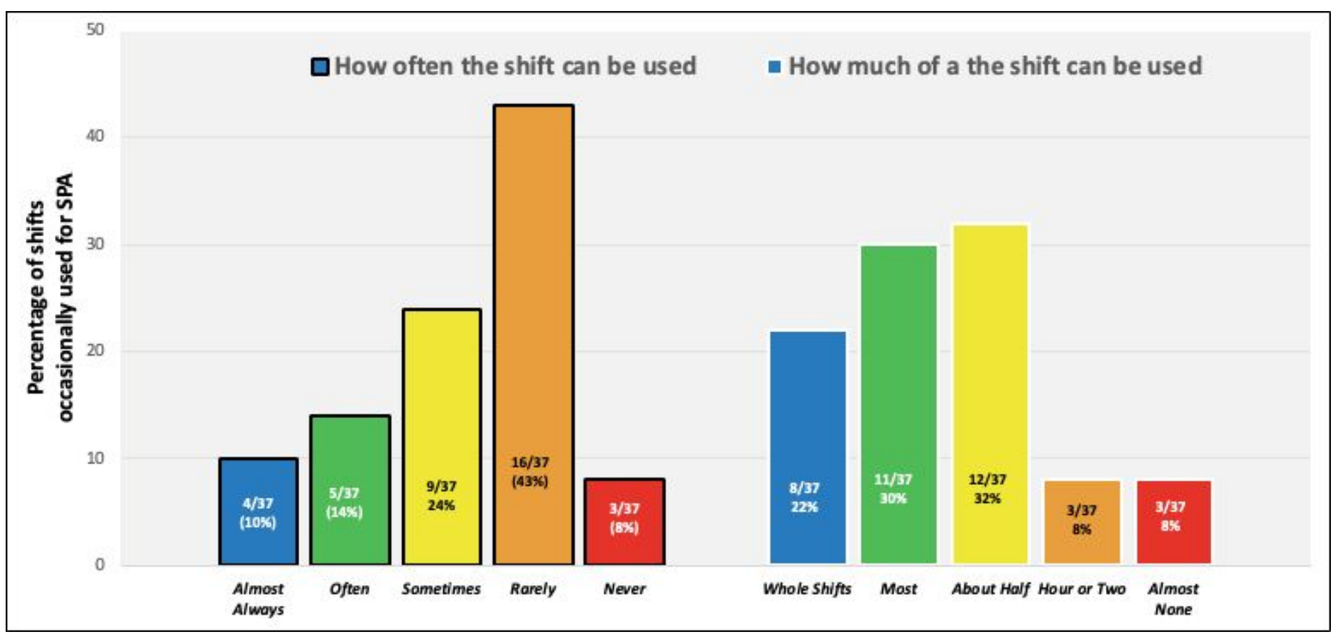

Figure 2: Shifts which can occasionally be used for SPA activity

Results

Average Rostered SPA Time:

Across the 14/60 (23%) work schedules containing directly rostered SPA shifts, we calculated the average amount of SPA provided per grade.

Total: 10.0 hours/month
SHO: 8.8 hours/month
SpR : 11 hours/month

Qualitative Results

Doctors had the option to provide free-text responses on their experience of SPA provision, resulting in common themes:

Variability and dependance on staffing levels

Shifts were often not protected. Often very dependant on staffing levels and clinical priorities.

Inconsistent experience and allocation

Wide variation even within the same role, with some doctors reportedly receiving all SPA times and others none.

Impact on different groups

Less than full time trainees report difficulty accessing SPA time, possibly due to rota gaps and fewer shifts.

SPA days used for leave

SPA shifts count towards a limited pool of shifts available for leave, resulting in a further reduction in available time.

Conclusion

This study demonstrated a significant variation in the allocation of SPA time for paediatric trainees across London, with an overall insufficient provision. The findings imply that given the lack of SPA time, that many trainees are compelled to use personal time for essential activities such as research and quality improvement, which are core elements of the RCPCH curriculum.

Common themes identified amongst resident doctor survey responses highlight that SPA allocation largely depends on staffing levels and clinical demands. Furthermore, the issue of SPA days being used as leave potentially further compounds the problem, reducing the overall time available for professional development provision.

Addressing these challenges will require a commitment to ensuring that SPA time is properly protected and integrated into rostered activities, allowing trainees to meet the requirements of their curriculum. This study suggests that directly rostered SPA time is a better method of achieving RCPCH SPA recommendations.

References

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