# Sustainable working practices webinar – November 2021 | Transcript

**Laura Kelly** 00:02
Okay, so welcome, everyone to this webinar on sustainable working practices this winter. I'm Laura Kelly, I'm chair of the trainees committee. And when the committee sort of decided to put together this resource, and it was because we know that paediatric services across all areas are under really significant pressure this winter. And we know that trainees and the wider teams that they work in, are probably struggling to know how to make that sustainable, and how to make work sustainable to kind of get through the winter in a way that keeps us all safe and healthy, so that we can keep our patients safe and healthy. And so in the spirit of putting your own oxygen mask on in the airplane, before putting others on, we wanted to kind of talk about some of the kind of ways that you can get support and some of the mechanisms within the various different contracts for trainees, and that can help ensure that sort of where there are pressures they're highlighted, and also help kind of create balance and ways to make things more sustainable. So today, we're going to be hearing from three people across the three different areas. We're going to be hearing from Dr Cathryn Chadwick, our Vice President for Training and Assessment - she's going to be telling us a bit about more sort of senior support around things such as exception reporting and other mechanisms for making work sustainable, and a few other areas as well. We're going to be hearing from Dr Maddy Fogarty-Hover, who is our Trainees' Committee Less Than Full Time Level two rep, who is going to be giving us a little bit more of an insight into the kind of nuts and bolts, in particular of things like exception reporting, and also for those on other contracts, perhaps some of the other mechanisms that might be available to them as well. And then finally, we're going to be hearing from Dr Lia Davies, who is our Trainees Committee rep for KSS, who's going to be giving us a bit of a sort of insight into her experiences using exception reports, as we thought it'd be really useful to hear about how this is kind of used and what sort of happened in practice. So I'm going to kind of leave things there. And I'm going to be handing over now to Dr Cathryn Chadwick. To tell you a bit more around senior support.

**Cathryn Chadwick** 02:30
Thank you very much, Laura, I really want to do is start by saying a huge thank you to everybody to trainers and trainees for just hanging on in there. Don't underestimate how difficult the last 18 to 24 months has been. It's been a real roller coaster in terms of work and training. You all had COVID pressures where you might have been redeployed, there were unprecedented levels of personal societal work stresses. And just as we came out of that we've gone straight into this unprecedented winter which started earlier than usual. It looks like it's going to go on a lot longer than usual. And the volume of children we're seeing is huge. Added to that we've got huge levels of absence due to illness or due to people having to self isolate. I know doctors generally have very low levels of sickness. And so when we're forced to isolate, we all feel guilty. That's normal. I really hope that departments are recognising the need to support staff through that rather than add to the guilt that people already feel. I think when it comes to training, there is certainly no shortage of acute training opportunities around at the moment. The difficulty is in times of workforce pressures that people don't feel they have the energy or the time to access those. Just a few things to say in that regard. I think. So training and service are inextricably linked. They're part of everything we do. Medicine is a specialty where we learn something new every day, and we don't want to lose sight of that. It's a question of how we harness that when people are busy and approaching burnout. I think the current Principle of the Month, which is about making every patient learning opportunity, is a really good lesson in how to get the most out of every training encounter. Just a reminder that the derogations, the COVID derogations for ARCP, standar for the next ARCP and training year, so the number of assessments that's needed, is reduced and that hopefully makes life a little bit easier. Just to reiterate that evidence in your training is about quality rather than quantity. And I think when things are busy, it's about learning in bite sized chunks. So it's about taking those opportunities as we go through the ward, as we go through service to pick out those small learning opportunities. I know that trainees really value CBDs that are ringfenced times, spending an hour in a consultant's office talking through a case and that has its place. But also, there's really rich learning to be had from discussing a case in the middle of the night on the ward. And certainly there are a lot of the learning experiences that stand out in my mind, both as a trainee and as a trainer, when you're sitting on the ward, waiting for the transport team or for the next blood results on a sick patient, and you've got the opportunity to discuss the case in real time, and perhaps look something up at the time. They're really valuable. And and both trainers and trainees need to be mindful of taking those opportunities. There's no doubt though, that the current pressures are exposing already fragile rotas. I know that trainees are having to work longer hours, they're being pressured to do extra shifts. And they're missing out on those additional training opportunities. So it's the training opportunities away from the acute wards that are really suffering, outpatient experience, QI, audit, leadership, some of your sub-specialty experience. I think it's really important to look at the key priorities. So patient safety, and safety and wellbeing of colleagues, remains our key priority. Training runs through everything we do. But unless we get those first two

things, right, we don't create a good training environment. As well as that, and key to what we're talking about today, is the need to work together to create sustainable working practices, not just for this winter, but going forwards. And so that's where thinking about things like exception reporting comes in. I think exception reporting has had a bit of a bad reputation. It it has set itself up perhaps as an adversarial system, where perhaps it's trainers versus trainees. It's sometimes regarded as trainees wingeing. Trainees feel that they will be regarded adversely if they put an exception report. And that's absolutely not how we want it to come over. I think in paediatrics, we are generally nice people who are used to muddling through and supporting each other and managing our issues without escalating them. And that actually doesn't do us any favour when it comes to a department or trust needing additional resources, if we haven't got the evidence or the ammunition that that there are difficulties in the training, then we can't advocate for more resources. So I think more and more units are recognizing that exception reporting is a positive tool. It helps them to recognize the scale of the difficulty and exception reporting as a mechanism where you can highlight when service pressures are impacting on patient safety, on your wellbeing and safety and on your training. And it should be used across all those all those areas. So, Maddy and Lia are going to talk a little bit more about its exception reporting in practice. But as seniors, we would definitely encourage you to exception report when you're missing your breaks when you're working extra hours, when you're missing training opportunities. And that will help to give your departments the data and the recognition that the services are being stretched. What I'm not suggesting is that everyone downs tools at five o'clock to go home or that everyone downs tools to go to training when the wards are unsafe. We can't do that with professionals; we need to work together to maintain patient safety and our own wellbeing. But we need to highlight when, when that is having an impact on our training opportunities. I just want to come back to the subject of extra shifts. At the moment. I'm probably not alone in my in my department. We have massive gaps on junior rotas and on senior rotas. And we are having to fill those there's no locums out there, we're having to fill those internally. I know that that under stressful situations it can feel like trainees are being put under a lot of pressure to pick up those extra shifts. Sometimes those pressures escalate and trainees can feel bullied into taking those extra shifts. It's really important that we all recognise the stresses and strains on each other. Nobody wants to do these extra shifts. Everyone has lives outside medicine and need to secure their wellbeing, I would really advocate that all the additional work is spread evenly, you know, consultants and trainees need to be taking on their fair share of additional work. I think we need to recognise that it's not just out of hours work, it's in hours work as well that is additional, and sometimes in times like this, it's it's all hands to pump to maintain wellbeing of patients and colleagues. The other mechanism that we can use to highlight difficulties is the GMC [General Medical Council] survey. So if you are having to work extra, you're missing out on training opportunities, then please use the GMC survey to flag that up. It shouldn't be regarded as a criticism of your department, it should be regarded as an indication of the pressures your department is under. And so I would encourage you to do that. So I think that's all I've got to say on on

the subject. I think I just wanted to lend support to the idea of exception reporting and flagging up service pressures without turning into an adversarial process. It's all of us working together to ensure that going forward, patient safety, colleague wellbeing and training all are sustainable in the long run.

**Laura Kelly** 11:30
Thank you so much, Catherine. I think we're going to be next we're going to hand over to Dr Maddy Fogarty-Hover, who is here as our RCPCH less than full time trainees level 2 rep, but also has perhaps some other roles that may give her a unique insight into being able to explain some of the kind of nuts and bolts of exception reporting and some of the other mechanisms available. So Maddy, the floor is yours. Thank you.

**Maddy Fogarty-Hover** 11:59
Thank you very much. Hi, everyone. I'm Maddy. And I'm an ST five in East Yorkshire. And I'm level 2 less than full time training rep to the Trainees' Committee. And I'm here to talk to you about exception reporting, when you do it, how you do it, what it's used for, and what what can you do if the process doesn't quite work. And a little bit about the devolved nations where exception reporting isn't a thing. So firstly, pandemic or non-pandemic, winter or no winter, it's really important that your working hours and conditions are safe, because they need to be safe both for you and for your patients. So you need to be aware as a trainee of the safety limits on your working hours. And you can find those in your terms and conditions on the internet. So each nation in the United Kingdom has junior doctor terms and conditions. And that includes the limits on how long you can safely work for, what breaks you should have. And you need to be familiar with those. So look them up. In England, exception reporting is the main mechanism for highlighting a working pattern that diverges either from your planned working pattern in terms of hours, or from your training opportunities. So when you start a post, you should have a work schedule. And the work schedule will tell you what what your rota is, what your hours are going to be, and also what training opportunities you should get in this post. And it's really important you personalise that work schedule in the first four weeks of your placement with your educational supervisor. Because that way, it's very clear what you are supposed to be achieving in that post, in terms of clinics, in terms of training. And if for some reason that isn't possible, for example, there's emergency leave, there are incredible pressures on work, you can evidence the fact that you couldn't achieve all of those things because of external pressures. And that's really powerful both for you when it comes to your ARCP, and also for the department to be able to say, look, we've got doctors, they're working really hard, we cannot give them the training that they need to become the consultants that they need to be. And so we as a department need more resources to make this happen and make this work for everybody. So exceptional reporting allows real time data to be collected on issues like a one off shift that was overrun because there was a clinical emergency that came through the door at handover time, or a really heavy workload that means that you regularly have to work beyond your your contracted hours. Or that you're

not able to take breaks on a daily basis, or an inability to to attend teaching or to attend clinic or the training opportunities. And that means that you can then get either paid for the extra time that you work or given time in lieu for the extra hours. And that systems can be put in place to improve working conditions and training conditions going forward. So it's not a criticism of the department. It's collecting a picture of what is going on so that it can be improved. And exception reporting is done via via software you should be given a login when you started in a new placement. Make sure you've got that login, make sure you're familiar with how it works. And as soon as possible after the incident, you need to put in either an hour's exception report or an educational exception report and this goes to your educational supervisor, or in some cases, your clinical supervisor, if they've been fair, if it's been felt that they are the most appropriate person to be looking at those exception reports in your department. Hours ones will also be copied to the guardian of safe working at your Trust, and educational exception reports will also be copied to the Director of Medical Education if they need to be. And so you put some details about what happened and why it happened. And then it gets sent to your educational clinical supervisor, who should action them. So they might just say, Yeah, that's fine, this doctor should have a bit of extra time off in lieu because they had to stay late or this doctor should be paid for staying beyond their hours. Or they might want to meet with you as soon as possible after the event and discuss sort of what happened. And again, this shouldn't be an adversarial thing. This is a finding solutions process rather than a finger pointing process. And most of the time, that works very well. There are times when it doesn't go quite right. So if it's not been responded to, if it's not been dealt with, you can ask the guardian of safe working at your hospital to get involved as well. So if you find that over a period of time your working pattern is really diverging from what you're supposed to be doing, you can always - if you're having to put in lots of exception reports all the time - you can trigger a work schedule review, which which will have a look at your whole work schedule and compare it to what you're actually working. And as a result of that your pay may change, working practices may change, the work schedule may need to be adjusted, lots of things can can happen. And that is done with your educational supervisor and guardian of safe working at your Trust. And again, remember, this isn't an adversarial process, this is a way of fixing a problem. And it's a way of collecting this data and making sure that you are getting paid fairly for the work that you're doing. And you are getting the training, that that is the best possible training you can get in the post that you're in. In the devolved nations, exception reporting isn't in place at the moment. So your contract is different. And the main way in which your hours are regulated and controlled is through a monitoring process. So Trusts should monitor your hours every six months. And it's your responsibility to go along with this. And in order for a monitoring round to be valid, it needs 75% of the doctors on the rota to submit data for at least 75% of the shifts on that on that rota. So it's really important that you that you that you participate in the monitoring process, because that is the way in which your hours are controlled. So you have slightly different limits on your hours to doctors in England. Again, the data is available online if you find your junior doctor handbook. So monitoring should happen

once every six months. And the results should be published to you within 15 working days after the end of the monitoring period. If monitoring doesn't happen, if you don't get the results of your monitoring in time, or if you feel that the monitoring has been unrepresentative. So if it's happened at a particularly busy period, a particularly quiet period, something doesn't reflect what you are truly working, you should let HR know. And you can let your union know. And that can trigger further processors to look at the monitoring and potentially to appeal the banding of the rota that you're on and to try and change that. But there are a lot of junior doctors in paediatrics that aren't on that aren't junior doctors in training. So who work on trust grade contracts. And these doctors may or may not have access to exception reporting as a system. It depends on your contract in the Trust that you're based in. So most training grade doctors will have a pay structure that mirrors the pay of the junior doctor trainees on the same rota. But not all Trusts give access to exception reporting. So you need to check in your contract what the case is for you. And so basically that's it. If you're in England, please make sure that you're doing your exception reports. Please remember that it's a collaborative process with your department. A good department wants you to exception report because they want the data to demonstrate what is actually happening on the ground and they want to use that data to get more resources if necessary to make that system better. If you are in the devolved nations make sure you you contribute to the monitoring process and that if you aren't happy with the outcome of the monitoring process, remember there is there is a way of appealing that and making sure that you are properly paid and working simply on your rota.

**Laura Kelly** 20:02
Thank you so much, Maddy that was really useful. We're going to move now to hear from Dr Lia Davies, who is our Trainees' Committee representative for KSS [Kent, Surrey & Sussex]. And she's got some sort of personal experiences of exception reporting that she's going to share with us today.

**Lia Davies** 20:26
Thank you, Laura. Yep. My name is Lia, and I'm an ST2 currently based in Kent. And as a committee member to say we're working in exception reporting, I thought it'd be useful to sort of look at some examples where exception reporting has worked well. And that trainees can look at. So my experience with exception reporting is in foundation year , I think I had a very standard experience, I stayed late a couple of times, I put some exception reports in and I got some reimbursement, even money or time. Which is probably during foundationwhat I sort of thought it was about, I'd heard other things. But it was mainly to try and get this money or time back. I then started an ST1 job in paediatrics in a really supportive department, where they were said, we should exception report if we're staying late, if we're missing training, if we're missing teaching and things like that. So I was on the LFG [Local Facutly Group] in the first meeting, and I had some feedback that some of the doctores had been staying late. And the feedback from the

seniors was we didn't have any exception reports, we can't see this on our actual system. So after the meeting, I went back and spoke to your juniors and said, we really actually like you to exception report. I know some places have a negative view. But as a department, we really want to see what is happening on the shop floor. So three, four months later, we went to the next LFG, we had all these excption reports of people staying late. And as we looked at them, as a group of people, we saw it was happening on one certain ward, that people were staying late, and people were missing their breaks. And from this, we managed to get extra help, an extra person on the rota to help on this specific ward, which then helped to alleviate the pressures. And during the following meetings, we saw the exception reports had reduced especially in this area. And also at this department, they were very encouraging about exception porting for missed training opportunities. So again, if we were missing teaching, we could put this on the rota. - sorry, put this on the exception report. And it would also be looked at in the LFG. And then we could, we started to look at ways that people could have this time back whether it was having a morning of some protected time where they can catch up with recorded teaching, so that they're not missing out on these training opportunities. And I think this makes such a difference. Seeing that it's not all about getting the reimbursements, which is really important, but about how the department can see what's actually happening to the juniors. And we have concrete evidence to go to more senior people and say, look, our juniors are saying an hour or so late, they're missing their breaks. What can we do about this to make it better?

**Laura Kelly** 23:16
Thank you so much, Lia. That's really useful. It's really, I think, important to hear what Cathryn and Maddy have been saying put into practice about how exception reporting shouldn't be seen as an adversarial process. And rather, it's something that's can support both trainees and trainers and all the people within the departments to make things not only more sustainable and safer for the people working those rotas, but also for the patients too. So it's really good to hear how what we've been talking about can be put into practice in a really sustainable and sensible way. And I think we've now got some questions, we're going to do a little bit of a Q&A session with some questions that have been submitted by trainees already. Okay, so I'm going to probably direct this question to Cathryn. And then also, Lia. If I come to Cathryn first, this was a question. What should I do if my supervisor says that the fact I'm working over my hours is because I didn't manage my time effectively, and I need to just manage my time more effectively. So Cathryn, your thoughts first, and then Lia?

**Cathryn Chadwick** 24:36
Thanks, Laura. I mean, there's no doubt that time management is a skill that's learned through training. And sometimes you need some support to learn time management and your supervisor should help you with time management. But actually, the job takes as long as it takes you to do and there are lots of things that make the job go on after hours or make them more difficult to achieve - and they're usually departmental. So I would

discuss it with your supervisor, ask what help is going to be put in place to improve the time efficiency of the whole department and the system. And recognise that we've all got training needs in terms of time management as well. But it's I think it's it's kind of multi factorial, isn't it? But I think if your supervisor is constantly pushing it back at you, and that it's all about your own time management, that sounds like it is verging on the bullying and the unhelpful. So I would escalate that up to your College Tutor, in fact, if that's a constant theme,

**Laura Kelly** 25:47
Thanks, Cathryn. And perhaps the I don't know if you have any comments there having been in a department where you were encouraged to put in exception reports, whether there were any issues around time management comments, or whether actually the seniors were very supportive there.

**Lia Davies** 26:07
I think the same things as Cathryn, I think this comes up a lot when I talk to other colleagues about exception reporting - oh, well, it's because I'm new, I don't know how to do this, it's my own fault. When I put an excpetion report in, that's never really come up as an issue. I think seniors hopefully do see that. If jobs are taking you that amount of time, they are taking you that amount of time. And I do think, if they do say to you, well, it's because you can manage your time better, then I think that opens the door to be like, okay, how can we do this? And how can we work as a team? So this isn't happening again, I'm not having to put in some more exception reports. So I think that's probably the best way to go about.

**Laura Kelly** 26:55
Thanks, Lia. And we had another question submitted, which was, how should a department respond where lots of junior doctors are reporting missing their safety breaks? So I think probably that might be a good question to come to Maddy first, about what we should do when there's a department where all the safety breaks are being missed or routinely missed.

**Maddy Fogarty-Hover** 27:27
So it's very important that junior doctors do get their breaks as part of the shift. And if you are in England, the requirement is at least one 30-minute break if you've worked a shift more than five hours, a second 30-minute break if you work a shift more than nine hours, and a third 30-minute break if you work a shift over 12 hours. On a night shift, you should have one and a half hours of break prior to that night. And in the devolved nations, it's a half an hour after four hours of shift. So it's it's really important people take those breaks, and that your exception reporting if you don't get those breaks, and actually if breaks are being missed over a period of time on a particular rota that will incur fines for the Trust. And so the department should have a real interest in making sure that this doesn't

happen. So they may want to look at what work needs to be done on on the ward, who is best placed to be doing that work, maybe try and reorganise handovers, reorganise who carries the bleep, reorganise who is available, who's taking the calls, but that's going to need some real attention to what is happening in that department on a day to day basis. And on how many staff they have, can they get more stuff? And how can they reorganise the work happening within that department? It's really, really important.

**Laura Kelly** 28:46
Thanks, Maddy. And I've got another question, which I think I'm going to come to Cathryn for. So this was a question thinking more about the trainers' perspective of things, which was: as a consultant, I am unsure how my department can afford exception reporting either in terms of money or in times of accommodating time in lieu. If everything that needed to be exception reported got exception reported. So how would you address perhaps some of the fears or worries of some more senior leaders within departments?

**Cathryn Chadwick** 29:30
Yes, and I think in the short term, that's a real worry, isn't it? But unless we exception report and highlight where the gaps and problems are, we're never going to improve the resources in the medium and longer term. So I would say, as I said earlier, I think we're far too good at at covering ourselves and papering over the cracks and managing between ourselves without flagging up that things are difficult. And I think it's only by exception reporting and exposing the difficulties and the service pressures were starting or processes might lead to gaps that we can actually fix them.

**Laura Kelly** 30:16
Thank you, Cathryn. I think that's a really useful perspective there. We have another question submitted. This one, I might actually initially come to Lia, for your thoughts, which was someone who had commented, my educational supervisor responded negatively to my exception reports, which has put me off completing them. Are there any other people in the hospital that I can send reports to or go to.

**Lia Davies** 30:50
So as far as and where the time ones also goes to guardian of safe working, so they should also be able to help. But I also think it's important to look at why they are responding negatively to these exception reports and raising that if you have a college tutor at your department, or somebody else higher up. And also maybe having a discussion, if you feel able to, about what their thoughts are on the exception report and what the negative respons is, and then highlighting what we've done in this whole webinar about how we are doing it to highlight issues higher up and to give us some support.

**Laura Kelly** 31:33

Thanks, Lia. I don't know Maddy, if you had any additional comments about what to do when an educational supervisor doesn't respond positively to an exception report.

**Maddy Fogarty-Hover** 31:44
And yeah, thank you, I totally agree with with Lia. And the vast majority of the time, the vast majority of educational clinical supervisors are really good at helping with these things. But we shouldn't kid ourselves. There are people who have behaved in a more challenging way around this, it is a bit of a cultural shift. And there are failsafes to make sure the process works. So your guardian of safe working in your Trust is a good person to go to if you've got hours-based ones. the Director of Medical Education of the Trust may be supportive if there are educational based issues. You can take issues to the junior doctor forum in your trust if you've got like an issue involving your department, that's good place to go. If there are issues with bullying or inappropriate treatment of people in your department, you should have a freedom to speak up guardian so you can go to them. Your College Tutors is a great person to talk to. There may be times when it may be necessary to go outside your your department and outside your trust. And think about things like your, your TPD, your local School of Paediatrics, and even sort of formal support if things really have reached that point. But really important to remember, most of the time it will go well. And most of the time, if it doesn't go well, it can be resolved by communicating with other people within your Trust.

**Laura Kelly** 33:11
Thanks, Maddy, that's really useful. And probably just another question, it's a bit of a variation on that last one that we had, which was if I've submitted some exception reports, but my educational supervisor hasn't responded to the exception report, what should I do?

**Maddy Fogarty-Hover** 33:32
If they're not responding, I would remind them. And if they if they still aren't responding after that, then I would go to the guardian of safe working or the Director of Medical Education in your Trust, and they should be able to resolve it. Remember that sometimes it may be something so simple as your educational supervisor may have been off, may have been ill, may have been on annual leave. But but there are other people who can help you if there is a problem with getting your things approved.

**Laura Kelly** 34:01
Brilliant, thank you. And I guess similar to one of the questions we had earlier, I'm going to direct this to you, Cathryn, was what should I do if my supervisor says that staying late is simply about professionalism and that it's professional to stay late, and so that I shouldn't be putting in exception reports because it's unprofessional because I needed to stay late?

**Cathryn Chadwick** 34:31

We are all professionals and and top of our priority list is our patients' wellbeing and our own wellbeing. So as I said earlier, I'm not suggesting that everyone downs towards the five o'clock and walks out. And sometimes the service pressures are such or the emergency pressures are such that we have to stay late. But that doesn't mean that that you shouldn't be recompensed for that in terms of time or or funds. And if it's a recurrent theme, then your department is not well enough resourced, and needs extra people, because actually people shouldn't be staying late all of the time.

**Laura Kelly** 35:10
Thank you, Cathryn. I think that's really balanced, and probably I suspect, what most people would imagine is isn't how we should be doing things. Of course, we keep our patients safe. But it's not unprofessional to ask that we're kept safe, too. And I think I'm going to come to Maddy for a question. Now, this is more about something that relates to the devolved nations. So we talked earlier about how in the devolved nations, they have hours monitoring exercises, and someone had asked the question, if I have concerns about my rota, can I request an hour's monitoring exercise sooner?

**Maddy Fogarty-Hover** 35:54
Yes, you can, you can request an hours monitoring exercise, if you feel one is needed, should contact HR, and your union if necessary.

**Laura Kelly** 36:05
Great, thank you, Maddy. And actually, I think you may have covered this in your talk earlier, but we had a question about what non-training doctors could do and whether they could submit exception reports. And if they can't submit an exception report, what they might do if they were experiencing issues with their rota and safe working practices?

**Maddy Fogarty-Hover** 36:34
So there isn't a national contract for Trust grade doctors, so the conditions aredetermined locally in each different Trust. And usually the pay structure and working structure will mirror that of junior doctors who are trainees, alongside Trust grade doctors on the rota, but that this won't always be the case. And so people need to be aware of what is available to them locally. And some really good trusts do allow access to the exception reporting system for trust grade doctors, which is fantastic. I would say if you if you're having difficulties with your hours as a Trust grade doctor, this is just as important as for trainees, and I would discuss it with whoever's in charge of the rota at your, in your department. And, also, I think if it's very unlikely that it's only the trust grade doctors on that rotor that they're going to be having those problems. And so it's really important to take a team approach to this and everybody is exception reporting together, or everybody is raising concerns together by all the mechanisms that it can be raised by, and this is where teamwork really comes in, you won't be the only one having those problems.

**Laura Kelly** 37:48
That's great. Thank you, Maddy. And I think you're right, that team approach is a really sensible one, and actually probably does reduce the burden on any individual trainee feeling like there is that adversarial element that we know that trainees can worry about. And so I think that may also be a comment I'd like to make is actually approaching things as a team, because you're right, it's really unlikely someone's going to be experiencing an issue in isolation a lot of the time, often. You know, that could happen. But often it's going to be a more systemic issue across many people. And supporting each other as a team also means perhaps, pulling together in these instances. That was all the questions that we had had submitted. I think probably we've covered quite a lot already. So all that really remains is for me to say thank you to Cathryn, Maddy and Lia for joining us all today. And hopefully to everyone watching this it's been really useful to hear from trainers and trainees across the spectrum about how we can make sure that working in paediatrics this winter is as sustainable as it can be. And also we can really embed good, safe practices that will stand us really in good stead for the longer term as well. Thank you.