

Borders NHS Board



Meeting Date: 1 April 2021

<b>Approved by:</b>	Dr Lynn McCallum, Medical Director
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<b>MEDICAL EDUCATION UPDATE</b>	
<b>Purpose of Report:</b>	
The purpose of this report is to ask the Clinical Governance Committee for ongoing support in the development of Medical Education.	
<b>Recommendations:</b>	
The Board is asked to <b>note</b> the report.	
<b>Approval Pathways:</b>	
This report has been scrutinised by the Clinical Governance Committee who were assured by the content of the report.	
The Clinical Governance Committee were asked to support the recommendations below:-	
<b>Undergraduate Training</b>	
<ul style="list-style-type: none"> <li>• To support improvement of Wi-Fi in the residences for medical students access to learning</li> <li>• The continued upgrade of accommodation for students (and trainees) working with Eildon housing and Estates for positive impact on wellbeing.</li> <li>• Medical Education to work with Director of Finance To identify ACT monies in support Undergraduate teaching which are embedded in services, for accountability purposes-suspended during COVID</li> </ul>	
<b>Postgraduate Training</b>	
<ul style="list-style-type: none"> <li>• To support Medical Education to continue to work with departments in improving trainee feedback in national surveys and local focus groups with a focus on well being eg computer access in work area</li> <li>• Integrating of IMT trainees within medical rota and accommodation of specialist experience.</li> </ul>	
<b>Trainers</b>	
<ul style="list-style-type: none"> <li>• To prioritise clinical supervision of Undergraduate and Postgraduate trainees in job plans for all consultants in clinical practice</li> <li>• To support Director of Medical Education in facilitating the Recognition and Approval of Trainers process and role in subsequent revalidation</li> </ul>	

**Executive Summary:****Undergraduate Training**

Year 6 Medicine and DME attachments in August 2020 were combined into “Senior Medicine” with no change in numbers. This was to facilitate student ward learning and online learning with reduced exposure to covid wards. However, it became apparent that the students did not feel they were getting enough clinical exposure and the local team, in agreement with the University, increased ward allocation times to good effect. The feedback from this group was positive with green flags in all areas resulting in a commendation from the University. Surgical numbers increased from 4 to 6 and feedback was positive, other than for Surgical induction. Feedback from Year 5 attachments was also positive.

Accommodation: Medical Education continues to receive positive feedback about the refurbished residences (Appendix 1). There are two houses that are awaiting soft furnishing refurbishment and are obtaining costs. We are meeting with Estates and the leasing company to look at potential structural changes to improve bathroom and kitchen facilities. The funding of this will be determined pending understanding the longevity of the lease.

Wi-Fi access: The issue regarding WiFi in the residences continues. It is subject to an organisation-wide review of WiFi by IM&T. Medical Education in conjunction with the University is currently testing mobile WiFi devices as an interim solution. Medical Education has purchased iPads for use by medical students for online learning to reduce the risk of students congregating around a single device and support reduction in infection transmission. We have just been successful in obtaining funding from ACT slippage for secure storage and charging cabinets. We continue to maintain who have provided 4 bikes for student use. However availability has been reduced during COVID and we are waiting for additional bikes for student use and intend to seek funding for secure bike storage from ACT slippage.

Medical ACT funding: In relation to transparency in use of ACT funds we have not made further progress with the detailed measurement of Departmental support (supervision, teaching and admin support) for undergraduates to enable some costs to be attributed. This was initiated by the Director of Finance but suspended during COVID waves and we don't have a timeline currently to recommence.

COVID: NHS Borders Medical Education in collaboration with NHS Lothian and NHS Fife produced guidance in the event of a covid outbreak amongst students. This was activated in October when medical students in NHS Borders had an outbreak which was successfully contained. Feedback from students regarding medical education support and the process was very positive (Appendix 2).

Physicians' Associates (PAs): NHS Borders has taken on the role of providing clinical attachments for 3 PAs who are due to complete their training in July and sit exams in October. They will potentially be looking for employment in the South East under the bursary scheme (in 2016 Medical and HR Directors across the South East agreed to sponsor a cohort of Physicians' Associates students through their University studies using transformation funds in exchange for a 2 year commitment post-graduation). Verbal feedback from the students has been very positive and supportive. Formal feedback has yet to be acquired.

## **Postgraduate Training**

Feedback from the most recent Scottish Training Survey for all specialties reflects a positive, supportive environment in all Departments with positive comments in relation to supervision across most grades. Teaching and educational environment in Medicine for 2020 have seen an improvement (GPST & Core Trainees). Free text comments reflect a supportive environment, but negative comments persist in relation to rotas / rota gaps (Appendix 3). This has been triangulated with internal focus feedback groups.

IMTs and impact on rotas: The change to the Medicine curriculum and IMTs (Internal Medicine Trainees) who will replace ST3s and Core trainees in our workforce is proving challenging for August rotations. Consultants are looking at rotas based on speciality attachments which will be challenging. Medical Education is working closely with our partner Boards and NES to achieve an appropriate number of trainees to maintain rotas. A similar issue in relation to rotas has arisen in Surgery due to sickness absence and concerns have been raised about the impact on training. The CD for Surgery and AMD are working on solutions.

Two of the Chief Residents have been shielding and have been supporting the junior doctors' forum remotely. A number of trainees across services are supporting QI projects within Clinical Governance.

## **Trainers**

CDs are currently working with colleagues in relation to time for supervision and training within job plans. Whilst initial recognition and approval of trainer is not problematic, the provision of ongoing evidence seems to present difficulties for some consultants. Through the appraiser lead, the Director of Medical Education has advised that appraisers need to ensure that the RoT section in SOAR is adequately detailed to support ongoing recognition. Medical Education hopes to be able to provide some additional elearning for trainers in terms of types of evidence required.

## **Other Developments**

We are providing appropriate Advanced Life Support training for Foundation doctors in accordance with NES requests which has been appreciated and supported by the Associate Postgraduate Dean and positively evaluated by attendees.

Funding for the Simulation Technician post remains ring-fenced for later in 2021 when we hope to be able to advertise and appoint. The advert has been delayed due to covid with a revised date of September 2021.

Medical Education is collaborating with Clinical Governance and the Scottish Government to pilot a Clinical Guidelines app and website under the "Right Decision Service" initiative to provide more immediate access to clinical guidelines to all trainees via their mobile devices.

Medical Education training within NHS Borders has not moved to online training because of limited availability of computers to access teaching and a need to avoid trainees congregating around a single device increasing the risk of potential infection transmission. Teaching remains face to face with appropriate social distancing and currently can only be provided in the Tryst for the numbers involved. Space for Medical Education has always been limited, but access to the eLearning Suite, Lecture Theatre and Library have been more restricted due to covid.

<p>Induction planning is currently underway as we look at the possibility of sourcing a venue to accommodate social distancing, or online access, with the understanding that trainees need to go to Departmental induction once corporate induction has finished at 11am.</p>	
<p><b>Impact of item/issues on:</b></p>	
<p><b>Strategic Context</b></p>	<p>As a Local Education Provider, NHS Borders must abide by GMC Standards for medical education. The persistence of red flags in GMC surveys precipitates a Deanery quality visit with recommendations. Failure to comply with recommendations may lead to enhanced monitoring of trainee posts. 2020 Survey was postponed due to COVID but for 2021 is back on track. If we continue to address the issues with improvements then flags should reduce.</p> <p>More transparency is being asked for ACT spending by NES.</p> <p>It is important to recognise that students and trainees are the potential consultants of the future and important for NHS Borders succession planning.</p>
<p><b>Patient Safety/Clinical Impact</b></p>	<p>Persistent failure to meet the training needs of doctors in training, and achieve their curricular requirements could potentially lead to loss of trainees and impact on the safe delivery of services.</p>
<p><b>Staffing/Workforce</b></p>	<p>As above</p>
<p><b>Finance/Resources</b></p>	<p>All Boards have to meet the requirements of a Performance Management Framework PMF to receive Medical ACT funding, including an annual accountability report which covers</p> <ol style="list-style-type: none"> <li>1. Actual Medical ACT expenditure for the previous financial year</li> <li>2. Up-to-date baseline budgets for Medical ACT showing the allocation to each specialty/department</li> <li>3. Measurement of Teaching compliance</li> </ol> <p>It is important that this funding is used for the provision of medical education as above.</p>
<p><b>Risk Implications</b></p>	<p>A proportion of ACT funding has been accounted for currently. The remainder is embedded within services and has not yet been identified. NES are in process of looking at funding structure so it is important for NHS Borders to have accountability for funds used.</p> <p>Clinical supervision should be a priority in SPA time in job plans as without adequate supervision we cannot have trainees and as service is dependent on trainees for delivery this is a significant risk.</p>
<p><b>Equality and Diversity</b></p>	
<p><b>Consultation</b></p>	<p>N/A</p>
<p><b>Glossary</b></p>	<p>As below</p>
<p>ACT</p>	<p><b>Additional Costs of Teaching</b></p> <p>Medical ACT funding is provided to the NHS in Scotland to cover the additional costs of teaching medical</p>

	undergraduate students. In 2019 this funding amounted to approximately £700,000. NHS Education for Scotland (NES) distributes ACT funding to NHS Boards and GP practices engaged in undergraduate teaching
eALS	Advanced Life Support (including online pre-course learning) provided by organisations accredited by the Resuscitation Council UK
Foundation or FY	A Foundation (year) doctor is in the first two years of postgraduate training – FY1 or FY2
RoT	<b>Recognition of Trainers.</b> In order to receive Medical ACT funding Local Education Providers (such as BGH) are required to comply with all aspects of the GMC requirements of the Recognition and Approval of Trainers primarily for clinical supervisors, educational supervisors and undergraduate module leads
Simulation	Simulation or Sim is a teaching method which increasingly used in medical education. Simulation puts learners into real life scenarios, often using technology, to support safe clinical practice
SPA or PA	Activities undertaken in <b>supporting professional activity (SPA)</b> time, includes: <ul style="list-style-type: none"> <li>— audits</li> <li>— medical education</li> <li>— clinical management</li> <li>— continuing professional development (CPD)</li> <li>— administration</li> </ul>
ST	A Specialty Trainee doctor is in years 3-7 of postgraduate training
WiFi	Wireless networking technology uses radio waves to provide wireless high-speed Internet access

## Appendix 1 – Feedback about refurbished residences

Overall students gave the refurbished residences a score of 4.2/5 and recorded the following comments:

- I stayed here last year as well and the removal of a bedroom to make a living/dining room is fantastic, especially during times when you cannot socialise outside of your flat it was nice to have space to see your flatmates and eat together.
- Great accommodation, much better than I was expecting
- Really enjoyed the new double bed and lounge room with a table to eat at!
- Accommodation has been made much better since I was last here for placement
- Accommodation was great
- Accommodation is great compared to a year ago (new lounge room, extra fridge) the only issue I had was the door lock could be a bit temperamental
- Excellent!
- Very comfortable beds and all the basic kitchenware available.
- Double beds with proper bedding were great.
- Accommodation itself was fantastic, just the WiFi letting it down.
- The accommodation is clean and well kept.
- Internet could have been more stable
- Couldn't have been much better, apart from a TV or something.
- Great upgrades, cleaners were great, double bed was quality
- Sufficient and clearly some recent improvements, but could be better in terms of cooking equipment
- Accommodation is really nice.
- Really appreciated the living room
- Lovely homely feeling with the living room
- Accommodation was fine, nice comfy beds and had everything needed.
- The accommodation was great, very cosy and comfy and had everything I needed.
- The new beds are very comfy.
- Great accommodation!
- Very basic but fine. Rooms quite dull, my bedroom light bulb also blew, so didn't help, repair not the quickest. Interior a bit damp and outdated.
- I arrived to have been placed in doctors accommodation separated from all the students across specialities- including the other 3 girls doing paediatrics (we had requested to share). I managed to contact switchboard/ accommodation and she offered me a swap And so it worked out well for me but I think I would have been miserable for 5wks if I wasn't able to change. The ophthalmologist who lives in Flat 25 had taped the cupboards shut/ told my friend she couldn't cook as it would be smelly and didn't make any room in the fridge for her etc.
- Accommodation itself was much nicer than expected- was good to have 2 bathrooms and access to clean towels on a weekly basis. Would be helpful to have notice explaining where you can do laundry as I never needed it but wouldn't be sure where to go. Linen is very itchy but I imagine it's just standard issue. Was a really nice place to stay and liked the fact we had a living/ dining area to socialise!
- No complaints - staff very happy to fix/replace things when requested
- Fantastic accommodation. Only thing missing was a chopping board.
- Overall very functional. Good storage and size of flat for 3 people. Really good living room. Good to have double bed! Would've been handy to know what is provided before coming (e.g. towels, duvet).
- Excellent

Areas for improvement:

- Would have no problems if WiFi was more reliable
- The cooking facilities were old fashioned and very difficult/dodgy to use.
- Markers on the hobs control knob
- Bedrooms were great, the rest was sufficient but bathroom was mouldy and kitchen not very clean upon arrival.
- Room for improvement: Bathroom roof a bit mouldy? Bed are quite sweaty/hot (even on cold nights), think it's the linen? Kitchen space not really suitable/big enough for 3 people to cook in. Blinds don't keep light out.
- Only issues were the lock in my door was slipping out of the door and I reported it and no one ever came to look at it.
- I found it quite shocking that given the pandemic we did not have any soap or disinfectant wipe, which I believe should have been provided to us. I also think there should be paper towels. Otherwise decent, the beds are nice!
- The beds were very comfy, but the kitchen utensils/ cutlery were lacking. I always felt like the dishes were dirty, or there weren't enough dishes to use. The bulb on my desk lamp was also not working when I arrived- maybe this can be checked before the next student moved in
- Could have been a bit cleaner. There were multiple dead insects on the floor. Also reclining couches! But comfortable beds, which is most important

## Appendix 2 – Feedback about processes and support during covid outbreak

## What went well:

1. Very swift response and clear instructions
2. Good provision of meals and medication, very responsive to requests through WhatsApp
3. Testing has also been done very quickly with same day results which has been great.

## What could be better:

1. Provide COVID guidance to all students at the start of the placement- we felt a bit lost about who to contact when John first felt unwell
2. Perhaps draft up protocols regarding laundry and waste disposal arrangements to avoid ad hoc requests [ACTIONED BY MEDED]
3. Provide hard surface wipes to all units as a norm [ACTIONED BY MEDED]
4. During in-person tutorials we were often around each other in a small tutorial room. Moreover, with online lectures commonly happening over lunch, and with little time to get home, we often had to resort to doing them in the hospital tutorial room. With not many of us wanting to bring laptops into a hospital with no lockers, this meant we often had to share one laptop or phone among 5/6 people. Looking back, this was not ideal or sensible. [ACTIONED BY MEDED]

## Free text comments:




1. Avoid social mixing between units, although this may be unlikely to influence outcome since we are in tutorials/handover at hospital [Reinforced by MedEd in guidance]
2. Ensure regular cleaning and wiping down of surfaces even if all occupants are asymptomatic during placement [Reinforced by MedEd in guidance]
3. I think you have all been incredibly helpful in all that is going on and have provided us with amazing support and checked in on us daily.
4. Thank you again for being so brilliant throughout all of this, the support has been great and has really made the difference to the isolation.
5. I would like to say that, although the placement ended badly, all of us have thoroughly enjoyed being at the Borders for surgery and think the team here have been incredible, especially over the past week. We are all equally disheartened it has ended the way it has.
6. I'm sure the others will agree with me when I say it was very difficult to completely socially distance during this block.









## Appendix 3 - Feedback




## Feedback is taken from



- the Scottish Training Survey (STS) Feb | Mar | Jun | Nov 2020  
(RAG report and free text comments where 5 or more trainees responded)
- Focus Feedback Groups 2020 (FFG) during 2020 (FY1; FY2; GPST)


General Internal Medicine	
STS	No Red / Pink Flags Teaching and educational environment, previously having generated red flagged are improving but not yet getting green flags.
	"The Borders General Hospital is a very friendly and supportive environment to work in. I would recommend it as a good place to work to colleagues at other hospitals" "Excellent consultant support, very friendly place to work, lovely atmosphere, well supported" "The staff are extremely helpful welcoming and also encouraging. I found my experience has been extremely positive and will help me develop as a FY1"
	"Problems with the rota i.e. rota gaps which are known about well in advance and not filled, mean that some days staffing is very short which makes the work challenging" "While on the gen med rota I spent most time in DME (this is unfair as some colleagues asked for no DME). Why do ANPs clerk on take while FY1s just do discharge letters and 'jobs' – feel deskilled in MAU. Difficulties (++) to get in touch with Echo tech" "Unfortunately rota issues and lack of staff to fill rota means staffing often very tight with high intensity on call periods. Often doing work more appropriate for junior staff or covering several areas at once. This does affect training and satisfaction"
FFG	<p><b>Workload / Rota</b> - Workload concerns identified for FY1 in MAU; Request for shifts to be arranged for continuity and to allow workplace-based assessments to be signed off; Request for rota team to include FY1s on the "Take" team; work core hours - the ones that work extra choose to do it. Certainly no expectation from consultants to do it; no clinic time from GP trainee perspective (COVID). It should be a big part of the experience/training but does not happen"</p> <p><b>Handover</b> - Request to involve representatives from each ward; good structure at handover so things don't get missed; higher risk to patients as a result of paper handover at weekend; floor plan notes would work better than emails – real time</p> <p><b>Educational Resources</b> - not enough PCs/COWs – not enough room at all to fit PCs in. COWs not working a lot of the time. Would make a huge difference if more working COWs were in MAU; Ward 4 doctors' room is lovely; used Archie Cochrane Room in Library for virtual meetings; Library service good when needed</p> <p><b>Overall satisfaction</b> - Lovely place to work; on-site accommodation a big plus</p> <p>Scored between 6-10 (average 8)</p> <p></p>



DME	
<b>STS</b>	<p><b>Red Flag</b> - Team culture (Foundation)  <b>Pink Flag</b> - Induction (Foundation)</p>
	<p>"Supportive consultants, very approachable. Always willing to compete SLEs"</p> <p>"DME teaching and grand rounds are great. Small friendly teams. Consultants very approachable and will help out; always answer pages/questions"</p>
	<p>"Staffing levels are very erratic. Some days there is a huge surplus of staff whilst it is dangerously understaffed at other times"</p> <p>"Imposition of 'educational requirements' beyond those required by ARCP/Deanery, such as audit and lunch time teaching. No consideration of other workload / commitments and whether we have already completed audit /teaching elsewhere during the year"</p> <p>"Major GIM rota issues with staffing gaps impacted in my geriatric experience significantly limiting my exposure to important training opportunities such as specialist clinics as often had to do basic FY level jobs due to staffing in the medical wards"</p>
<b>FFG</b>	<p><b>Raising Concerns / Undermining / Patient Safety</b> – positive experiences with all colleagues apart from one consultant who can become angry and made other staff members uncomfortable; Consultant cover in ward 5 can be a safety concern. COVID 1 is the same as well; very supportive staff in BGH compared to other hospitals – would be surprised to hear of any undermining</p> <p><b>Workload / Rota</b> - Request for shifts to be arranged for continuity and to allow workplace-based assessments to be signed off; doesn't feel like you are a GP trainee at all</p> <p><b>Induction</b> - Ward induction could have included practical advice on handover; use of controlled drugs prescription forms, continuous infusion charts and TrakCare</p> <p><b>Educational Resources</b> - not enough PCs; no COWs; no space to go for virtual meetings; not enough room in DME</p> <p><b>Feedback</b> - Registrar "very keen to teach and always helpful, friendly and approachable and makes things into a learning experience;" "very supportive chief residents who are always asking for feedback"</p> <p><b>Overall satisfaction</b> - scored between 7-10 (average 8.5)</p> <p style="text-align: center;"></p>



Obstetrics & Gynaecology	
<b>STS</b>	<p><b>Green Flag</b> – Handover (ST)</p> <p><b>Green Flag</b> – Teaching (ST)</p> <p><b>Green Flag</b> – Team Culture (ST)</p> <p><b>Green Flag</b> – Workload (ST)</p> <p><b>Light Green Flag</b> – Educational Environment (ST)</p>
	<p>"This has been a brilliant post, I have felt well supported at all times by an excellent and cohesive team. I feel I have really benefitted from my time in the BGH.</p> <p>Fantastic department for training and for patient care - I'd highly recommend it to trainees! Consultants are incredibly supportive and empowering- a very friendly and inclusive department"</p>
	
<b>FFG</b>	<p><b>Handover</b> - Like the handover system here for handing over from O&amp;G to night teams</p> <p><b>Teaching</b> - Missed a lot of teaching early on in block due to rotas but once able to join via Teams this helped a lot</p> <p><b>Team Culture</b> – as staff are approachable, would feel comfortable in escalating/raising any concerns</p> <p><b>Workload</b> – Workload very good compared to previous jobs. Involved in doing the rotas which helps too</p> <p><b>Educational Resources</b> – O&amp;G have a lounge in the Labour Ward where they can join teaching via Teams</p> <p><b>Overall satisfaction</b> - Lots of time for teaching in O&amp;G with less volume of service provision. Lots of one-to-one with seniors; I have thoroughly enjoyed my placement in O&amp;G. It was a great educational experience instead of purely service provision. The team were very supportive, and gave the juniors lots of opportunities for learning. The staff across the hospital have all been very supportive</p> <p>Scored between 9-10 (average 9.5)</p> <p></p>

General Surgery	
<b>STS</b>	<p><b>Green Flag</b> - Educational Environment (Foundation)</p> <p><b>Green Flag</b> - Teaching (Foundation)</p> <p><b>Green Flag</b> – Workload (Foundation)</p> <p><b>Light Green Flag</b> - Team Culture (Foundation)</p>
	" Very supportive hospital to work in, friendly environment. Good first placement"
	"Weekly/fortnightly surgical department FY1 teaching would have been beneficial as the FY1 core teaching programme didn't cover surgical teaching. This would help to develop clinical knowledge further than medical school level"
<b>FFG</b>	<p><b>Educational Environment</b> - Fighting for PCs the majority of the time. Three PCs plus one PC in the store room but sharing with nursing staff and other doctors. Some of these PCs are not working properly either; when joining teaching via Teams, a couple of FY1s had to use the PC in the store room which wasn't ideal</p> <p><b>Teaching</b> - received additional teaching from Ortho CDFs but nothing from the General Surgery team. Would like some more ward teaching for sure.</p> <p><b>Workload</b> - rota is reasonable but consistently you never really finish work on time. On average approx 20 mins late most days. Haven't had an official rota coordinator for the majority of the block either. Discussed with Clinical Director and FY1s had been asked to come up with their own solution/agreement between themselves to share the workload. New rota coordinator will hopefully solve any future problems</p> <p><b>Team Culture</b> - undermining involving inappropriate nicknames was discussed with CD and DME and followed up with member of staff in appraisal and training.</p> <p><b>Overall satisfaction</b> – scored between 6-8 (average 7.3)</p> <p></p>

Trauma & Orthopaedics	
STS	<5 responses
	"Amazing people of the Orthopaedic team: consultants, senior and junior doctors, ward staff, creating a positive working environment that values everyone's contribution and supports staff through clinical and nonclinical challenges"
	
FFG	<p><b>Workload / Rota</b> - Good to get development days so has had opportunities to attend clinics</p> <p><b>Supervision</b> - trickier getting workplace based sign offs. Needs to be ST4 and above</p> <p><b>Educational Resources</b> - not enough PCs etc either in ED. Space limitations</p> <p><b>Overall satisfaction</b> - Enjoyed the variety of working in Orthopaedics, ED, HAN &amp; Medicine. Scored 8</p> <p>★ ★ ★ ★ ★ ★ ★ ★ ☆ ☆</p>

Haematology / Oncology	
STS	<5 responses
	Frequently asked to do things outside of FY1 competencies in Borders Macmillan Centre such as review patients for fitness for chemotherapy with no onsite Oncology support/supervision.
FFG	N/A

Paediatrics	
<b>STS</b>	<5 responses
	<p>“Friendly and welcoming team of staff. Good to gain more exposure to and experience in outpatient clinics for which we are often not spared in the busier centres.”</p> <p>“Very supportive, friendly and approachable team at the BGH who are all keen to teach”</p>
	<p>“It has been difficult to get study leave in this rotation, having had four requests rejected. As is often the case, I also felt that GPSTs attending their dedicated teaching given priority over ST Paeds teaching and often not spared from ward to attend”</p>
<b>FFG</b>	<p><b>Induction</b> - Unit induction good</p> <p><b>Educational Resources</b> - Plenty of PCs usually however internet access is awful on personal devices. With mobile phone it is particularly bad (but not aware of Govroam though); Library service good when needed</p> <p><b>Overall satisfaction</b> – score not recorded (1 participant)</p>

Psychiatry	
<b>STS</b>	<5 responses
	<p>“The individual guidance and support I have received from my supervising consultant has been exceptional”</p>
	<p>“The rota includes 24 hour shifts, either all on-call OOH during the weekend or a combination of day shift and on-call for the night. In the majority of these shifts I had far too little sleep and do not believe it was monitored properly.”</p>
<b>FFG</b>	N/A