

Teamworking: Understanding barriers and enablers to supportive teams in UK health systems

NHS Employers – The power of the team: Harnessing collaboration, diversity and challenge 14 May 2024

General Medical Council

The state of medical education and practice in the UK -GMC (gmc-uk.org)

The state of medical education and practice in the UK Workplace experiences 2023



General Medical Council The state of medical education and practice in the UK Workforce report 2023



Context – GMC's 'The state of medical education and practice report series exploring workplace experiences

- Barometer survey, annual quantitative study to track doctors' workplace experiences – particular focus
- Looking at who supports doctors at all stages and levels in their day-to-day work:
 - peers, senior clinicians, non clinical managers
- Acting outside role, frequency of this and what types of roles do doctors move in and out of eg more senior, less senior, who
- Experiences of recent joiners to the medical workforce, both UK and non UK graduates
- Autonomy, how do doctors perceive and experience this, what enables it

Importance of belonging in work environments

Our commissioned work published in 2019 *Caring for doctors, Caring for patients.*

It outlined the need for doctors to experience three factors in their workplace to protect their wellbeing:



Autonomy/control – the need to have control over our work lives, and to act consistently with our work and life values.

- Belonging the need to be connected to, cared for, and caring of others around us in the workplace and to feel valued, respected and supported.
- С

Competence – the need to experience effectiveness and deliver valued outcomes, such as high-quality care.

Caring for doctors Caring for patients

How to transform UK healthcare environments to support doctors and medical students to care for patients

Professor Michael West and Dame Denise Coia

Scoping for Teamworking research







Barometer and wider data, identified team work as area of interest to better understanding how doctors work together and across wider teams Working with Hull York Medical School to explore these questions insights on the complexities, challenges, and enablers in fostering effective teamwork within healthcare Aim to help inform future GMC workstreams and influence in improving teamwork

Summary of research objectives



Identify the different **types of teams** doctors are involved in, and the **critical elements of effective team working**



Explore what contributes to good practice, and how effective doctor-focused teamworking can enable safe patient care



Understand the roles of team members at all levels, including doctors' roles in multidisciplinary teams

Examine how new team members are inducted and supported, with a focus on MAPs and those who are new to practice/working in the UK



Explore factors that can lead to team breakdown, and what effective interventions and approaches can address these breakdowns



Teamworking:

Understanding barriers and enablers to supportive teams in UK health systems

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Brief overview of study

Enablers to effective teamwork

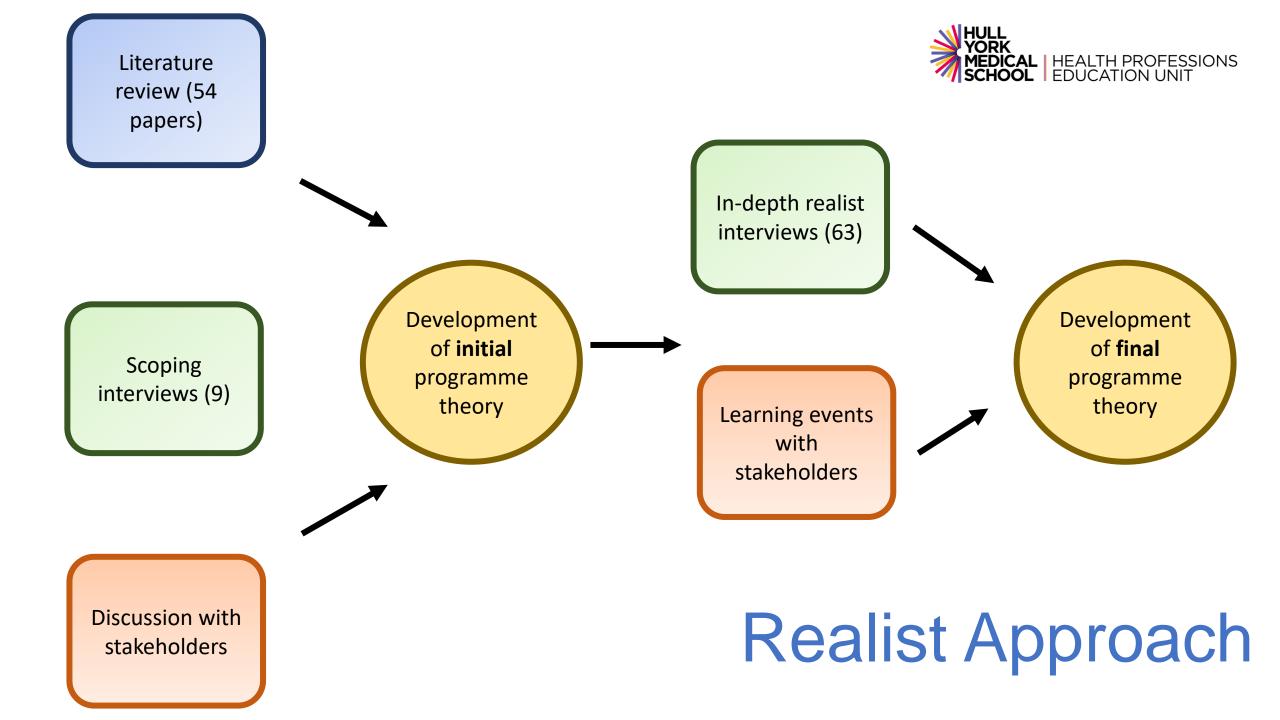
Barriers to effective teamwork

Key issues and implications



Research aim

1. To explore how doctors work together and across wider teams, in order to identify what factors contribute to effective team working and the elements that make it more challenging







Enablers of effective teamworking







Good policies/

Enhanced Innovation



Conflict

resolution



Less FtP Team issues

diversity

Enhanced staff satisfaction

recruitment/ procedures retention

wellbeing

High productivity

Key enablers

- Ensuring the time and structures are in place to allow teams to meet regularly
- 2. Positive and supportive culture
- 3. Effective communication
- 4. Leaders who are understanding and approachable
- 5. Clearly defined roles and respect for all team members
- 6. Continuity and experience of those in newer roles



1. Ensuring time and structures are in place to allow teams to meet regularly

"Cause it's small, that's **stable**...we know our **roles**. We know each other well." (Interview 25, Consultant Oncology)



2. Positive and supportive culture

"I think wards where things work really, **really well**...it's often about engineering a bit of **downtime into the day**.. "it's alright, let's all go and have a coffee and a cookie somewhere" (Scoping interview 7)

3. Effective communication

"Communication skills are **vital** for effective **team working**. Wherever I've started working there was always a good **induction**...what to expect and where to go if there any difficulty or problem" (Interview 4, FY2 GP)



4. Leaders who are understanding and approachable "When I was working in A&E...they also had this thing about them...it's also important for them to bring up and rise and train the next generation." (Interview 33, Private Consultant Pharmaceuticals) 5. Clearly defined roles and respect for all team members "SAS doctors are a big sort of **work horse of the team** and if we lost our SAS doctor on a rota, we'd be in trouble. So we **rely** on that tier a lot." (Interview 42, Consultant Emergency Medicine)

6. Continuity and experience of those in newer roles

"I have a really **good working relationship** with them [team members] and I find I really enjoy communicating with them. I get a lot of **respect** from them...I've got a decade of experience (Interview 17, Operating Departments Manager)



Barriers to effective teamworking





Silo

working

Key barriers

- 1. High service demands and work pressures
- 2. Power imbalances and negative hierarchy



- 3. Lack of inductions and support for those new to teams and organisations
- 4. Poor communication and leadership
- 5. Lack of appreciation and understanding of the needs of differing groups within teams
- 6. Equality Diversity and Inclusion issues



1. High service demands and work pressures

"You feel kind of like a slave to the system ...

...you've got to do everything you possibly can as fast as you possibly can to get **through** the workload." (Interview 10, GP partner)

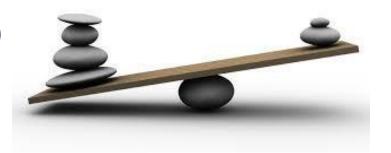


2. Power imbalances and negative hierarchy

"It does worry me sometimes because there have been occasions where there's been members of staff that haven't been able to speak up to a consultant surgeon...

... that's where errors have occurred and that always makes me panicky. "

(Interview 17, Operating Departments Manager)



"What we deal with on a day-to-day basis is the little **mini micro** teams that work (Interview 52, Consultant Surgery)

3. Lack of inductions and support for those new to teams and organisations

"I feel even in the UK **different areas** have different slangs that mean to them, so it took a while for me to **navigate** that and try to understand that communication **difference**" (Interview 13, GP trainee)

4. Poor communication

"Quite often even in our teams we **don't communicate** with each other which is quite bad...we have all of these **loose notes** and we don't put them in order either, we never know what is **actually happening** to a patient if they've been there for a really long time..." (Interview 11, FY2 in Surgery) 5. Lack of appreciation and understanding of the needs of differing groups within teams

"Because of the **reintroduction** of the specialist post, they [SAS doctors] are feeling a bit better... they are being **respected** in a way that initially they felt **everything** was **lost**. (Interview 39, SAS doctor)

6. Equality, Diversity and Inclusion issues

"I have been in situations where I've gone to get my colleague who has **a beard and is a man** and looks much older than me to help meit is amazing how much **gravitas** you get..." (Interview 5, FY2 ICU)



Key issues relevant to professional practice

Inability to speak up

Established / emerging roles

Interprofessional working

Referrals / communication across and within teams



Interventions suggested by participants UG / PG Education Automated Interprocesses professional and job design proximity Effective Teamwork Support: Induction, mediation, ongoing socialisation shadowing Early interventions

Where next for teamwork?



- 1. Teamwork in a changing workforce
- 2. Collecting and analysing data to link teamwork to patient outcomes
- 3. Focused studies are needed to further understand the domains of action for specific groups





Thank you for listening!

Report link:

https://www.gmc-uk.org/-/media/documents/teamworking---understanding-barriers-and-enablers-to-supportiveteams-in-uk-health-systems-106637377.pdf

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