

Individual Research Project Presentations Day 10th June 2024, Kent and Medway Medical School.

How can the NHS enhance its management approach and strategies to address the junior doctor retention crisis? A Systematic Review

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Abstract

Background: A reported analysis of scientific literature has identified the junior doctor (JD) retention crisis experienced by NHS hospitals and recognised by governmental bodies in the United Kingdom (UK). Organisations such as the British Medical Association (BMA) have actioned multiple JD strikes for pay restoration to highlight the detrimental impact of these shortages on the future of staffing and the attainment of patient-centred care in the NHS. The growing and ageing population of the UK has increased the management of chronic disease further pressuring NHS waiting times and availability of doctor appointments; with these JDs pivotal in first-hand patient care, this phenomenon has been exacerbated by these doctors leaving the NHS training pathways. Ensuring quality of care in the NHS is a significant concern, as is the sustainability of the future of this organisation. Hence, the research question was: “How can the NHS enhance its management approach and strategies to address the junior doctor retention crisis?”

Methods: A systematic review was implemented, and multiple databases were searched to collect literature for analysis. Databases included OVID and Google Scholar, as well as grey literature. Inclusion criteria: assessing interventions to recruit and retain medical professionals in the NHS, with a broader inclusion on staff retention strategies from various industries. Peer-reviewed English language papers within the years of publication 2008-2024 were screened iteratively in three stages, including titles and abstracts for the first screening stage. Eligible studies underwent the second screening stage, where the whole article was compared against the inclusion and exclusion criteria, and further suitable papers underwent Critical Appraisal Skills Programme (CASP) analysis. Finally, papers were categorised and the selected documents underwent thematic analysis using Delve software. One author conducted data extraction and thematic analysis.

Results: Twenty-three studies were eligible after the CASP analysis phase; six of these papers underwent thematic analysis to investigate the outcomes and success of implemented interventions. Delve software analysis generated 20 areas of interest, which were collated into five overarching themes. The themes were career development,

management/leadership, work culture, autonomy, and location. All codes were sub-grouped and cross-grouped within the overarching theme. The theme with the highest number of different codes was management/leadership. The theme with the highest repetition was career development. Total code occurrence in order: Career Progression ($n=19$), Management/ Leadership ($n=17$), Work Culture ($n=16$), Location ($n=7$), Mentorship ($n=6$), Engagement ($n=5$), Flexibility ($n=5$), Performance review ($n=5$), Pay ($n=5$), Doctors within management ($n=5$), Autonomy ($n=3$), Exit interviews ($n=3$), Training ($n=2$), PCC ($n=2$), Goal setting ($n=1$), Recruitment checks ($n=1$), Career clinics ($n=1$), HR Practices ($n=1$), Team orientated interventions ($n=1$), Gender ($n=1$).

Conclusions: This project reviewed and proposed the essential role and implementations of career progression opportunities and leadership practices within the NHS to address the JD retention crisis. The findings underscore the necessity for multifaceted, context-sensitive, and sustainably implemented strategies to foster a work environment conducive to professional growth and satisfaction. These strategies can significantly improve retention and satisfaction amongst JDs, with implications that extend through patient-centred care within the NHS.

Keywords: Junior Doctor | National Health Service | British Medical Association | Critical Appraisal Skills Programme | PRISMA

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