Recognizing the needs of doctors

Changing the Culture
About Me…

- Chartered psychologist (with dual accreditation in occupational and counselling psychology)
- Specialize in complex career counselling
- 1998-2008 Education Adviser with KSS Deanery
- 2008-Feb 2014 Head of Careers Unit, London Deanery
- Feb 2014 – Set up CPD
March 2018
Race   Gender

Disability  Physical health

Mental health  Sexuality

Religion  Age

Social class  Nationality
UK Graduate Doctors

The proportion of UK graduate doctors in training who identify themselves as BME is 31% (of those with a known ethnicity), the same as 2012.

In comparison with the latest census data for the UK population in 2011, which showed that 14% of the population in England and Wales are BME, doctors in training are much more ethnically diverse than the UK population.
39% of doctors on the register are International Medical Graduates (ie gained their primary medical qualification outside of the UK or the EEA).

Approximately 90% of these doctors are from BME backgrounds.
“You people blow people up”
“The first thing I became aware of in the UK was that I was a different colour. The second thing was that I spoke differently.”
“I was too shy and hesitant to get noticed…. Maybe my interest in medicine didn’t show”
“We have too many Asian girls in this medical school who are only interested in marriage”
Cardiff University Medical School

'RACIST, SEXIST AND HOMOPHOBIC'
Cardiff University medical student ‘blacked up’ and wore a large fake penis in impersonation of black senior lecturer in end-of-year stage show

Cops were called in after controversial comedy play about Dr T Jeff Allen

By AMANDA DEVLIN
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A MEDICAL student "blacked up" and wore a large fake penis to impersonate a university lecturer in an end-of-term play.

Cops were called in to investigate allegations of race hate when students portrayed Dr T Jeff Allen as a "hyper-sexualised black man".
Independent Review

Complaints Procedures
Support for Staff
Training in Equality and Diversity
Curricular Issues
Mentoring

Prof Dinesh Bhugra

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“What happens in medical school is a reflection of wider society.”

BMJ (2011)
Role Reversal:
Illness and Disability
Significant physical disability

Good progress through medical school and foundation

Good progress in core training apart from one rotation
Day 1

I don’t know why this was ever allowed…….
Doctor – Patient.
Psychiatrist Norman Straker writing about his experience of dissection

“I now believe that this frightening experience with no preparation began the unconscious defensive split between the patient and me. Cadavers, our first patients, were made very distinct from us, the healthy ‘immortal medical students’. Our defense against death ‘our specialness’ was being established”.
Professor Kieran Sweeney – BMJ 2009

Where one meets the most senior clinical staff, one is left with a sense of technical competence, undermined, with some notable exceptions, by a hesitation to be brave. Eye contact is avoided when one strays off the clinical map on to the metaphysical territory—I am a man devoid of hope—and circumlocution displaces a compassionate exploration of my worst fears.

Perhaps, as a doctor, I present an unusually severe challenge to fellow clinicians—I am too much like them—
Maslow’s Hierarchy of Needs

- **Physiological needs:** food, water, warmth, rest
- **Safety needs:** security, safety
- **Belongingness and love needs:** intimate relationships, friends
- **Esteem needs:** prestige and feeling of accomplishment
- **Self-actualization:** achieving one’s full potential, including creative activities

Self-fulfillment needs

Psychological needs

Basic needs
Have you taken your breaks today?

If you are Hungry, Angry, Late or Tired, think HALT and take a break.

- Healthier for you
- Safer for patients
- Better for everyone

Find out how you and your team can work together to HALT and take a break – visit the Showing we care about you pages on GT/i.
The demands of medical work

What helps to bear the load

Beyond the basic physiological needs and safety needs (which I haven’t addressed) also vital for doctors to feel that

a. They have the skills (and resources) to accomplish their work

b. There are others who they can turn to for support
Tentative Conclusions

1. Medical work is emotionally demanding
2. HALT makes it harder still
3. Feeling isolated, and/or that one isn’t up to the job can be particularly corrosive given the demands of the work
4. All doctors are likely to need additional support from time to time. Certain groups may need more than others if they are to thrive at work
5. These needs should be normalized and built into the structures of medical training and support