

Introduction

The delivery of high-quality respiratory care depends on the availability and competency of physiotherapists on the on-call rota. Currently, staff must complete an average of eight weeks in a respiratory rotation before joining the rota, limiting the onboarding of new staff to just 12 per year across the Cwm Taf Morgannwg (CTM) area. This infrequent recruitment cycle creates instability and risks uncovered shifts, potentially compromising patient care. Band 5 physiotherapists often experience anxiety and stress regarding on call especially if they are newly qualified or not from a respiratory background (1). To address these challenges, we propose a streamlined training programme that emphasises face-to-face training, incorporating initial self-directed e-learning, three days of in-person training, five mandatory sessions with the respiratory team, and shadowing support during the first two shifts on the rota. By enhancing operational efficiency and ensuring high-quality patient care, this initiative aims to create a more sustainable and supportive working environment for staff.

On Call Redesign Structure

Training Component

Details

- Initial Self-Directed E-Learning**
Participants complete e-learning modules prior to Face-to-Face training
- Face-to-Face Training**
3 days total: 2 days in classroom, 1 day in simulation suite
- Mandatory Sessions**
5 sessions on acute site with the respiratory team
- Shadowing Support**
First two shifts on the rota to be shadowed with support from a senior member of staff

Measurements

Our methodology assessed competency, confidence, wellbeing, and financial impact to evaluate the new on-call service strategy. Key areas included:

- Service Delivery Indicators:** Staff competence for the on-call rota, projected new joiners, and self-assessed competence levels.
- Staff Wellbeing:** Comparison of confidence and wellbeing between fast-tracked and traditional training, alongside qualitative feedback.
- Financial Analysis:** Cost comparison between the new and traditional training, focusing on potential savings or expenses from increased junior staff involvement in the rota.

Feedback

'Yes I would recommend the training programme to new graduates. It provides a solid foundation in respiratory physiotherapy, with hands-on experience through shadowing and on call shifts'

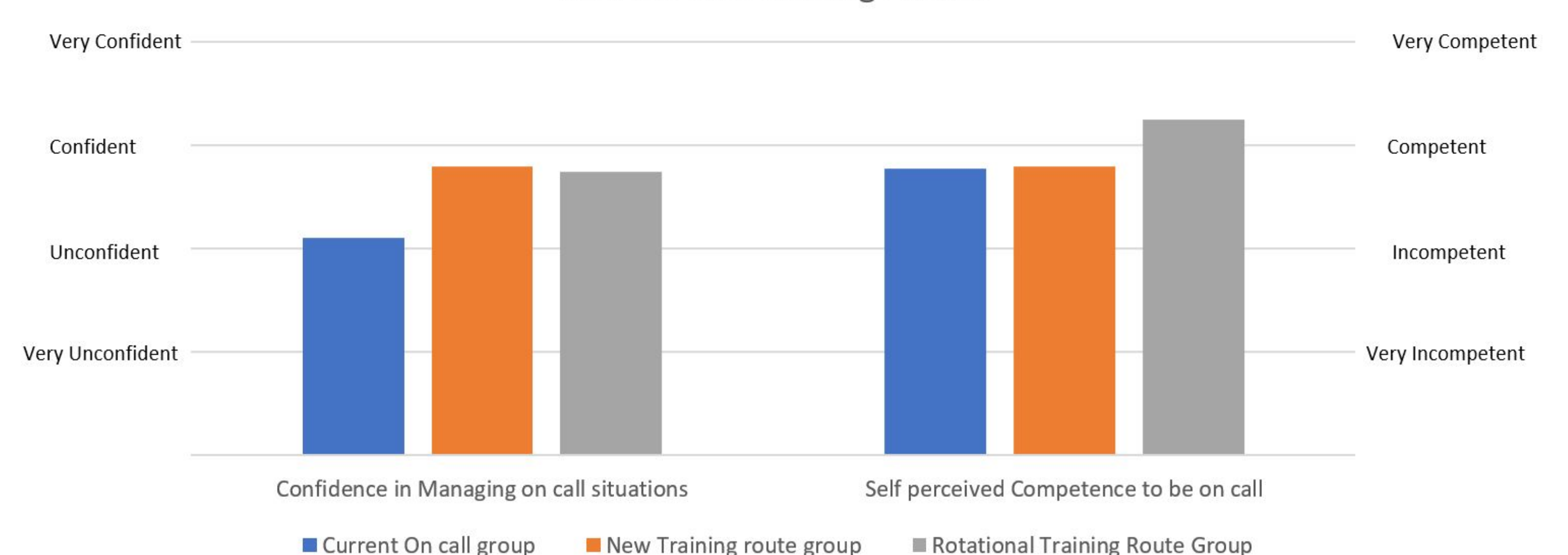
'Really enjoyed the first two days of face to face learning'

'Somewhat- very intense and more suitable for more confident new graduates'

'Yes. I feel like I learnt a lot during the face-to-face training days that was then cemented during the ITU sessions. I also feel that there was a lot of support from everyone involved in the training, including the people delivering the training and those who were supporting on shadow days'

Results

Comparison of key measures between Current on call group, and the two training routes



- Improvements in confidence and competence were seen at each stage of the service redesign. The most progress was achieved following the initial 3 days of face to face training.
- No significant change reported in stress and anxiety from pre-post training assessments. A slight worsening in anxiety and stress was identified following training completion which was likely due to the delay in starting on-call.
- Notably, the current on-call group reported the lowest levels of confidence and competence, while those completing the 8-week rotational training felt more competent than those in the redesigned training group.
- The rotational training group demonstrated lower levels of anxiety and stress. This highlights the need for more regular on call updates for all staff.

Financial Implications

Following the new training, junior staff now cover a higher percentage of shifts, generating cost savings. Group training for Band 5s has proven far more cost-effective than the rotational model, with training costs for 7 staff members totaling ~£30,975 for the rotational approach versus ~£6,077 under the redesigned on-call training.

Conclusion

The redesigned training proved effective, with 6 out of 7 trainees reaching competency, an increase from 12 to 19 new joiners compared to the traditional route. This model provided more respiratory-competent staff, enhancing care quality in on-call and acute rotations. Staff confidence and stress levels were comparable between groups, with improved upskilling and progression opportunities; 83% of trainees would recommend this approach. Financially, the new training demonstrated substantial cost savings by fast-tracking competency, resulting in small savings in on-call work delivery costs due to a higher number of juniors on the rota.