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The **RMBF** Newsletter

## New partnership for anaesthetist wellbeing

RMBF teams up with Association of Anaesthetists: specialty volunteers and new guide on the way

**The Association of Anaesthetists have been supporters of the Royal Medical Benevolent Fund for a number of years, so we were delighted when they approached us to discuss the formation of a new wellbeing partnership.**

We joined the Association at their Annual Congress in Glasgow this September to launch our partnership – the first of its kind for both the Association and the RMBF – and to begin our work together promoting better wellbeing and signposting of support for anaesthetists.

Anaesthetists are the largest specialty group in the NHS and have been described as the 'glue' of the organisation, with approximately 70% of hospital patients seeing an anaesthetist. Our latest survey of anaesthetists, which was launched at this year's Annual Congress, also indicated that they see themselves as being a very supportive group.

As Karin Pappenheim, CEO of the Association, puts it, "Anaesthetists work across so many areas of care and so the



*RMBF's Head of Fundraising & Communications, Sarah Stewart (left), and the Association's Head of Education & Membership Services, Nicola Heard, at the joint wellbeing stand in Glasgow*



**Association  
of Anaesthetists**

members of the hospital anaesthetic department are really well placed to spread the word to colleagues in the wider medical team."

More news on our partnership activities to follow, and if any anaesthetists might

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be interested in volunteering to help with the development of the programme, please get in touch with Kate Bresler-Jones, Volunteer Programme Manager, at [KBreslerJones@rmbf.org](mailto:KBreslerJones@rmbf.org).

# CEO update

Steve Crone | RMBF Chief Executive



**It is frequently and rightly said that today's doctors are working in a changing profession.** Some of those changes are positive:

advances in medical technology and research offer great potential for improved care, for example. Others seem less so, and the erosion of support structures for doctors and rising pressure are particularly concerning. But alongside these changes, there are also some aspects of being a doctor that remain the same, and have done so for generations. The hours are long, the work is highly skilled and difficult, and the emotional toll of keeping people well for a living is considerable.

## Always here for doctors in need

Fortunately, the support that the RMBF can offer when times are hard is another constant across generations. In over 180 years, our central mission to help medics and their families in times of crisis has not changed – only the way that we go about this in order to make the biggest positive difference.

Making the decision to offer a new form of support, or to improve what we already offer, is always done with great care to ensure it integrates with other aspects of our work. A prime example is DocHealth, the confidential psychotherapy service we support with the BMA. More than 600 doctors have now self-referred to the service, which offers help with issues including anxiety, depression and the risk of burnout.

Our role in the service, to ensure that doctors who would struggle to pay for it are covered, is a natural fit with our role as a benevolent organisation, and we're very proud of its continued success. We're also very pleased to welcome Professor Dinesh Bhugra as its new Chair – you can read our Q&A with him on page 4.

Our new Coach Mentoring Programme continues to make good progress supporting RMBF beneficiaries, including those looking to return to work following a period of ill health. Our first cohort of five Coach Mentors are now qualified and eleven beneficiaries have been helped by the service so far this year.

## Medical student work

Another newer area of support continues to show very positive results. Thanks to our cohort of Student Medical Liaison Officers, more medical students than ever are aware of the support we offer, and are taking that awareness, and the mindset of proactively supporting colleagues, into their careers as doctors.

The enthusiasm and insight of the students we work with is so important in guiding our work. Our Medical Student Advisory Group is playing a key role in helping us plan how to improve our online advice and support offering for students. And it was a pleasure to welcome several of them to the AGM and Volunteers' Meeting in September, where their input and experience was invaluable and refreshing.

## Some thank yous

Speaking of the AGM, I would like to say thank you to everyone who attended and helped us make it another successful occasion. In recent years I have been struck by how keenly attendees embrace the opportunity to give us their ideas, feedback and direction based on their own experience of the medical world.

I'd also like to say a thank you to the team at SwotUP in Belfast. They are a non-profit organisation with a mission to improve access to UK medical schools for all young people in Northern Ireland. They are also long-standing supporters of our work, fundraising for the RMBF via donations at their excellent courses.

This year, SwotUP raised over £1,000 in support of our work. It was a pleasure to say thank you in person to Mark Irwin and Ryan Flynn from the SwotUP team (pictured below), who are also Student MLOs, as they attended a presentation skills course at our Wimbledon office.

## What's next?

There is plenty in the pipeline to be excited about. We are developing our research project into levels of unmet need in the profession, and recent meetings with the GMC and other benevolent funds have been greatly helpful.

RMBF staff and trustees will be coming together for a strategy day in April, and I'm pleased to be able to announce the date and venue for our second ever Volunteer Conference. The first one, held in Birmingham in 2017, was a real success and confirmed to us the value of making this a regular undertaking.

Volunteers: the date for your diary is Thursday 2 April, and we'll be at the headquarters of the Wellcome Trust in London – who also keep the archive of our charity's historical records. I very much look forward to seeing you there.



# Doctors' wellbeing and the changing face of medicine

## RMBF AGM & Volunteers' Meeting 2019

**The RMBF AGM and Volunteers' Meeting remains a highlight of the calendar, bringing together staff, trustees, volunteers and special guests to survey the year's work, discuss the pressures facing the profession, and plan how the RMBF – and those we work with – can most effectively tackle these issues.**

Conducting the official business of the day were our President Professor Dame Parveen Kumar, Treasurer Professor Pali Hungin, Chief Executive Steve Crone and Chair Professor Michael Farthing. This included as ever the award of life membership to several of our long-standing volunteers. It is always a pleasure to celebrate those who, as Trustee Dr Ted Adams tweeted, "have worked tirelessly keeping doctors on the straight and narrow", and it is a real boon for the RMBF that we continue to benefit from their experience and enthusiasm.

The morning session continued with a presentation from Steve covering our 2018-19 work. In that period the RMBF saw year-on-year increases in the number of doctors and medical students we supported, the number helped back to work, and the total financial impact we made. New services such as Coach

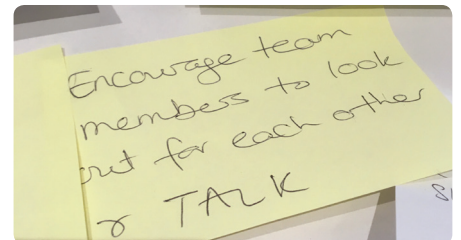
Mentoring and DocHealth continue to make good progress. Prevailing trends continue: many doctors who approach us are early in their careers (the majority under 40), and mental health remains the primary reason for turning to the RMBF. Following this was Michael with a strategic view of the charity's future plans. He noted that while we have made a significant impact, there is still more to do, and that it's vital we identify and pursue new opportunities to refine and strengthen our core work.

These trends were elaborated on with a presentation from Pali on the Changing Face of Medicine project, which he led during his recent tenure as President of the BMA. Sociological and technological developments in the last 20 years are having a profound impact on the art and science of medicine, argued Pali, with palpable but as yet poorly understood outcomes for doctors themselves.



To round off the morning session, the team were joined by Chair of DocHealth Professor Dinesh Bhugra (see page 4) for a panel discussion and Q&A. One emerging theme was how doctors and groups within medicine are and must be different – reflecting the evolving doctor-patient relationship, increasing complexity of medicine and technology, as well as the differences in approach and worldview between generations of doctors.

The day concluded with our Volunteers' Meeting, focused on generating practical solutions. Participants came up with specific actions that medics, organisations and the RMBF should take to improve wellbeing in the profession. These suggestions will inform and guide our future work – we've summarised some key themes and quotes from the session below.



## Key actions to improve doctor and medical student wellbeing

### 1. What actions can doctors and medical students take?

**Mental health:** "Create balance in your life through reflection ... don't neglect your social life, family or pets."

**Physical health:** "Take proper meal breaks ... attend a gym, yoga or meditation ... and get enough sleep."

**Offering and seeking support from peers:** "Encourage team members to look out for each other and talk ... find a trusted friend to share and discuss with."

### 2. What actions can employers and organisations take?

**Better facilities:** "Good occupational health, open and available ... provision of food 24 hours (not a machine)."

**Rotas and admin:** "Systems support for doctors to allow them to do doctoring ... flexibility in rotas to enable work-life balance."

### 3. What actions can the RMBF take?

**Raising awareness:** "RMBF details in monthly payslip ... reach responsible officers and appraisers ... MLOs at induction days."

**Campaigning:** "Promote a culture of mutual support – is your colleague in good health?"

**Resources:** "Face to face and telephone counselling ... careers advice and guidance ... wider use of website for information."



# Q&A: Professor Dinesh Bhugra

Professor Dinesh Bhugra CBE recently became Chair of DocHealth, and is a past President of the BMA. In 2018, Professor Bhugra launched the BMA's Doctors and Medical Students Wellbeing study, findings from which have informed the BMA's charter for mental wellbeing in the medical profession, released earlier this autumn.

## **What was it that prompted you to launch the BMA Doctors and Medical Students Wellbeing study?**

About 10 years ago, as President of the Royal College of Psychiatrists, we did an online survey of our doctors and the findings were quite disturbing. About 40% reported mental health problems of one kind or another, reflecting the stress that the medical profession has been under. However, we made the decision not to publish those findings, which could, at the time, have reflected badly on the specialty. So it had been on my mind for quite a few years. Then, as President of the BMA, I felt that only the BMA could carry out this kind of study as it is the only organisation that represents and supports the whole profession. That was one of the main reasons I pushed to get it done, and it was tough, but the BMA staff and officers came through.

## **What seemed to be the major causes of poor wellbeing amongst doctors and medical students who took part in the research?**

A lot of it is to do with the conditions in which people practice. It is not surprising that with rota gaps, there is a lot of pressure on people to work hard as it is. But it is also a very emotional time. Doctors are expected to be professional and not show feelings. Yet they are also expected to be compassionate and empathic to their patients – so it is quite paradoxical.

## **Were there differences in wellbeing indicators between different specialties in the study findings?**

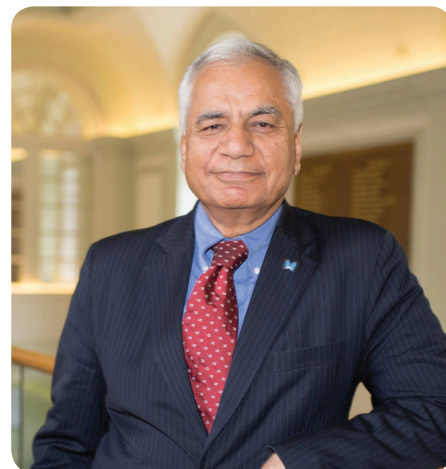
Within the qualitative part of the study, we only interviewed about 60 doctors and medical students so it wasn't really a sizeable enough sample to compare. We are however going to encourage the BMA to repeat the survey regularly, perhaps every 2 or 3 years, and maybe

include questions on specialty. There are also other variants which would be interesting, such as seeing whether people in teaching hospitals experience more or less pressure than people working in other clinical settings and general practice.

## **What do you see as being the major priorities following the release of findings?**

The biggest one right now is the Wellbeing Charter which the BMA has created and launched, which hopefully employers will sign up to. There are other things that the BMA is doing to keep the mental health of doctors at the forefront. For example, there was another charter last year where the Department of Health funded messes where junior doctors could relax. Now, the next step is to create something for medical students – and really push for medical schools to sign up for this.

We have just finished a survey of wellbeing of medical students in 12 countries and the rates of burnout are horrendous. Firstly, we need to know if it really is burnout, or whether it is something else which is being presented, as it is such high rates. And if it is anxiety and depression, then we need to tackle that as soon as possible, rather than waiting for something to go wrong. These findings are really worrying. All the data shows that medical students get help sooner than junior doctors, but there is a lot of variation across nations and geographical areas. We need to know more about geographical distribution, gender and ethnicity, so that suitable interventions can be put in place. It would be really interesting to do a comparison between medical, dental and law students. Has something changed in the education system or is it specialty focused?



## **From what you have seen so far, could part of the solution lie in medical education?**

I think part of it does need to be education on how to look after yourself. It is important that everybody looks after him or herself, yet nobody teaches you how. Many medical students have just left home and haven't established support systems yet – but are expected to just get on with things, and not complain. But circumstances have changed: patient expectations are very different today, and medicine is much more complex. There are things we need to be doing from the start to make sure medical students and the future generations of doctors are protected and know how to protect themselves.

## **As the new Chair of DocHealth do you think there is enough awareness of support that is out there for doctors at the start of their careers?**

With DocHealth it surprises me that there is such good work going on and that most individuals don't know about it. The speed with which doctors are assessed, taken on and supported is truly impressive thanks to the quick response and commitment of the clinicians who provide the service. The anonymous confidential nature of the service makes it ideal. I would also say the kind of funding that the RMBF provides, not just for DocHealth but for doctors with health difficulties, means the two go hand in hand. And the joint working between the RMBF and the BMA has been really impressive.

*Continued on page 7*

# "Things looked pretty bleak."

How your support helped Helen get back on track after her illness returned

**Helen had only just started her first Foundation Year training post when she suffered a relapse of Crohn's disease requiring extensive surgery. Without having time to build a financial safety net, she was not only faced with the prospect of significant time out of medicine, but also the impossibility of being able to support herself financially.**

When I first approached the RMBF, I had been in hospital for a few months and I knew I was going to need a prolonged period of recuperation. I didn't have any savings at the time as when I became sick I was just two months into Foundation Year 1. I didn't have anything I could fall back on, and was told I would need to take six months off work, which was terrifying.

As a newly qualified medic you aren't entitled to very much sick leave. And because I have a long-term illness, I couldn't get insurance. So when this happened, I was left in a really difficult situation. I didn't know whether to stay local to where my condition was being managed, or try to move home to my parents who live in another country. I felt very isolated.

While there is a huge amount of support when you are in hospital, once you get out of hospital that support isn't there to the same extent. Everyday issues that you haven't thought of while acutely unwell come to the forefront and it is



a challenge to figure out how to deal with them. I could turn to friends for a lot of things, but I couldn't ask them to support me for six months financially. For those first couple of years of working, I felt particularly vulnerable. There is more pressure, more stress, and you don't want to be seen to show weakness. When you have a chronic illness, it's not the kind of thing you want to talk to your colleagues or boss about. That reluctance to show weakness is often a Catch-22, as you can run yourself into the ground, often compromising your ability to do your job and return to work properly. You also rotate all the time making things particularly difficult. You don't really have anywhere to turn.

Fortunately, I was encouraged to contact the RMBF by a friend at just the right time. The charity was external, and not linked to anyone in hospital, so it was a safe space to talk about what was going on. The caseworkers were also really helpful, and took most of the major

pressures and worries away at a time when I wasn't able to deal with them properly. It was a really difficult time. Knowing that the RMBF was not only going to support me for the here and now, but also for at least six months of my recovery, really meant that I could focus on getting myself better with the realistic goal of getting back to work again as a trainee. I can't really put into words how having that security for a period of time made such a difference.

Even after restarting Foundation Year 1 the following August, I remember the charity making it clear that if I was to ever find myself in that situation again in future, I could always reapply for their support and there would be no need to feel that I was on my own again. It really felt like there would always be someone there who would listen, appreciate what you were going through, and be there to help you.

Thanks to the RMBF, I've been able to return to medicine and complete my foundation years – and now I'm training to be an anaesthetist. I still have a chronic illness, but I'm far better now. If I was ever in a similar situation again, I wouldn't feel scared to approach the charity for help.

It makes me feel much more supported in my day-to-day life just knowing the RMBF is there.

*Our grateful thanks to Helen for allowing us to share her story.*

"For those first couple of years of working, you are particularly vulnerable... you don't want to be seen to show weakness."





# Fundraising superstars

Catching up with our host of dedicated and passionate RMBF supporters, taking on tough challenges to raise vital funds for doctors and medical students in need



## The doctor is in! Dr Mike ends his round-the-world challenge

**On 26 October, dozens of friends, relatives and well-wishers congregated at Potters Fields Park by Tower Bridge to celebrate the return to London of Michael Nally, aka Dr Mike on a Bike.**

Over the course of eight months, junior doctor Mike (below, right) undertook a gruelling 18,000-mile pedal-powered journey around the globe to raise money for the RMBF and Mind. Aiming to raise £20,000, a brilliant fundraising push in the final weeks of the ride saw Mike and his fellow riders speed past the target. Their online fundraising total stands at nearly £23,000, with further donations still to be added to the total.

The epic trip was one of highs and lows. Cycling solo through India, Mike ran into mechanical problems, firstly needing to ship in a new wheel, then seeing his bike frame break apart. In danger of having to abandon the ride completely, Mike turned to his supporters, who rallied to crowdfund the cost of a new frame within hours of his plea.

Fortunately, the rest of the trip was much smoother sailing, aided by the company of fellow medics Charlie Holden (below, left), Tom Parsons and Will Southall who rode with Mike through the US, Canada and Europe back to London.

We'll be sure to catch up with Mike and share his reflections on the feat in a future issue. It has been a huge pleasure and a privilege to follow and support Mike's incredible voyage this year. Both the money raised and the spotlight the trip has shone on doctors under pressure are absolutely invaluable, and we're so grateful to Mike, his team, and everyone who was a part of this amazing ride.



## Sophie hits the Chester streets for marathon

**As an NHS defence lawyer with many medics among her immediate family, Sophie Grainger knows only too well the day-to-day pressures doctors face.**

That's why Sophie chose to lace up her running shoes and get training for the Chester Marathon on 6 October, running in support of the RMBF.

"Doctors are humans with families, mortgages, debts and emotional and psychological needs which are often neglected in the name of their vocation," said Sophie. "I know I want to be treated by a doctor who feels supported, safe and valued."

Things seemed touch-and-go for a while as shortly before the event Sophie was struck down with a heavy cold. However, after some rest and recuperation (and getting the all-clear from her GP!) she was able to don her stylish RMBF running vest and complete the 26-mile course.

We're proud to say Sophie more than doubled her fundraising target, raising over £600 to support doctors and medical students in need. Thank you so much to Sophie for her efforts and to everyone who donated!



# Seaside cycle success

**Two brave teams – with very little training time – got in the saddle and pedalled 55 miles to raise funds for the RMBF in the London to Brighton Cycle Ride on 15 September.**

Elizabeth Nally – Dr Mike on a Bike's sister – and her two friends, Sarah Hancox and Lizzie Kostev (pictured top) decided to cycle in solidarity with Mike, who was at that time biking across the US. Between them they raised a total of £750 to help support doctors, medical students and their families in hardship.

Alongside Elizabeth, Sarah and Lizzie, we also had a magnificent team of five from Remedium Partners (pictured middle and bottom) taking on the iconic ride through the Surrey and Sussex hills. Remedium Partners specialise in recruiting NHS

doctors into permanent roles from overseas, and have chosen to support the RMBF and Doctors of the World as their two charity partners.

CEO Philip Braham and Managing Director David Green were part of the 5-strong team, and were joined by Divisional Manager Chloe Cotter, Senior Consultant Spencer Bernstein, and Commercial Manager Oliver Jansen. Altogether, the team raised over £3,200 in support of the RMBF and Doctors of the World – a terrific result.

Charlotte and Joe from the RMBF team in Wimbledon were on hand at the finish line on Brighton seafront with well-earned goodie bags. Our grateful thanks to all our riders for taking part!



## Q&A: Professor Dinesh Bhugra

*Continued from page 4*

Most people go into medicine because they want to do good. If you stumble, but then have that support to get back to caring for patients and doing what you are good at, then that's really important. The fact that these doctors are receiving the help they need and getting back into work really is excellent for themselves, for the profession and for the NHS, and shows the model is working.

**What do you think is going to be critical to strong medical leadership within the NHS?**

Several things make a difference. Everyone needs to know that they should seek help when they need it. Doctors are human beings, and the only way we can look after patients well is by being well ourselves. People who have been through mental ill-health can be extremely empathic with patients and also effective because they have been through these things. But, for as long as there are fears of stigmatisation and problems coming back to bite you, there will be people who will continue to struggle by themselves.

In 2013, 23 Members of Parliament stood up and talked about their personal experience of mental ill health and it was a very powerful message. People in medical leadership positions have a real opportunity to make a difference, including those who have been through stresses and strains themselves. It is about creating spaces where it is safe to talk, and making it clear who to go to. For a start, there should be a Mental Health Champion in each trust or medical School who you can approach without shame or fear.

We need to look after our doctors, and make sure that confidential support is accessible and well signposted.

Robert Cartwright-Speakman, an SMLO at the University of Manchester, exemplified the progress we have made by organising a pub quiz in September for 400 medical students, with RMBF leaflets and other goodies distributed to everyone in attendance.

We're hugely grateful for the impact that Robert and our other SMLOs have made by running events and contributing to our Medical Student Advisory Group, AGM and campaigning activity. We look forward to sharing more of their fantastic work with you in future issues.

## Spreading the word through quizzing

**One of our newer programmes that has seen immediate success and impact is the creation of a Student Medical Liaison Officer volunteer role.** We have now recruited over 25 students, at medical schools across the country, to help raise awareness of the support the RMBF can offer in hardship.



*Above: med students pit their wits against rival teams. Below: Robert (centre) and friends enjoying the night*





# Donation form

## Your details

Title  Forename(s)   
Surname   
Home address   
  
  
Postcode   
Email   
Phone

## Contacting you

We will only contact you via the methods of communication you're happy with.

If you've already let us know your contact preferences, you can leave this blank - or check the relevant boxes to update your preferences.

Please confirm if you are happy for us to contact you via the following channels with information about our news, activities and how you can donate and support our work (including volunteering or fundraising on our behalf).

Your details will only be used by the Royal Medical Benevolent Fund – we will **never** give your information to other organisations to use for marketing purposes.

For full details see [www.rmbf.org/privacy-policy](http://www.rmbf.org/privacy-policy)

I'm happy to be contacted by:

- ☐ Email  
☐ Text  
☐ Phone  
☐ Post  
☐ None (unsubscribe from RMBF communications)

## I would like to make a one-off donation

☐ £25 ☐ £50  
☐ £100  £  Other  
☐ I enclose a **cheque/charity voucher** made payable to **RMBF**  
☐ I would like to make a donation by  
**MasterCard/Maestro/Visa/Visa Debit/Amex**  
Card no.   
Start date    Expiry date   
Issue no. (Maestro only)  Security code   
Signature  Date

## I would like to make a regular donation

Amount £  beginning on   
and ☐ monthly  
☐ quarterly  
☐ annually thereafter until further notice  
Bank name   
Bank address   
  
Account name   
Account number   
Sort code   
Signature  Date   
Payment to: RMBF, NatWest Bank, Regent Street, London, sort code: 56-00-27, account number 24465178. **This replaces any existing standing order**

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**Boost your donation by 25p of Gift Aid for every £1 you donate**

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

**In order to Gift Aid your donation you must tick the box below:**

**I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to the Royal Medical Benevolent Fund.** ☐

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

**Please notify the RMBF** if you want to cancel this declaration, change your name or home address, or no longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Please return forms to **FREEPOST RMBF** (no stamp required)  
or to **RMBF, 24 Kings Road, Wimbledon, London SW19 8QN** (stamp required)  
You can also donate online at **[www.rmbf.org](http://www.rmbf.org)** or by phone on **020 8540 9194**

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