RCPsych
Retention Charter

Self Assessment Guidance

Introduction

This self-assessment and improvement guide for the RCPsych Retention Charter is designed to help you self-assess your organisation's retention practices, using the tool/template provided alongside. The tool guide will identify areas of good practice, alongside areas where you may be able to do more to retain your psychiatric workforce. This accompanying document will then lead you through a process by which you can start to make improvements within your organisation.

Similarly to the retention charter, the self-assessment tool was developed by a diverse group of psychiatrists working across the UK, different stages of training, and different psychiatric sub-specialties.

We hope that organisations can build on their strengths and share good practice examples externally, whilst addressing any less developed areas of retention practice through a quality improvement framework.

Where to Start - Domains, Actions and Indicators, Recommendations

Firstly, ensure that you are familiar with the structure of the retention charter; knowing about and engaging with the different sections of the charter will make your task easier.

Domains	Actions & Indicators	Recommendations
The area of retention that you're trying to improve - there are 4 domains to the Retention Charter	How to progress through the maturity ratings - there are 16 actions each of which have 4 indicators	Provide guidance and examples of how to fulfil actions

These are the 'where', 'what' and 'how' of the retention charter. The domains tell you the broad area of retention that you are focusing on, actions and indicators tell you what needs to happen to progress through the maturity ratings (foundation, intermediate, mature) of the Charter, and the recommendations provide guidance and examples of how to fulfil actions.

Foundation	Intermediate	Mature
The basics - should already be in place or are easy to put in place	More than the basics - improvements made using feedback and projects	Exemplar - you have embedded feedback, improvement projects into your day-to-day

Once you understand the structure of the charter, you can undertake your first self-assessment.

Self-Assessment

The process of self-evaluation should be collaborative and meaningful with input from the different groups and grades of psychiatrists that you want to retain, and working across teams.

It is strongly recommended to identify one overall medical lead from the medical directorate alongside an HR/operational lead for this work.

Focused actions following self assessment

1. We recommend that once the evaluation is completed, you take a decision as to which domain you will first focus upon (see the guidance below).

2. Once you have decided upon the domain, have a look at where you were evaluated within that domain (Foundation, Intermediate, Mature).

3. Decide upon an action or actions to be undertaken within the appropriate level of maturity. For example, if you are rated at the 'foundation' level you may wish to first look at actions within that level that have not yet been completed. You may then start aiming towards implementing the 'intermediate' level actions.

4. Assess who needs to be involved in developing each action (e.g. a person, department, or team).

5. In collaboration with them, decide upon what steps need to be taken to fulfil the action and set a deadline.

6. Think about how any changes or new initiatives will be communicated to the relevant groups.

7. Plan how you will assess the effectiveness and impact of implemented actions.

Which domain and actions to focus on first

The evaluation completed by different groups should give you a good indication of where you need to start. You may wish to focus on the domain where most actions are rated at lower levels of maturity. For example, if most actions within domain 1 are rated at 'foundation' level but actions within domains 2-4 are rated as 'intermediate' or 'mature', you should initially focus on domain 1.

Next, look at each of the four specific actions within your chosen domain and decide which could be further developed. For example, if domain and action 1.1, concerning the availability and development of induction programmes, is evaluated at the foundation level, this means that you may have some induction materials/programmes in place but these need to be enhanced, more clearly sign-posted or need revising for different groups and transition points.

Goals and tasks

Next, you can decide upon an achievable goal. Our worksheet in Appendix 1 may help with this. It probably won't be practical and would certainly miss some important steps to aim too high at the beginning of your project. For example, going from the foundation to the mature level, in a short-time frame, will likely be unachievable.

In the example above, for domain and action 1.1, your goal might be to tailor your induction programmes to make them more individualised and to offer bespoke support for key groups, such as International Medical Graduates (IMGs).

Once you have decided upon an achievable goal, think about who within the organisation will need to be involved to complete this. For our example action 1.1, this may be your HR manager or team, Director of Medical Education (DME), alongside representatives from the groups for whom you want to enhance induction materials, as well as their managers.

In collaboration with that group, decide upon tasks that need to be taken to achieve your goal and allocate responsibility for completing these.

Ensuring tasks are time-bound

To ensure progression and keep momentum, it is essential that any tasks given in relation to actions from the retention charter have a timeline which includes:

- The completion of the task
- Revision and ratification by those you have involved
- Release of any changes including communication and publication/promotion

In terms of our example: You have decided that you want to create enhanced inductions for IMGs coming to work within your organisation. To do this, you want to engage with representatives from HR, the DME, IMGs or representative groups for IMGs within your organisation, and people who line-manage them. With that group, you revise your current induction materials. You assign a HR Manager, medical education representative, and an IMG to the task of creating content for a bespoke induction programme and give them 3 months to feedback to the group. You decide that feedback from the group should be completed in 2 weeks, after which content will be finalised within another 2 weeks.

When finalised, you share the final draft induction session/programme with the group for ratification within 1 week. You then ensure that it is sign-posted in appropriate places and that everyone involved knows of any new processes that have been developed. For this task, keeping it achievable and ensuring that the correct people are involved, a 6-month deadline might be reasonable.

Re-evaluation and progression

Use of the retention charter and associated evaluation tool is not just a one-time exercise. It is essential, for sustainable and continuous improvement, that it is revisited and that new projects emerge from any re-evaluations that are completed.
To determine whether tasks and actions have had the intended impacts, you should collect data to assess their effectiveness. For instance, in the example given about induction programmes, you could seek feedback from those involved in attending and delivering these programmes. This feedback might alert you to further improvements that could be made to make inductions more personalised and effective. These additional changes could then be implemented and re-evaluated in line with quality improvement methodology.

Looking at other data within your organisation may also help you to evaluate the effectiveness of your retention projects more broadly. You may want to look at data such as (this list is not exhaustive):

- Workforce numbers and retention rates of specific grades of Psychiatrists (SAS, LED, Consultant for example)
- Vacancies and time to fill SAS, Consultant and LED posts
- Wellbeing data such as overall sickness prevalence and burn-out
- Reports of bullying and harassment, their frequency and which groups are affected
- Overall staff satisfaction scores and data from the NHS Staff Survey
- Data from exit interview/stay conversations

Appendix 1:
One page evaluation summaries for each domain of the RCPsych Retention Charter

Domain: [1–4]

 Overall rating: □ Foundation □ Intermediate □ Mature

(Choose a global rating that reflects the average rating of all four actions within this domain)

 Top strengths (3): (Identify key areas where your organisation is excelling in relation to this domain)

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Key risks/gaps (3): (Identify key areas where your organisation's retention practices need to be developed in relation to this domain)

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…

Priority action/s | Owner/s | Due date | Expected impact: (Identify actions to help you address identified risks/gasps, then allocate responsibility and deadlines for completing these).

Evidence links: Policies, minutes, dashboards, surveys, data (List the data/evidence you have used to inform your self-assessment ratings and which data/evidence will be used to assess the impact of planned improvements to your retention practices).