

## Empowering Educators, Strengthening Resilience, Building Sustainability

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Throughout the history of the National Health Service (NHS) the clinical services and medical education have always been closely linked. 'The Medical Training Review call for evidence' was set up to conduct an extensive programme of engagement and listening to ensure that doctors, educators, patients and NHS leaders have the opportunity to shape the medical training in England for the future<sup>1</sup>. The outcome of the programme is awaited. Lord Darzi's review concluded that the NHS is in a critical condition, but the vital signs are strong; and set out a treatment plan including re-energising the workforce in order to raise productivity<sup>2</sup>. The three commonest words that NHS staff used to describe their experience were; challenging, tiring and frustrating. However, Lord Darzi's review also mentioned that the NHS workforce is characterised by an extraordinary depth of clinical talent and shared passion and determination the make the NHS better<sup>2</sup>. There have been a number of documents produced in order to improve health and well being of both the NHS staff and the patients including: 'The state of medical education and practice in the UK', 'Caring for doctors caring for patients'; 'How to transform UK healthcare, environments to support doctors and medical students to care for patients (GMC), 'Wellbeing of Doctors GMC'<sup>3-5</sup>.

The 'Wellbeing of Doctors' GMC report in 2019 described the main problems including the findings of the surveys, which suggested that half of the hospital doctors were considering leaving post in the next 5 years, 20% of medical trainers reported feeling burnt out to a high or a very high degree due to their work role and a third reported feeling unwell due to work related stress in past year<sup>5</sup>. A document titled 'The state of medical education and practice in the UK' describe findings of a barometer survey 2022 which showed that 25% of doctors were doing well and able to cope weekly, with 31% of responders reporting that they were struggling and were unable to cope weekly, and 31% reported that they worked beyond rostered hours weekly<sup>4</sup>. In 2019, there were 31% of doctors dissatisfied with their day-to-day work as a doctor compared to 43% in 2022. Conversely in 2019, there were 63% who were satisfied with their day-to-day work as a doctor compared to 50% in 2022. Similarly, the percentage of doctors of high risk of burn out have increased from 16% in 2019 to 25% in 2022<sup>4</sup>.

There are many positive aspects within the NHS. Nye Bevan the founder of the NHS mentioned that 'the NHS will last as long as there are folk with the faith to fight for it'. The interaction between medical education and the NHS is complex and requires constant work between the medical education teams and the medical education managers, the Guardian of Safe working, the finance directors and the clinical and non-clinical managers. Moreover, the roles of the clinical and educational supervisors are pivotal in delivering training to the Post Graduate Doctors in Training. The GMC research project titled 'Identifying Groups of Migrating Doctors' estimated that 43,000 doctors would say that they are very likely to move

to practice medicine abroad in the next 12 months<sup>6</sup>. The report mentioned that 25% doctors aged less than 40 years with a non-UK postgraduate Medical Qualifications were likely to move to practice medicine abroad in the next 12 months compared with 25% of the UK trained doctors<sup>6</sup>. The reasons provided included a deep discontent, system scepticism, burnt out, mobile career developments and open opportunities. A third of the doctors responding were concerned about the direction of the UK healthcare system and were dissatisfied with their working conditions. On a positive side, workplace conditions, pay, career development and perception of the health care system in the UK were perceived as important factors and issues for the UK to be in one of the best competitive positions in the world market for doctors.

There has been a long-term plan and strategy to increase the number of doctors trained in the UK. There is a workforce plan, which was set out, and which will result in training more doctors. This includes opening of new medical schools, which allowed for wider recruitment including that from traditionally under-represented backgrounds. In order to train doctors both at undergraduate and postgraduate levels there is a requirement to have an adequate number of medical educators and trainers. The Medical Leaders UK recommended that clinical trainers should be recognised and the educational teams should have a programme for recognising and valuing medical educators<sup>7</sup>. There should be a regular programme of professional development within each organisation for their medical educators. Education and supervision time should be appropriately recognised and remunerated. Every department should have an individual responsible for oversight of the learning environment. Maintaining

the learning environment is important and minimum standards should be set up for support of educators. There are important issues in relation to valuing kindness and civility, which support medical education. Medical education is valued both formally in the job plan as well as informally by learners of all ages.

There are training pathways including academic qualifications for educators<sup>7</sup>. There is also a need to allow for individuals interested in medical education to have designated training pathways. Many doctors in training are developing medical education skills. This could be through designated postgraduate medical education qualifications or through taking time to develop medical education skills through taking up educational roles or taking time to develop specific medical education skills. Fellowship programmes are one of the potential options for postgraduate doctors in training to develop additional educational skills. In Hull, we set up a programme of the 'Associate Medical Education Fellows' and appointed 5 highly motivated individuals. They have a shared mission to advance medical education, inclusivity and wellbeing. They set up a variety of diverse projects including teaching human factors, improving wellbeing, workplace and me (WAM) training, mapping the Foundation Year Curriculum and supporting international medical graduates<sup>8</sup>. The shared themes and lessons learned from their projects included feedback driven improvement, inclusivity and well-being focus.

Doctors in a training post are part of a designated postgraduate training programme, which has clear outcomes and expectations, planned rotations, a supportive network of colleagues

and trainers, community of belonging, access to free resources such as coaching and opportunities for an out of programme experience. Doctors who are not in a training post may lack some of these aspects of training. However, it is important that the organisations provide education opportunities to all doctors. All clinicians deserve to have similar opportunities and a supportive environment to develop professionally and achieve their goals. There are projects set up that allow for doctors in non-training posts to have supportive educational strategies. These would include having an allocated clinical supervisor, exposure to all aspects of their specialty, engagement in supervised assessments, access to e-portfolio, protected teaching time, leadership opportunities, quality improvement projects and support in training applications.

There are over 1700 General Practice (GP) registrars in 15 schemes across the Yorkshire and the Humber with 142 GP Registrars in Hull and East Riding who are on a three year training programme, which is composed of six-monthly rotations of which 12 months is spend in hospital and 24 months in General Practice. There are many GP registrars in less than full time training posts. General Practice (GP) training for GP registrars can be challenging in secondary care settings. Over the recent years there have been expansion in the GP registrar posts. The length of training is shorter at 3 years. The selection process is competitive and relies on a structured assessment. There are specific aspects of GP registrars training such as the new curriculum, e-portfolio and the training programme. The complexities of the training programme include placement and their management, half day release for training, blended learning, in contact posts. There is long-term workforce planning which would rely on the

steady increase in GP registrars' posts . In addition, to the UK graduates there is a proportion of international graduates who are in GP training posts. There is a structured system in place, which supports GP Registrars who are international medical graduates and who have never worked in the NHS. These trainees have access to specifically designed enhanced support which is funded by the NHS. This programme includes linguistic support, simulation training in medical emergencies, GMC welcome to UK practice, consultation and communication skills. There is a competition for places, which drives the standards and diversity of the workforce. The selection process relies on the Multi-Specialty Recruitment Assessment (MSRA) exam and there is a ranked choice of training scheme and rotation<sup>9</sup>. The applicants should have at least 2 years of clinical experience and all Foundation year 2 competencies signed off. Entry standards of MSRA results are high.

There is a new GP Curriculum coming on the 1st of August 2025<sup>10</sup>. It will include new clinical topics, new super condensed guides, new 'Becoming GP' guide, new programme descriptors, development of generalist skills and blended learning. There are new requirements for outpatient exposure, multidisciplinary team working and learning, self-direct learning and work based assessments. Secondary care posts provide GP registrars concentrated exposure to conditions, which would have taken years to see in general practice. The posts should be grounded in capabilities that apply to general practice. The posts should provide appropriate out patients and community outreach experience. However, GP registrars are not training to be hospital doctors, their learning requirements are unique to general practice and their training needs must be considered. Each GP Registrar has a half day regional teaching

including scheme teaching, School of General Practice teaching as well as bespoke sessions including exam preparation, intensive consultation skills and special interest courses. There are designated quality requirements based on 17 explicit standards. There are specific requirements that GP Registrars' clinical supervisors need to be aware such as personalised learning plan, requirement that at least one of the work based assessments to be completed by their clinical supervisor and that the clinical supervisor completes their clinical supervisor's report. The clinical supervisors if required may need to access the GP Training Programme Directors in case there are any issues or concerns.

GMC support includes regional and national outreach, which help to understand the role of the GMC. There are number of documents such as 'State of Medical Education and Practice in the UK', 'Good Medical Practice' and 'Our vision for the future of medical education and training' that the GMC has produced<sup>11-13</sup>. The number of UK graduates joining the GMC has increased by 5% since 2022. In 2023, 63% of doctors joining the GMC were no-UK graduates. The national GMC survey has revealed that of the trainees who completed the survey, 27% experienced micro-aggression, 28% heard insults or inappropriate comments and 12% said that they were intentionally humiliated<sup>14</sup>. In 2023, 53% of doctors reported being satisfied with their day to day work. The GMC document 'Supporting a profession under pressure' describes important aspects of professional behaviour<sup>15</sup>. This is further described in the Good Medical Practice document, which states that Good Medical Practice should be in the heart of UK healthcare through the set standards and professional behaviour expected of all medical professionals<sup>12</sup>. Patients should be able to trust medical professionals and medical

professionals should make the care of patients their first concern. There are four domains, which form foundation of Good Medical Practice including trust and professionalism, patients' partnership and communication, knowledge and skills and development and colleagues, culture and safety<sup>12</sup>. The five key themes of Good Medical Practice 2024 include creating respectful, fair and compassionate workplaces, promoting patient centred care, helping to tackle discrimination, championing fair and inclusive leadership and supporting continuity of care and safe delegation<sup>12</sup>. 'Good conversations; fairer feedback'; a qualitative research study into perceived impact and value of feedback for doctors in training GMC document discusses the issues related to good feedback<sup>16</sup>. Feedback forms important aspects of professional work of medical professionals. The effects of unfair or poorly delivered feedback can result in damaging confidence, avoidance that may result in missed training and fear of asking for help and support. The feedback should be confidential, respectful, non judgemental and well prepared in a private space. This can be achieved by changing 'giving and receiving feedback' to 'feedback conversations'. Feedback and reflections should be carried out together. Trainers should mentor trainees with protected time for regular feedback conversations. All doctors should reflect on feedback skill and discuss this at appraisals.

A new novel assistant psychologist pilot programme was introduced in our institution to increase the support for Resident Doctors from Medical Education Centre (MEC) and Staff Support Psychology. The aim of the pilot programme is to raise awareness of psychological support, provide easy direct contact, and provide information/education about psychological



issues pertaining to Resident Doctors. Doctors face many challenges including high workload, emotional and mental stress, lack of time for self-care, fatigue, burnout and difficulty navigating wider systemic issues<sup>17,18</sup>. The Care Under Pressure report conducted on this specific trust was discussed, particularly the outcomes pertaining to wellbeing where doctors did not know what support was available and support systems were not designed to be feasible in practice<sup>17</sup>. The report also discussed the psychological safety in accessing in-house services, leaving wards to access appointments or disclosing to managers. The avenues for both internal and external support were discussed as well as taking the opportunity to garner feedback from what attendees might find useful, therefore involving doctors to have a say on shaping wellbeing interventions.

In conclusion, medical education forms an important aspect of the NHS. Medical educators form a pivotal role in medical training. There are number of systems in place within the NHS that allow for delivery of high standards of medical education at both undergraduate and postgraduate levels.

## References

1. Medical Training Review – call for evidence.  
<https://www.engage.england.nhs.uk/survey/medical-education-programme-review/>
2. Independent investigation of the NHS in England. Lord Darzi's report on the state of the National Health Service in England.  
<https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>
3. Caring for doctors caring for patients; How to transform UK healthcare, environments to support doctors and medical students to care for patients (GMC) 2018 [https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients\\_pdf-80706341.pdf](https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients_pdf-80706341.pdf)
4. The state of medical education and practice in the UK; Workplace experience GMC 2023.  
<https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk>
5. Wellbeing and Retention of Doctors GMC report (2019) [https://www.gmc-uk.org/-/media/documents/somep-2019---chapter-2\\_pdf-81119428.pdf](https://www.gmc-uk.org/-/media/documents/somep-2019---chapter-2_pdf-81119428.pdf)
6. Identifying Groups of Migrating doctors 2023. <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/identifying-groups-of-migrating-doctors>
7. Medical Education Leaders. <https://mededleaders.co.uk/resources/>
8. The Workplace and Me (WAM) Foundation Year 2 Mandatory Day.  
<https://www.maxcourse.co.uk/yhlsfd/guestCourseListCourseDetails.asp?cKey=324>

9. Multi-Specialty Recruitment Assessment (MSRA). <https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/multi-specialty-recruitment-assessment-msra>
10. GP Curriculum. <https://www.rcgp.org.uk/mrcgp-exams/gp-curriculum>
11. State of Medical Education and Practice in the UK. <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk>
12. Good Medical Practice. Professional Standards. <https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice>
13. Our vision for the future of medical education and training. <https://www.gmc-uk.org/education/standards-guidance-and-curricula/position-statements/our-vision-for-the-future-of-medical-education-and-training>
14. The national GMC survey. <https://www.gmc-uk.org/education/how-we-quality-assure-education-and-training/evidence-data-and-intelligence/national-training-surveys>
15. Supporting a profession under pressure. [https://www.gmc-uk.org/-/media/documents/somep-2019---chapter-1\\_pdf-81119234.pdf](https://www.gmc-uk.org/-/media/documents/somep-2019---chapter-1_pdf-81119234.pdf)
16. Good conversations; fairer feedback. <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/good-conversations-fairer-feedback>
17. Carrieri D, Briscoe S, Jackson M, Mattick K, Papoutsis C, Pearson M, Wong G. 'Care Under Pressure': a realist review of interventions to tackle doctors' mental ill-health and its impacts on the clinical workforce and patient care. *BMJ open* 2018 8(2), e021273.

18. Kinman G, Teoh K. (2018) What could make a difference to the mental health of UK doctors?

A review of the research evidence. Technical Report. Society of Occupational Medicine &

The Louise Tebboth Foundation.