

Associate Medical Education Fellows Project

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In July 2024, an 'Associate Medical Education Fellows' programme was developed and established in order to support the postgraduate medical education and training. Following the selective interview process, 5 postgraduate medical trainees were appointed, from a various specialties including Foundation Year 1, General Practice, Psychiatry as well as the higher medical, surgical and anaesthesia training programmes. All the Associate Medical Education Fellows underwent an induction programme. Prior to establishing the programme, a designated induction was developed, which included the introduction to the team members as well as description of available education and research projects together with the list of the educational supervisors. In addition, a number of projects were established covering topics such as doctors in training 'well-being', support programme, International Medical Graduates, development and delivery of weekly Foundation Year 1 teaching programme, surgical skills training and the development of a Group wide Resident Doctor Induction package.

One of the projects that was undertaken was based on the improvement of Foundation Year 1 weekly teaching. This project started with the initial assessment and review of the available teaching in order to map all of the teaching topics in the current schedule against the Horus

Foundation Year 1 portfolio curriculum. This allowed for identification of all the areas already covered by the teaching. In addition, it allowed for identification of the gaps of which there was only one in relation to the outcome 10 of the Horus 'e-Portfolio' curriculum namely: teaching the teacher. In order to address this, available resources were assessed and an action plan was established, which was delivery of this specific topic with the help of the Hull York Medical School and to inform the Foundation Year 1 doctors of the teaching opportunities that may be available to them, as well as points of contact for organizing further activities with the medical students. In addition, a feedback system was designed, which allowed us to evaluate the feedback from the Foundation Year 1 trainees. The review of the feedback identified that the main concern was the low engagement in providing feedback each week. Therefore, an updated system was introduced based on the review of the feedback and streamlining the feedback forms in order to encourage better engagement. In addition, as based on the informal feedback received from the Foundation Year 1 trainees', additional modifications to the training program were introduced. These changes resulted from the evaluation of the survey, which allowed us to determine the adjustments required. Furthermore, possibility was assessed of incorporating some of the teaching already delivered as part of the School of Generalism. Another project within the Foundation program explored the development of a 'Psychiatry Bridging the Gap' day for the region for the next Foundation Year 2 doctors. This was explored through collaboration with the Community Psychiatry team and involved an initial assessment of the number of the trainees who were interested in additional psychiatry teaching followed by development of the formal program for a one day teaching.

Another project undertaken by the Associate Medical Education Fellows included work to develop and expand the support available for the International Medical Graduates (IMG). Firstly, the main focus was to identify key challenges faced by the IMG followed by the development of resources, and implementation of structured events to facilitate a smoother transition into the NHS. One of the important aspects of this project was to design and organise a successful IMG Conference¹. The content of the IMG conference included the following aspects: NHS structure helping to understand the roles, responsibilities, and workplace expectations, medical indemnity and handling complaints with legal aspects and practical approaches, portfolio building and career development, which addressed guidance on training pathways, continuous professional development, research and audit opportunities as well as understanding of the exams system. In addition, topics were covered of 'well-being' and support systems including managing stress, accessing mental health resources, and work-life balance, success stories and peer guidance, which included insights from experienced IMG doctors who have navigated the system successfully. The event received a very positive feedback, with attendees highlighting the practical value of the sessions.

In addition, the project assessed other aspects related to the IMG doctors. These included establishing of the structured database, educational and 'well-being' support, improved communication with the IMG doctors as well as training activities for the IMGs doctors. Moreover, a designated 'Induction Programme' was developed for the IMG doctors, which provides information on the important aspects of our organisation as well as how to gain

required information and support. The 'Induction Programme' specific for the IMGs doctors is essential in supporting their transition into the new healthcare systems, improving their clinical skills, and enhancing their ability to adapt to different cultural and professional environments. As the IMG doctors join at various times of the year, the 'Induction Programme' should cater to this and should be in addition to the mandatory trust induction. The 'Induction Programme' specific to the IMG doctors should focus on the clinical knowledge, cultural adaptation, and practical guidance. The IMG doctors' specific 'Induction Programme' also provides an opportunity for interactions on a more individual basis and addressing different issues faced by the individual IMG doctors.

There is also ongoing work undertaken in order to establish an IMG doctors forum, which would establish a regular meeting space for the IMG doctors to discuss challenges, share experiences, and seek guidance as well as to establish a platform to deliver relevant teaching sessions on topics requested by the IMG doctors. Another project was to establish and develop an IMG doctors Support Group in order to provide an accessible network of the IMG doctors to offer advice and mentorship and to help with the common adjustment challenges such as communication barriers, workplace expectations and serve as a point of contact for the new IMG doctors to feel supported from their first days in the NHS. Based on this project a number of potential future developments were identified including how to establish consistent schedule and participation strategy and long term sustainability, continuing projects to enhance the 'Doctor's Toolbox' application through addition of recorded sessions, guidance materials, and frequent asked questions section to make the resources easily

accessible, exploring mentorship programs based on partnering with the experienced IMG doctors and the UK-trained colleagues to create structured mentorship opportunities for new IMG doctors, working with clinical supervisors and rota coordinators to explore solutions for the IMG doctors struggling to attend the educational events. The 'peer support' is a critical element in helping the IMG doctors to thrive both personally and professionally. It offers a safe space for sharing experiences, learning from one another, and navigating the various challenges that come with integrating into a new healthcare system. The strength of these peer connections often turns what could be a solitary and difficult journey into one that is more manageable and fulfilling. Overall, significant progress has been made in providing structured, practical, and accessible support for the IMG doctors with the IMG Conference being a key milestone, and with other projects being undertaken in order to further strengthen the IMG doctors' engagement and professional development. Teaching sessions are very important for any trainee helping them with their profession. The designated regular teaching for the IMG doctors is of a particular importance and this can be organised through the collaboration with a number of clinicians and can be enhanced by encouraging the IMG doctors from the neighbouring hospitals to join in.

Another project undertaken by the Associate Medical Education Fellows was based on the support of the 'Workplace and Me' days training sessions, which are part of the educational programme. The structure of the day and the interactive elements of the training session were evaluated and modified. Moreover, reflective practice and group discussions sections were standardised. This allowed the Associate Medical Education Fellows to have more

autonomy to facilitate the training sessions and to develop organisational and leadership and mentoring skills. Another project that was developed was in relation to organisation and development of the vascular skills based on simulation training. The course was developed by one of the Associate Medical Education Fellows and involved ultrasound guided cannulation, ankle brachial pressure index (ABPI) measurements, knot tying and suturing. The course was aimed at doctors in training and received a very good feedback. The participants reported improvement in knowledge and confidence. The improvements were particularly noted in ABPI and knot tying².

The Associate Medical Education Fellows were also involved in a number of 'well-being' projects. Those projects were supported by the clinical psychologist. The work involved development of an induction document for doctors with information about the local area, as well as a range of support services. Resident doctors in the UK face significant challenges impacting their well-being. As of 7th of August 2025, the General Medical Council (GMC) reported only modest improvements in doctoral doctors' 'well-being', whilst many still feel unable to advance their careers due to excessive workloads, competition for posts, and insufficient senior support, all linked to higher burnout rates and lower satisfaction. The Royal College of Physicians 'Next Gen survey' revealed that just 44% of resident doctors are satisfied with their clinical training, citing poor supervision, rota gaps, limited access to outpatient and procedural experiences³. The Royal College of Physicians also noted that only 39% felt able to progress as they wish, and 33% intend to leave the UK, with nearly half attributed this to burnout or concerns about their well-being. Compounding these issues, doctors in training

report high stress levels, disruptions to family life due to frequent rotation, and a high risk of burnout. Initiatives that offer flexible training less than full time options and supported return to training modules are being rolled out to bolster well-being and retention. Additionally, charities like 'doctors in distress' provide vital peer support to combat burnout mental health crisis among healthcare professionals.

In conclusion, the Associate Medical Education Fellows programme was introduced to provide doctors in training with further experience in postgraduate medical education. The individual doctors appointed into the Associate Medical Education Fellows programme delivered a number of medical education related projects. Moreover, they acquired leadership and organisations skills as well as additional knowledge and more in depth understanding of the issues in relation to the postgraduate medical education. Based on our experience we are planning to extend the Associate Medical Education Fellows programme in the future.

References

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