

## Autonomy, Belonging, Competence: Excellence in Junior Doctors Training

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The annual Hull Education and Training (HEAT) event 2022 commenced with an opening address by Chris Long, Chief Executive and welcome by Professor Makani Purva, Chief Medical Officer. This year's event was called ABC- excellence in junior doctors training, the ABC acronym coined from Professor Michael West's elements of compassionate leadership- autonomy and control, belonging and competence [1](#).

The first speaker was Professor Colin Melville Director of Education and Standards, GMC- and previous director of Medical education in Hull Teaching Hospitals who focussed on fairer training cultures. The issues of autonomy, belonging and competence were covered during his presentation. Professor Michael West described workforce crisis in the NHS and discussed the importance of the working environment and the relevance of autonomy, belonging and competence.

Autonomy is having some say over our own behaviour and outcomes. When the need for autonomy is not met, people feel unhappy and disengaged. The challenge within the NHS is to make sure that everyone has a voice and influence in developing services and management of their organisations. Belonging is defined as a desire for close relationship, and acceptance by the group, whilst competence involves developing new skills and showing that we have the ability to perform, and perform well. Our competence reflects our desire to have a positive effect on the work environment. The important aspects of competence within the NHS is the right environment. Competence is more likely to be achieved when workloads do not exceed the ability of staff to deliver high quality, safe and compassionate care.

The GMC Good Medical Practice 2013 document describes professional values and behaviours [2](#). At present the GMC is working on an updated version of Good Medical

Practice for release in 2023, which will cover a number of additional issues. Topics including tackling bias and discrimination will be an important aspect of the revised Good Medical Practice document. Promotion of fairness and inclusion in health care are other important issues to be addressed. Good medical Practice 2023 will also cover aspects of partnership working, decision making and communication with patients. This will encompass team working, leadership skills and inter professional boundaries. This document is complemented by the GMC Leadership and Management for all doctors . It discusses strengths and opportunities to develop and enhance leadership skills including the use of the existing guidance, drawing on the Good Medical Practice GMC document and utilising the resource to compliment this [3](#).

There is a wider social context, for example there is evidence that people from a Black and Ethnic Minority (BAME) background living in the US often face disadvantages in society such as poorer life chances/opportunities and experience. Other disadvantages including access to healthcare and education, and prejudice have also been noted. In the UK 2% of NHS Trusts have a BAME chair, 16% of BAME NHS staff report discrimination, and they are almost twice more likely to be disciplined or referred to employer professional regulator [4](#). Similarly, there is evidence that attainment is predicted by personal demographics including BAME, overseas graduation, and more deprived socio-economic background. This includes the Annual review of Competency Progression (ARCP) outcomes, recruitment and exam results. The national data suggests difference in specialty exam pass rates [5](#). Fairer training cultures will cover recruitment and selection, support for trainees personalised learning, more inclusive training environment, support and approval of trainees, data and evidence for change and curricula and assessments. This will aim to address systemic and cultural issues, strengthen regulatory oversight, and address the attainment gap. The GMC set up a trajectory looking at 2021-2022 to develop standards, 2023-2024 to embed policies and pilots, and 2025-2031 for evaluation of pilots and scaling up.

Caring to Change; How compassionate leadership can stimulate innovation in health care monitoring and evaluation of impact and refinement document discusses the issues of whole system redesigning, empowering teams to innovate, nurture continuous development, ensure enablement of leadership and culture throughout the NHS [6](#). This can be more likely achieved through putting compassion as a core cultural value through attending, understanding, empathising and helping. This can also be addressed through establishing the right learning environment and ensuring a culture safe for patients as well as supportive from learners and educators.

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## **You Ok Doc? Ambassador A Human Touch: Supporting Doctors Mental Health**

Dr Wendy Morgan, Psychiatry Specialist Registrar .

Sadly there is increasing evidence of rising issues of mental illness amongst doctors. Harvey et al reported that overall around a quarter of doctors report increasing symptoms of mental illness, at some time in their career with female doctors being at higher risk of suicide <sup>7</sup>. The authors suggested an evidence based framework that would show how individuals and organisational interventions could be applied within the health system in order to protect the mental health and wellbeing of doctors. One such an example would be the Lorna Breen foundation, an organisation supporting doctor's mental health, named after this doctor who died by suicide. In general, doctors are required to take care of themselves in order to take care of their patients. There is evidence that doctors ignore their needs. There are also barriers such as stigma attached to mental health resulting in doctors not obtaining help early and the nature of how mental illness can present. Other contributing factors include blame culture and potentially damaging focus of resilience. The GMC document 'Caring for doctors caring for patients highlighted the importance of doctors' wellbeing and possible deleterious effects of the workplace stress affecting the quality of care for patients and doctors' health <sup>8</sup>. The aim therefore should be for the NHS to become a model for creating workplaces that support doctors and other healthcare staff through promotion of mental health and wellbeing. On an individual basis a human touch approach based on self-care, communication, civility, compassion, community, strength and vulnerability is needed. The system should be based on the principles that the prevention is better than cure, ensuring that basic needs are met, modelling good boundaries and behaviour and ensuring access to support. There are certain aspects that may represent early warning signs of mental problems such as losing ability to self-care, being a potential a red flag of burnout. The lessons from Covid 19 pandemic have highlighted the importance of taking annual leave and staying at home when sick,-wellbeing is not the afterthought and that the systems cannot be corrected by doctors 'breaking themselves'. Good levels of communication play an important role in maintaining wellbeing as this may result in doctors

seeking help early. In the context of junior doctors training and educational supervision, mentors and supervisors should be prepared to act on early signs of distress and be open to having difficult conversations. Good communication may also be reflected through empathy, listening, holding space, withholding judgement, and emotionally connecting. This could be achieved through verbal or written acknowledgment or feedback such as thank you notes.

Civility and respect is about how to treat each other at work. There is evidence that incivility may effect the working environment. Incivility the facts campaign highlights that if someone is rude 80% of recipients lose time worrying about rudeness, 38% reduce the quality of their work, 48% reduce their time at work, 25% take out on service users. Similarly, the NHS has provided information on civility and respect recognising that in highly pressurised NHS systems, behaviours of incivility, disrespect, undermining and harassment can be observed and clearly stating that rude and unkind behaviour can have negative effects on both staff well-being and patient care. Moreover, it is stressed that this uncivil behaviour is unprofessional and unacceptable . For this reason NHS England and NHS Improvement introduced the national civility and respect programme, which aims to support [9](#) .

Professor Michel West provided some thoughts on compassionate leadership highlighting importance of the leaders to be able to listen to those they lead, arrive at shared (rather imposed), understanding of the challenges. Similarly the leaders should offer empathy and support [10](#) . The wellbeing issues would also be strengthened through peer support such as the 'Buddy' system, mentoring as well as education and sign posting. The strength in vulnerability allowing for learning from those who share their story .

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## Academic Training

Professor Matthew Morgan, Deputy Dean and Professor of Renal Medicine and Medical Education, HYMS .

Professor Morgan gave an overview of his interpretation of academic training . Clinical Academic is defined as a qualified healthcare professional who also works in academia typically research, teaching or both. Typically clinical academics may spend time divided between treating patients, conducting research and training the next generation of clinicians. During the clinical academic career there is constant balancing between clinical and academic work with periods when clinical work may increase and periods when academic work takes more priority [11](#) . The teaching component of academic work may include undergraduate teaching as well as post graduate teaching. The academic clinical comes from all the aspects of clinical work both in hospital settings as well as in General practice. There are many benefits of clinical academia. The research undertaken drives the advances in knowledge, new treatments, providing a safer clinical environment with better outcomes, and leads to innovation and potential future benefits. Many academics are involved in teaching, which again has a number of benefits. This aspect of clinical academia may be strengthened by gaining further postgraduate educational qualifications . When looking at the demographics, the numbers of clinical academics has shown some fluctuation. Physicians seem to have the largest proportion of clinical academics, however other specialties are well represented . There are many personal benefits of being a clinical academic . Being a clinical academic is variable and interesting, it adds additional facets to doing clinical work, it may result in improved outcomes for patients, and it is both interesting and challenging.

The pathways for becoming a clinical academic may vary. The Clinical Academic Careers Framework provides the overarching structure to develop the clinical academic workforce. The Clinical Academic Careers Framework [12](#) helps to develop a workforce that embraces research and innovation and supports clinical academic careers for health professionals. The National Institute for Health and Care Research aims to fund and deliver world leading health and social care research that improves health, well-being and

promotes economic growth. National Institute for Health and Care Research provides valuable funding towards clinical academic research. The career pathway can commence with Academic Foundation Programme, which may be followed by Academic fellowship and Clinical Lectureship. The senior academic clinical positions include Senior Lecturer, Senior Clinical Fellowship, Research Professorship, and Consultant with Research Interest.

So what advice can be given for getting into research?

Firstly, do not be afraid to get involved with research. There are a number of clinical academics who may be able to help. Clinical academics usually undertake a formal period of training such as intercalated degree, the above described structured training, period of out of programme MD, PhD, MSc. There are other options such as hospital funded research posts or Medical School Funded research. The research and clinical academic work requires planning, collaboration, and working towards securing funding. Therefore persistence is of importance. There are mentoring programmes for clinical academics such as the Mentoring thorough the Academy of Medical Sciences, which provides one to one mentoring programme and career development.

Some clinical academics may be extensively involved with undergraduate teaching. There are different levels within the career that this may take place. For example, specialised Foundation Programme, Clinical Teaching Fellowships, which can take place during the postgraduate training. Senior clinicians GPs or Hospital doctors can take roles clinical tutors or more specific roles such as curriculum lead. Many may opt to undertake clinical teaching postgraduate qualifications such as PGCert or MSc in Teaching. Consultants or GPs may have teaching responsibilities, they may have university or Health Education England (HEE) sessions included in their job or they may have University Teaching posts with clinical sessions.

There are some issues of possible inequality in academic medicine. Whilst women are the majority of medical graduates, they are still the remaining minority within clinical academia. Similarly, there may be evidence of discrimination based on protected

characteristics . Professor Gabriella Finn produced a report on inequalities in the UK clinical academic careers providing comprehensive evidence of difficulties that Clinical Academics have through their career pathways and balancing clinical duties with conducting research<sup>13</sup> . Nevertheless, there are many women who successfully follow academic careers.

Overall, an academic career is very rewarding. It incorporates clinical work, research, and teaching . There are rewarding aspects such as working within team, collaboration with other researchers, working within the NHS and Universities.

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## Promoting Excellence in Quality of Educational Delivery

Dr Jo Szram, Consultant, Respiratory Medicine Chair of NACT.

In November 2019 the GMC report on Wellbeing of doctors found that half of hospital doctors considering leaving post in next 5 years . 20% of medical trainers report feeling burnt out to a high or very high degree due to their work role, or reported feeling unwell due to work related stress in past year <sup>14</sup> . In another report titled 'Building supportive environment a review to tackle undermining and bullying in medical education and training' the GMC describes what a good learning environment looks like. This is based on the importance of valuing doctors in training, departmental cohesion and leadership, managing workload and stress for trainees and consultants, communication with trainees and recognising undermining and bullying, effective leadership, regular feedback and optimising learning opportunities <sup>15</sup> . Good educational practice requires a balance of support, challenge and clarification of the standards to be achieved . Clarification of the consequences of non-achievement were highlighted within the Foundation Programme Curriculum 2016 <sup>16</sup> . All these aspects are highlighted in the HEE quality framework based on a number of pillars including developing a sustainable workforce, learning environment and culture, educational governance and commitment to quality, as well as developing and supporting learners and supervisors, delivering programmes and curricula learners and



patients outcomes. However, the most important aspects also include effective communication and active listening, with regular educational supervisors meetings (initial, mid-point, end of placement, sign off plus additional regular meetings between.

In conclusion, the HEAT conference covered a number of important aspects of medical educational issues. The issues of autonomy and belonging and achievement of competence were discussed. Moreover, the excellence of postgraduate training was described together with strategies on how to achieve this. The very relevant topic of mental health in medical profession was also discussed. The range of issues discussed have provided important update on the current topics in relation to medical education and training .

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