NewStatesman

Nurturing sustainability

Mindfulness and the medical workforce

Sir Anthony Seldon / Sir Terence Stephenson / Philip Dunne MP

In association with

THE UNIVERSITY OF BUCKINGHAM
MEDICAL SCHOOL

BY THE NUMBERS

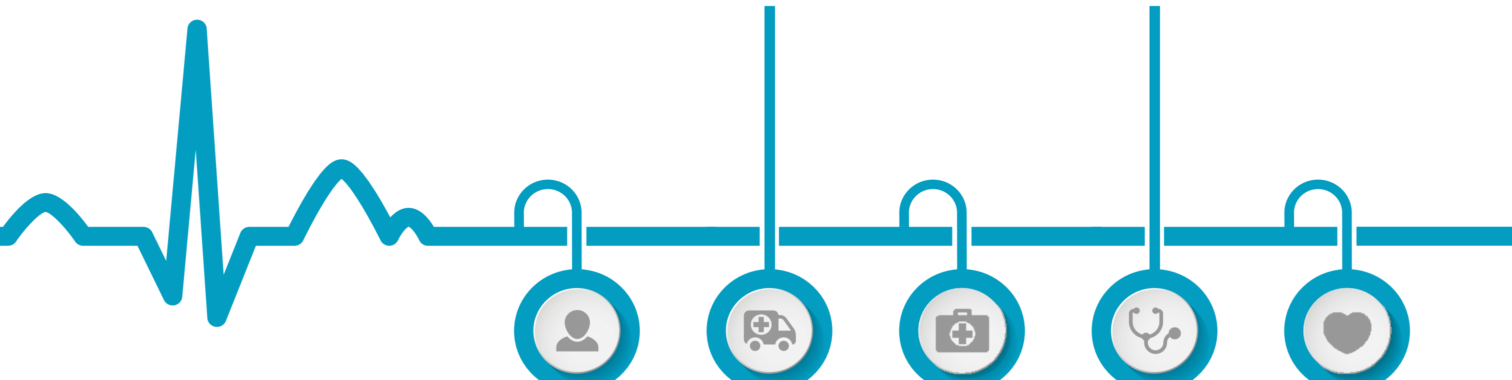
Mental health and the UK's medical workforce

1/3

Fraction of UK medical students to have experienced a mental health problem, including depression and anxiety

50%

Percentage of junior doctors leaving the NHS after their foundation training



1,600

Number of students across 30 UK medical schools who have been asked to leave medical degrees or have dropped out in the past five years, costing the taxpayer millions

1/7

Fraction of UK medical students to have considered suicide during the course of their studies

33%

A BMA survey of 3,500 GPs found around a third of practices had vacancies for doctors that they were unable to fill for at least a year

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Medical staff must practise what they preach

Healthcare professionals who don't look after themselves can't look after others effectively, according to Sir Anthony Seldon, vice-chancellor of the University of Buckingham

Doctors and dentists are among the professions with the highest incidents of suicide and depression in the United Kingdom. There are many reasons why they have these problems, including the strain of the responsibility, especially in an increasingly litigious age, and the ready availability of many mind-altering drugs.

An early experience of what was wrong came with our family doctor at home in Kent. Even as a young teenager, I could tell that his behaviour was odd, his face unnaturally red and his breath smelt of alcohol. Yet whenever they went away, my parents would present him with a bottle of Scotch. How ironic that those who are charged with looking after the health of the nation too often lead such chaotic and dysfunctional lives.

How can doctors properly care for the health of the nation when they're not in better mental health themselves? The frustration is that their position is so easily improved, if those responsible for overseeing medical education were to embrace a more imaginative approach.

Yet there seems little will to change the current regime. Almost exactly a year ago, I was attending throughout the night by the bedside while my wife was very ill with cancer. The nurse who was present in the room was very nervous and I asked her whether she was given any instruction in her recently completed nursing degree about how to self-calm. Nothing, she said. So I took her through the deep breathing exercises I would often while a headmaster teach to the students at school. After five or ten minutes, she said she was feeling much calmer and more confident. Learning how to control the breath is just one of many ways that medics can be taught to help their ability to cope with stress without resort to pills or alcohol, or suffering in silence.

Learning mindfulness is another technique that will help aspiring medics to connect with patients and to perform intricate actions with great care. If the practice is taught to students while they are still studying, it can become a way of life, a cost-free and harm-free device to draw upon at times of particular stress and pressure. The technique helps tired and overwrought staff from making errors, which is a killer of patients in too many cases across the world.

Mindfulness is not for all, but it would be found helpful to far more medics than are currently being exposed to it, if only it were to be embraced by all medical schools. Learning how to have an alert and responsive body even when tired, and how to switch on a calm yet alert mind at times of particular need, are just two of the benefits from adopting this wellbeing approach.

This new approach I am outlining can be likened to a waterfall. At the moment, the current philosophy is that you wait for illness to manifest and then you treat it as best you can, after people fall off the waterfall and are broken at the bottom. How much better to put in preventative work at the top of the waterfall, strengthening human capacities and abilities to cope, enhancing willpower, resilience and strength.

At the medical school attached to the University of Buckingham, we have very active and evidence-based wellbeing interventions. Our holistic approach to student support promotes workshops on self-care, awareness of thoughts, and goal setting via resilience, mindfulness and coaching. The approach should be at the heart of the education of every aspiring medic. The lives of the health professionals as well as the patients are unnecessarily being put at risk because the programmes are not an integral part of every aspiring doctor and nurse.

The *New Statesman* hosted a group of experts to discuss the benefits of integrating better mental health and mindfulness practises in medical education

Safeguarding the student experience

How a country manages its healthcare system is often a good barometer for success. It is widely accepted that the physical and mental wellbeing of a population correlates directly to productivity and growth; and in the United Kingdom, the National Health Service represents the closest possible thing to a consensus amongst the electorate. People are, for the most part, fiercely proud of the NHS, even if they have differing views on how to run it. However, beyond talk of budget management, there is a base-level debate which needs to be immediately addressed. If the key to a happy and healthy UK population is a well-functioning NHS, a round table event hosted by the *New Statesman* and the University of Buckingham concluded last month, then the key to a well-functioning NHS is a happy and healthy workforce.

The pressures of the medical profession cannot be overstated. From degree level – where courses are on average three years longer and more expensive than other subjects – right through to practising, there are multiple stressors involved in becoming or being a healthcare professional. Such are the severity of these stressors, in fact, that recruitment and retention within the healthcare industry are becoming serious issues in themselves. **Philip Dunne MP**, the Minister of State for Health, noted in his opening remarks at the roundtable: "It is of fundamental importance to the sustainability of the NHS that we have a workforce that is engaged and enthusiastic." Dunne added that the ongoing debate surrounding junior doctor contracts is "as much to do with work-life balance as it is to do with pay".

A recent report from the King's Fund showed that just 10 per cent of trainee GPs planned to take up work full-time as a doctor, fearing, amongst other reasons, the "intensity" of their workload. This prevalence of apathy before a student's career has even begun is troubling, and a stressful educational experience can only compound this effect. Further research from the Higher Education Funding Council for England found that the need for access to counselling services has increased hugely, to between five and ten per cent of all students.

Sir Anthony Seldon, vice-chancellor of the University of Buckingham – the UK's first independent university, which has a medical school operating an academic and pastoral curriculum in tandem – underlined the importance of recognising doctors and nurses as, crucially, human resources. He likened the management of mental health to a waterfall and explained: "What you've got now are models that are too reactive. So our treatment of mental health is tilted woefully towards the bottom of the waterfall. You wait for people to have their breakdowns, their lives spiral out of control, and then when they can't manage or cope you rush in. This reactive model is one that the medical establishment in this country seems wedded to. We need to work much harder to put preventive measures in place at the top of the waterfall. Intervention works and organisations that recognise the benefits of proactive wellbeing tend

to flourish and have higher productivity." Seldon said that the UK needed to "re-design our medical training so that a core ingredient of every course and undergraduate programme and every school child's learning" includes "some intelligent guidance on how to look after yourself. It's about fostering mindfulness and wellbeing." Poignantly, Seldon asked: "How many more suicides among students will it take? How many students do we have to have dropping out of their degrees before we act?"

Joe Harrison, chief executive at Milton Keynes NHS Foundation Trust, highlighted that if much of a doctor's job hinges on communicating with patients, then medical students should be encouraged to communicate with their course providers more often. "It's very clear," he said, "the difference between the students who are able to communicate with us on a frequent basis, and can say what's good about the organisation, what's good about the teaching and so on, versus those individuals who feel like they don't have a voice. It can't be acceptable these days to have an annual survey of trainees who have subsequently moved onto a different organisation by the time you get round to looking at the results." Isn't constant feedback too bureaucratic and time-consuming? **Stewart Petersen**, the University of Buckingham's director of medical education, didn't think so. He said: "We have formal mechanisms that operate online where students can give feedback. But they tend to use the informal mechanisms more effectively. The crucial thing is to have a culture in which those informal feedback mechanisms – like talking to tutors – are encouraged. You shouldn't be storing things up for an annual survey."

Dr Graeme Atherton, founder of the National Education Opportunities Network (NEON) recognised that "the work of a doctor can be very socially exclusive" and that the long-hours, high-stakes nature of the job, while part of it, should not be overlooked. **Dr Louise Freeman**, vice-chair of the Doctors' Support Network, said that in trying to reduce the stigma around mental health problems, people should also understand the emotional impact that dealing with difficult patients could have on doctors and nurses themselves, and called for more talking therapies to be available to trainees to help them prepare for the working world. She said: "People need to feel comfortable in admitting if they don't feel well, because then you can learn how to deal with it. Healthcare professionals in general should work towards removing the stigma that they face themselves."

The expectation on healthcare professionals to simply soldier on, Point of Care Foundation's head of evidence and learning **Joanna Goodrich** said, is extremely unhelpful in ensuring a high-quality NHS. Point of Care's "Schwartz Rounds" initiative, she explained, was designed to invite group reflection forums in which healthcare staff discussed the emotional aspects of their work. She said: "We've introduced these to medical schools now and undergraduates find them helpful because they see senior doctors demonstrating as role models how it's alright to be affected by a patient emotionally. The work we're doing on medical professionalism shows us that a lot of students feel that it is unprofessional to talk about how they feel. They feel like they have to suppress it and get onto the next patient. It's very important to have these interventions and support mechanisms where they can reflect together. It's making the time to do that as part of the undergraduate curriculum which is part of the challenge."

Ultimately, in recent years the NHS has become less a jewel in the crown of the UK and more a rough diamond. Committing to regaining some of that sparkle, the University of Warwick Business School's **Professor Marianna Fotaki** said, means that medical education needs to "stop being looked at purely in terms of market exchange". If medicine itself is multi-faceted, she told the roundtable, then medical training must be as well. "People go to university to learn about themselves as much as they do to train vocationally. We have got to get better with mindfulness."

Why no student should suffer in silence

Medical schools must be sensitive to the pressures of their courses and wider problems students may face outside of them, writes Sir Terence Stephenson, chair of the General Medical Council

From 2003 to 2009, I served as dean of a medical school. One of the things I learned right at the beginning of my tenure has stood me in very good stead since – that the first consideration when a medical student was having difficulties, whether academic or concerns about conduct, was to consider whether it might at root be a health problem. Most obviously, this might be a mental health problem, ranging from anxiety at being away from home for the first time to profound depression in a final-year student with a previously impeccable record.

It could be that a student was covering up physical health problems for fear of the impact on their chosen career. It might be drug dependency – most commonly in the United Kingdom's medical schools then the culprit was alcohol but drug abuse also occurs in medical students. Or it might not be a diagnosable health problem at all, but a consequence of wider events outside the student's own university environment – an ill sibling at home, a bereavement, or financial hardship.

Those lessons have helped me as chair of the GMC where I recognise that not every doctor in difficulty is a difficult doctor. Qualified doctors remain prone to many of the same stressors which affect performance and conduct.

Recently, the GMC finished consulting on revisions to our Outcomes for Graduates, which set out what newly qualified doctors from UK medical schools must know and be capable of. As you would expect, that covers all of the skills, knowledge and behaviours that doctors need to care for patients but just as importantly, what they need in order to care for themselves.

Those standards are clear that medical schools must equip students with the ability to self-monitor, self-care and seek appropriate advice and support, as well as manage the personal challenges of coping with uncertainty and develop a range of coping strategies such as reflection, debriefing and asking for help.

Good medical schools will already be offering that support and signposting students to resources for maintaining good mental and physical wellbeing, because it's the right thing to do for students. But there is a need for more evidence about the depth of challenge that students experience to their wellbeing. Only with more comparable data from universities will we be able to grasp the full extent of the problem. I am sure that the UK's medical schools, which are among the best in the world, will want to share that data so that we can benchmark good practice and the scale of the issue.

It's important that we and medical schools fully understand those issues because there continue to be worrying signs that our medical workforce is dissatisfied with its lot. Our data indicates that doctors finishing their two-year foundation training are increasingly choosing to take a break rather than go directly into speciality training. Just half planned to continue training immediately, reflecting a steady downward trend since 2011 when just over 70 per cent of trainees intended to do so.

The challenge for us all involved in medical education is to understand why doctors are making different choices about their careers. We need to make the NHS a more attractive place to work again and we need to start to value our students and junior doctors more highly because what is good for the doctors of the future will be good for the patients of the future. That starts with the skills and support we provide them with at medical school, where so many of a doctor's habits and practices are formed.

Facing life and death decisions on a daily basis

Pressure is part of the medical profession. The government has a duty of care to prospective and current NHS staff in helping them to deal with it, argues Philip Dunne MP, Minister of State for Health

The path to becoming a doctor is a challenging one. The competition is fierce, the workload is high and the hours are long – but at the end of seven years of hard work lies one of the most rewarding and fulfilling careers in existence. So how can we ensure medical students are supported to reach their maximum potential?

Studying for an undergraduate degree course in medicine has always been a popular choice for students and there are currently over 30,000 undergraduate medical students at English universities, equipping themselves with the knowledge and experience to help improve and save lives across the country.

As a government, we have a duty to our patients and the NHS to ensure we have the right number of doctors, equipped with the necessary skills, to deal with the challenges ahead. We've therefore committed to expanding the number of medical training places available by up to 1,500 per year from 2019, in addition to the 6,000 already on offer each year. We expect this 25 per cent increase in doctors to have a huge impact on our workforce in the years to come, with both patients and doctors themselves reaping the benefits.

However, we cannot rely solely on an increase in numbers and the ongoing popularity of medical degrees. Medical training brings a unique set of challenges, particularly the length of training and the stress of the working environment. Not many people have to make life or death decisions during their time in education – but doctors do.

Many medical schools already have excellent support in place for their students, for example integrating mindfulness into medical education and successful campaigns to promote good mental health and wellbeing among medical students. These can make a real difference to helping students build resilience and I would like to see individual techniques being shared as widely as possible across the system.

There is also clear support on offer at a national level. The General Medical Council has guidance that highlights how wellbeing should be promoted in medical schools. This includes group learning exercises focusing on how to deal with stress, advice on how to live a healthy lifestyle and sessions on techniques such as meditation.

The Royal Medical Benevolent Fund offers financial help to medical students and their families who face exceptional and unexpected hardship due to ill health, disability or bereavement and advice on money, accommodation and more. The British Medical Association also has an over-the-phone counselling service available for medical students.

The government has a role to play here too. We know preferences are changing and we want to facilitate students' ambitions – that is why Health Education England is increasing flexibility when it comes to deployment of doctors in postgraduate training, which will benefit those who want to train in a certain area, or train in the same area as their partner.

Not only does this support students as individuals but it will also improve the quality of their patient care while in training and when qualified, as well as maximising taxpayer investment in medical education. Happy and motivated student doctors, who have been supported with their health and wellbeing from the beginning of their training, are far more likely to pursue medicine as a long-term career. We also need to embed this into the thinking around our current work and to reduce attrition and improve retention through training and beyond.

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