Doctors need time and support to teach medical students, or no one will learn

With burgeoning numbers of medical students and an increasing focus on those students learning through ward work, foundation doctors must be better supported to facilitate this teaching, argues Anna Harvey Bluemel

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The medical students turn up just as I’m about to start the ward round. They’ve been told the wrong time to meet, and no one has shown them where to get scrubs, so we’re already in flow when they arrive. I shoot them a sympathetic look and mutter something about having a chat after the ward round, but by the time I’ve got back to assess my list they’ve (understandably) abandoned the ward for teaching, revision, or simply somewhere that can offer them a better experience. I feel guilty for a second—as a medical student, I’d always vowed to become the kind of doctor that would involve students. Then I go back to my list.

In my first year as a qualified doctor, this scenario has played out many times. I am sure it is echoed in hospitals across the UK, especially as medical schools embrace calls to expand the number of medical students. We know from the literature that medical students in the UK feel unprepared for entering hospitals across the UK, especially as medical schools embrace calls to expand the number of medical students.1 We know from the literature that medical students in the UK feel unprepared for entering practice,2 resulting in many medical schools moving towards an “apprenticeship” or “shadowing” model for the final few months of medical school. This involves integrating students into ward teams by having them shadow foundation year 1 (FY1) doctors, with the aim of equipping the most senior medical students with knowledge of the “ward craft” required for success as a new graduate.

These foundation doctors are, however, rarely provided with the support needed to balance teaching work with their clinical roles, as they themselves navigate their first year as a qualified practitioner. With the clinical pressures placed on primary and secondary care at an all time high,1 ward based doctors such as FY1s have increasingly onerous workloads, which push teaching and supervising down their list of priorities.

Medical students are often assigned to a ward with the instruction to “do everything the FY1 doctor does,” but following this teaching model is limited by the sheer volume of clinical work each FY1 doctor handles. Of course, senior medical students should be empowered to practise their clinical skills. But, as a ward doctor with five patients needing their bloods taken, I don’t have time to supervise one attempt that would take longer than me doing all five myself. This is especially true when you factor in the little things you learn on the job that make ward work so much easier. Not knowing the relevant codes for store cupboards, for example, or the locations of equipment, or who to ask if you’re stuck, can considerably slow down someone who has just been parachuted onto a ward with no orientation—like a medical student. In addition, students are often not given the correct logins or permissions to access a hospital’s online systems, and much of this work needs to be reviewed by foundation doctors before being submitted or distributed anyway. Being on hand to provide this support slows down doctors in training, making it harder for them to balance their clinical commitments with their role as a teacher.

I also worry about the protections I might have if something goes wrong. Having only just met many students and not knowing their level of experience, confidence, or skill, I am wary about assigning them jobs to do unsupervised—especially as it can be challenging to speak up as a student if you’re unsure. Yet the lack of time I have to supervise them means this quickly becomes a lose-lose situation, with students completely missing out on learning opportunities.

A system built on goodwill

As a very junior academic with an interest in clinical education research, I am the first to volunteer for opportunities to teach. Since becoming an FY1, I have had multiple students shadow me on the wards, helped run an acute simulation programme for final year medical students, acted as an examiner for first year OSCEs, and taught high school students basic suturing skills. The addition of Self Development Time to the rota this year has been helpful, but it’s not flexible, so I spend a lot of my own time trying to gain teaching experience, which is vital for the foundation portfolio and my own professional development. Needless to say, these efforts rarely attract remuneration, with the primary reward often a portfolio form or certificate.

Clearly, there are a myriad of factors at play, and many stakeholders need to be engaged to improve the poor experiences of students and the foundation doctors who teach them. Where staffing allows, hospital trusts and foundation schools could allocate specific time for foundation doctors to supervise students. Having lighter ward duties on these days would allow doctors to oversee senior medical students, who could then support the doctors to manage patients. Medical schools could also consider providing training to foundation doctors who supervise students—especially those involved in “apprenticeship” shadowing. This would allow us to learn about teaching but also gain formal experience to contribute to our foundation portfolios.
Many of the current strategies for teaching medical students in the clinical workplace are built on the unpaid time and goodwill of the most junior members of the medical team. As clinical pressures continue to mount, it is becoming more and more challenging for doctors in training to find time to look after their patients and teach medical students. This leaves both qualified and student clinicians dissatisfied with the learning experiences they participate in within the workplace.

With a 2021 report from the Medical Schools Council calling for funding for an additional 5000 medical student places a year, it is essential that “on the job” learning is prioritised and strengthened. Foundation doctors are a key group of potential clinical teachers, whose knowledge and expertise should be captured and nurtured in training the doctors of the future.

Competing interests: AHB is a leadership fellow at the UK Foundation Programme Office. This is an unpaid role.

Provenance and peer review: not commissioned; not externally peer reviewed.


3 O’Dowd A. Growing pressure on NHS threatens frontline services. BMJ 2022.379. doi: 10.1136/bmj.o2439 pmid: 36216374