Balancing Act: A Junior Doctor's Perspective on Challenges and Prospects of Training in the NHS

Letter to the Editor

As I look back on my first year as a doctor, I am stopping for a moment to reflect. The last year has been a steep learning curve, and I have begun to adapt to the life of long hours, night shifts and early starts. It is difficult to believe that I am finally a doctor, after spending the last decade pursing this career.

My job is full of excitement, with alarm bells and non-stop bleeps, and complex clinical puzzles to solve. I recall a delirious old lady using her walking stick as a lasso and another inadvertently setting fire to her mattress and shutting down the A&E. While there is undoubtedly excitement in pursuing a career in medicine, it is crucial to acknowledge the accompanying challenges. These include the stress, demanding schedules, understaffing, and limited educational opportunities. Regrettably, many doctors also contend with issues like bullying and harassment, which further compound their difficulties.

For these reasons, it is not surprising that a growing number of doctors are opting to leave their training positions, exit the medical field entirely. or seek opportunities abroad. Only 35% of doctors opt to join NHS training posts straight after foundation training, a figure that continues to decline¹. This discontent among doctors of all levels underscores a collective concern about the state of the NHS. The junior doctor retention crisis must be viewed as a public health issue due to its implications for patient safety and the future of the NHS².

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Article Information Submitted Sep23 Revised Feb 24 Published Mar24 At least in the last decade, the NHS is underfunded and understaffed, resulting in part due to years of austerity of the public purse, as well the residual impact of the coronavirus pandemic. On occasion, being a junior doctor feels like working in an office job, but without the luxury of my own desk and computer. Instead, we engage in a chaotic game of musical chairs where doctors, nurses, physiotherapists, and pharmacists vie for access to limited resources. Sitting down feels like a luxury, and basic needs like eating and drinking are pushed to the side.

A review in 2022 highlighted the three key groups of factors thematic causing dissatisfaction amongst junior doctors: working conditions, support and relationships. and learning and development². In recent years, the NHS has been grappling with a shortage of exacerbated resources, а crisis by widespread rota gaps. This situation has made life challenging for doctors across the country. The lack of essential resources, such as adequate staffing, equipment, and funding, has placed a burden on healthcare professionals. Rota gaps, or understaffed shifts, are common, impacting patient safety and leading to heightened levels of stress and burnout. The strain on the healthcare workforce not only jeopardises the wellbeing of doctors but also may compromise the quality of patient care, highlighting the need for substantial investments and reforms within the NHS to ensure the sustainability of the institution.

I graduated from medical school in the middle of a global pandemic and entered an NHS with record high rates of dissatisfaction, attrition, and burnout. I sense that I have stepped into an NHS that stands at a crossroads, with doctors and colleagues finally speaking up and asking for change. Moral is at an all-time low amongst healthcare workers. A survey conducted by the British Medical Association (BMA) of over 7000 doctors in 2021 found that two thirds reported symptoms of depression, anxiety, stress, burnout related to or made worse by work. Of these, almost half said their condition was worse after the pandemic³. From leadership change to industrial action, nothing is certain.

Although working in a busy London district general hospital has its challenges, the diversity of the patient and staff population was a saving grace. I have seen myself as a woman of colour represented in the faces of my colleagues, and I am keenly aware of the disparities faced by ethnic minorities, as well as those in poverty. It is well established that patients from ethnic minority encounter barriers to healthcare, such as cultural insensitivity, language barriers, and bias, which can lead to delayed or inadequate treatment⁴.

On the other side, ethnic minority doctors also experience challenges in career progression, including systemic biases, workplace discrimination, and a lack of representation in leadership roles⁵. These disparities not only hinder the full potential of the healthcare system but also undermine the trust and confidence of both patients and doctors. Addressing these inequities is crucial for achieving a more inclusive and effective healthcare system in the UK.

The future of the NHS is unclear. The system is simultaneously filled with potential and in dire need for change that reflects the requirement of our planet and population. The healthcare service needs to accommodate new challenges, from our ageing population to the climate crisis. With mixture of cutting-edge а glaring technological advances and shortages; the NHS is both promising and disheartening.

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I believe that a large part of being a junior doctor is learning how to keep your head water. balancing above various responsibilities with the demands of a emotionally physical and tasking Increasingly, profession. doctors are putting a greater emphasis on wellbeing and work-life balance. We now rightfully expect the same level of care and compassion from our employers as we provide to our patients. Despite the alarming rates of burnout, I maintain optimism for the future of medicine. There needs to be fundamental changes to the working and training environments for doctors, with a focus on prioritising the wellbeing of healthcare professionals, as this ultimately benefits patients as well. To address these challenges, it is crucial to remember that whether a patient or a doctor, we are all people. We must give ourselves time and space to be human.

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