The recovery of training and education post-COVID-19: the importance of supporting the consultant workforce

Abstract

Background/aims Since the COVID-19 pandemic began, training and education have been significantly disrupted, causing an incalculable effect on trainees. However, the consultant workforce is crucial to the success of training recovery. The motivation of the consultant workforce to assist in training recovery, in a context of significant workload and increasing pressures on resources, is currently unknown.

Methods This survey gathered the consultant workforce's views on assisting training recovery at one site of a large NHS foundation trust

Results There was reduced motivation to engage in training and education when compared to pre-pandemic levels, widespread indicators of burnout, and changes in attitude towards reducing their working hours and early retirement.

Conclusions These findings demonstrate a worrying trend that is likely to be replicated nationwide, which highlights the need to support consultants to avoid further disruption to training recovery.

Key words: Burnout; Consultant workforce; Morale; Motivation; Training recovery

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Introduction

The medical profession has always faced challenges and pressures; however, on a global scale, one of the biggest was undoubtedly the COVID-19 pandemic (Breitenbach et al, 2021; Lauriola et al, 2021). The pandemic led to radical changes to working patterns, scope of practice (Leng et al, 2020; Beckwith et al, 2021; Coughlan et al, 2021), patient interaction (Ajibade et al, 2020; Bidmead and Marshall, 2020) and prioritisation of services (Sud et al, 2020; Carr et al, 2021) for most doctors.

A further significant impact, particularly in the UK, was the loss of provision of education and training for junior doctors (Sneyd et al, 2020; Altohami et al, 2021; Bodansky et al, 2021). Several studies have demonstrated how this has resulted in difficulties in achieving required competencies, leading to extensions in training time (Sneyd et al, 2020; Clements et al, 2021). This has had a detrimental effect on the wellbeing of trainees (Blake et al, 2021; Søvold et al, 2021), who already report a high degree of burnout and other mental health issues (Imo, 2017).

Despite these significant challenges, the General Medical Council's national training survey, reports that trainees are satisfied with the training provided over the last 2 years. In 2021, 76% of trainees rated the quality of their training as 'good' or 'very good'; while this fell to 74% in 2022, these rates suggest general satisfaction (General Medical Council, 2021, 2022). However, this is somewhat contradicted by a report from the Royal College of Physicians, in which 74% of trainees reported a loss of training opportunities (Royal College of Physicians Medical Workforce Unit, 2022). This could indicate that, while training opportunities are reduced, they are of a good or very good quality when they are available. Over the same period, the proportion of trainees that reported feeling burnt out (to a high or very high degree) by their work increased from 33% in 2021 to 39% in 2022 (General Medical Council, 2021, 2022), further highlighting that not all is well in the workforce.

However, the impact on the consultant workforce is less clear is, and they have also undergone changes to their ways of working and are experiencing increased workloads.

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Additionally, consultants are both needed and expected to drive the restoration of services to pre-pandemic levels. This has created a conflict of priorities, especially in consideration of the significant increase in patient waiting times (Murray, 2022), the continually growing waiting list (currently at 6 million patients, having risen from 4.4 million pre-pandemic) (NHS England, 2022); and the challenging targets surrounding reducing long waits, diagnostic tests and cancer diagnoses (NHS England, 2022). Alongside these service demands, the restoration and recovery of educational and training opportunities relies heavily on consultant input; however, the motivation of consultants to meet these challenges is unclear.

Understanding how motivated consultants feel to deliver educational and training opportunities to their trainees is important to support the workforce as a whole. The General Medical Council (2021) national training survey 2021 revealed that 91% of trainers enjoyed their role, but only 47% were able to use the time allocated for training to do so. In 2022, only 45% were able to use their allocated time for training, highlighting the impact of competing pressures on the ability to deliver training (General Medical Council, 2022). Additionally, much like trainees, the number of consultants that reported feeling burnt out (to a high or very high degree) as a result of their work increased from 25% in 2021 to 27% in 2022 (General Medical Council, 2021; 2022). Despite these findings, there is minimal literature on consultant motivation to educate and train. A single review was found that explored consultant attitudes towards teaching, but this was limited by the small number of studies included, a focus on undergraduate education, and all included studies being conducted before the COVID-19 pandemic (Harris et al, 2021). Therefore, the aim of the present study was to explore and understand the underlying factors affecting the levels of consultant motivation to deliver educational and training opportunities.

Methods

All 194 consultants on one site of a large north-west London foundation trust were invited to complete an e-survey. The survey was voluntary, anonymous and open from 1 December 2021 to 7 January 2022. During this period, emails were sent reminding participants to complete the survey, and it was advertised at face-to-face consultant meetings and at senior medical staff committees. The survey comprised 16 questions, containing a mixture of multiple choice, Likert scale and free-text options. Analysis of quantitative data was performed with two-tailed Z tests, while qualitative data were analysed according to the principles described by Braun and Clarke (2006). Ethical approval was sought from the trust and deemed unnecessary.

Results

There were 124 responses from the 194 consultants surveyed (a response rate of 63.9%). Some 53 consultants identified as male (43%), 66 identified as female (53%), and five preferred not to say (4%). Approximately half (51%) of respondents were aged between 40 and 49 years. Consultants from medical specialities were most represented, with 34 responses (27%), followed by surgery and anaesthetics providing 17 responses (14% respectively). Most responses (49) came from consultants who had been in their roles for less than 5 years (40%), while 18 had been in post for 20 or more years (15%) (Table 1).

Delivering educational opportunities

Consultants were asked about the extent to which they agreed or disagreed with statements of motivation to deliver on educational and training opportunities. Taking a response of strong agreement or agreement to represent a motivated individual (Figure 1), the following data were returned:

- Some 63% were motivated to teach during ward rounds and clinics (n=123)
- Some 63% were motivated to teach procedural skills (n=121)
- Some 58% were motivated to provide extra support and supervision (n=124)
- Some 55% were motivated to deliver undergraduate teaching (n=123)
- Some 56% were motivated to engage in service expansion (n=124).

Table 1. Demographic data

Characteristic	Category	Frequency, *n*=124 (%)
Sex	Male	53 (42.7)
	Female	66 (53.2)
	Prefer not to say	5 (4.0)
Age (years)	30–39	17 (13.7)
	40–49	63 (50.8)
	50–59	30 (24.2)
	60 and over	13 (10.5)
	Prefer not to say	1 (0.8)
Specialty	Medicine	34 (27.4)
	Surgery	17 (13.7)
	Obstetrics and gynaecology	14 (11.3)
	Anaesthetics	17 (13.7)
	Paediatrics	15 (12.1)
	Emergency medicine	5 (4.0)
	Prefer not to say	2 (1.6)
	Other	20 (16.1)
Experience (years as a consultant)	Less than 5	49 (39.5)
	5–9	26 (21.0)
	10–14	19 (15.3)
	15–19	12 (9.7)
	20 and over	18 (14.5)

While sex differences were generally minimal, female consultants tended to report lower motivation to perform audits or quality improvement measures, but a greater degree of motivation for lecture-based education when compared to their male counterparts; however, neither sex reached significance (44% vs 53%, P=0.332 and 45% vs 33%, P=0.184 respectively).

General motivation

On general motivation, the authors asked two questions using a Likert scale, with 0 = most unmotivated to 10 = very motivated:

- 'In general, how motivated do you feel to come to work compared to 3 years ago?'. The median score was 5 (range = 0–10; interquartile range = 5)
- 'How motivated do you feel to work above and beyond your allocated programmed activities'. The median score was 3 (range = 0–10; interquartile range = 3.25).

There was no difference in response to either question when sex was taken into account. When specialty was explored, those in anaesthetics had below average motivation scores for both the first question (median = 4; interquartile range = 4) and second question (median = 2; interquartile range = 4).

Working beyond programmed activities

To assess current workload, consultants were asked about how often they worked beyond their programmed activities. Some 48/124 (39%) consultants reported working beyond their programmed activities on a daily basis and 45/124 (36%) on a weekly basis. Female consultants tended to report working beyond their programmed activities proportionately more

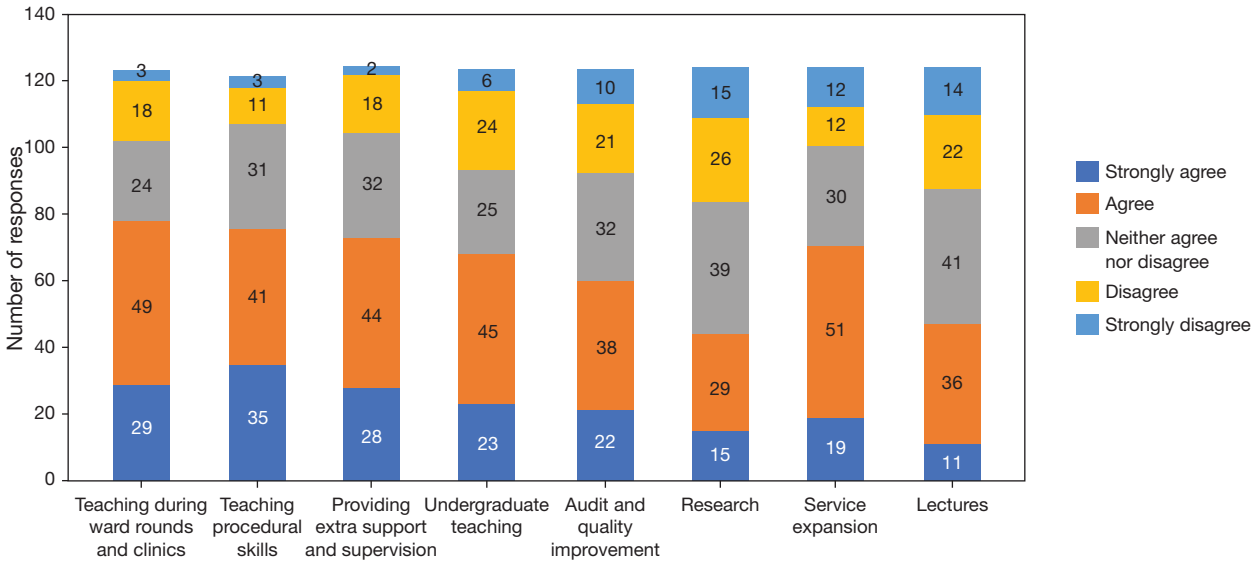

Figure 1. Motivation to deliver training and service opportunities, as demonstrated by responses to the question 'I feel motivated to pursue training and service development opportunities such as...'.

than their male counterparts, although this did not reach significance (daily: 42% vs 34%, *P*=0.373 and weekly: 38% vs 34%, *P*=0.653). There were also specialty-based differences, where surgeons and paediatricians reported working beyond their allocated programmed activities proportionately more than average (53% and 73% respectively, on a daily basis).

Burnout

To assess the level of burnout among the consultants, five questions that were loosely based on the Maslach burnout inventory (Maslach et al, 1997) were asked. The results are summarised in Figure 2. Female consultants strongly agreed or agreed with the following five statements in greater proportions than males:

- 'I feel emotionally drained by my work' (76% vs 58%, *P*=0.037)
- 'My work frustrates me' (55% vs 46%, *P*=0.741)
- 'I feel used up at the end of the working day' (74% vs 55%, *P*=0.03)
- 'I am fatigued in the morning at the thought of another working day' (45% vs 34%, *P*=0.222)
- 'I feel burnt out because of my work' (55% vs 49%, *P*=0.516).

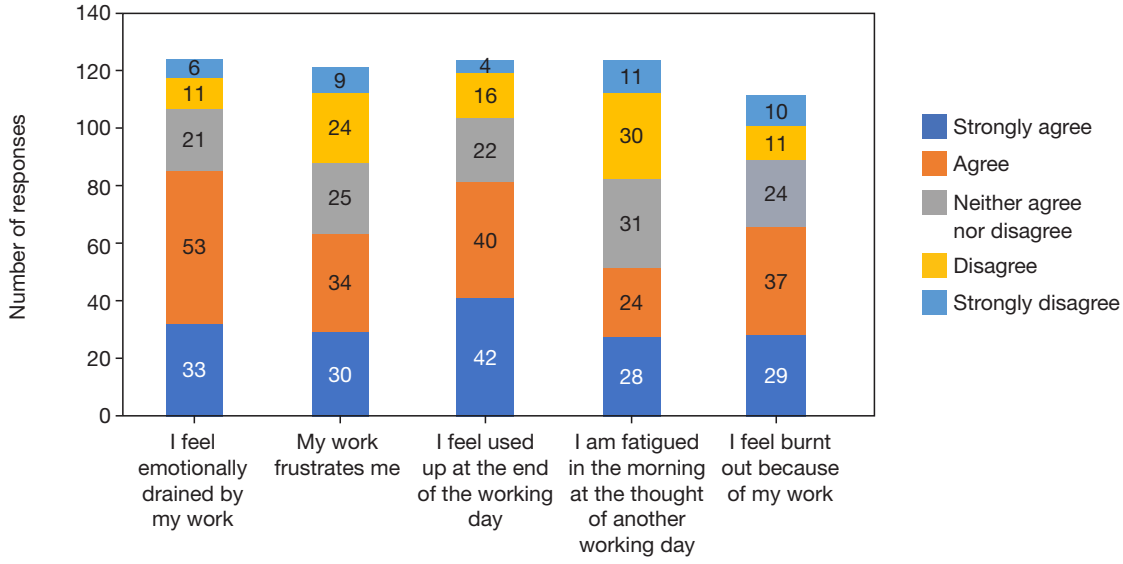

Figure 2. Assessment of burnout.

Table 2. Thematic analysis of motivators and demotivators

Top six motivators	Top six demotivators	Top six improvements
Patients	Poor relationships with management	Culture change
Colleagues	Increasing workload	Job planning, parity, time for supporting professional activities
Job satisfaction	Lack of appreciation or recognition for work performed	Staffing
Money	Perceived bureaucracy	Admin support
Sense of duty	Lack of administrative support	Organisational support
Training staff	Lack of staff	Space/facilities

Motivators, de-motivators and elements to improve

All 124 consultants responded to the question: 'What motivates you to come to work?'. There were 112 responses to the question: 'What demotivates you at work?'. Consultants were also asked what three things would improve their working lives. There were 111 consultants who completed this question, with a total of 304 responses (Table 2).

Effect of last 2 years

Consultants were asked the extent to which they agreed or disagreed with statements regarding changes to their working lives. Taking a response indicating strong agreement or agreement to represent a probable change in attitude (Figure 3), the data revealed:

- Some 60% were more likely to retire early (n=124)
- Some 65% were more likely to reduce their working hours (n=123)
- Some 72% were more likely to decline overtime or additional sessions (n=124).

When comparing changes in attitude by sex, female consultants tended to report being more likely to retire early (66% vs 53%, P=0.14986), change career (17% vs 11%, P=0.352), reduce working hours (72% vs 53%, P=0.033) and decline overtime/additional sessions (82% vs 57%, P=0.003). Male consultants tended to report being more likely to increase their proportion of private work (40% vs 30%, P=0.258).

Discussion

The COVID-19 pandemic has had a profound effect on the medical workforce, both in the UK and globally. From changes in working patterns to the way in which healthcare professionals

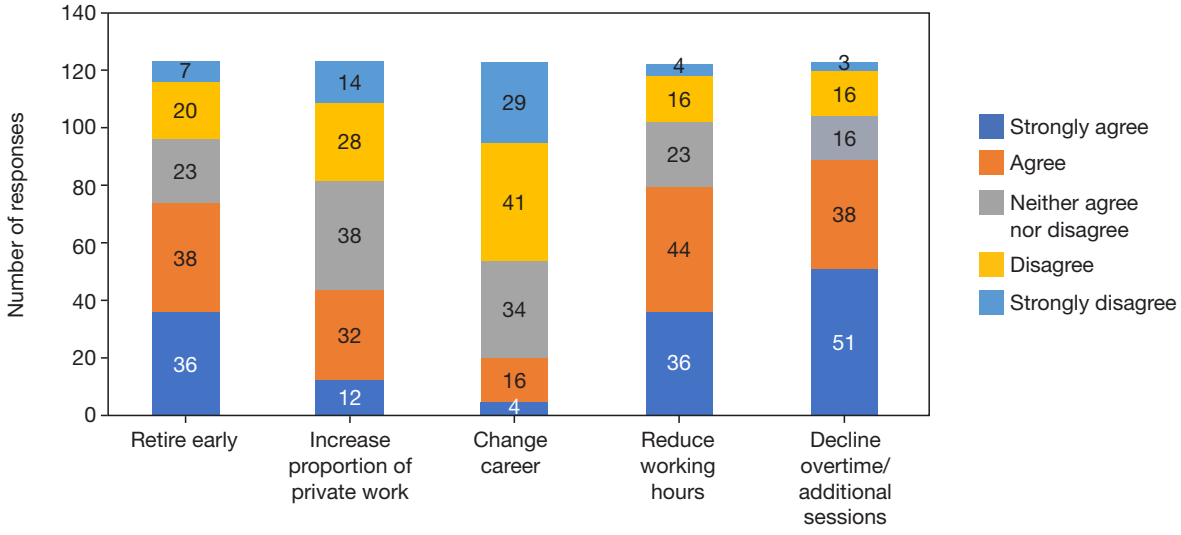

Figure 3. Changes in attitudes since the COVID-19 pandemic, as demonstrated by responses to the question 'Conditions over the last 2 years have made me more likely to....'.

interact with patients, very little was unchanged (Goddard and Patel, 2021). The majority of studies have assessed the impact of these changes on patients (Kambhampati et al, 2020), and research on the medical workforce has largely focused on trainees. Much of the impact on trainees has been negative, yet the loss of educational and training opportunities is a consistent theme across specialties (Seifman et al, 2022). Despite this, how the COVID-19 pandemic affected the consultant workforce, who tend to be the facilitators of education and training, has been largely overlooked.

Consultant motivation levels have waned because of the pandemic. In a study by Al-Ghunaim et al (2021), in which 57% of respondents to a survey were consultants, low levels of motivation as a result of the pandemic were highlighted as a recurring theme. The current study demonstrates that consultant motivation, compared to pre-pandemic levels, is lower in general (scale: 0–10; median: 5). However, the goodwill on which the NHS usually relies is seemingly reduced, as consultants report less motivation to work beyond their programmed activities (scale: 0–10; median: 3). Nevertheless, the workload is significant, and 39% report working beyond their programmed activities on a daily basis and a further 36% on a weekly basis. The causes of working beyond programmed activities are likely to be multifactorial; however, 82% of the 4619 consultants surveyed by the Royal College of Physicians reported routinely working beyond their programmed activities, and 75% of those indicated this was because of their clinical workload (Royal College of Physicians Medical Workforce Unit, 2022). The disconnect between motivation and actual working practices contributes to reduced motivation to deliver education and training opportunities, as well as contributing to high burnout rates.

The delivery of education and training opportunities has been made a priority by Health Education England. In their interim training recovery programme report, Health Education England (2021) emphasise the need for innovative solutions to ensure trainees are not forced to extend training or miss out on critical progression points. Consultant time and its importance in the recovery of training is acknowledged; however, the fall in consultant motivation or the increase in workload pressures are not. This increase in workload pressures is further highlighted by reports that only 45% of trainers were able to always use their allocated training time for its intended purpose (General Medical Council, 2022). The lack of time to deliver training may be a contributing factor to the loss of motivation to deliver training.

This study demonstrated that between 37% and 62% of consultants lacked the motivation to deliver training opportunities. Free-text comments such as ‘everyone is overworking and feels tired’ and ‘constant pressures against vanishing resources’ give an insight into the pressures faced and the exhaustion experienced by consultants, which contribute to their demotivation. Interestingly, the number of comments received on demotivators was significantly less than those received for motivators. This may reflect a desire not to dwell on the negative aspects of the job, which can have an impact on psychological morbidity (Khan et al, 2018).

Consultants have reported high burnout rates, even before the COVID-19 pandemic. Balendran et al (2021) reported an average burnout rate of 41% among consultant surgeons. Similarly, a study by Khan et al (2018) found that, of 593 consultants surveyed, 60% reported a degree of emotional exhaustion and 80% reported a degree of depersonalisation, both indicators of burnout. Surveys by the General Medical Council (2022) and the Royal College of Physicians Medical Workforce Unit (2022) reported 27% experiencing high or very high burnout and 20% being at risk of burnout respectively. The current study found that most consultants were reporting some degree of burnout: 53% of consultants strongly agreed or agreed with the statement ‘I feel burnt out because of my work’. With such a high proportion of consultants reportedly feeling burnt out because of their work, the importance of finding ways to mitigate this and support these professionals, as well as identifying potential causes, cannot be overstated.

Despite the levels of burnout reported in this study, consultants still found motivation within their jobs. Overwhelmingly, the biggest motivators were the patients, followed closely by colleagues. Conversely, relations with management teams and excessive workload were the biggest demotivators. Reductions in burnout are greater when interventions are led by organisations, rather than the onus being placed on individuals (Panagioti et al, 2017).

Key points

- The consultant workforce is key to training recovery, but their motivation to do this, particularly post-COVID-19-pandemic, is poorly understood.
- In general, in this study the motivation to perform educational activities was lower than pre-pandemic levels and may be owing to increased workload pressures.
- There was a mismatch between the desire to perform additional hours of work and the frequency at which additional hours of work were performed.
- A large proportion of the consultant workforce demonstrate a degree of burnout, which may affect the motivation to deliver on educational and training roles.
- Interventions delivered at on an organisational level are more likely to have a positive impact on both motivation and levels of burnout.

This study highlighted that changing workplace culture and improved job planning were desired by the consultant body. Measures implemented with the aim of reducing burnout are likely to be more effective if delivered at an organisational level.

The COVID-19 pandemic has also led to changed attitudes, with one survey reporting that 49% of consultants wanted to reduce their programmed activities and 32% had brought forward their retirement (Royal College of Physicians Medical Workforce Unit, 2022). The findings reported by the present study highlight the impact that COVID-19 has had on the consultant workforce. The long-term impact of not addressing the concerns raised are potentially devastating, with the majority of consultants considering early retirement (60%) and a reduction in hours (65%) and declining additional sessions or overtime (72%). This would significantly affect the ability to provide educational and training opportunities, so work is required to respond to this.

Allowing greater working flexibility and reducing workload with adequate resourcing and organisational support are likely to be the most welcome means to reduce burnout and thereby increase levels of motivation (Khan et al, 2018). However, considering the current constraints within the NHS, these measures are likely aspirational in nature. The authors have attempted to improve conditions for consultants by ensuring that all work performed is appreciated and adequately remunerated through job planning and appropriate allocation of programmed activities for education and training activities.

While this study has highlighted the very real challenges to the provision of education and training by the consultant workforce, it does have some limitations. First, the sample size of consultants who responded to the survey was relatively small (124). However, this represents a response rate of 64%, and is comparable to other studies of this kind. A single centre was used, which may limit the reproducibility. Some of the challenges highlighted are broad, but several of the free text responses identify site-specific issues. Last, there are no pre-pandemic data from this cohort to use as a comparison, only individual reflections.

Conclusions

This study demonstrates the importance of caring for both trainees and trainers. Many studies have demonstrated the need for support and preventative measures for trainees; however, there is a paucity of research into the needs of the consultant workforce. For many consultants, the motivation to deliver education and training opportunities is waning. To improve this, organisational support which aims to reduce burnout within the consultant body and improve consultant autonomy is needed.

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Conflicts of interest

The authors declare that there are no conflicts of interest.

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