

# An evaluation of clinical fellow programmes in an acute teaching hospital trust

## Abstract

**Background/Aims** Clinical fellows support the hospital workforce while gaining experience in different specialities, research, leadership and teaching. The authors aimed to assess the impact of clinical fellow programmes in an acute teaching hospital trust.

**Methods** An anonymous electronic service evaluation was sent to clinical fellows to investigate their views on whether the programme had improved patient safety, doctors' clinical performance, training and wellbeing. Thematic analysis was used to analyse the free-text responses.

**Results** A total of 95 out of 144 clinical fellows responded to the evaluation survey. The clinical fellows believed that the programme had improved patient safety, clinical performance (time to manage acute patients), foundation and internal medicine training, undergraduate teaching and junior doctors' wellbeing. Four similar themes emerged from the free-text responses: career development, patient safety, training and doctors' wellbeing.

**Conclusions** Clinical fellow programmes may improve patient safety, clinical performance, training, undergraduate education and doctors' wellbeing.

**Key words:** Clinical fellows; Emergency department; Internal medicine; Medical workforce

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## Introduction

In 2019, only 38% of doctors in their second foundation year moved directly into core training, a run-through training programme or another speciality training post in the UK (Moberly and Stahl-Timmins, 2019). Junior doctors have cited poor working conditions (eg the intensity of work and the pressures of training), poor support and relationships in the workplace (eg bullying), limited learning and development opportunities, and the lack of flexibility in training posts as the reasons for not entering training programmes or even leaving the NHS (Smith et al, 2018; Moberly and Stahl-Timmins, 2019; Lock and Carrieri, 2022). Junior doctors stated that they do not feel valued, have a lack of autonomy, experience a poor work–life balance and feel that they are providing compromised patient care as a result (Rizan et al, 2019; Lock and Carrieri, 2022). Male doctors from higher socioeconomic backgrounds are less likely to choose to progress directly from foundation programmes into speciality training and although the reasons for this observation are not clear, it is important that work is undertaken to understand the barriers, for example working conditions, faced by doctors to enter training (Cleland et al, 2019).

Non-training junior doctor posts, such as clinical fellow posts, fill gaps in hospital rotas that supports the medical workforce. Clinical fellow posts can also provide junior doctors with opportunities to take part in clinical research or quality improvement, experience different specialities and take part in undergraduate or postgraduate teaching, as well as reducing the need for agency locum doctors (Fell et al, 2013). A review of clinical fellow posts suggest that doctors decide to take a break from training and complete a clinical fellow post to allow them to make decisions for specialty applications, prepare competitive portfolios and regain a loss of control that was felt from being in a training post (Fell et al, 2013). Doctors who undertake a clinical fellow year following foundation training believe that the experiences and skills gained during their clinical fellow post were invaluable for entering a training programme (Fell et al, 2013; Rizan et al, 2019).

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However, there has been little evaluation of clinical fellow posts in the UK and little is known about the impact clinical fellows have on doctor wellbeing, patient safety, clinical performance or training.

Clinical fellow programmes have been developed in internal medicine and the emergency departments of the authors' Trust, the University Hospitals Sussex NHS Foundation Trust. In 2022, 98 clinical fellows were appointed and given the opportunity to work in various inpatient medical specialities, including acute medicine, care of the elderly, infectious diseases, human immunodeficiency virus (HIV) medicine, endocrinology, haematology, oncology, gastroenterology, neurology, respiratory medicine, rehabilitation medicine, or in the emergency departments at the Royal Sussex County Hospital in Brighton and the Princess Royal Hospital at Haywards Health. Most clinical fellows in this programme spend 25% of their paid time in non-clinical activities, such as delivering medical school teaching in Brighton & Sussex Medical School, clinical research, simulation projects or leadership projects; or the clinical fellows have the option to only take part in clinical work.

Clinical fellows have annualised rotas using the HealthRota electronic rostering platform and can work less than full time or for part of the year, enabling flexibility to travel, study or make career plans (Galloway et al, 2022). HealthRota is an e-rostering system, accessible via an application (app), which creates annualised rotas for doctors (Galloway et al, 2022). Annualised rotas work in reverse from standard rotas, where hours are rostered when staff are available to work. Using the app, doctors can record when they are available (and unavailable) to work, creating bespoke rotas for staff. Other features of HealthRota include self-rostering, swapping shifts, requesting leave, real-time rota compliance checks according to working directives, a locum module that can support the booking of locum shifts, and a work schedule and pay document generation based on annualised rota templates or individualised rotas.

There is also the option for some clinical fellows to undertake a fully-funded postgraduate certificate in medical education. The clinical fellows in this programme have dedicated educational supervisors who also act as their General Medical Council appraiser and have access to educational opportunities offered for doctors in training and a budget for study leave. The clinical fellow posts have become highly competitive and helped reduce the Trust's expenditure on agency locum staff by an estimated £1.2 million in 2022. As part of a broader service evaluation project, this study evaluated the clinical fellow programme and collected the participating clinical fellows' views on its impact on doctors' wellbeing, clinical performance, training and patient safety.

### Methods

Between February and June 2021, the authors distributed an anonymous service evaluation survey via email to clinical fellows working, and those who previously worked, in the organisation. The questions covered the clinical fellows' demographics, years of experience, their role and what they went on (or intended) to do after their clinical fellow post. Using a Likert scale (1 = low satisfaction or do not agree, 5 = excellent satisfaction or completely agree) the clinical fellows were asked to rate their level of satisfaction with their shift pattern; and if they believed that the clinical fellow programme had improved patient safety, clinical performance (the fellows' perception of the time to assess and manage patients), foundation and core medical or internal medical training, junior doctors' wellbeing and undergraduate training. The clinical fellows were also asked to provide free-text comments about how the clinical fellow programme has impacted them and the hospital Trust.

Thematic analysis was used to analyse the free-text responses using a framework analysis and then synthesised into broad themes by JC and DR.

### Ethical approval

This was a local service needs assessment project, so research ethical approval was not required. However, this research was approved by the local medicine department clinical governance committee.

## Results

A total of 95 out of 144 clinical fellows responded to the service evaluation survey. The median age was 28 years (interquartile range=27–32 years) and they reported a median of 4 years (interquartile range=3–5 years) experience working as a doctor. Of the respondents, 35 (37%) were emergency department fellows and 60 (63%) were general medicine fellows. In terms of participation in non-clinical activities, 55 (58%) were medical education fellows, 19 (20%) were research fellows, five (5%) were simulation fellows, four (4%) leadership fellows and 12 (13%) were working only clinical rosters. Following their clinical fellow post, 62 (65%) went on (or intended to go on) to a training post, 20 (21%) were (or intended on) continue with another clinical fellow post and 10 (11%) went (or intended) to work overseas (three did not respond to this question).

Overall, the clinical fellows were satisfied with their work (rota) pattern (median Likert score=4, interquartile range=3–5) and believed that the clinical fellow programme improved patient safety (median Likert score=4, interquartile range=4–5), increased clinical performance (time to assess and manage patients) (median Likert score=5, interquartile range=4–5), improved foundation and core medical (internal medical) training (median Likert score=4, interquartile range=4–5), improved junior doctors' wellbeing (median Likert score=4, interquartile range=4–5) and improved undergraduate training (median Likert score=5, interquartile range=4–5) (Table 1).

Four themes emerged from the free-text responses: career development (the programme supported the development of medical education skills and helped to inform future career choices); patient safety (the programme improved staffing levels and reduced the need for agency locum staffing); supporting doctors in training (the programme supported (other) doctors in training posts to gain the required skills and experiences they require); personal wellbeing (the programme improved work–life balance, flexible working and reduced the risk of burnout).

## Discussion

As far as the authors are aware, this is the first service evaluation in the UK to explore the impact of the clinical fellow role in internal medicine and the emergency departments of a large hospital trust. Doctors who responded to the evaluation survey expressed that they were happy with their rota and believed that the clinical fellow programmes had improved patient safety, clinical performance, internal medicine training, undergraduate education and doctors' wellbeing. The majority (65%) of clinical fellows in this evaluation went on or intended to go on to a training post.

The clinical fellow role may be regarded as a position solely for service provision, and if poorly managed, will not be attractive to junior doctors and maintain the medical workforce. More junior doctors are reporting symptoms of burnout, feeling undervalued

**Table 1. The views of clinical fellows about their role (n=95)**

| Question   | Median Likert score* (interquartile range) |
|--|--|
| How satisfied are/were you with your shift pattern                                   | 4 (3–5)                                    |
| The clinical fellow programme has improved patient safety                            | 4 (4–5)                                    |
| The clinical fellow programme has improved clinical performance                      | 4 (4–5)                                    |
| The clinical fellow programme has improved foundation and internal medicine training | 4 (4–5)                                    |
| The clinical fellow programme has improved junior doctors' wellbeing                 | 4 (4–5)                                    |
| The clinical fellow programme has improved undergraduate training                    | 5 (4–5)                                    |

\*5 = completely agree

and demoralised, a lack of team spirit and feeling that training posts offer little flexibility both for work–life balance and gaining insights into making choices for career progression (Hollis et al, 2020). However, since the clinical fellow roles in University Hospitals Sussex NHS Foundation Trust are embedded in already popular training programmes, and the capacity for flexible working has been built in, this provides clinical fellows opportunities to take time out of formal training posts, give them space to make career progression decisions while engaging with informal training opportunities, research, teaching and leadership.

Despite the increase in junior doctors taking time out of training, and hospital trusts having to create clinical fellow posts to provide a safe hospital medical workforce, there has been little research on the impact of clinical fellow posts in the UK. Leadership clinical fellow posts provide valuable benefits for both organisations and training doctors through improvements in quality and safety of care, cost savings and deliverables including research, publications and statutory reports (Grote et al, 2019). A study of research clinical fellows in surgical specialities demonstrated benefits for both trainees, including frequent training opportunities, more time working with patients, improved supervision and more uniform training, as well as surgical clinical research fellows, who were able to maintain their clinical skills while having sufficient additional time to pursue research (Wilson et al, 2005). Raha and Heminway (2020) stated that clinical fellows in psychiatry value having the opportunity to experience different subspecialty areas of psychiatry before entering a training post, including having non-clinical time to engage more in professional development and preparation for college examinations. Some of the psychiatry clinical fellows also felt that it was valuable to have more training and experience in psychiatry in preparation for working in general practice (Raha and Heminway, 2020).

The findings of this evaluation are useful locally as they provide important insights into the clinical fellow and training programmes in University Hospitals Sussex NHS Foundation Trust, but may also be useful for other settings that are experiencing challenges with the junior doctor workforce and staffing. Most hospitals in the UK use different models of care and systems for managing patient safety, workforce, training and undergraduate education. However, some of the novel models (25% non-clinical time, rotating through a variety of specialities, funded postgraduate certificates) that were used to attract individuals to the evaluated clinical fellow programmes have been successful, and other settings may be interested in replicating the approaches of these programmes. Sharing good practice between organisations is not only important for patient safety and training, but also underpins innovation in healthcare.

Interestingly, the thematic analysis matched the findings of the quantitative study, namely clinical fellows valued the clinical fellow programme as they perceived it supported their own career development, providing clinical experience, teaching experience and research experience as a springboard to applications to training. They also felt that the programme improved patient safety by providing adequate medical staffing in a large tertiary teaching hospital setting and provided the opportunities for other doctors (doctors in training) to gain the skills they needed as part of their training programme. It is also interesting that the fellows felt that the programme improved their own wellbeing as burnout among doctors creates significant barriers to providing an adequate and safe medical workforce. Understanding the experiences of doctors in either training or non-training programmes is the key for retention and successful future recruitment as well as patient safety and workforce development.

### Limitations

This service evaluation has several limitations, including the fact that it was conducted in a single hospital trust and examined two linked clinical fellow programmes, making the overall findings less generalisable. There may have been some reporting bias from the clinical fellows, as the survey, albeit anonymous, was sent from the medical team who are the line managers and educational supervisors of the clinical fellows who participated in the survey. The clinical fellows were only asked about their opinions concerning patient safety, junior doctor and undergraduate training, rather than measuring patient safety, doctors in training experiences or undergraduate teaching experience directly.

## Key points

- The roles and impact of clinical fellows working in general internal medicine and emergency medicine is poorly understood.
- Junior doctors working in the clinical fellow programme at University Hospitals Sussex NHS Foundation Trust believe that the programme improved patient safety, increased clinical performance, improved both postgraduate and undergraduate education and junior doctors' wellbeing.
- More research is needed to explore how to balance the hospital workforce, fill the gaps in training posts with clinical fellow posts and maintain patient safety and doctors' wellbeing.

## Conclusions

The findings of this study have shown that clinical fellows working in the internal medicine and emergency departments at University Hospitals Sussex NHS Foundation Trust are satisfied with their working patterns (rotas) and believe that the clinical fellow programmes have improved patient safety, increased clinical performance, improved both postgraduate and undergraduate education and junior doctors' wellbeing. More research is needed to evaluate the overall impact and trajectory of clinical fellow posts in hospitals to ensure a thriving hospital workforce.

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### Conflicts of interests

RG originally turned the concept of annualised and self-rostering rotas into a product alongside developers at HealthRota. He is a non-paid consultant to the company and owns a 10% stake in the company. JC, AB and DR do not have any conflicts of interest.

### Data availability

All the data from this work are provided in the article.

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## References

- Cleland J, Prescott G, Walker K, Johnston P, Kumwenda B. Are there differences between those doctors who apply for a training post in foundation year 2 and those who take time out of the training pathway? A UK multicohort study. *BMJ Open*. 2019;9(11):e032021. <https://doi.org/10.1136/bmjopen-2019-032021>
- Fell MJ, Jaring MRF, MacKenzie KR. Planning an 'f3' year: opportunities and considerations for aspiring surgeons. *BMJ*. 2013;347:f7224. <https://doi.org/10.1136/bmj.f7224>
- Galloway R, Onyiriuka O, Brown A, Fitzpatrick C, Richardson D. Healthrota: an evaluation of a digital rostering platform for managing hospital doctors' rotas and leave. *Future Healthc J*. 2022;9(2):166–170. <https://doi.org/10.7861/fhj.2022-0022>

- Grote H, Smith J, Little J, Horridge M. Clinical leadership fellow schemes for junior doctors: a brief overview of available schemes and how to apply. *Future Healthc J*. 2019;6(3):172–176. <https://doi.org/10.7861/fhj.2019-0030>
- Hollis AC, Streeter J, Van Hamel C, Milburn L, Alberti H. The new cultural norm: reasons why UK foundation doctors are choosing not to go straight into speciality training. *BMC Med Educ*. 2020;20(1):282. <https://doi.org/10.1186/s12909-020-02157-7>
- Lock FK, Carrieri D. Factors affecting the UK junior doctor workforce retention crisis: an integrative review. *BMJ Open*. 2022;12(3):e059397. <https://doi.org/10.1136/bmjopen-2021-059397>
- Moberly T, Stahl-Timmins W. More doctors are taking a break from training after foundation programme. *BMJ*. 2019;364:l842. <https://doi.org/10.1136/bmj.l842>
- Raha A, Heminway R. The clinical fellows project: emergence of the fy3 year? *BJPsych Bull*. 2020;44(2):85–85. <https://doi.org/10.1192/bjb.2020.16>
- Rizan C, Montgomery J, Ramage C, Welch J, Dewhurst G. Why are UK junior doctors taking time out of training and what are their experiences? A qualitative study. *J R Soc Med*. 2019;112(5):192–199. <https://doi.org/10.1177/0141076819831872>
- Smith SE, Tallentire VR, Pope LM, Laidlaw AH, Morrison J. Foundation year 2 doctors' reasons for leaving UK medicine: an in-depth analysis of decision-making using semistructured interviews. *BMJ Open*. 2018;8(3):e019456. <https://doi.org/10.1136/bmjopen-2017-019456>
- Wilson TR, Wilson JJ, Alexander DJ. Maximising SHO training by inclusion of research fellows into a novel hybrid rota. *Ann R Coll Surg Engl*. 2005;87(3):199–202. <https://doi.org/10.1308/1478708051720>