

Presentation title: **Beyond the Bedside: Junior Doctors Shaping the Future of Medical Education**

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Introduction

Junior doctors (JDs) are increasingly engaging in medical education roles to develop professionally and academically. Their involvement supports:

1. Gaining valuable teaching experience including organisation of a teaching program

2. Completing a “Teach the Teachers” course

3. Developing leadership and management skills

4. Earning points toward specialty training applications (refer to table 1, 2, 3)

5. Fulfilling requirements of a Postgraduate Certificate (PG Cert) in Medical Education

Our project evaluates the contribution of JDs to undergraduate medical education both locally at Nottingham University Hospitals (NUH) and internationally in conflict-affected regions, with oversight from the Health Education Support Group (HESG).

Option	Score
Have worked with local tutors to organise a teaching programme (a series of sessions) for healthcare professionals or medical students on which I regularly taught over a period of approximately three months or longer. Have evidence of formal feedback.	5
Have provided regular teaching for healthcare professionals or medical students, as part of a defined programme/course, over a period of approximately three months or longer. I have evidence of formal feedback.	3
Have taught medical students or other healthcare professionals occasionally. I have evidence of formal feedback.	1
None	0

Table 1 : Teaching Experience Score for Speciality Training

Option	Score
Have higher qualification in teaching e.g. PG Cert or PG Diploma	3
Have training in teaching methods below the level of a PG Cert or PG Diploma	1
No training in teaching methods	0

Table 2 : Training in Teaching Score for Speciality Training

Methods

Over a 6-month period, different junior doctors at NUH:

- Delivered **Core Procedural Skills teaching, bedside teaching, case-based discussions, and high-fidelity simulation training** for clinical year students

• Supervised, demonstrated, and gave feedback during clinical sessions

• Participated in a bespoke “**Teach the Teachers**” program

In parallel, junior doctors collaborated with HESG to support a **remote university in a war-affected area**, contributing to:

- Participated in the **design and refinement** of the "Integrated Curriculum for Undergraduate Medical Students"

• Mapped curriculum content to **GMC outcomes for graduates, MLA capabilities, and professional knowledge areas**

• Timetable creation and organisation for integrated medical teaching

• Delivery of a range of educational activities

• Involve in different projects, data collection, dissemination at many conferences

Results

- Locally, JD involvement enabled **increased student-teacher ratios**, expanding teaching capacity without additional resource costs

• Medical students reported **positive feedback** on the overall quality and frequency of teaching sessions

• JDs gained many points for applying speciality posts. (for example: IMT training, For August 2025 training programme intakes, the junior doctors can get the interview only when they can claim **15 points for IMT/ACCS** training, and this individual flexible programme can offer **up to13 points**. Teaching training (1 point), Teaching experience (5 point), Presentation and poster (6 points), Publication (1 point). It applies to all other specialities at different levels.

• Internationally, JDs contributed to the foundation of a standardized curriculum and faculty development, enhancing institutional quality and credibility

Leadership and Management		
Description	Points	Examples
Hold/have held a national level leadership or managerial role involving radiology	7	National role e.g. within specialist society, royal college, nationally held fellowship position, relevant to radiology.
Hold/have held a national level leadership or managerial role not involving radiology, but relating to healthcare OR Hold/have held a local/regional level leadership or managerial role involving radiology	5	National non-radiology healthcare role e.g. within BMA, royal college, etc. Local role e.g. committee member of undergraduate radiology society
Hold/have held a national level leadership or managerial role outside healthcare OR Hold/have held a local/regional leadership or management role not involving radiology but relevant to healthcare	3	National roles outside healthcare may include charity work, sports, creative arts. Local role relevant to healthcare but not radiology e.g. Junior Doctors Forum or Mess committee, Foundation programme rep.
Hold/have held a local/regional leadership or management role outside healthcare	2	As above, at a local level.
None of the above	0	

Table 3 : Leadership and Management Score for Speciality Training

Discussion

JD involvement represents a **mutually beneficial model**:

- For JDs: Structured teaching experience, educational qualifications (PG Cert), and portfolio enhancement

• For universities: Enhanced curriculum delivery, simulation training capacity, and student satisfaction with **minimal cost**

• For global health: Scalable education frameworks in under-resourced or crisis-affected settings

What I CAN OFFER

- Teaching Training

• Teaching Experience

• Presentation

• Publication

• Educational Management and leadership



From the students’ perspective, being taught and supported by individuals who are embedded within the NUH teaching curriculum and knowledgeable about the GMC Medical Licensing Assessment (MLA) content ensures consistency and clarity in their learning. This alignment helps prevent the confusion often caused by fragmented instruction from multiple uncoordinated sources. As a result, students feel more anchored within the hospital environment, develop stronger professional connections, and experience greater satisfaction and enjoyment during their clinical placements.

This program reflects a strategic, inclusive, and experiential approach to faculty development. Grounded in adult learning theory and experiential pedagogy, junior doctors function as both educators and learners. Their involvement has improved teaching delivery, fostered a community of practice, and increased recruitment/retention by enhancing career progression. Internationally, the scalable model supports education resilience and institutional capacity building in crisis settings.

Conclusions

Junior doctors are a transformative educational asset. Our initiative shows that structured, flexible, and experiential development enhances career progression, educational delivery, and workforce retention—both nationally and globally. To maximise this impact, every teaching hospital—not just NUH—should adopt this strategy. Establishing clear curricula that engage junior doctors in experiential learning, formal teaching training, and hands-on educational roles is essential. This approach not only improves teaching quality but also supports long-term NHS and global health priorities.

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