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# Performative Wellbeing Provisions in UK Medical Schools

#### **CORRESPONDENCE**

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**ABSTRACT** 

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Letter to the Editor by Ria Bansal and Akshata Valsangkar.

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#### Dear Editor,

Medical students in the UK continue to face financial burden, excessive stress and uncertainty with future employment. (1) Despite these pressures, we are expected to seamlessly cope with excessive workload, perform consistently well on clinical placements, and compete nationally for portfolio building opportunities. Unsurprisingly, this culture is leading to a mental health crisis for medical students. A recent report identified that one in five medical students are considering quitting medicine due to mental health reasons: excessive pressures, toxic culture and inadequate support. (2) This statistic is a warning about the sustainability of the future of the medical workforce. If no immediate action is taken to support retention and the wellbeing of students within the NHS, the long-term viability of the NHS doctor workforce is at threat.

The British Medical Association's (BMA) 2024 survey further revealed significant inadequacies in welfare provisions across UK medical schools. (3) Mental health support is supposedly prioritised by medical schools, however, only 45.9% of students agreed that schools provided easily accessible psychological support services. (4) Alarmingly, some students also reported being indirectly dissuaded from accessing psychological support due to potential academic consequences or fitness to practice concerns. (3) Academic consequences may include being strongly encouraged to take a year of absence to 'work on mental health' or increased scrutiny on placement. These different from fitness to practice concerns, which involve formal reviews about if a student is fit to continue training. This raises serious concerns, as it reinforces the deep-rooted stigma surrounding mental health and contributes to a culture of silence.

Welfare goes beyond psychological support; it encompasses the broader systems and infrastructure that enable students to thrive. These systems include adequate physical spaces such as rest areas, study facilities as well as policies that protect study time and promote work-life balance. Yet, the staggering finding that 59.4% of students did not agree that their schools provided adequate changing or rest facilities shows that these basic needs are neglected. (3) Combined with a heavy workload and insufficient protected study time, this contributes to overwork and burnout. (5)

Whilst some universities claim to have implemented wellbeing initiatives, many students state they are performative in nature – failing to adequately support students or address root causes. (3) For example, tokenistic 'wellbeing weeks' with details about university wellbeing support while also having long wait lists for appointments and low counsellor availability. Similarly, holding feedback sessions but not making change when

requested to do so. These performative initiatives tick administrative tick boxes but rarely translate into meaningful support for struggling students.

Such shortcomings in infrastructure and policy are not isolated incidents, but systemic failures. The BMA's findings suggest a concerning consistent pattern: a potential disconnect between what is promised and what is delivered. (3) Medical schools are failing to adequately support students and are building a hostile, unsupportive and unsustainable environment for future doctors. (3) Rather than a dismissive attitude towards complaints from students, universities must utilise feedback in a productive manner and make meaningful reforms.

We therefore urge universities to immediately review their psychological and pastoral support, particularly on placements. Superficial, inequitable, tick-box exercises towards well-being are not enough. Medical schools must consider the needs of their student populations and engage with the BMA and student societies to renew engagement and improve provisions. emotionally supported has been shown to reduce the risk of burnout and make students less likely to contemplate dropping out. (6) Medical students are resilient individuals, but resilience should never be used to justify toxic, unsupportive environments. The responsibility lies not with students to 'cope better' but with medical schools to create spaces where future doctors can thrive, not just survive.

Yours sincerely, Ria Bansal and Akshata Valsangkar bsdj.org.uk thebsdj.cardiffuniversitypress.org

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