

A Manifesto for Medical Training in the Edgelands



What can we learn from experiences in underdoctored areas?

This manifesto was inspired by discussion of the research findings from the NIHR-funded Mapping Underdoctored Areas study, and experiences of 30 workshop participants, shared at the 6th Developing Excellence in Medical Education Conference (DEMEC) 2025 in Birmingham.

Objectives

In a 90-minute workshop, we shared headline findings from our Mapping Underdoctored Areas data about experiences of working in areas that struggle to recruit and retain doctors, then asked workshop participants to consider ways for improving experiences of working in these areas, termed 'edgelands', considering two key questions.

Making the best of opportunities

What are the benefits and unique learning opportunities in the edgelands?

Mitigating and adapting for issues

What are some of the challenges in the edgelands and how might they be overcome?

Methods

Workshop participants shared their knowledge, experiences and solutions for working in edgeland areas. Using a rapid consensus process, we then asked workshop participants to consider their top three priorities for improvements, and top three opportunities for learning and change.



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Where are the edgelands?

Workshop participants were asked to define an area that they considered to be an edgeland and discussed their experiences of working there. They were invited to add their 'edgelands' to a map of the UK (see illustration).

“ Don't want to come... don't want to leave ”
— Contribution from workshop participant

Geographic edgelands broadly fell into one or more of these categories:

- Rural
- Coastal
- Socio-economically deprived

This means they can feel neglected, marginal, under-resourced and isolated.

Edgelands were not just geographic. Specific organisations, or even departments within organisations or individual general practices could be edgelands.

Who contributed to the manifesto?

Workshop participants included senior leaders in postgraduate deaneries, resident doctors, Specialist Associate Specialist and Specialty doctors, consultants, GPs and senior medical education and training managers.



Making the best of opportunities

Workshop participants identified and prioritised advantages to working in the edgelands. Highly-ranked advantages included:

Variety of clinical opportunities for learning, including lower competition with other learners for experiences.

Close connections between resident doctors, senior clinicians and members of the multi-disciplinary team.

Quality of life outside work, with affordable housing and wider resources such as access to nature.

Autonomy at work, with ability to influence change.

Opportunities for teaching, learning and re-learning aspects of medicine.

Rewarding integration into healthcare community.



Making the best of opportunities

Workshop participants also highlighted potential improvements to overcome issues. Highly-ranked opportunities for mitigation included:

Get the right people involved: change medical school recruitment to deprioritise academic performance.

Make supervision 'smarter' with options for remote and longitudinal supervision to improve educator capacity.

Acknowledge and work to mitigate the potential impacts of racism and discrimination from staff and patients.

Create 'hubs' or outreach to provide access to specific aspects of specialty training.

Create a USP: advertise the positives, involve resident doctors in creating an induction/promotional welcome pack.

Priority recruitment at foundation and core levels to retain people locally.



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