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Cite this as: *BMJ* 2024;384:q708<http://dx.doi.org/10.1136/bmj.q708>

Published: 26 March 2024

## DISSECTING HEALTH

# Scarlett McNally: Retrofitting simple education into the NHS

Scarlett McNally *professor*

I competed in a karate competition recently and found it a bit like surgery: you spend years perfecting technique and getting to know intuitively what might be effective with each person. The NHS needs to retain and value the experience and intuitive competence of doctors, other senior clinicians, and managers. Educating someone for autonomous practice and the ability to deal with complexity is hard.

But other types of educating can sometimes be simple. Knowledge and skills are empowering for staff and patients, as are environments that welcome discussion. In an NHS with minimal money, time, and staff it's hard to retrofit education and new processes alongside other work, but we can start by focusing on patient education and empowerment.

Social media and advertising have changed how people absorb information, how cultures evolve, and what our “norms” are. The recently observed No Smoking Day and International Women's Day can help us to learn how to inform and educate. This is more than just raising awareness: education on health related topics should be bite sized and available everywhere. At the Centre for Perioperative Care we've launched new resources with information about the practicalities of smoking cessation for healthcare staff,<sup>1</sup> including that each craving lasts only 90 seconds, nicotine withdrawal symptoms (such as irritability) start reducing within two weeks, and cessation reduces complications of surgery by around half.<sup>2,3</sup>

Getting NHS teams to co-create resources for patients is a great way of defining shared pathways and getting teams to bond. This process encourages other staff, including housekeepers, receptionists, and administrative staff, to expand knowledge of their service. My trust has published dozens of information leaflets to help change some norms,<sup>4</sup> and we've just updated the leaflet on hip replacement to shorten the expected length of hospital stay, which is now 0-2 days. A new book, *The Power of Preparation for Surgery*,<sup>5</sup> is aimed at patients but really should be required reading for pre-assessment nurses and clinic staff, to provide the knowledge and practicalities that can improve outcomes, satisfaction, and the efficiency of our interventions.

### Career defining years

International Women's Day should remind us that despite progress there remains a gender pay gap,<sup>6</sup> a gender pension gap, and a motherhood penalty, with mothers earning on average £4.44 an hour less than fathers.<sup>7</sup> Instead of just offering mentoring, resilience training, and unrealistic role models, we should offer skill development and learning opportunities. I tell

students that you don't need to be a man to chair a meeting, but I also offer training on how to chair a meeting and how to avoid accidental bullying.<sup>8</sup>

But we mainly need to fix the system that limits opportunities for education and advancement. For critical, career defining years, women tend to spend more time on caring and household responsibilities, which can negatively affect their advancement.<sup>9</sup> The unconscious bias and expectations of patients and other staff also mean that work takes longer for women, and the excessive time expectations of early roles contribute to a “leaky pipeline” or “talent gap” as women leave professional roles.<sup>10</sup>

It's already possible to request less than full time training in any specialty, but not everyone's aware of this.<sup>11</sup> We could get more women into clinical leadership quite cheaply by advertising all essential “middle management” positions as role shares—with clear role definition, administrative and senior support, and ideally deputy roles. This would help encourage all genders and people from non-traditional backgrounds to take on management roles.

So, let's try simple education with dedication akin to a basic karate class. This means being clear about basic knowledge and skills and defining our healthcare pathways so that they are truly patient centred and value every team member. We should nurture a diverse talent pool in clinical leadership. You can start by rewriting a leaflet together with your team, welcoming a new student, or changing your advert for the next “middle management” role.

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Provenance and peer review: Commissioned; not externally peer reviewed.

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