

Enhance – East of England Impact Evaluation Report 2026



- **We *built* the Programme**
- **We *delivered* the Programme**
- **We *looked* for evidence for Impact and Improvement**
- **WE *USE* THE PROGRAMME**

Executive Summary – 10 key points

- The Enhance – East of England programme is an education initiative for foundation doctors designed to develop *T-shaped* clinicians: strong core clinical competence alongside broad generalist capabilities needed for modern, complex healthcare systems.
- The Enhance – East of England programme has chosen foundation trainees as the trail blazers to help create the “rising tide” to “lift all boats” carrying better care, enhance efficiency, and improve long-term health through and a better understanding of the need for the three shifts- moving from **hospital to community**-based care, shifting from **analogue to digital** systems, and pivoting from **sickness treatment to prevention**.
- Participants consistently report strengthened **communication** (including escalation and safer handovers) and a sustained shift toward **patient-centred care** (including shared decision-making, attention to health literacy, and aligning care with what matters to each patient), with downstream benefits for patient experience and professional confidence.
- The Evaluation demonstrates that Enhance supports more **holistic management of multimorbidity**, moving doctors from single-problem thinking to bio–psycho–social approaches and better navigation of wider services.
- Doctors also describe improved **systems and pathway thinking**—understanding interdependencies across primary/secondary care and third-sector services—helping “make every contact count” and supporting more coherent patient journeys.
- The programme contributes to **patient safety** through better documentation, clearer discharge communication, increased vigilance, and greater willingness to raise concerns despite junior status.
- QIPs demonstrate impact on programme mechanisms and outcomes including **workforce wellbeing** (restorative, reflective learning environments), **digital readiness** (remote care, VR), **multiprofessional collaboration**, and **innovation/operational insight** (e.g., critical evaluation of AI for rota design).
- Furthermore, Enhance’s recent **economic evaluation** indicates that the programme would represent economic value to the NHS if it delivers a **long-term productivity benefit** equivalent to a **1.2%** average increase in the value of services delivered by resident doctors. While productivity effects are not easily isolated, directly measured, or “proven” within routine training data, the purpose of this **qualitative impact evaluation** is to describe the types of changes in clinical behaviour, capability and ways of working that could plausibly contribute to improved productivity over time.
- The economic evaluation further indicates that Enhance could achieve economic value through improved **retention and engagement** (equivalent to a **2-percentage point** increase in Foundation Year to Resident Doctor retention). Early retention data used within the economic evaluation suggests higher in-region retention for Enhance Explore foundation doctors compared with wider cohorts in the East of England (e.g., for 2024 finishers: **42.86%** of Enhance Explore foundation doctors in training in EoE vs **27.29%** of the wider EoE foundation cohort; for 2025 finishers: **24.32%** vs **18.09%**). The economic evaluation assumptions include (among others) an average cohort size of **40**, an average resident doctor

cost of **£135,127** (including overheads, excluding qualification costs), and a proxy annual cost per Enhance participant of approximately **£3,750–£4,000**.

- There are some limitations which include self-reported outcomes, modest sample sizes, and lack of controlled comparators; next steps proposed include more prospective evaluation design, measurement of longer-term workforce and system outcomes (including patient experience and service efficiency), and development of a **return-on-investment** model to support investment decisions

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Our Purpose:

Enhance provides the tools to achieve a T- shaped model clinician.

The Future Doctor



(The future doctor programme)

1. Summary

This report examines the impact of the East of England Enhance Programme for foundation doctors, an education initiative aimed at strengthening generalist skills among early-career clinicians. In addition, it captures qualitative insights into the experiences of doctors and stakeholders who participated in the programme.

Generalist capabilities are not routinely taught or formally assessed during undergraduate medical education or early postgraduate training; therefore, no baseline quantitative data are available. The evaluation is consequently qualitative in nature and draws on participant experience rather than comparative metrics. Data were collected through interviews with programme participants and stakeholders, alongside recognition of programme quality through invitations to present posters and workshops at national forums and conferences.

The findings indicate significant positive impact across multiple domains, including communication, patient-centred care, holistic management of multimorbidity, systems thinking, patient safety, environmental sustainability, leadership development, and career direction.

These results suggest that participation in the Enhance Programme is associated with meaningful changes in clinical behaviour, professional confidence, and how doctors perceive their role within the wider healthcare system.

We recognise that this evaluation represents an uncontrolled qualitative analysis and that any associations and inferences must be interpreted with caution. However, we intend to strengthen future evaluations through prospective planning and increased academic rigour. Despite these limitations, the evaluation has generated valuable insights into participant experience. When interpreted carefully, these insights provide clear and positive evidence of the positive impact that the Enhance Programme has had on many participants and potentially, the wider NHS in the future.

Importantly, these insights extend beyond isolated skill acquisition. They reflect broader shifts in professional identity, attitudes to generalism, and understanding of patient journeys across complex healthcare systems.

In future evaluations, we aspire to measure additional outcomes, including longer-term workforce impact, patient experience, service efficiency, and system-level outcomes.

We acknowledge that commissioners, policymakers, and system leaders will wish to understand not only the short-term educational benefits of Enhance, but also the longer-term value of investment in generalist education.

To support this, we plan to develop a return-on-investment model. While such a model may be conservative and challenging to construct, it would illustrate the potential for longer-term benefits, including improved continuity of care, prevention, workforce sustainability, and system efficiency. It is recognised that many additional benefits may not be fully captured within a financial model alone.

2. Introduction

Healthcare systems are increasingly required to respond to rising complexity, driven by an ageing population, increasing multimorbidity, workforce pressures, and the need to deliver care across organisational and sectoral boundaries. In this context, there is growing recognition that doctors require not only strong clinical expertise, but also broad generalist capabilities, including effective communication, systems thinking, leadership, adaptability, and an understanding of population health and sustainability.

Traditional undergraduate and early postgraduate medical training has tended to prioritise condition-specific knowledge and task-based clinical competence. While essential, this approach alone may not adequately prepare early-career doctors for the realities of modern healthcare practice, where clinicians must routinely navigate complex patient journeys, work within multidisciplinary teams, engage with digital and community-based services, and contribute to service improvement and system transformation.

The Enhance Foundation Doctors Education Programme (East of England) was developed in response to these challenges. The programme aims to support the development of T-shaped clinicians—doctors with deep clinical competence alongside the breadth of skills required to practise effectively across complex systems. Enhance adopts an innovative, experiential, and community-integrated educational model, incorporating immersive simulation, multiprofessional learning, digital and remote care exposure, nature-based learning, and peer-led education.

This report presents an impact evaluation of the Enhance Programme, drawing on qualitative data to explore how participation influences clinical practice, professional identity, and system-level thinking among foundation doctors. Given the absence of established baseline measures for generalist capability development, the evaluation focuses on participant experience, reflective insight, and programme outputs rather than quantitative comparison.

The report is structured as follows. Section 4 presents findings from interviews and written reflections, illustrating the impact of Enhance on individual doctors' behaviours, confidence, and clinical approach. Section 5 provides a qualitative impact analysis of Quality Improvement Projects delivered within the programme, demonstrating how educational design and innovation support these outcomes. Section 6 synthesises findings from both strands of analysis, integrating participant-level experience with programme-level evidence to provide an overall assessment of impact across clinical practice, education, and system priorities.

Together, these sections aim to provide a coherent and credible account of the value of the Enhance Programme, informing future programme development, evaluation planning, and decisions regarding ongoing investment in generalist education.

3. Methods

This impact analysis was conducted alongside a wider evaluation of the Enhance Programme and was designed to explore participant experience, perceived behavioural change, and programme-level impact using qualitative methods.

Data sources included semi-structured interviews with foundation doctors who completed the programme, written reflective submissions, stakeholder feedback, and documentation of national dissemination activity.

In addition, a qualitative document analysis approach was undertaken across submitted QIP materials associated with the Enhance Foundation Doctors Education Programme. The dataset comprised seven QIPs, including abstracts, posters, presentations, and written outputs that were presented at the DEMEC Conference 2025- a national conference

The analysed documents represented educational and service innovations delivered across multiple contexts, including community, primary care, remote services, simulation environments, and digital platforms.

Data sources included:

- Project aims and descriptions
- Reported outcomes and evaluation findings
- Participant feedback and reflective statements
- Learning points, conclusions, and dissemination outputs

All documents were reviewed in full. An iterative thematic analysis was conducted, with initial codes generated inductively to ensure that themes emerged directly from the QIP content. Themes were retained only where they appeared across multiple QIPs or were supported by multiple forms of evidence (e.g. participant quotations, reported outcomes, and learning points), enhancing analytical credibility through triangulation.

Themes were subsequently grouped into higher-order domains aligned with Enhance programme objectives and national postgraduate education priorities, including generalism, systems-based practice, patient-centred care, workforce wellbeing, digital capability, multiprofessional collaboration, and leadership development.

To maintain analytical integrity, direct quotations and recurring phrases from the QIPs are used throughout the analysis to illustrate and substantiate impact. Reported impact is therefore grounded explicitly in the analysed documents rather than inferred outcomes.

4. Impact Evaluation: Interviews and Written Reflections

The following section presents findings from interviews and written reflections, illustrating how participation in the Enhance Programme influences individual clinical practice, professional identity, and behaviour over time.

4.1 Overview

Previous foundation doctors found the Enhance Programme to be a valuable and impactful learning experience. The review of four one-to-one interviews and two written reflections from doctors who participated in the Enhance Programme reveals a strong and consistent positive impact on communication, clinical practice, professional outlook, and system-level thinking. The programme appears to support a shift from a narrow, task-focused mindset to a more generalist, system-aware, and sustainability-conscious approach, with clear benefits for patient experience, care continuity, and preparedness for future leadership roles.

Overall, the key impact domains identified in this review are Communication, Patient-Centred Care, Patient Safety, Career Direction and Leadership skills, Systems and Pathway Thinking, Holistic Care and Complex Multi-morbidity, and Environmental Sustainability and Population Health. It is important to note that most of the doctors interviewed or providing written feedback are currently in GP training, largely within East of England deaneries, which may further amplify the relevance of generalism and community-facing practice in their reflections.

4.2 Communication

Communication skills emerged as a recurrent and central impact outcome among these foundation doctors. Good communication is critical in healthcare, improving clinical outcomes, enhancing patient experience, and supporting more efficient working [1]. Evidence also shows that effective communication improves patient health outcomes [2]. Feedback from the doctors substantiates this, with improved communication leading to safer handovers, stronger doctor–patient relationships, better patient feedback, and increased professional confidence.

Doctor 1 demonstrates how communication can directly influence clinical outcomes, particularly through early escalation and clear, timely conversations with patients and other professionals.

Doctor 1

“That was quite interesting to see where the communication, I feel, could be better sometimes. Like, if you are worried, there's no harm in calling and saying I'm worried about this patient. Do you think they should come in? That kind of communication.”

Doctor 3 applies communication learning in a patient-centred context, using language and framing that align with individual needs, resulting in positive patient feedback:

Doctor 3

“I’m saying that the communication and the language I used matching it to the needs of the patient.”

Doctor 3

“I’ve had like quite good feedback from patients in terms of like my holistic approach and will often want to try and book in to see me. And again, I think some of that is from the communication skills that have been developed through the enhanced programme.”

The adaptation of communication according to patients’ individual needs can have an impact on health outcomes, improve efficiency, and cost effectiveness [2]. Communication learning from Enhance has also driven broader behavioural change, with doctors reporting that they now apply these skills beyond clinical encounters, including interactions with families, colleagues, and even in non-medical settings.

Doctor 1

“I think in general, Enhance has made me a more well-rounded practitioner. How I speak to people, how I speak to families, just checking up on things, checking up on results, feedback to people.”

Doctor 1

“For me, it has. It’s definitely made me more confident to speak to other people.”

Doctor 4

“In general, like outside of medicine, dealing with like very senior clients and colleagues, those communication skills are very important and like being a doctor really gives me up for that. And I guess if I was, when I was working in GP, I had a lot of these conversations, like a lot of conversations, and that really did, like hone like my comm skills even further.”

With feedback aligned to current evidence [1][2], the Enhance programme demonstrates potential to influence wider patient outcomes if it continues to deliver the same quality of training.

4.3 Patient-centred care

Patient-centred care, as emphasised in the NHS Long Term Plan [3] and the Person-Centred Approaches Framework [4], aims to give patients greater control over their health and ensure access

to personalised care. Reflections indicate a fundamental shift among previous Enhance participants from task-focused junior practice towards consistently prioritising the individual patient's experience, values, and understanding.

The doctors describe moving beyond simply following routines or guidelines to actively considering what matters to each person in front of them. They demonstrated improved shared decision-making, health literacy awareness, and alignment of care plans with patients' individual circumstances, contributing to better engagement and outcomes, in line with evidence on person-centred care [5][6].

Doctor 1 now explicitly frames clinical work around the patient's journey, focusing on how to make healthcare more meaningful and beneficial from the patient's perspective.

Doctor 1

"What is this specific person going through? How can their journey be made better for them?"

Doctor 1

"Yeah, definitely this is all to do with patients, isn't it? The whole thing. And there's always, what's the point in doing? It's all about making their lives better. So yeah, I think everything I've learned it's going to feedback to my patients."

Doctor 3 describes deliberately applying learning from the person-centred module in everyday practice. This includes shared decision-making, holistic management plans, and attention to health literacy, particularly in how written and verbal information is presented to patients.

Doctor 3

"I would say like definitely from like the person-centred sort of module. I think that's something to try and apply to my practice in there, making sure that we're reaching shared decisions and like management plans are holistic and sort of."

Doctor 3

"It's quite shocking the data on how few people can understand sort of in terms of like written health information. So that's really made me try and think about when I'm counselling patients or educating them during consultations."

Doctor 5 highlights how the programme deepened an already holistic orientation, equipping them with more specific tools to identify unmet needs and integrate individual circumstances into care plans.

Doctor 5

“Person-centred practice: Although I already saw myself as a holistically minded practitioner, this module highlighted areas where I could further develop. It equipped me with tools to better recognise and address unmet needs, and to incorporate patients' individual circumstances into their care plans more effectively.”

Based on the doctors' feedback, there is now a stronger understanding of patient-centred care, leading to improved patient satisfaction, reduced costs, and efficiency. This feedback links how patient-centred care positively contributes to the health system [5] as well as Lord Darzi's report of high-quality care for all [7].

4.4 Holistic care and complex multi-morbidity

Multimorbidity is a common burden that affects people globally as we age [8]. In the UK, one in three adults lives with multiple long-term conditions [6]. As the population ages, multimorbidity will continue to rise, complicating care and requiring a holistic, integrated approach [6].

A graph of people with white text. AI-generated content may be incorrect (Richmond Group of Charities, 2018).

It is therefore important to have a good understanding of multi-morbidity to provide essential care to individuals with multiple complex conditions. The vast exposure to generalism and longitudinal care within the Enhance Programme appears to have deepened participants' understanding of holistic care and the management of complex multi-morbidity. Doctors describe moving from a single-problem, condition-focused mindset to one that routinely integrates bio–psycho–social factors, multiple conditions, and wider services.

The Enhance programme supported safer, more confident management of complex patients, reinforced generalist identity, and influenced long-term career direction toward primary care and community-focused roles as noted from the doctors' experiences.

Doctor 1 and Doctor 3 both chose the Enhance Programme because of its explicit focus on generalism. For Doctor 1, this has translated into a stronger commitment to seeing and treating the whole person, and a clear rejection of fragmented, isolated approaches to care.

Doctor 1

“It was that kind of whole generalist approach that quite interests me, and I thought it might help, you know, understand what was going on in different areas or, you know, it

might make me kind of more knowledgeable doctor or be able to relate to patients a bit more.”

Doctor 1

“Everything relates to everything and how you can help you know... and there are certain teams I've noticed in the hospital that don't, they like to just stick with what they're doing... as long as they put in the paper referral, that's it. They don't care... I think that will change me. I'm not going to be that person because you have to think about the whole person and yeah, you have to think about your patient as a whole.”

Doctor 3

“I'm quite interested in being a bit more generalised and so like having the extra of generalism type of training.”

Doctor 2 describes how generalist and holistic principles from Enhance have influenced both their career choice (GP training) and their day-to-day practice in managing patients with complex needs.

Doctor 2

“I guess I mean the whole point of the enhanced programme is that it's a generalism programme and I guess the fact that now I'm doing GP training almost kind of speaks for itself in that taking those kind of very broad care principles and holistic medicine and apply them to kind of every, everyday practice.”

Doctor 2

“For example, I've had patients with pancreatitis and background and alcohol dependence, and you then start thinking about kind of complex co-morbidities and other services that are available to help them. I think it's just given, it's just basically an understanding of there's more than just the condition to be treated.”

Doctor 4 and Doctor 5 similarly emphasise routinely zooming out to consider context, psychosocial factors and longer-term risks, rather than focusing only on the presenting complaint.

Doctor 4

“So yeah, I would say it just makes me like when I do my locum shifts, it makes me look at the patient more holistically. And then when I work my I guess my consulting job; it makes me also look at the bigger picture of what could we miss it be missing?”

Doctor 4

“For example, if somebody's in A&E and they see a patient. They just like, think about that specific problem... but I think it's really important to look at your patient holistically. For me, like for example smoking... I always discourage my patients from smoking.”

Doctor 5

“I'm more likely to pause and zoom out -- to think about the person in the context of their home, work, finances, and community, not just the presenting complaint.”

Doctor 6 provides a particularly clear account of how Enhance strengthened their capacity to manage multi-morbidity safely and effectively.

Doctor 6

a) “It strengthened my ability to practise holistically - consistently considering the bio/psycho/social context of each patient and tailoring investigations or management accordingly.”

Doctor 6

b) “It increased my confidence when managing patients with multi-morbidity and complex clinical needs, enabling me to juggle competing priorities more safely and effectively.”

In conclusion, Enhance aligns with the current evidence [6] of gaining deeper insight into the experiences and expectations of people living with multiple conditions, and this will guide how future health and social care services are designed and delivered.

4.5 Environmental sustainability and population health

Health is shaped by the environments in which people live, work, and age. A healthy environment could prevent nearly one-quarter of the global disease burden [9]. Environmental change—particularly climate change—has direct and indirect consequences for human health, including air pollution, vector-borne illnesses, and extreme weather events [10].

Several participants describe a heightened awareness of environmental determinants of health and the importance of sustainable practice. They link learning from Enhance directly to behaviour change in clinical encounters, including waste reduction, rational prescribing, and social prescribing. Doctors adopted more sustainable prescribing practices, increased use of social and green prescribing, and reframed treatment to prioritise prevention and community assets.

4.5.1 Participant reflections

Doctor 3 reports consciously reducing unnecessary resource use and widening their perspective beyond acute care towards prevention and health promotion.

Doctor 3

“To try and reduce the waste sort of plastic. Same with taking blood. They're only taking like the ones that have equipment, rather than taking lots, and potentially some of that going in the bin.”

Doctor 3

“So, I think it's definitely changed my mindset from that perspective. And then given me as a wider picture of healthcare rather than just in the acute hospital setting or GP setting, I'm thinking more about disease prevention like health promotion.”

Doctor 5 and Doctor 6 both give examples of environmentally aware and value-based prescribing, including comfort with non-pharmacological options and alignment with emerging guidance (for example, around inhaler choice).

Doctor 5

“I am more comfortable not overmedicalising problems, and more confident using nonpharmacological and community-based options where they are likely to offer better value and better outcomes.”

Doctor 5: The away days -- particularly those with Forestry England -- really reinforced the value of non-medical prescribing and social prescribing. I've carried that into practice by: routinely exploring community assets and activities as part of management plans; being more confident to not reach for a prescription where it's not needed; and framing treatment in a broader way (green space, social connection, activity, self-management) rather than just medicines and referrals.

Doctor 6

“I am pleased to see guidance now moving toward DPIs with AIR/MART therapy. I routinely discuss and initiate appropriate switches during consultations (even when presenting with non-respiratory complaints!), rather than passing this on to in-house asthma nurses.”

Enhance contributes to this effort of environmental sustainability by sharing up-to-date information on environmental impacts on health, a topic often underrepresented in medical education and training.

4.6 Systems and pathway thinking

Understanding systems and pathways helps junior doctors develop realistic expectations of both community and hospital services, supporting the strategic ambition to shift care closer to home [3]. Enhance appears to equip doctors with knowledge of local pathways and third-sector resources, and to encourage them to use every encounter to add long-term value for patients and the system. This contributes to efficiency, better use of resources, and more joined-up care.

Enhanced systems thinking contributed to improved efficiency, better use of resources, stronger MDT collaboration, and more coherent patient journeys.

4.6.1 Efficiency and resource stewardship

Saving time and resources is necessary for the sustainability of the NHS. Participants show an increased awareness of how different parts of the system operate and where misunderstandings between primary and secondary care can create friction or duplication. Several describe using this understanding to “make every contact count”, addressing issues such as polypharmacy, preventative care, and service navigation during routine consultations.

Participant reflections:

Doctor 2

“It's very easy when you're in one or the other to not really have an appreciation of what the other does... until you've actually done both sides, you appreciate it doesn't quite work like that.”

Doctor 2

“I think it's thinking about continuity of care... making every contact count.”

Doctor 2

“For example, in GP, a patient comes with an acute problem, but you can take the opportunity to think about polypharmacy or medication reviews or looking at... blood pressure readings and things.”

Doctor 1 reinforces this by challenging single-issue approaches in clinics and seeking to act on additional needs where appropriate.

Doctor 1

“Some consultants... when they hear that there's something else going on, they say, oh, well, someone else will deal with that... And now I'm like. Well, no. Why can't I book a scan?... why can't I get involved and then refer?”

Doctor 1

“It has given me that mindset... wanting to spot where we can improve... improve efficiency and improve patient care and making care more holistic.”

Doctor 2 illustrates practical pathway knowledge, particularly around social prescribing and neurodevelopmental services, and how this informs her guidance to families and patients.

Doctor 2

“We did the environmental sustainability thing at High Lodge... knowing those sorts of things that are available that we can use and prescribe or suggest to people in practice.”

Doctor 2

“In paediatrics... concerns for autism and ADHD... being able to guide parents with criteria... diagnostic processes... because that's exactly what the job was at Newberry...”

4.6.2 Team working and cross-sector collaboration

The doctors also express a more mature appreciation of multidisciplinary and cross-organisational working, recognising that effective care depends on understanding each team's role and contribution. Enhance seems to have encouraged them to listen more attentively in MDTs, respect other professionals' perspectives, and think about how specialist teams can collaborate rather than operate in isolation.

Doctor 1

“Now I realise how it's important just to be able to work as a team and to understand what each other's doing... when I go to MDT meetings now, I will always listen more to everyone and take everyone's point of view into consideration.”

Doctor 1

“It has just improved my working relationships with other people.”

Doctor 1

“Everything relates to everything... how what I'm doing is affecting another team.”

Doctor 2

“The NHS works better... when all teams work together and contribute to care... how could we make specialist teams... work better collaboratively with other teams, with other people.”

Doctor 3

“Having an awareness of... third sector organisations... and how primary care and secondary care work together... with social care... the MDT approach was really helpful.”

This systems mindset is also transferable beyond the NHS. One participant, now working in management consulting, describes applying the same whole-system perspective to non-clinical work.

Doctor 4

“When I work my consulting job, it makes me also look at the bigger picture of what could we miss it be missing?”

Doctor 6

“Enhance helped me see myself less as an individual clinician trying to fix isolated problems, and more as part of a system.”

The wider argument that health education must be supported by systems-thinking approaches [10] is substantiated with the above feedback, in alignment with the current literature. One of the core fundamentals of Enhance is interdisciplinary collaboration; Enhance mirrors this by supporting the One Health framework, which strengthens interdisciplinary collaboration [10][11].

4.7 Patient safety

Patient safety is central to the NHS identity [3][12] and is a core expectation of the GMC for a doctor in practice [13]. Several reflections explicitly link Enhance learning to improved patient safety, particularly through better communication, documentation, and escalation of concerns.

Participants describe a heightened awareness of how handovers, discharge summaries, and patient understanding directly affect safety after hospital discharge. The doctors showed increased vigilance, willingness to challenge unsafe practice, and improved patient education, directly supporting safer care transitions.

Doctor 1 provides a clear example involving an elderly patient with a catheter and no clear documentation or explanation, highlighting how gaps in communication can create confusion for both patients and GPs.

Doctor 1

“An elderly man in his 80s got sent home with a catheter... there was no handover... the wife didn't understand... Also, the GP was like we don't know, it's not written on the discharge summary.”

She also describes consciously checking patients' understanding of key safety-related aspects of their care (for example, VTE prophylaxis) and feeling empowered to challenge unsafe decisions despite being junior.

Doctor 1

“Patients' understanding... are they understanding the need for taking the medication? ... wearing the stockings? ... the risk... if they don't move around enough?”

Doctor 1

“If you feel that someone's doing something wrong or they've missed something, no matter how junior you are, if you don't say it, then that's a patient's life...”

These reflections demonstrate strong alignment with the aims of the Enhance Programme, evidencing improved communication, greater vigilance, and increased confidence in escalating concerns—key behaviours that directly strengthen patient safety and support safer care transitions.

4.8 Leadership and quality improvement

There is strong evidence that effective leadership and QI practices contribute to a safer, more efficient healthcare system [12][14]. Within this context, the Enhance Programme appears to play a significant role in cultivating leadership aspirations and fostering a more strategic, improvement-oriented mindset among early-career doctors.

Participants consistently describe a shift from viewing audits and QI activities as routine “tick-box” requirements to recognising them as meaningful mechanisms for influencing systems and improving patient care. Several doctors also report taking on leadership, teaching, or presentation roles directly as a result of their involvement in Enhance, demonstrating the programme's impact on professional confidence and capability.

Overall, Enhance supports the development of leadership skills, QI literacy, and sustainable service-design thinking that extend well beyond what is typically offered in standard foundation training.

Participant reflections:

Doctor 1

"I think in the future I would be more likely to get involved in projects... I see the importance of them a bit more now... It's now to actually have a reason — how they directly influence things and how you can make something better."

Doctor 3

"It's given me motivation and encouragement to want to get into a role in the future, more in leadership — that's definitely something I could see myself doing."

Doctor 2

"I've got the National Certificate and the Level 3 local certificate... I had opportunities to talk about the study days we did... presenting at one of the days... teaching skills and what I learned from that."

Doctor 5

"It's shifted my mindset from 'How do I fix this problem today?' to 'How do we design care so that this person — and others like them — are better supported in the long term?'... That mindset definitely comes from Enhance rather than standard foundation training."

Doctor 6

"It has reinforced my commitment to community-facing, primary-care-focused work... and nudged me towards QI and service development rather than just doing the day job."

Collectively, these reflections demonstrate clear alignment with the aims of the Enhance Programme, evidencing strengthened leadership capability, deeper engagement with quality improvement, and a more strategic, system-focused approach to care.

4.9 Conclusion

This report demonstrates the broad and lasting impact of the Enhance Programme on early-career doctors, showing a clear shift from task-focused, hospital-centred training towards a more generalist,

patient-centred and system-aware approach aligned with NHS priorities. Participants described tangible behavioural changes, including more intentional communication, greater attention to patient understanding, holistic management of multimorbidity, and increased confidence in using community and third-sector resources. These behaviours appear to contribute to better patient experience, improved safety—particularly around handover and discharge—and more efficient use of NHS resources through “making every contact count.”

The programme also influences professional identity and career direction, with several trainees expressing increased interest in general practice and greater motivation to engage in leadership, service development, and quality improvement. This suggests that Enhance is not only strengthening individual clinical practice but also helping to develop future leaders capable of driving system-level change. Overall, these findings support continued investment in the Enhance Programme, particularly in regions seeking to expand generalism, continuity, and community-based care. Wider adoption of similar approaches could help build a workforce better prepared for complexity, more committed to holistic, person-centred practice, and more confident in leading quality improvement and system transformation.

While the preceding section focuses on participant-level experience, the next section examines programme-level outputs through analysis of Quality Improvement Projects. Together, these perspectives provide complementary insight into how Enhance delivers impact across diverse learning environments and service contexts.

5. Qualitative Impact Analysis of Quality Improvement Projects (QIPs)

This section presents a qualitative impact analysis of eight Quality Improvement Projects (QIPs) delivered within the Enhance programme and presented at the DEMEC Conference 2025. The projects span a diverse range of educational and service innovations, including immersive simulation, nature-based learning, digital and remote care placements, virtual reality education, multiprofessional training, peer-led learning, and artificial intelligence-supported operational improvement.

Taken together, these QIPs provide a robust evidence base demonstrating the educational, professional, and system-level impact of the Enhance programme.

5.3 Thematic impact analysis

5.3.1 Clinician wellbeing, reflection, and professional sustainability

Impact on clinician wellbeing was consistently articulated across the analysed QIPs, particularly within non-traditional learning environments. Participants in the Forestry England Systems Working Hub repeatedly described the experience as “restorative”, “refreshing”, and providing “a break from the clinical environment”. One QIP explicitly noted the setting was “beneficial for wellbeing and reducing burnout”.

These descriptors, reported verbatim within the project documentation, demonstrate that trainees perceived the learning environment as supporting emotional restoration and reflective practice. The forest setting was described as creating “space for deeper reflection on practice”, enabling engagement with systems thinking away from clinical pressures.

Consistent with themes identified in other experiential QIPs, wellbeing was not positioned as separate from professional development, but as enabling sustained engagement with learning.

5.3.2 Patient-centred care, empathy, and multimorbidity

Across immersive simulation QIPs, particularly the Dementia Bus and Autism Bus, participants consistently used emotive language to describe impact. Experiences were described as “eye-opening”, “really useful”, and as having “brought home what it’s like to live with dementia”.

Trainees reported enhanced awareness of “sensory overload challenges” and “communication barriers”, prompting intentions to adopt “more empathetic approaches” and

increase “signposting to services”. These reflections demonstrate a shift towards patient-centred and biopsychosocial thinking grounded in lived experience simulation.

As with other immersive interventions described in this analysis, the impact was not framed as abstract knowledge acquisition, but as a change in professional perspective and intended clinical behaviour.

5.3.3 Systems thinking and cross-sector understanding

Evidence of systems thinking was explicitly articulated in several QIPs. The Forestry Hub described learning that increased “awareness of system interconnections and community services”, particularly in relation to mental health and social prescribing. Participants valued learning from “professionals outside healthcare”, describing this as offering “fresh perspectives on systems thinking”.

Similarly, IC24 remote care placements were described as providing “hands-on experience in digital healthcare”, including triage, inter-system referrals, and navigation across NHS 111, community services, and primary care. These experiences reinforced understanding of healthcare as an interconnected system rather than a series of isolated encounters.

5.3.4 Digital capability and future-focused practice

Digital competence outcomes were reported directly within the IC24 and VR QIPs. FY2 doctors described a “marked increase in confidence and competence in remote care” and valued the “hands-on, supportive experience” that enhanced “communication and decision-making in virtual settings”.

The VR primary care pharmacy project described the resource as a “fully immersive VR experience” that allowed learners to “experience real-world scenarios safely”, while observing collaborative decision-making across professional boundaries. These descriptions demonstrate how digital and immersive technologies were used to support safe experiential learning aligned with future models of care.

5.3.5 Multiprofessional learning and collaborative practice

The Multiprofessional Primary Care Simulation QIP provided strong evidence of collaborative learning. Participants reported that the experience helped them understand “the roles of healthcare professionals; when and where to access support” and enabled development of “a more holistic view with patient care”.

Foundation pharmacists explicitly stated that this approach was “essential for future roles as independent prescribers”, while doctors valued “seeing where other professionals’ strengths

are”. These statements provide direct evidence of improved role clarity and collaborative readiness emerging from the analysed documents.

5.3.6 Teaching capability, leadership, and educational engagement

The e-learning facilitation QIP addressed low engagement with self-directed learning. Baseline data showed that “61% had not even started modules”. Following fellow-led and peer-led facilitated sessions, feedback demonstrated that “more than 80% of attendees found the facilitated session very helpful”, with reflections described as “more detailed compared to self-directed learning”.

The transition to peer-led facilitation was explicitly framed within the QIP as enhancing foundation doctors’ “portfolio as a teacher and leader”, evidencing early leadership development alongside improved learner engagement.

5.3.7 Innovation, quality improvement, and operational insight

The AI-assisted rota development QIP demonstrated engagement with operational complexity and innovation. While manual rota creation remained the most accurate approach, AI tools were shown to reduce time burden and improve scalability. The project explicitly highlighted both the potential and current limitations of AI, modelling critical evaluation rather than uncritical adoption.

This reflects development of analytical and leadership skills grounded in real operational challenges, as evidenced directly in the project documentation.

5.4 Alignment with national and educational priorities

Collectively, the analysed QIPs demonstrate alignment with national priorities including generalist capability development, multimorbidity management, digital transformation, workforce wellbeing, and multiprofessional collaboration. Presentation of all eight QIPs at DEMEC Conference 2025 provides additional assurance of quality, relevance, and peer engagement within the medical education community.

The findings align with GMC Outcomes for Graduates (GMC, 2020) and the NHS Long Term Workforce Plan (NHS England, 2023), particularly in relation to systems-based practice, patient-centred care, and future workforce readiness.

5.5 Limitations

This analysis is based on qualitative, self-reported data derived from QIP documentation and does not seek to quantify patient-level outcomes. This is appropriate to the purpose of the evaluation, which focuses on educational, professional, and system-level impact. While

sample sizes within individual QIPs are modest, consistency of themes across diverse projects and learning contexts strengthens confidence in the overall findings.

5.6 Conclusion

This qualitative impact analysis demonstrates that the Enhance Foundation Doctors Education Programme delivers consistent, multidimensional impact across eight Quality Improvement Projects presented at DEMEC 2025. The analysed documents provide robust evidence that immersive, multiprofessional, digitally enabled, and peer-supported educational approaches contribute to the development of clinicians who are empathetic, system-aware, digitally capable, and professionally resilient.

Taken together, these findings suggest that the Enhance programme functions not merely as an educational intervention, but as a system-level enabler — supporting workforce sustainability, fostering leadership and innovation, and preparing foundation doctors to practise effectively within the complexity of modern healthcare systems.

The final section synthesises findings from participant reflections and Quality Improvement Projects, integrating individual-level experience with programme-level evidence to present an overall assessment of impact across clinical practice, education, and system priorities.

6. Integrated Impact Synthesis

6.1 Executive summary

This section synthesises findings from two complementary qualitative evaluations of the Enhance Foundation Doctors Education Programme: (1) a review of interviews and written reflections from previous Enhance participants (Section 4), and (2) a thematic analysis of seven Quality Improvement Projects (QIPs) presented at the Developing Excellence in Medical Education Conference (DEMEC) 2025 (Section 5). Together, the evidence demonstrates consistent, multidimensional impact across clinical behaviour, professional identity, systems thinking, leadership development, digital readiness, and workforce wellbeing (Health Education England East of England, 2025; DEMEC, 2025).

A key strength of the combined findings is the alignment between what participants report changing in practice (Section 4) and how the programme's educational design and innovations enable those changes (Section 5). In other words, the QIPs provide a plausible explanation for the mechanisms through which participant-level outcomes arise and persist.

6.2 Programme context

Enhance is a multiprofessional contextual leadership developmental offer designed to equip trainees with generalist skills that enable them to work across disciplinary boundaries and adapt to complex healthcare environments (Health Education England East of England, 2025). The QIPs analysed demonstrate how this is operationalised through immersive simulation, nature-based learning, remote care placements, virtual reality education, multiprofessional simulation, peer-led facilitation, and AI-supported operational improvement.

6.3 Integrated impact domains

6.3.1 Communication and patient safety

Participant accounts in Section 4 consistently highlight improved confidence in escalation, clearer communication with patients and colleagues, and increased willingness to challenge unsafe practice. Section 5 complements this by showing how immersive learning experiences (e.g., dementia and autism simulation) create conditions for empathy and communication adaptation, which underpin safer clinical behaviour. Together, these data support the interpretation that Enhance strengthens patient safety not only through knowledge transfer, but through reflective and experiential learning that influences real-world communication and decision-making.

6.3.2 Patient-centred care, empathy, and multimorbidity

Section 4 demonstrates a sustained shift toward personalised care, shared decision-making, and health literacy awareness. Section 5 provides reinforcing evidence that simulation-based

interventions and community-integrated learning promote perspective change and biopsychosocial thinking. This convergence suggests Enhance strengthens generalist capability by embedding person-centred care as an applied clinical approach to multimorbidity rather than an abstract value statement.

6.3.3 Systems thinking and pathway awareness

Across both sections, participants describe increased understanding of healthcare as an interconnected system. In Section 4, doctors describe “making every contact count” and improved awareness of service pathways and third-sector resources. Section 5 supports this by evidencing pathway exposure through remote care placements and cross-sector learning environments. Taken together, this indicates Enhance promotes systems-aware generalist practice that supports more coherent patient journeys and improved use of resources.

6.3.4 Digital capability and future-focused practice

Section 5 provides direct evidence of increased competence and confidence in remote care and VR-supported learning. Section 4 complements this by indicating broader changes in clinical decision-making, consultation structure, and pathway navigation. Together, findings align with national priorities for digitally enabled service delivery and future workforce readiness.

6.3.5 Workforce wellbeing and professional sustainability

Section 5 demonstrates that nature-based learning and non-traditional environments are repeatedly experienced as restorative and supportive of reflection. Section 4 supports this indirectly through improved confidence, professional identity development, and sense of agency. The synthesis suggests wellbeing is not treated as separate from professional development; rather, reflective space and psychological restoration appear to facilitate deeper learning and sustainable practice.

6.3.6 Leadership, teaching, and quality improvement

Section 4 illustrates a shift from “tick-box” QI to meaningful improvement thinking and developing leadership aspiration. Section 5 shows practical leadership development through peer-led learning, facilitated teaching sessions, and innovation-focused QIPs. Together, evidence suggests Enhance strengthens early clinician-leader identity formation and builds confidence to contribute to service development beyond clinical tasks.

6.3.7 Innovation and operational insight

The AI-assisted rota QIP demonstrates critical engagement with emerging technologies—highlighting both potential and limitations. This complements Section 4’s wider theme of systems thinking and improvement orientation. The combined evidence suggests Enhance

supports an analytical mindset that can engage responsibly with innovation, rather than adopting tools uncritically.

6.4 Limitations

This synthesis is based on qualitative, self-reported data and QIP documentation. It reflects perceived educational, professional, and system-level impact rather than independently verified patient outcomes. Individual QIPs involved modest cohort sizes and varied evaluation approaches. However, the consistency of themes across different datasets and contexts strengthens confidence in the overall conclusions.

6.5 Methods

6.5.1 Data sources

- Four one-to-one interviews with Enhance participants (anonymised)
- Two written reflections from Enhance participants
- Seven QIPs presented at DEMEC 2025 (abstracts, posters, presentation materials)

6.5.2 Approach

- Thematic analysis of interview and reflection data
- Qualitative document analysis and inductive thematic analysis of QIP outputs
- Integration through triangulation of recurring themes across datasets

6.5.3 Ethics and confidentiality

- Participant statements anonymised
- No patient-identifiable data used

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8. Appendix A: Quality Improvement Abstracts

Appendix A1

1. Enhancing Wellbeing and Systems Thinking through Nature-Based Learning

A Forestry Hub Day for Foundation Doctors

Background:

The NHS England Enhance programme delivers innovative educational hubs to support generalist training, systems thinking, and clinician wellbeing. A Systems Working Hub was developed in collaboration with Forestry England, using a forest environment to explore healthcare challenges such as social prescribing and cross-sector working.

Methods:

Foundation doctors participated in a structured outdoor learning day incorporating reflective walks, team-based activities, and facilitated discussions led jointly by clinical educators and Forestry England professionals. Participant feedback was collected from cohorts between 2023–2025.

Results:

Eighty-six percent of participants reported moderate to high personal and professional impact. The outdoor setting was described as restorative, supporting wellbeing and reflection. Trainees reported increased awareness of system interconnections and community services, particularly in relation to mental health and social prescribing.

Conclusion:

Nature-based learning offers a valuable approach to simultaneously support clinician wellbeing and systems-based education, complementing traditional teaching methods.

Appendix A2

2. Experiential Learning for Complex Multimorbidity

The Impact of the Dementia and Autism Buses on Foundation Doctors' Development

Background:

Managing multimorbidity and neurodiversity requires clinicians to understand patient experience beyond clinical symptoms. The Enhance programme introduced immersive simulation using Dementia and Autism Buses to support experiential learning.

Methods:

Foundation doctors participated in simulated environments replicating sensory and communication challenges experienced by patients with dementia and autism. Feedback was collected following participation.

Results:

Participants described the experience as “eye-opening” and “really useful”. Over 80% reported medium to significant impact on their NHS careers. Trainees reported increased empathy, improved communication strategies, and greater intention to adopt patient-centred approaches and signposting.

Conclusion:

Immersive simulation is a powerful educational tool for developing empathy, biopsychosocial thinking, and confidence in managing complex patient presentations.

Appendix A3**3. Developing Generalist Skills in Remote Healthcare****The Role of IC24 in the Enhance Programme****Background:**

The Enhance programme supports development of generalist skills through longitudinal community placements. During increased demand for remote care, FY2 doctors were placed within the IC24 Clinical Assessment Service (CAS).

Methods:

FY2 doctors undertook supervised telephone and video consultations, with learning outcomes mapped to Foundation Programme competencies. Structured feedback was collected from trainees and supervisors.

Results:

Doctors reported a marked increase in confidence and competence in remote care, decision-making, and communication. Supervisors highlighted high-quality engagement, effective supervision, and trainee progression.

Conclusion:

Remote CAS placements provide a scalable model for embedding digital and generalist skills within postgraduate training.

Appendix A4

4. Embedding Generalist Training through Remote Care

Outcomes from IC24 CAS Placements

Background:

Remote care is increasingly central to NHS service delivery. This project evaluated the educational impact of IC24 CAS placements within the Enhance Generalism Longitudinal Integrated Clerkship.

Methods:

FY2 doctors participated in supervised remote consultations with exposure to triage, e-prescribing, and inter-system referrals. Surveys assessed educational impact.

Results:

Participants reported increased confidence in virtual consultations and valued one-to-one teaching and case-based discussions. Supervisors reported satisfaction in mentoring and observed skill development.

Conclusion:

IC24 CAS placements enhance digital readiness and generalist capability, supporting future NHS workforce needs.

Appendix A5

5. Creation of a Virtual Reality Educational Package

An Innovative Resource for Developing Person-Centred Care Skills

Background:

Virtual reality (VR) offers immersive, sustainable learning opportunities. The Enhance programme developed a 360-degree VR resource showcasing multidisciplinary primary care practice.

Methods:

Five interactive VR scenarios were created in collaboration with practising healthcare professionals and a VR production company. Content was scripted and reviewed for clinical accuracy.

Results:

The VR package enabled learners to safely experience real-world primary care scenarios, observe multidisciplinary decision-making, and reflect on person-centred care.

Conclusion:

360-degree VR is a valuable, scalable educational tool for developing generalist and collaborative care skills.

Appendix A6**6. Evaluating Artificial Intelligence for Complex Medical Rota Development****Background:**

Integrated Emergency and Community Frailty placements create complex rota challenges. This project evaluated whether artificial intelligence (AI) tools could support rota development.

Methods:

Manual rota creation was compared with three AI platforms using identical instructions to generate six-month schedules.

Results:

Manual rota creation was accurate but time-intensive. AI tools showed promise in reducing time burden, though limitations in pattern recognition and usability remained.

Conclusion:

AI can support, but not yet replace, manual rota development. Continued refinement may significantly reduce administrative workload.

Appendix A7**7. Development of a Multiprofessional Primary Care Simulation Course****Background:**

Multiprofessional collaboration is essential for safe patient care. This project developed a primary care simulation course for foundation doctors and foundation pharmacists.

Methods:

Four case-based primary care scenarios were delivered in a simulated environment. Pre- and post-course questionnaires evaluated impact.

Results:

Participants reported increased confidence in consultations and chronic disease management. Trainees valued understanding other professional roles and collaborative working.

Conclusion:

Multiprofessional simulation enhances teamwork, role clarity, and readiness for collaborative primary care practice.

Appendix A8**8. From Isolation to Interaction****Enhancing Engagement with E-Learning through Fellow- and Peer-Led Facilitation****Background:**

Engagement with self-directed e-learning within the Enhance programme was low. This QIP explored facilitated learning models to improve uptake.

Methods:

Fellow-led and peer-led facilitated e-learning sessions were introduced and embedded within teaching programmes. Engagement and feedback were evaluated.

Results:

Module completion and engagement improved significantly. Over 80% of participants found facilitated sessions very helpful, with richer reflective outputs observed.

Conclusion:

Facilitated and peer-led e-learning enhances engagement, supports leadership development, and offers a sustainable educational model.

9. Appendix B: Domain Mapping Summary

SUMMARY TABLE: Mapping Abstracts to Enhance Domains

Abstract	Key Enhance Domains
Forestry Hub	Systems Thinking • Wellbeing • Community & Social Prescribing • Sustainability
Dementia & Autism Bus	Patient-Centred Care • Multimorbidity • Equity • Communication
IC24 Remote Care (Generalist)	Digital Capability • Generalism • Systems Navigation
IC24 Remote Care (Outcomes)	Digital Practice • Service Integration • Supervision
VR Primary Care	Person-Centred Care • Digital Innovation • MDT Working
AI Rota Project	Leadership • Quality Improvement • Digital Innovation
Multiprofessional Simulation	MDT Working • Safety • Collaborative Practice
E-Learning Facilitation	Education • Leadership • Workforce Sustainability