WORLD FEDERATION FOR MEDICAL EDUCATION

WFME Declaration on Institutions' Responsibility to Support Medical Students, Physicians in Postgraduate Education and Physicians in Practice

2025

Background

In 1988, the World Federation for Medical Education (WFME) published the Edinburgh Declaration[1] which provides a future direction for medical education that continues to be relevant and aspirational today. We now recognise that not only is the quality of the educational content in medical education important, but the environment in which the education takes place, and the educational experience are also crucial.

Globally, a significant majority of students, faculty, and staff struggle with wellbeing, as revealed by surveys across several countries[2]. The COVID-19 pandemic has exacerbated existing issues in healthcare, leading to widespread clinician burnout and moral injury[3]. Many students have reported high levels of academic performance anxiety and significant psychological distress. Alarmingly, a significant portion of students actively concealed their personal distress due to stigma, indicating an urgent need for normalising discussions around mental health[4]. Values such as integrity, compassion, empathy and altruism are core to the current teaching of medical professionalism, however, these values often emphasise self-sacrifice, which can negatively impact physician wellbeing[5]. The hidden curriculum in medical education contradicts the formal curriculum by neglecting learners' needs, affecting their empathy and professional identity formation[6].

According to the Declaration of Geneva[7], the need to be concerned for the health and wellbeing of learners comes with the understanding that to provide the best care for patients, physicians must be in a good state of health themselves. Physician wellbeing is a complex multifaceted issue involving systemic and organisational factors rather than just a need to enhance individual resilience[8]. Physicians in postgraduate education are more likely to burnout if they feel less professionally valued and when transitioning to a level of higher responsibility (junior to senior level). Many physicians in postgraduate education are hesitant to pursue mental health care due to concerns about confidentiality, limited access to services, and a preference for handling issues personally[9]. Burnout is a global issue in practicing physicians that can compromise patient safety due to decreased empathy, poor listening skills, negative attitudes towards patients, and reduced cognitive functioning, which could lead to missed diagnoses[10, 11]. Physicians with higher occupational wellbeing often provide better interpersonal aspects of patient care, leading to higher patient satisfaction and better adherence to treatment[3].

Call to Action

Addressing wellbeing in medical education and practice requires a holistic, systems-based approach[12]. Health Promoting Universities and Colleges internationally use the Okanagan Charter, which presents a transformative vision for universities and colleges to infuse health promotion into their everyday operations, enhance campus culture, and contribute to the wellbeing of people, communities, and the planet[13, 2].

Institutions must foster a supportive learning environment[14] and establish an open culture with a proactive approach, addressing emotional, physical, spiritual, social, intellectual, and financial wellbeing where seeking help should not only be accepted but actively encouraged[2]. The supportive environment encourages work-life integration, provides protected time for wellbeing activities and encourages a culture that models healthy work-life boundaries[15].

An increasingly diverse physician population would provide better care for patients[16]. Special attention should be given to students and physicians in postgraduate education who may face additional challenges. This includes those studying internationally, those living in rural or remote areas, individuals with physical or learning disabilities, and those with familial responsibilities. Members of the LGBTQ+ community, ethnic minorities, individuals from low socio-economic backgrounds or other marginalised groups, such as Indigenous peoples, also deserve special attention[15,17].

A Way Forward

Admission and selection of medical students and postgraduate physicians should ensure equal opportunities for applicants from historically underrepresented or marginalised groups. Tailored support programmes should be implemented to address the unique needs of these specific groups[18].

Curriculum on personal health and wellbeing should be provided by institutions throughout the life cycle of medical students, physicians in postgraduate education and physicians in practice. Content should be evidence-based and vary according to the phase of education and practice. Professional identity formation should be supported, with a focus on teaching professionalism that includes the importance of self-care and self-awareness[5]. Interprofessional education, where learners from different health disciplines collaborate and learn from each other, should be facilitated where appropriate[12].

Academic support and counselling should be available fo r medical students and physicians in postgraduate education. Policies and procedures should be in place to support special needs and circumstances.

Career counselling should be provided including opportunities to explore various specialty options.

Mentorship opportunities should be available to guide medical students, physicians in postgraduate education and physicians in practice through their professional development and personal challenges[14]. These programmes could involve groups and/or individual mentorship opportunities.

Coaching should be considered more prominently near the end of education and during practice. A coach should not be directly involved with the day-to-day work or education of the individual being coached.

Financial support. Academic institutions should provide and inform learners of available financial support and offer counselling and resources to help learners manage their finances effectively[14]. Access to scholarships, financial aid, such as direct support, loan forgiveness or reduction of fees, could be provided to alleviate financial burdens[19, 20]. Specific support, such as housing, could also be made available.

Health (including mental health) services. Institutions should create voluntary wellbeing programmes[20] and ensure that resources are clearly communicated and easily accessible[21, 22]. Confidential access to health services, counselling and support for medical students and physicians in postgraduate education should be available at no cost[14, 23]. Support services in institutions[4] should be culturally sensitive and contextually appropriate for all students and physicians in postgraduate education.

Accessibility and accommodation for academic, health (including mental health), psychosocial, or personal reasons should be available to medical students and physicians in postgraduate education, including specialised support services[14]. Students and physicians in postgraduate education with disabilities should have tailored support programmes[24].

Peer support groups and systems should be established by institutions to encourage social connections and create safe spaces that provide critical emotional support for students and physicians in postgraduate education[25, 9].

Transitions into medical school, postgraduate education and practice should be given special attention by institutions, with increased support available.

Recognition of medical students, physicians in postgraduate education and physicians in practice contributes to wellbeing. University and clinical staff should be encouraged, in a variety of formats, to increase wellbeing through appreciation, a sense of belonging and accomplishment and joy at work. Recognition should be timely, fulfilling, authentic, equitable, personalised, and embedded in the organisation's culture[26].

Health system change. Institutions must advocate for change within the health system to improve the overall learning environment[10]. This advocacy should include fair wage compensation for physicians in postgraduate education as they are important providers of patient care.

Universities should collaborate with clinical health organisations, local organisations and communities where medical education takes place to enhance health and sustainability and provide additional support and resources to students and physicians in postgraduate education[27, 28].

Institutions should work with governments, health authorities, public health institutions, and educational bodies to prioritise medical student and physician wellbeing in regulation, regional and national licencing, policymaking and accreditation, ensuring that these considerations are integral to the medical education and health care system[29, 30].

Institutional leaders should set the culture and tone to prioritise the health and wellbeing of all people at the institution, including medical students, physicians in postgraduate education and physicians in practice. Institutional leaders are also responsible to allocate resources, recruit experts, and educate faculty and staff. Leaders within institutions should undergo professional development to understand the significance of their roles in fostering wellbeing[31]. Additionally, they should be attentive to diversifying their teams to include diverse points of view[5].

Faculty members, lecturers and staff should lead by example and be supportive of learners, including helping to identify and guide them towards any services they may need. They should be educated to create a supportive open environment and recognise signs of distress in students and refer them to appropriate resources[25, 21, 32, 6, 33]. Tailored faculty development programmes, mentorship, and flexible learning approaches are recommended to sustain educational practice changes, especially in low resource settings[34].

Designated faculty and staff should be identified to support medical students, physicians in postgraduate education and physicians in practice who can build and maintain trusting relationships. They should have protected time to undertake this work, receive guidance, and be appropriately compensated[35].

Medical students and physicians in postgraduate education and practice should take responsibility for their own health by establishing relationships with general practitioners, engaging in self-care practices, and supporting peers[29]. They have a responsibility to identify when they are struggling and need help. Additionally, they are well-positioned to recognise when a peer appears to be in distress or needing support.

Finally, learners should participate in advocacy efforts to identify improvements in their institutional policies, curriculum, learning environment to support positive systemic change[25].

Continuous quality improvement in wellbeing of medical students, physicians in post graduate education and physicians in practice should be undertaken by institutions using an evidence-informed approach.

Closing Statement

The imperative to support the health and wellbeing of medical students, physicians in postgraduate education, and physicians in practice to improve the health of our patients and populations is clear. Academic and health institutions are responsible for prioritising this critical work and enabling change within the health system. Only through collaborative institutional commitment can we safeguard the wellbeing of those who care for our communities. By working together, we can forge a healthier future for physicians and the patients and populations in their care for generations to come.

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