



What needs to be done



Grow the medical workforce to meet current shortages and future demand

Explore more flexible routes onto the medical register and more flexible career paths for an internationally mobile workforce

Support new models of care, new professions, and multi-professional working



Make medical education and training more flexible and targeted to priority areas in national workforce strategies

Work together across the healthcare system with effective joined-up regulation

Better planning and resourcing of leadership to achieve inclusive, compassionate workplace cultures everywhere

Introduction

In this report, we have laid out the issues faced by doctors and regulators in a changing healthcare environment. We have presented research and analysis that adds to the understanding of the daily challenges doctors face. We also highlight factors that can protect doctors and patients from the impact of current pressures.

As we continue to work to keep patients safe and support the medical profession, we are working with doctors and other organisations to identify priorities for action. The challenges are wide-ranging and require many different approaches to address them. National workforce

strategies recognise that a range of these need to be priorities. In this chapter, we highlight some of the work we are currently doing, or are planning to introduce, that will support the national workforce strategies and begin to meet the challenges highlighted throughout this report.

Action is needed in five key areas

On the supply side, immediate action is needed across the UK in five key areas:

- increasing the size of the medical workforce
- making education and training more flexible and more targeted to areas national workforce strategies identify as priorities
- improving workplace cultures and wellbeing
- working towards joined-up regulation
- supporting multi-professional working.

We are already working with our partners in the health system to address the challenges in these five key areas.

In the long-term, demand on the health service needs to be reduced. Demand can be managed through public health initiatives and clear care pathways, which only involve doctors where necessary. Next year, we will be exploring to

what extent we can support efforts in these areas.

Workforce supply

Workforce supply issues – highlighted in chapter 2 and in our *Workforce report*³ – are having a noticeable and negative impact on patients, doctors, and the wider healthcare system.

A sustainable supply of doctors is reliant on:

- increasing the supply of doctors from overseas to fill immediate workforce gaps – medical practitioners have recently been added to the shortage occupation list and we will be monitoring our data closely to understand how this is affecting the workforce
- increasing the proportion of doctors who are expert generalists and developing new professions such as Medical Associate Professions, to support new models of care

- using UK training posts and other routes, expand the number of doctors in specialties that long-term plans anticipate will be in high demand. This is particularly important in psychiatry, emergency medicine, and radiology
- improving retention – particularly through supporting doctors’ wellbeing as described below.

Our contribution to the first three of these is covered in our *Workforce report*. Much of this report has implications for improving medical education and training pathways, and for retention.

Medical education and training

Flexible training pathways and continuing professional development (CPD)

We are exploring how to maximise the flexibility of training pathways, enabling doctors who wish to learn new skills to avoid the ‘snakes and ladders’ effect of restarting training. This may help build on the increase in older doctors embarking on specialty and GP training that we have seen recently. A trend that shows doctors are increasingly moving to new areas of practice where they can benefit from additional CPD.

In chapter 2, we highlight the importance of CPD for doctors’ wellbeing, but our data show there is currently insufficient time for it. A greater variety of credentialing is likely to form part of the solution. We are working with five early adopters for GMC-regulated credentials (liaison psychiatry, remote and rural medicine, cosmetic surgery, pain medicine, interventional neuroradiology - acute stroke). If these are successful, we expect to roll out further ones.

Generic, transferable skills

We are increasingly encouraging medical schools and training providers to focus on generic capabilities – the transferable skills that will give doctors more flexibility in their career, as well as improving standards of patient care. These will be a key part of the new Medical Licensing Assessment that we will be introducing from 2023.

Last year, we updated our guidance on the knowledge and capabilities we expect from newly qualified doctors. This guidance now recognises the importance of generic capabilities. We are also reviewing all medical schools’ curricula to make sure that they reflect the common skills requirements and share curriculum elements where possible and appropriate. Our new *Outcomes for graduates*⁵¹ comes into effect from next year and puts greater emphasis on generic skills. This is not just in terms of medicine, but in areas such as using emerging medical technologies effectively.

Workplace and wellbeing

It’s crucial that doctors are practising in workplaces that support their wellbeing. The system must work together to:

- better plan and resource clinical leadership
- spread good practice in supporting the wellbeing of a diverse, international workforce
- improve induction and support for doctors new in a role or new to an organisation. This is especially important in the context of a more mobile and flexible workforce with increased focus on multi-professional working.

These improvements will be critical for retention, as well as for doctors’ wellbeing and patient care.

Supporting a mobile and flexible workforce

Effective communication between professionals is vital, as is induction at multiple levels; for returners, at career transition points, and for doctors new to the UK or to an organisation. Both of these are necessary in an increasingly mobile and flexible workforce. To better understand what's needed to support doctors in these areas, we are carrying out research into issues surrounding both communications skills and induction. We will report the findings in 2020.

In the meantime, we'll continue to play our part in improving induction, through programmes like *Welcome to UK practice*. We've considerably expanded the number and reach of these free sessions, which our Regional Liaison Service run for overseas doctors who are new to practising in the UK. We will publish research on induction more generally next year.

Wellbeing

In chapter 2, we highlight that many doctors feel unable to strike an appropriate balance between their own wellbeing and delivering the care they wish to. While many people across the UK struggle with work-life balance, it affects a large proportion of doctors.

We recently published the findings and recommendations of *Caring for doctors Caring for patients*.⁵ This UK-wide review of medical students' and doctors' wellbeing, jointly chaired by Professor Michael West and Dame Denise Coia formed part of our *Supporting a profession under pressure* programme. The recommendations push for safe, nurturing environments where doctors work in coordinated and well-led multidisciplinary teams. There is an emphasis

on letting doctors have more say in how their teams are run and the work that they do. The importance of good support and supervision as well as a manageable workload is also discussed.

From 2020, we will begin delivering their recommendations. In some cases, we have been asked to use our systems to monitor the areas of concern, such as using our national training surveys to check that doctors in training have access to basic facilities like rest areas and effective IT systems. In other recommendations, we have been challenged to be more proactive, such as producing guidance for multidisciplinary team working, or assuring progress in healthcare teams towards allowing doctors to have more influence in how medicine is delivered.

Inclusive cultures

Encouraging an inclusive, supportive culture in all work settings is critical. We have established a Strategic Equality, Diversity and Inclusion Advisory Forum in response to recommendations in the *Fair to Refer?*⁷ research we commissioned from Roger Kline and Dr Doyin Atewologun. The forum aims to make sure we are more inclusive in the way we engage with the profession, by promoting fairness and equality in regulation.

The report recommended that doctors who are new to the UK and doctors who work in more isolated roles, such as SAS or locum doctors, need more support. We have continued to expand our successful *Welcome to UK practice* programme for doctors from abroad, and offer workshops and support to SAS and locum doctors through our field teams.

The report also recommended that there needs to be more engagement and positive leadership across the NHS, as well as working environments

that prioritise learning over blame culture. We will monitor these through our existing channels, and work to highlight the lessons around leadership and learning culture that are highlighted through the research in this report.

We are also reviewing our efforts to improve the quality of our equality data, which will allow us to better understand the extent to which different doctors are being treated fairly. We will continue to use this more inclusive insight to inform all aspects of our work.

Medical students

The challenges doctors and the health systems face also affect medical students. We are working with medical schools to explore and reduce differential attainment – the discrepancies in different groups of doctors’ progression and performance at medical schools. We are also focussing on medical student wellbeing. The *Caring for doctors Caring for patients*⁵ review considers the needs of medical students. One recommendation is that all educational and training organisations need to have well-trained and compassionate supervisors, using our guidance on *Promoting excellence – standards for medical education and training*⁵² as the basis for this support. Another specifically highlights the importance of fair outcomes and flexibility in training – this includes recommendations specifically tailored for undergraduate and postgraduate medical trainees. Our standards require medical schools to demonstrate how they are supporting students, as well as reducing differential attainment.

Leadership

Leadership has a pervasive importance to both doctors’ wellbeing and workforce retention. Positive leadership can create a fair and inclusive culture that encourages an openness to raise and act on concerns. And in turn, a positive culture enables people to lead more effectively. Doctors can be great, inspiring leaders and they play a crucial role in setting the tone and culture of an organisation.

Good leadership does not happen by chance, but by design. Leaders need support and mentoring from the board or executive level down, as well as upward support from colleagues.⁵

In the coming year, we will continue to work closely with partners in all parts of the UK. In particular, in England we are working closely with the Faculty of Medical Leadership and Management, and with the Care Quality Commission to develop the well-led domain. We are also working closely with the Scottish Government’s Short Life Working Group on Culture in the NHS and the leadership development programme, Project Lift, to consider how we align our work in Scotland.

Regulation

The UK’s health services and broader systems must work together to address challenges. This includes having regulation that enables the growth of new professions and roles that support new models of care. This could significantly improve the working lives of all those in the UK’s health services, as well as the quality of patient care.

Aligning regulation

As new models of care develop, bringing with them new professional roles and more multi-professional team working, it is becoming even more essential that regulation is aligned and efficient, avoiding unnecessary duplication. We are positively engaged with the relevant regulatory and quality improvement bodies in all UK countries to achieve this, although in some instances legislative change would improve how far we can go.

Multi-professional working

Medical Associate Professionals

We see taking on the regulation of physician associates and anaesthesia associates, two rapidly growing Medical Associate Professions, as a very important contribution we can make to the capacity and productivity of the health services. It also offers these professions important opportunities for progression. Many doctors have reported frustrations both about working frequently outside their professional roles, and not having the right support to deliver the care they would like to. Part of the solution to both issues is more working in multi-professional teams, which include these new professions.

We recognise the concerns that some of the profession have in us taking on this new regulatory role. We will address their concerns as we plan detailed implementation of this new regulation.

Our path from 2020

The data and insight in this report are helping us develop a ten-year vision for the type of regulation needed to meet the needs of the changing and challenging healthcare environment. We will also be informed by a ten-year historical perspective as we publish our 10th *state of medical education and practice* in 2020. This long-term view will inform our next corporate strategy, which will run from 2021 to 2025.

A key part of this strategy will be maximising our general contribution to system-wide analysis of risks and opportunities. We will continue to make the most of our expertise and regulatory powers to assure medical education and training, register and license doctors.

In addition to these roles, we will continue to pursue regulation that supports the system and profession to prevent medical practice problems occurring, rather than just implementing fitness to practise processes after the problems have happened. The data in this report show that when workplaces are not supportive of professional standards, there is a measurable impact on patient safety. This remains our main responsibility.

Urgent actions need to be taken to tackle some of the issues highlighted in this report, and to build on the progress that various workforce strategies are beginning to make. The coming months and years will see us prioritising activity in the five key areas in which action is required: workforce supply, medical education and training, workplace and wellbeing, multi-professional working, and regulatory development.