

Foreword

In the 2019 election campaign, all parties put the UK health service front and centre of their spending plans. There is broad agreement that more must be done to ensure the healthcare system can deliver, and we're committed to playing our part.

Long-term success relies on decision-making rooted in evidence.

Without a comprehensive understanding of today's landscape, joint efforts to create health and social care systems fit for the future will be hampered, and patient care will suffer.

Our ninth *The state of medical education and practice in the UK* report points to some stark trends, which will change healthcare delivery in the years ahead. It shows that young doctors are pursuing different career paths from their older colleagues. Be it taking years out of UK practice, reducing hours or leaving clinical work in the NHS earlier, these shifts are having a direct impact on the capacity of the UK's health service to plan for patient needs.

We must respond to these trends now. If we don't, patient care and safety will be compromised. There are solutions to be found: more flexible training and career options, clinical leadership that supports the wellbeing of doctors and a joined-up approach to regulation can all make a difference.

This work will be a key focus for the GMC in 2020.

Given the emphasis the incoming Government has placed on the NHS, it must hear and take to heart the lessons from this report. It is vital that we all play our part by listening to the concerns of employers, patients and doctors and take action to grow and retain a sustainable workforce.

Above all, future plans must take account of the new reality. That means looking at the data and insight at our disposal, and making decisions based on evidence, not expediency.



Dame Clare Marx
Chair



Charlie Massey
Chief Executive & Registrar

Executive summary

Our ninth annual *The state of medical education and practice in the UK* report sets out some of the challenges and opportunities in sustaining the successes of the medical profession.

The evidence

The UK is increasingly reliant on the world market for doctors at a time when peoples' aspirations for work-life balance are changing. If the UK is to attract and retain a high-quality medical workforce, we must have more flexible working and training arrangements in place (chapter 1).

We now have two years of evidence that shows that doctors are still working in pressurised environments (chapter 2). GPs are at particular risk of burnout due to these pressures and two thirds (65%) of GPs reported working beyond their rostered hours every day (chapter 4). Over a quarter (28%) of doctors reported feeling unable to cope with their workload at least once a week. There's also evidence of how these pressures have had an impact on patient care and safety (chapter 5).

Workforce strategies across the UK set out the priority actions for securing and sustaining good staffing levels in the health services. Workplaces that support wellbeing are central to this. The evidence presented here demonstrates how effective communication, knowledge sharing, and support from colleagues are protective factors for doctors' wellbeing (chapter 2). Despite high workloads and long working hours, doctors report feeling the value of support from their colleagues.

There is growing evidence of the role of effective leadership and positive workplace cultures on staff wellbeing and patient outcomes. Leadership that is compassionate and inclusive sees all doctors practising in just workplaces. These cultures promote learning rather than blame, are intolerant of unprofessional behaviours, and make sure that all doctors are supported to provide the best patient care possible (chapter 6).

The evidence presented here of persistent pressures impacting on wellbeing, work life balance, and career intentions points to the need for greater flexibility in the system. More flexible working patterns and training pathways would not only enable better lifelong learning, but new data in this year's report show it can also protect against burnout. Being unprepared for postgraduate training early in a doctor's career is associated with a higher risk of burnout for at least the subsequent six years (chapter 3).

Key challenges and areas for action

Doctors are practising in a changing context. Ongoing pressures are set against a backdrop of rising demand and a need to recruit and retain a sustainable medical workforce.

Action must be taken in five key areas.

- 1 Establishing a sustainable workforce by increasing supply. It is especially important to grow the number of expert generalists to ease the particularly high workloads in primary care.
- 2 Building greater flexibility in medical training and practice. We must ensure that all doctors are enabled to make the most beneficial contribution to the health service whilst also supporting their own health and wellbeing.
- 3 Better resourcing and planning of clinical leadership. Effective clinical leadership can shape just workplace cultures that support the competence and wellbeing of all doctors and healthcare workers (chapter 6).
- 4 Ensure that joined-up regulation across the UK's health services protects patient safety while being proportionate.
- 5 Enabling new models of care, new medical associate professions, and greater multi-professional working to flourish. This will be achieved by ensuring that training and working environments are safe, supportive and inclusive for all healthcare workers.

Key contributions

There are some contributions that we can make alone through our statutory responsibilities, and others that we can make with our partners across the UK (chapter 7). As we look into 2020, some of our key priorities include:

- Ensuring a smooth route on to the UK medical register for international medical graduates. We have already doubled the capacity of our PLAB centre and are working with partners to achieve legislative reform of Certificate of Eligibility for the Specialist/GP register routes to registration for non-UK doctors. This would make these routes less complex and more flexible.
- Maximising flexibility in training pathways. We are considering with partners how we can ensure that doctors who wish to change specialty during their training don't undergo unnecessary repetition.
- Working closely with others across the UK to encourage effective clinical leadership. In England we are working closely with the Faculty of Medical Leadership and

Management, and with the CQC to develop the well-led domain. We are 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.

- Introducing regulation of two new medical associate professions - physician associates (PA) and anaesthesia associates (AA). Their vital contribution to the health services can be enhanced through formal regulation and professional development.
- As a regulator, we will use all our influence and powers to support doctors and medical students in ensuring that they are receiving appropriate and consistent support in their workplaces.