



The changing medical workforce



From 2012 to 2020, the number of licensed doctors grew by more than 14%.

The number of medical students increased to 8,930 in the 2018/19 academic year, a substantial 10% increase compared to the previous year.

The number of these students from the EU increased by 23%.



The number of IMGs joining the UK medical workforce continues to increase. In 2020, over 10,000 IMGs joined – more than UK and EEA graduates combined.

Doctors joining the UK workforce are ethnically diverse – more than half (54%) of those joining in 2020 identified as black and minority ethnic (BME).

The number of licensed EEA graduate doctors increased by 4% to 23,102, from 2019 to 2020.

15% The number of specialty and associate specialist and locally employed doctors rose by 15%, from 2019 to 2020 – four times the rate of increase for the next fastest growing group, trainees.



36% of doctors said they were considering reducing their clinical hours, a decrease from 46% in 2019.

7% of doctors said they were considering leaving permanently, which is the same as 2019.

Data relates to the early stages of the coronavirus (COVID-19) pandemic, including the first peak in April 2020.

Chapter summary

The health services' ability to deliver safe patient care depends on the recruitment, retention and ongoing development of all doctors. This becomes especially clear when faced with an emergency of the scale of the coronavirus (COVID-19) pandemic.

The medical workforce continues to grow, with a record 5% growth in the number of licensed doctors between 2019 and 2020.

As well, the UK medical profession is becoming increasingly diverse. The register as a whole is again more female, though this is decelerating. There has been a very large increase in doctors who first qualified outside the UK and the European Economic Area (EEA) who we refer to as international medical graduates (IMGs) and ethnic diversity among those joining the UK medical register.

Following rapid growth from 2015, more IMGs joined the UK workforce than UK and EEA graduates combined in 2020.

More than half (54%) of those joining the register in 2020 identified as black and minority ethnic (BME).

In recent years, we've seen a particularly rapid growth in the number of medical students joining UK medical schools from the Middle East and the European Union (EU).

In 2020, the Government enacted our emergency powers to increase the number of doctors available to work in the UK's health systems, as part of the pandemic response.

The number of students starting medical school in the UK has risen steadily every academic year between 2013 and 2019.* 2017/18 to 2018/19 saw a particularly steep increase, rising by 9% from 8,170 students to 8,935.

We have looked into groups of doctors who leave after two key career milestones – after completing their second foundation year (F2) and in the years immediately after gaining their Certificate of Completion of Training (CCT) and becoming a specialist or GP. We have found that doctors of a non-UK nationality were disproportionately high among those leaving after F2 and that doctors who first qualified as a doctor outside the UK were more likely to leave soon after attaining a CCT.

Compared with 2019 there is now a smaller proportion of doctors considering reducing their hours in clinical practice – a third (36%) of doctors said they were considering reducing their clinical hours, a decrease from nearly half (46%) in 2019. But one out of ten (10%) doctors said they were considering leaving permanently.

This chapter shows how diverse the UK's workforce is and the considerable changes in where doctors come from. It also explores doctors' career progression while in the UK. Finally, we present findings from two surveys about UK doctors' future intentions.

* This report includes information derived from that collected by the Higher Education Statistics Agency Limited ("HESA") and provided to the GMC ("HESA Data"); for more information on this see 'A note on research and data' on page 152.

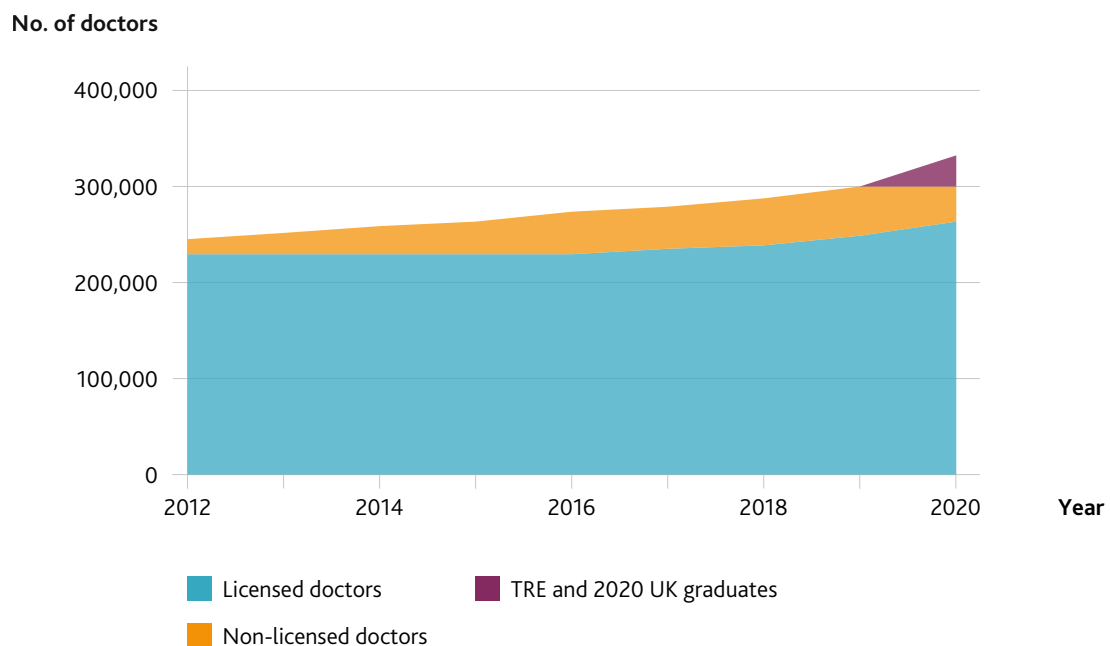
The UK workforce

The number of licensed doctors in the UK continues to grow rapidly

From 2012 to 2020, the number of licensed doctors grew by more than 32,000, as shown in Figure 45. The largest year-on-year increase (5%) was from 2019 to 2020.

Figure 45 also shows an extra group of licensed doctors in 2020. We registered these doctors as part of our response to the coronavirus (COVID-19) pandemic, which is described earlier in the report (page 17). The group includes doctors on the temporary register (emergency) (TRE) and 2020 UK graduates, who we registered earlier than normal.

Figure 45: Registered doctors in the UK, by licence status and including TRE and 2020 UK graduates



While the UK population was projected to grow by 2.4% between mid-2016 and mid-2020,²⁷ the number of licensed doctors rose by 14% between 2016 and 2020. At face value this is a positive sign, but it's important to take into account the wider context. For example:

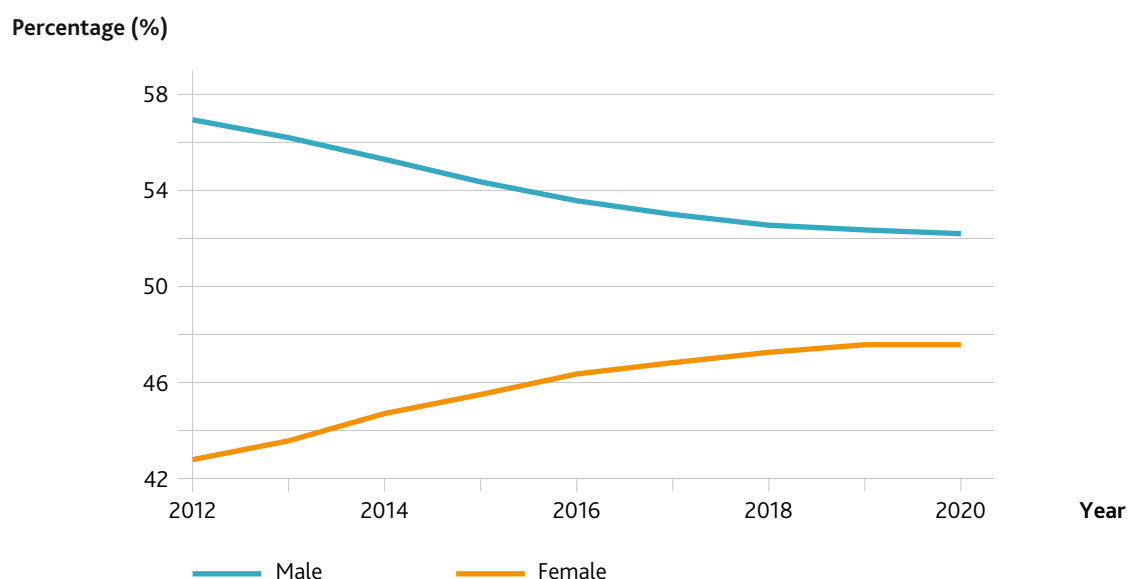
- growing proportions of doctors have reduced their working hours in recent years²⁸
- there are concerns about staff shortages²⁹
- demands on health services grew due to the aging population, increases in patients' expectations, and healthcare needs becoming more complex.

Female doctors make up a greater proportion of licensed doctors than ever before

In 2020, female doctors made up just under 48% of all licensed doctors (Figure 46). This follows a rise by more than a quarter (27%) since 2012. Year-on-year, the number of licensed female doctors has been increasing at a higher rate than the number of licensed male doctors. However, the difference between those rates has been narrowing since 2014.

From 2018 to 2020, we didn't see any dramatic shift in the medical register's gender balance. Instead, the proportion of female licensed doctors in 2020 was only 0.2 percentage points higher than in 2019.

Figure 46: Proportions of licensed doctors by gender, from 2012 to 2020



More male doctors are relinquishing their licences, but more are taking up licences too

The number of male doctors taking up a licence exceeded female doctors in 2019 and 2020. While the number of female doctors taking up a licence has increased by just over a third (34%) since 2018, the number of male doctors taking up a licence has increased by almost half (48%) in the same period.

However, female doctors continue to make up an increasing proportion of the register due to male doctors leaving the profession in higher numbers. In 2019, three out of five doctors (60%) relinquishing their licence were male.

There's been a large influx of IMGs, a disproportionate number of whom have been male doctors.

Doctors added to the workforce as part of the pandemic response

As part of our response to the pandemic, we granted 28,076 doctors temporary emergency registration or restored their licence under our emergency powers (page 17). This section provides more information on those doctors including their distribution across the UK.

The distribution of TRE and 2020 UK graduates across the four countries* is similar to those on the medical register (Figure 47). A higher proportion of 2020 UK graduates are in the 'Other' group – 14% compared with 4% on the medical register. This relates to the short period between the 2020 UK graduates joining the workforce and the time of writing this report.

Figure 47: TRE and 2020 UK graduates by UK country

	Licensed doctors (exc. TRE and 2020 UK graduates)		TRE		2020 UK graduates	
England	214,686	81%	22,702	81%	4,971	72%
Scotland	21,391	8%	2,712	10%	530	8%
Wales	10,716	4%	1,212	4%	199	3%
Northern Ireland	6,715	3%	837	3%	200	3%
Other†	11,408	4%	613	2%	965	14%

* Doctors located by a variety of data described in the accompanying data notes from page 152.

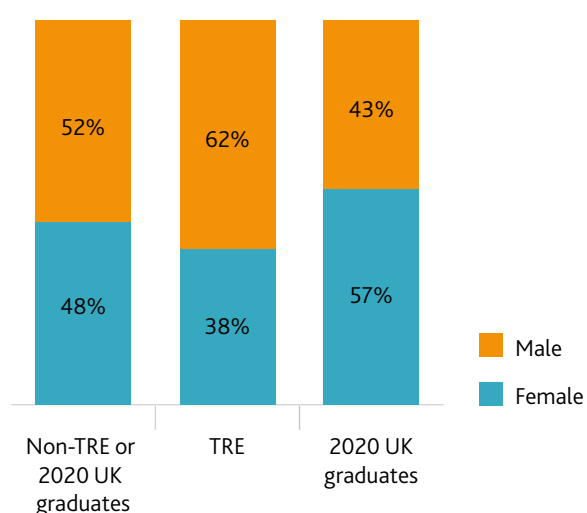
† Includes Channel Islands and Isle of Man as well as doctors who could not be located.

The makeup of TRE doctors and 2020 UK graduates is different from the rest of the medical register

A higher proportion of TRE doctors are male – 62% compared with 52% of licensed doctors excluding TRE and UK 2020 graduates (Figure 48). The group is also older, with 67% aged 50 years and over compared with 27% of non-TRE, non UK 2020 graduates. As well, a larger proportion of TRE doctors are white (62% compared with 52%) and UK-trained doctors (68% compared with 64%) than licensed doctors excluding TRE and UK 2020 graduates.

In recent years, there's been a higher proportion of female graduates joining the medical register. This is evident from the 2020 UK graduates group (Figure 48). At the same time, the doctors retiring from UK practice have been disproportionately male and many of these recent retirees were added to the medical register via the TRE group (also shown in Figure 48).

Figure 48: Gender balances of three register groups



Non-UK doctors joining the UK workforce in 2020

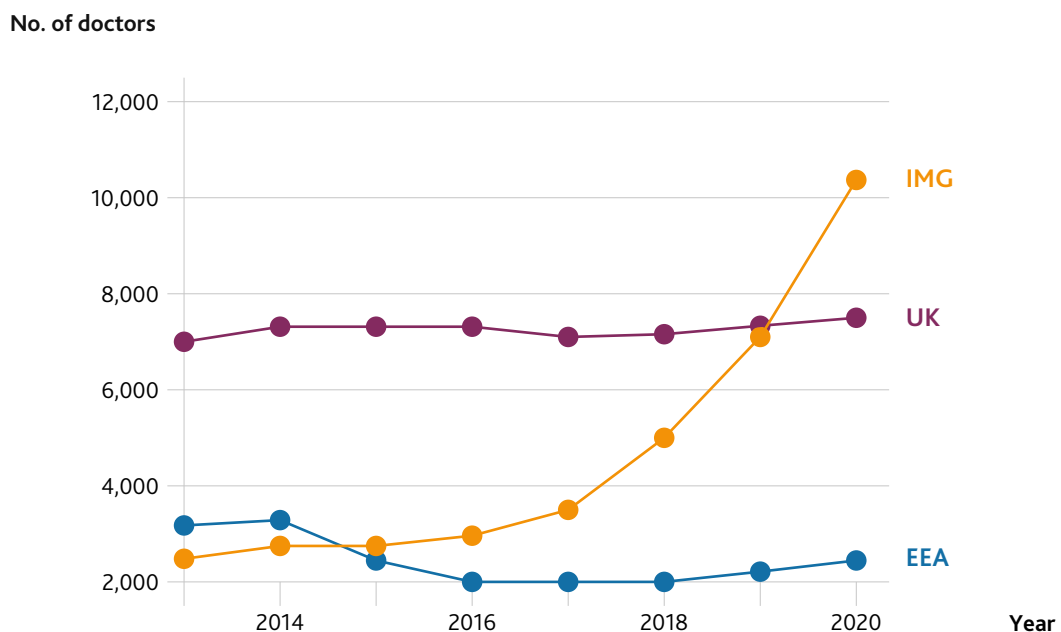
IMGs joining the UK workforce outnumbered UK and EEA graduates combined as of June 2020

Following a rapid growth from 2015, more IMGs joined the UK workforce than UK and EEA graduates combined in 2020 (Figure 49). Graduates with a primary medical qualification (PMQ) from Middle Eastern and South Asian countries made up a large proportion of this, growing by 83% and 47% respectively. In fact,

the Middle Eastern region has now overtaken Africa to become the second largest contributor of IMGs to the UK medical workforce, behind South Asia.

In recent years, we've increased our capacity to assess IMGs' knowledge and skills* as part of long-term efforts to boost the UK medical workforce. However, this doesn't explain the significant increase in IMGs joining in 2020. The data in Figure 49 relate to 30 June each year, so it's important to look at the monthly numbers to better understand this upsurge.

Figure 49: Doctors taking up (or returning to) a licence to practise, by PMQ (excluding TRE and UK 2020 graduates), from 2012 to 2020



* Most doctors who qualified outside the EEA* must pass two GMC Professional and Linguistic Assessments Board (PLAB) exams before they can practise in the UK. They also need to demonstrate that they meet the necessary English language requirements.

Figure 50 shows the number of IMGs we granted first-time registration to between 2018 and 2020,* by month. The spike in Figure 50 around March 2020 is explored further in Figure 51 alongside data for EEA and UK graduates. There is a marked increase in both IMG and EEA for the week commencing 16 March 2020.

The increase in March corresponds with us granting some doctors' registrations automatically during the pandemic, so they could support with the response. They will have to complete an identity check in the future, but we're currently exploring the most efficient way to manage this. All doctors in this cohort have had the electronic versions of their documents checked and approved by our registration team prior to their registration being granted. Employers will also have conducted their own identity check before they started working.

The subsequent drop after March coincides with the coronavirus lockdown, when our PLAB testing and ID checking facilities closed.†

From 2019 to 2020, there was a marked decline of applications from IMGs in July and August, with August 2020 being 43% lower than August 2019 (Figure 50). This may be early evidence that IMG applications in 2020 were concentrated in March, rather than following the more even spread across the year seen in 2018 and 2019. As such, it wouldn't be wise to extrapolate the data in Figure 49 into the future until there is further data.

* Not all doctors who have an application granted go on to become licensed doctors, but these data provide us with the most suitable proxy for a month-by-month analysis.

† Since lockdown restrictions started to ease, we resumed our PLAB testing at a reduced capacity, which is discussed further in chapter 4 [DN: link to section 4].

Figure 50: Applications granted to IMGs for first-time registration on the medical register,* by month for 2018 to 2020

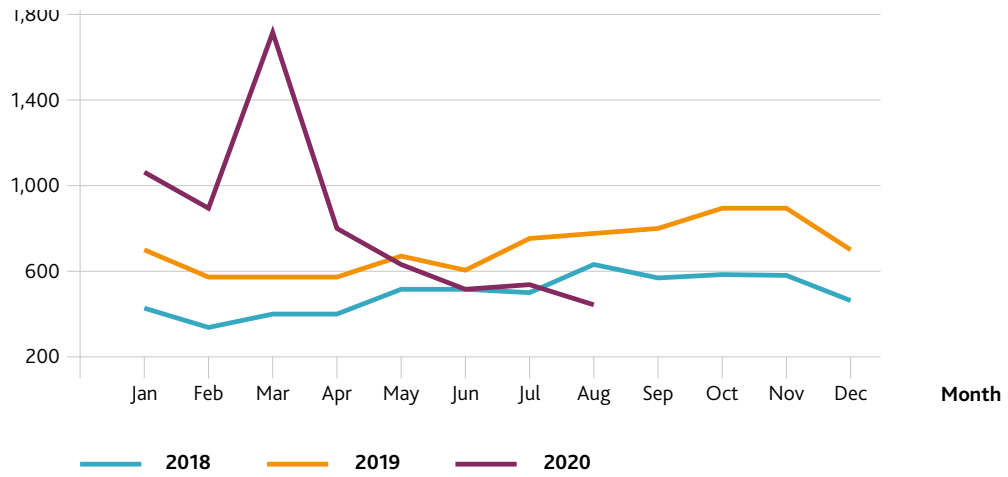
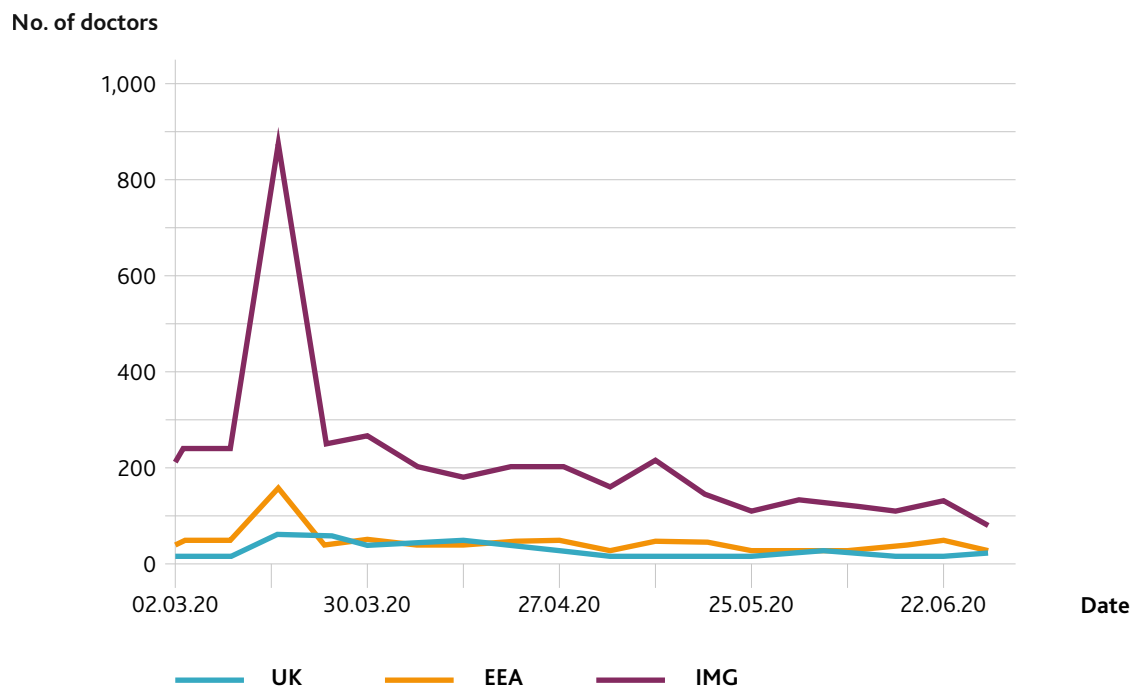


Figure 51: Weekly additions to the potentially available UK workforce, by PMQ, between 2 March and 22 June in 2020



* This doesn't include review applications or applications to restore licences.

The number of licensed EEA doctors in the UK has increased slightly since the EU referendum

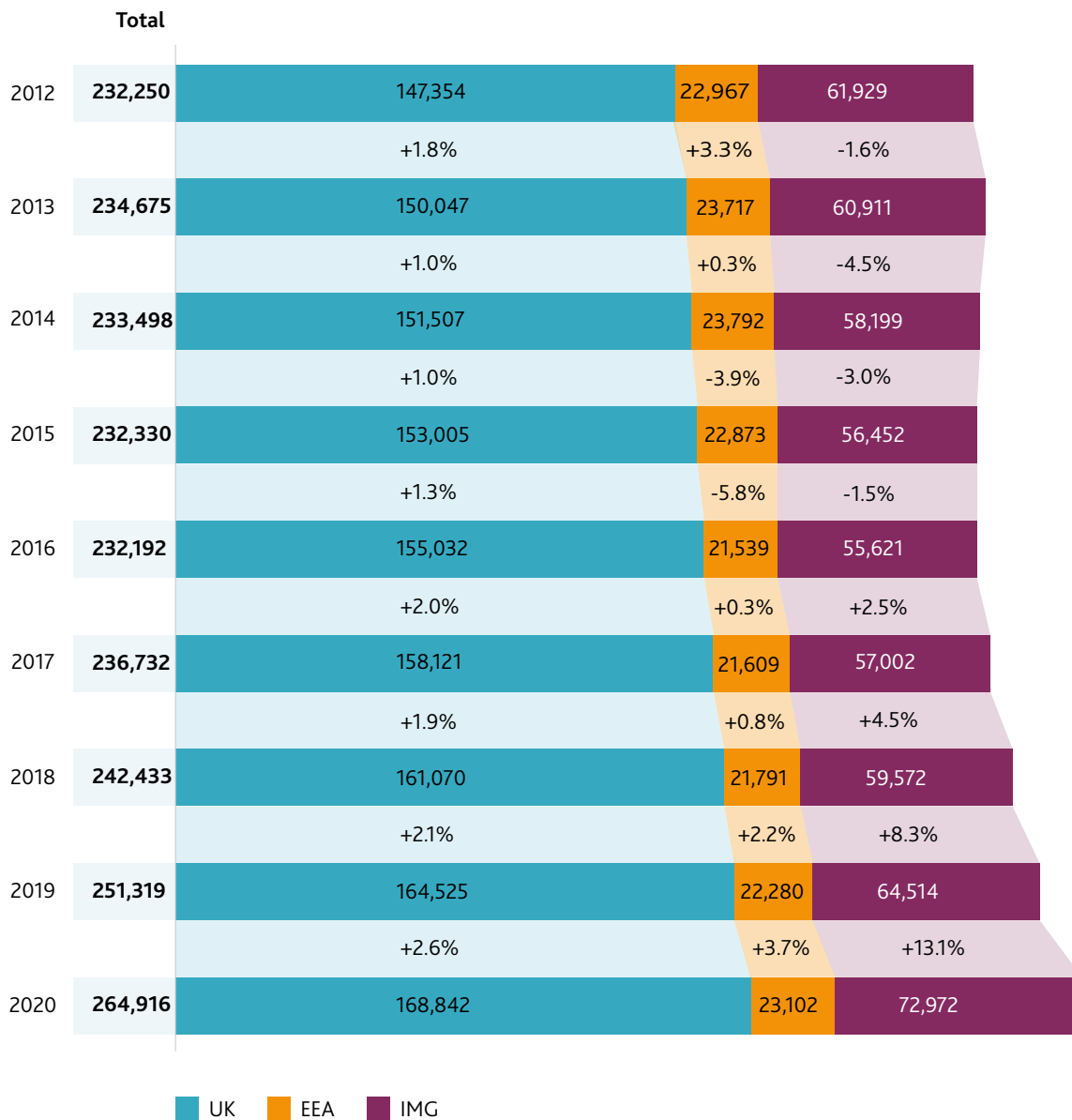
Despite fluctuations between the two years, the number of EEA doctors working in the UK in 2020 is very similar to 2012 (Figure 52). Between 2014 and 2016, we saw a 9% fall, which corresponded with a new requirement for EEA doctors to show proof of their English language capability before being able to gain a licence to practise.

Interestingly, since then – and following the EU referendum result – we’ve seen increases in the number of licensed EEA doctors across all four UK countries. There was a 0.8% rise from 2017 to 2018, followed by a more notable 2.2% rise from 2018 to 2019. And from 2019 to 2020, there was an even higher increase of 3.7%. This was initially driven by a fall in the numbers of EEA graduates leaving the workforce but then from 2017 the numbers joining started to rise, creating a combined effect.

After 31 December 2020, the Mutual Recognition of Professional Qualifications Directive will no longer apply to the UK. Recognition of UK medical qualifications will be governed by the national policies and rules of each of the EEA member states. There’s a risk this could deter some of the 2,724 EEA graduate doctors who are currently training in the UK from completing their qualification. And, in future, it could prevent EEA graduate doctors from choosing to train in the UK if the qualification isn’t recognised in their home country.

We continue to monitor the number and makeup of EEA graduate doctors in the UK as part of our annual report series, ‘Our data about doctors with a European primary medical qualification’.³⁰

Figure 52: Number of licensed doctors by PMQ, from 2012 to 2020



The number of specialty and associate specialist (SAS) and locally employed (LE) licensed doctors has risen substantially

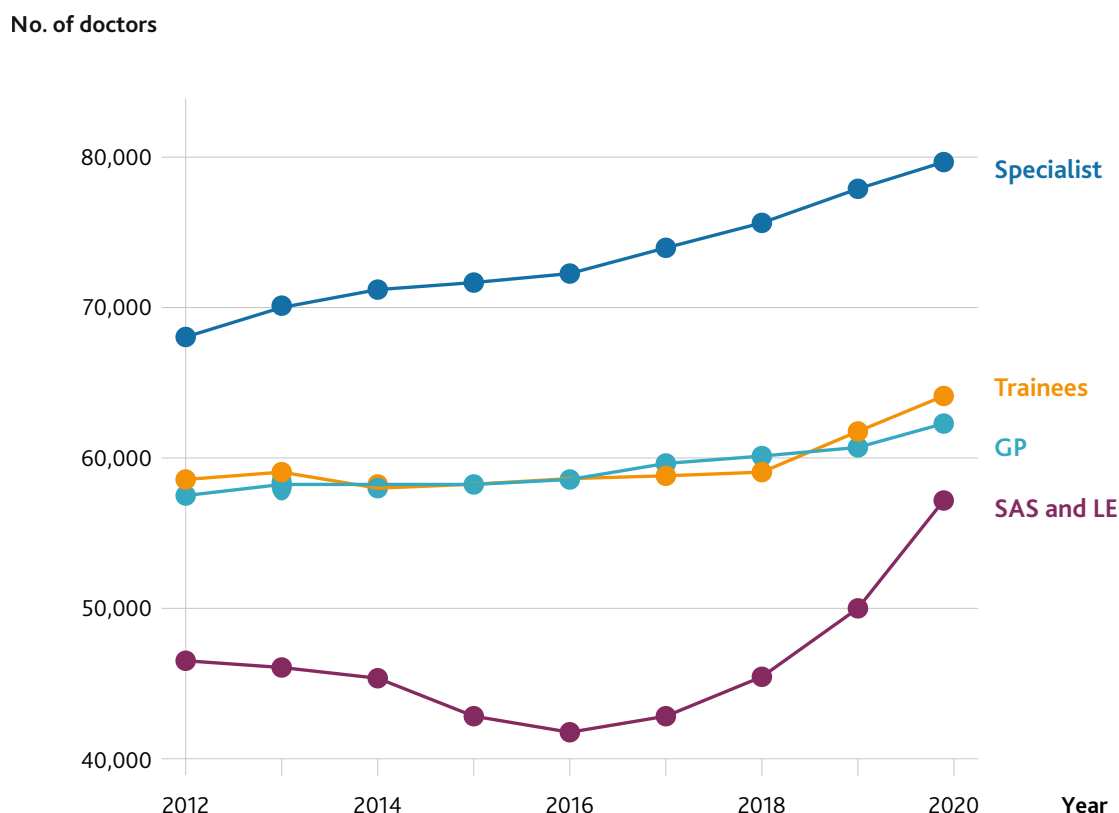
There are more specialists than any other register type, and SAS and LE doctors are the smallest group (Figure 53).

However, the number of SAS and LE doctors has risen rapidly since 2016. From 2019 to 2020, this group grew at more than four times the rate of the next fastest growing group – trainees. There are a number of possible explanations for this, including:

- more trainees are opting to work as SAS and LE doctors, while pausing their training after F2
- there is an increasing number of IMG doctors, who we know tend to work as SAS or LE doctors initially.

The largest register group, specialists, has continued to grow steadily. Our data show that most specialties have the same trend of steady growth in licensed specialists. The exceptions are pathology, public health, and occupational medicine, which have all continued to steadily decline since 2012.

Figure 53: Register types of licensed doctors, from 2012 to 2020

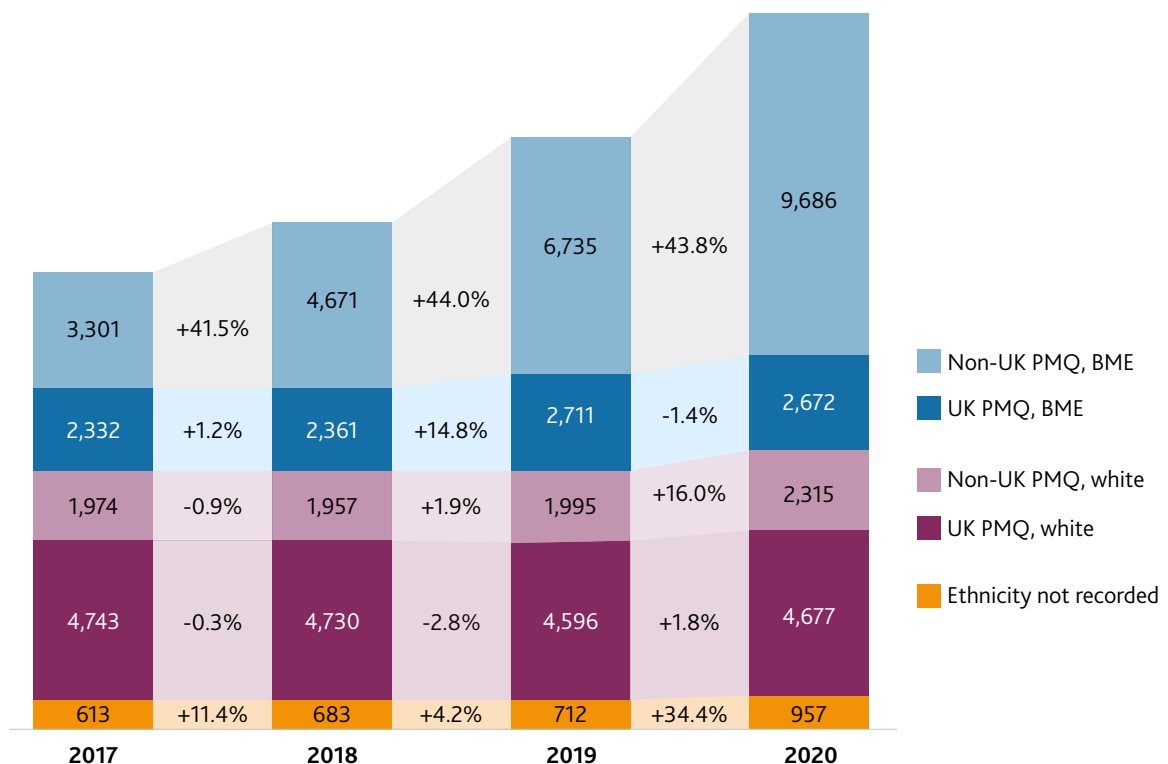


Ethnic diversity continues to grow among doctors joining the UK workforce

Since 2017, we've collected data on the ethnicity of just over 95% of doctors taking up a licence. Figure 54 shows the dramatic year-on-year growth in the number of doctors who identify as black and minority ethnic (BME) joining or returning to the UK medical workforce – from 44% in 2017 to 61% in 2020.

The proportions of doctors taking up a licence, who identify as black or black British and Asian or Asian British have each increased by around five percentage points since 2017. It's important to note that this, and the increase in BME doctors overall, is predominantly driven by the increasing number of doctors who have trained outside of the UK. This group grew from a quarter of all new joiners in 2017 to 45% in 2020, which is almost double the number of UK-trained white doctors who joined in 2020.

Figure 54: Doctors taking up a licence to practise by ethnicity, from 2017 to 2020



The supply of UK-trained doctors

Medical students in the UK

There's been a large rise in the number of medical students in recent years

Overall, the number of students starting at medical school in the UK has risen steadily every academic year between 2013 and 2019.* The academic years 2017/18 and 2018/19 saw a particularly steep increase, rising by 10% from 8,085 students to 8,930.

Scotland has the largest number of medical students relative to population in the UK

In the 2018/19 academic year, over four fifths (81%) of UK medical students were studying at a medical school in England while the remaining were in Northern Ireland (3%),[†] Scotland (12%) and Wales (5%). However, when normalised by each country's population, there were:

- 93 students per 100,000 in Scotland
- 73 students per 100,000 in Northern Ireland
- 60 students per 100,000 in England and Wales.

There continue to be increasingly more female than male medical students

There have been higher numbers of female students than male students attending medical school each year. This gap has grown since the 2015/16 academic year, when 55% of students were female, compared with 57% in the 2018/19 academic year.

Increasing numbers of students join UK medical schools from the European Union and the Middle East

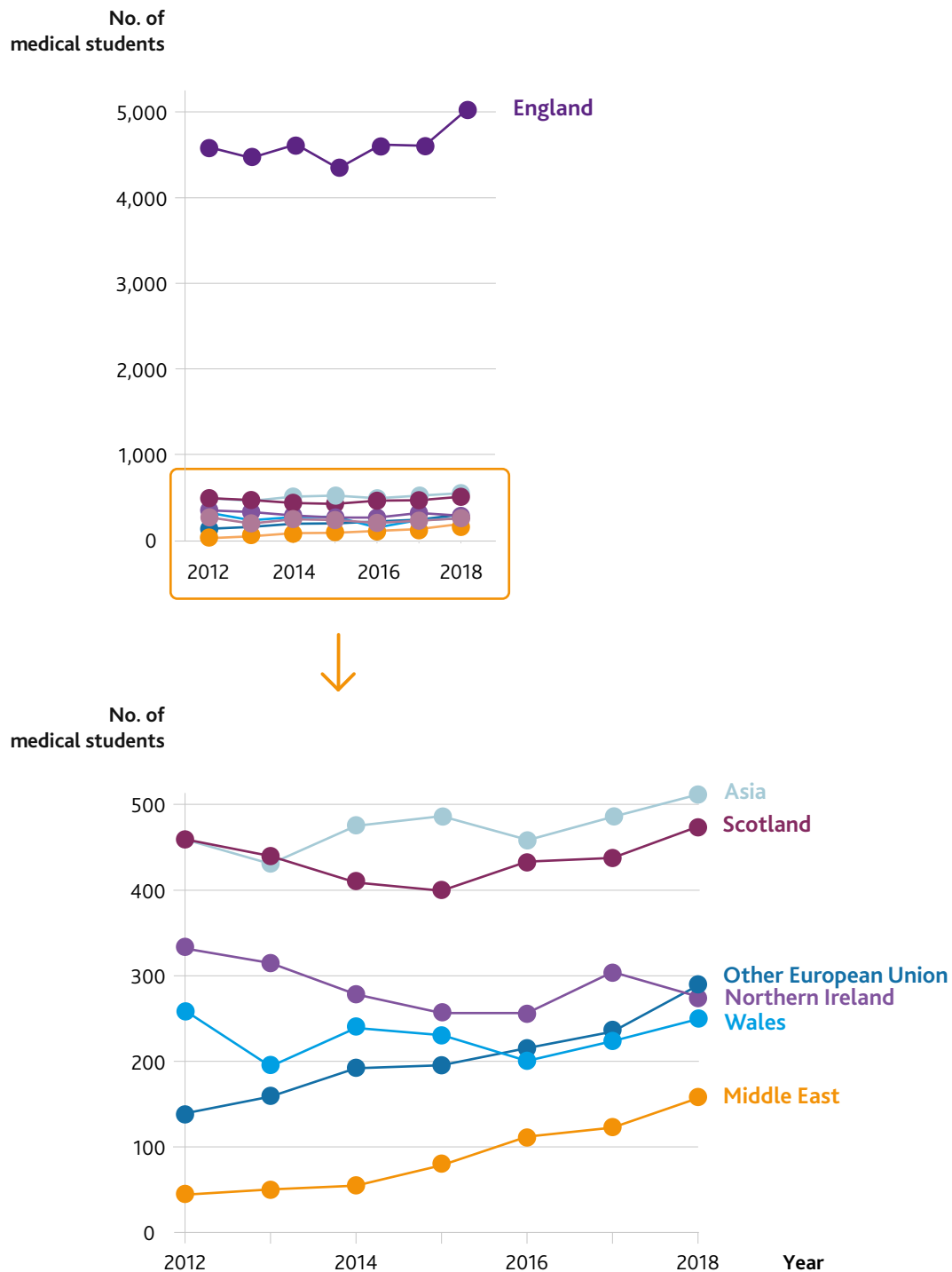
84% of UK students taking up their first degree at medical school in the 2018/19 academic year lived in the UK prior to starting their course. This is a slight decrease from 85% in the 2017/18 academic year.

In recent years, we've seen a particularly rapid growth in the number of medical students joining UK medical schools from the Middle East and the European Union (Figure 55). Between the 2017/2018 and 2018/2019 academic years, there was a 27% increase in students from the Middle East and a 23% increase in students from the European Union. This, and the increase in previous years, appears to show that the result of the EU referendum hasn't discouraged European students from coming to the UK to study medicine.

Interestingly, the increase in students from the Middle East joining UK medical schools mirrors the rise in qualified doctors joining the UK workforce from that region.

* This report includes information derived from that collected by the Higher Education Statistics Agency Limited ("HESA") and provided to the GMC ("HESA Data"), for more information on this see 'A note on research and data' on page 152.

† A small percentage (less than 0.2%) of students moved medical school and have been counted twice.

Figure 55: Students starting medical school by domicile when applying for UK medical school, from 2012 to 2018^{††}

World regions supplying fewer than 100 students in the 2018–19 academic year have been omitted.

* Figure 55 shows the domicile world region of medical students when they applied for their place at a UK medical school. It's limited to students who were applying for medicine as their first degree as the students entering university for a second time to study medicine are a minority whose domicile is more likely to have changed from where they grew up and were educated.

† Each year refers to the year in which the student started studying.

Doctors in postgraduate training

The number of GP trainees continues to rise

The number of GP trainees has continued to rise and, in 2020, there were 8% more GP trainees than there were in 2019 (Figure 56).

Increasing the numbers of GPs is a priority that's been outlined in a number of national healthcare workforce strategies, such as the 'NHS Long Term Plan for England'⁷, 'A Healthier Wales'¹⁰, and 'An Integrated Health and Social Care Workforce Plan for Scotland'⁹. Other specialties that have also been the focus of national strategies include emergency medicine and radiology, which both continued to grow steadily from 2019 to 2020, by 9% and 4% respectively.

Figure 56: Numbers of doctors by specialty programme per year, from 2012 to 2020

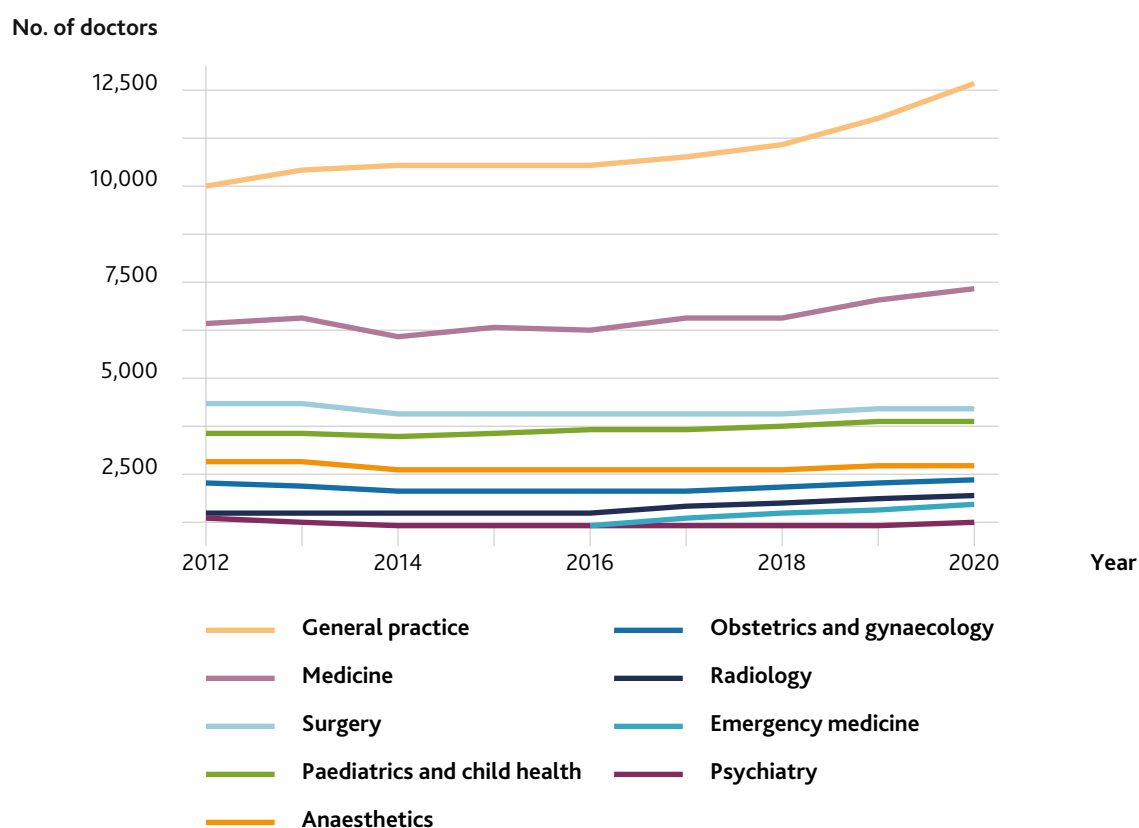
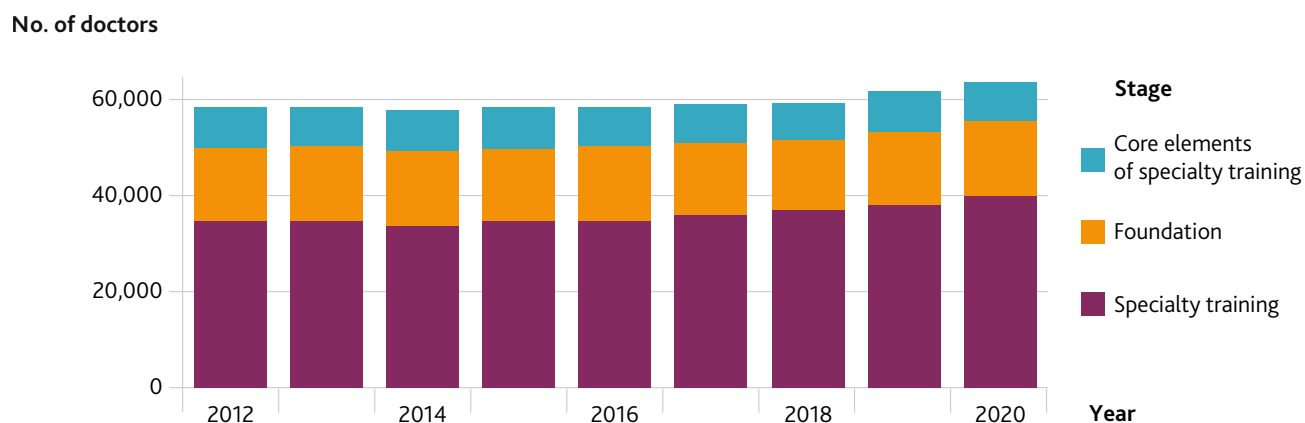
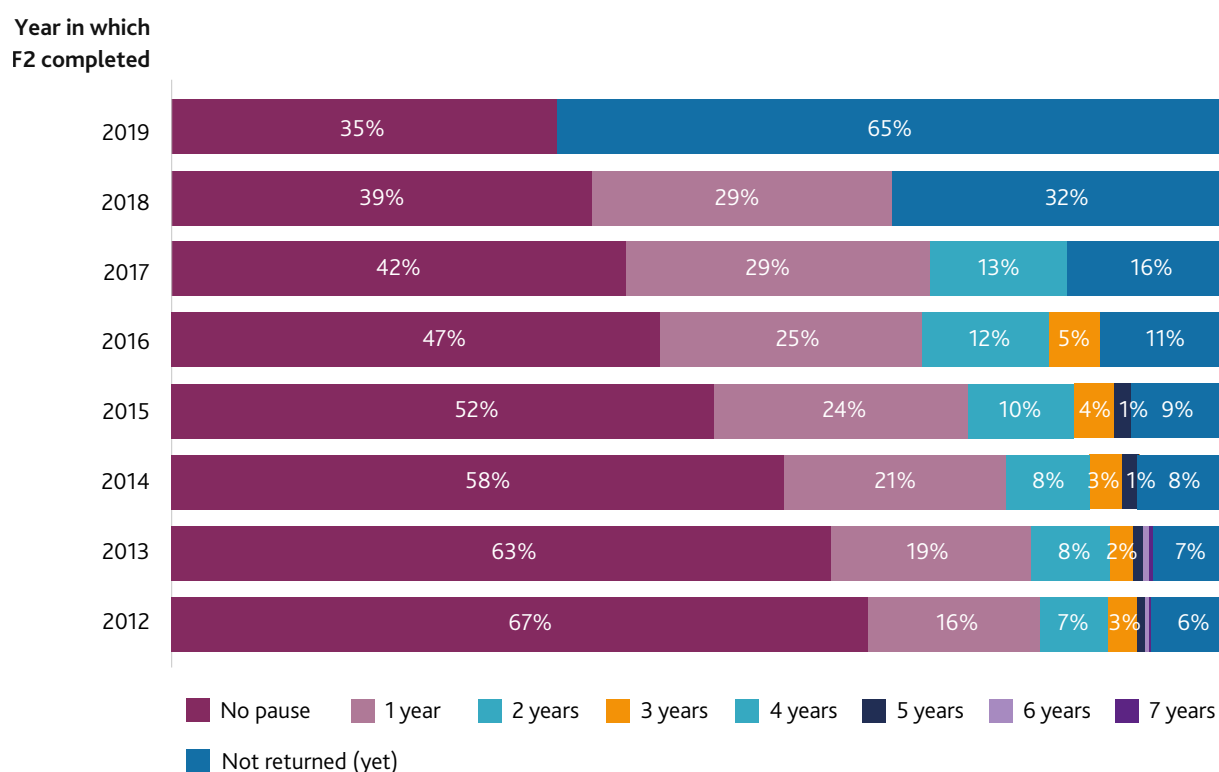


Figure 57: Numbers of doctors in training by stage per year, from 2012 to 2020

More doctors are pausing their specialty training after completing F2

It's increasingly common for specialty trainees to pause their training after completing F2 (Figure 58). In 2012, 67% of F2 specialty trainees

continued their training with no pause, but this figure fell to just 35% in 2019. Most of these doctors don't leave the profession. Instead, they choose to work in other roles, which may be one driver of the increasing numbers of LE doctors.

Figure 58: Lengths of pauses between F2 and first specialty training stage, per year, from 2012 to 2019

The length of pauses between completing F2 and entering the next phase of training varies by specialty training programme

There is a clear pattern of longer pauses after completing F2 with each passing year, and this is observed across all programmes (Figure 59).

Trainees on certain programmes appear to have taken longer pauses than others, with emergency medicine, public health and sexual and reproductive health seeing the longest pauses on average in 2020.

Figure 59: Average lengths of pauses (in years) between F2 and next training stage, by programme specialty* and year†

	2014	2015	2016	2017	2018	2019	2020
Core elements	1.2	1.4	1.5	1.6	1.7	1.8	2.0
Emergency medicine	1.1	1.5	1.8	2.0	2.0	2.6	2.4
General practice	1.2	1.4	1.6	1.7	1.8	2.0	2.1
Obstetrics and gynaecology	1.3	1.5	1.6	1.7	1.7	1.7	1.8
Ophthalmology	1.3	1.5	1.6	1.7	2.0	1.9	1.8
Paediatrics and child health	1.2	1.4	1.5	1.6	1.7	1.7	1.8
Pathology	1.2	1.3	1.4	1.7	1.7	1.7	2.0
Public health	1.4	2.0	1.5	2.1	2.3	2.9	2.5
Radiology	1.3	1.4	1.6	1.2	1.6	1.8	1.8
Sexual and reproductive health	1.5	1.3	2.3	1.3	2.2	2.3	2.8

* We've grouped specialties that progress from F2 to a core training (CT) phase under 'Core elements'.

† A value of one represents progressing immediately from F2 to the next stage.

Specialty training course lengths and switching

Becoming a GP or a specialist often takes longer than the minimum time to complete the curriculum, especially in obstetrics and gynaecology

It takes longer than the minimum time defined by training programme curricula for trainees to complete the stages following F2 (CT1 or ST1), attain a CCT and become a GP or specialist (Figure 60). This could be highly valuable for workforce planning models to account for when projecting the future numbers of doctors in a certain specialty.

Some programmes do roughly take the minimum time to complete, such as ophthalmology. But others have notably longer average course lengths.*

Comparing two seven-year programmes, fewer than one out of ten 2012 obstetrics and gynaecology ST1 trainees gained a CCT in the minimum time, compared with four out of ten of the 2012 ST1 ophthalmologists. In the coming years, we will be able to analyse data for other cohorts of longer specialty training programmes and start to better understand these issues.

Figure 60: Trainees' access to local teaching, split by post specialty

Training programme	Minimum time to attain CCT (years)	Number of doctors in training in 2012 at CT1/ST1 level	Average length of training (years)	Percentage of doctors gaining CCT in minimum time (%) [†]
General practice	3	3,425	3.8	53
Pathology	5	118	6.1	20
Public health	5	39	6.5	15
Radiology	5	215	5.9	36
Psychiatry	6	310	7.3	13
Obstetrics and gynaecology	7	261	7.8	9
Ophthalmology	7	104	7.3	38

* Specialties where the curricula require more than seven years have been excluded from this analysis due to the insufficient length of time that would allow a fair comparison.

† including doctors currently not licensed and those currently not on the medical register.

Over 40% of the 2012 cohort of GP trainees took longer than the minimum time to complete their training

Over 40% of trainees who started GP training in 2012 had not finished in the minimum time – three years. A quarter of these trainees were yet to become GPs after four years. These are sizeable minorities, and projections of future qualified GP numbers should incorporate the fact that many GP trainees take longer than the minimum course length of three years to qualify.

By 2018 – six years after starting GP training – most of those who would be qualified GPs in 2020 already were. This showed that we could

track GP specialty training cohorts from more recent years to test if the proportion working as GPs after three years of training is increasing or decreasing. When we did this, we found similar patterns were observed for the 2013, 2014 and 2015 cohorts but that slightly smaller proportions were fully qualified after three years from the 2016 and 2017 cohorts.

In 2020, 1% of the 2012 cohort were completing ST3 while a larger group (4%) were working as SAS and LE doctors. Another 4% were not working as doctors in the UK, which is consistent with the typical rate at which doctors leave UK practice each year.

Figure 61: The progression of GP trainees through training stages, by year

	2012	2013	2014	2015	2016	2017	2018	2019	2020
ST1	3,425	10%	1%	0%	0%	0%	0%	0%	0%
ST2		86%	18%	5%	2%	0%	0%	0%	0%
ST3		1%	76%	28%	15%	7%	3%	1%	1%
GP		0%	0%	58%	75%	83%	87%	88%	89%
SAS and LE		2%	3%	5%	5%	5%	4%	4%	4%
Other training programme		1%	1%	2%	1%	2%	2%	2%	2%
Not licensed		0%	1%	1%	2%	2%	3%	4%	2%
Not on the register		0%	0%	0%	1%	1%	2%	2%	2%

Certain stages of some programmes take longer to complete than the minimum time defined by curricula

Some training pathways for specialties, such as medicine, surgery and psychiatry, include a core training element prior to further specialisation. The data show that completion of the second year of core training (CT2) and progression to specialty training year 3 (ST3) took six months longer on average, compared with those who move from a specialised second year of training (ST2) to ST3.

The largest average time between core training and first specialty training stage was among trainees in occupational medicine – 2.1 years compared with the minimum one year. One specific training stage that appeared to take considerably longer than minimum was psychiatry CT3, where the average time to progress to ST4 was 1.8 years.

General practice is a common destination for those who switch specialty

Of all the 88,158 doctors who were in training from 2012 to 2020, 7,441 (8%) switched their training programme. The most prominent training programmes that doctors moved away from were obstetrics and gynaecology, paediatrics, pathology, and public health.

General practice was the most popular destination, attracting almost half (47%) who initially started with core training but did not go on to their original specialty training programme. Radiology was also a popular choice for 17% of doctors who started core training but then chose to follow a different training pathway.

Summarising change in the supply line of UK doctors

Overall, the data show that there's a considerable change in the makeup of medical students preparing to join the UK medical workforce.

There have been large increases in the number of students taking up medicine, with a gradually increasing majority of those being female. There were also increases in the numbers of medical students from the Middle East, which mirrors the increases in qualified doctors joining from those areas. And, interestingly, we've seen a growth in students from the EU too.

At the same time, the pathway through postgraduate training has also changed substantially since 2012. Pauses in training after F2 are becoming the norm and the training stages that follow F2 are taking longer – to the extent that projected minimum times to qualify as a GP or specialist should not be expected for all trainees. These themes are explored further in chapter 4.

Doctors who leave the profession

Some doctors relinquish their licence to practise and appear to leave the profession for very short periods of time. Therefore, to get a sense of the trends in the number of doctors leaving, we define leavers as those who had a licence in June of the previous year, do not have one in June this year and have not returned by June of the following year. This means that we cannot produce 2020 figures for leavers yet, because we do not yet know if they are going to return by June 2021.

From 2017 to 2019, 9,153 doctors relinquished their licence in 2017, followed by 9,232 doctors in 2018; this number then fell to 8,537 in 2019.

In 2019, 'The state of medical education and practice in the UK: The workforce report'²⁸ identified that a large volume of doctors under 40 years old were leaving the profession. Doctors who leave after having recently completed F2 and doctors who leave soon after gaining their CCT to join the specialist or GP register are key components of this group and are the focus of this section.

Doctors leaving after their second foundation training year

When doctors leave after their F2 year, the UK's healthcare systems lose many years of service, potentially as a specialised doctor. To make sure we're analysing doctors within this group who permanently left UK medical practice, we have looked into the 7,740 doctors that were completing their F2 training in 2016.* By January 2017, 237 (3%) of these doctors no longer held a licence to practise in the UK and haven't held one since (as of February 2020).

All things held equal, doctors leaving the profession after F2 were disproportionately:

- of non-UK nationalities
- working less than full-time during their F2 year
- or from a group that had previously declared their intention to leave UK practice.

We may wish to consider how we could better support trainees who fall into these categories.

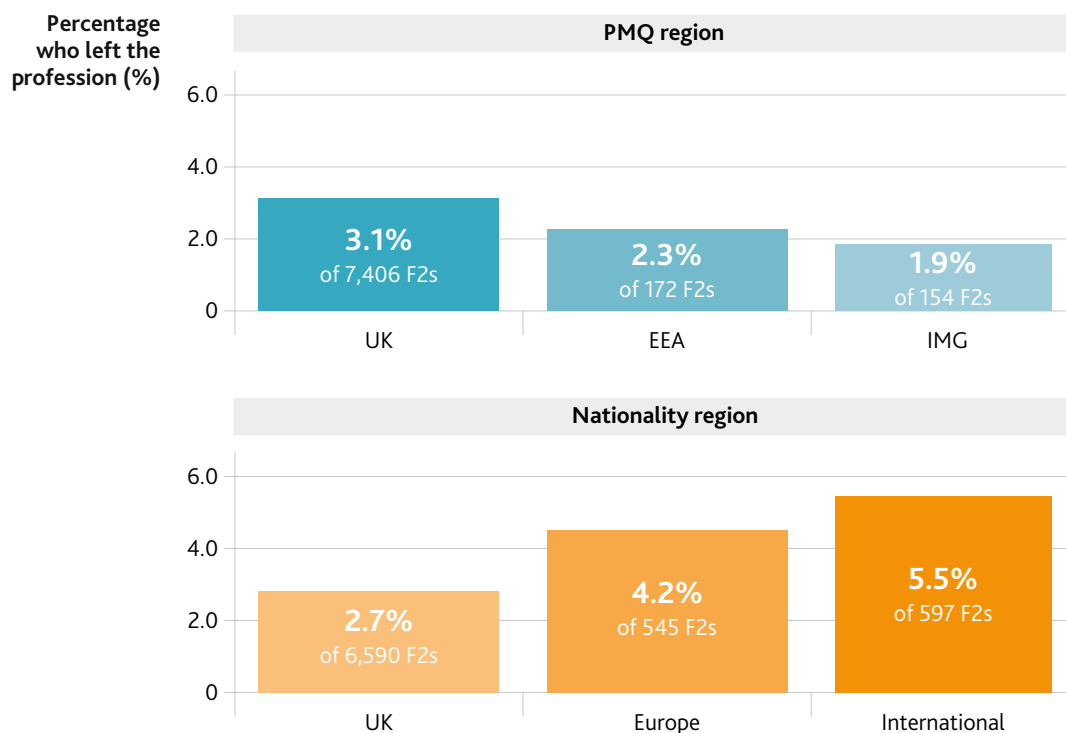
* According to the national training survey (NTS) 2020

Nationality – and not PMQ – is associated with doctors who leave after F2

There's an interesting contradiction in the proportions of 2016 F2 doctors who left the UK workforce when analysing PMQ and nationality (Figure 62). When data relating to nationality and PMQ were isolated, it was nationality – and not PMQ – that was associated with a greater likelihood of a doctor leaving after F2. For example, while doctors with a UK PMQ had a greater propensity to leave, doctors with a UK nationality were the smallest proportion to leave of the three nationality regions.

It is, however, important to acknowledge that the 597 doctors with an international nationality made up just 8% of the cohort of 2016 F2 trainees. If doctors with an international nationality were to leave at the same rate as 2016 UK nationality F2 doctors, 16 fewer would have left than actually did. So, we should recognise that, although this group are more likely to leave, any action targeted to better support the group may result in only a small improvement in the overall retention of F2 doctors.

Figure 62: Proportions of 2016 F2 doctors who left the UK profession, by PMQ region and nationality



Doctors working full-time are less likely to leave after F2

A slightly larger proportion of 2016 F2 doctors who worked less than full-time left the profession (4.6%) than those who had worked full-time (2.9%).

A smaller proportion of doctors from more deprived backgrounds leave after F2

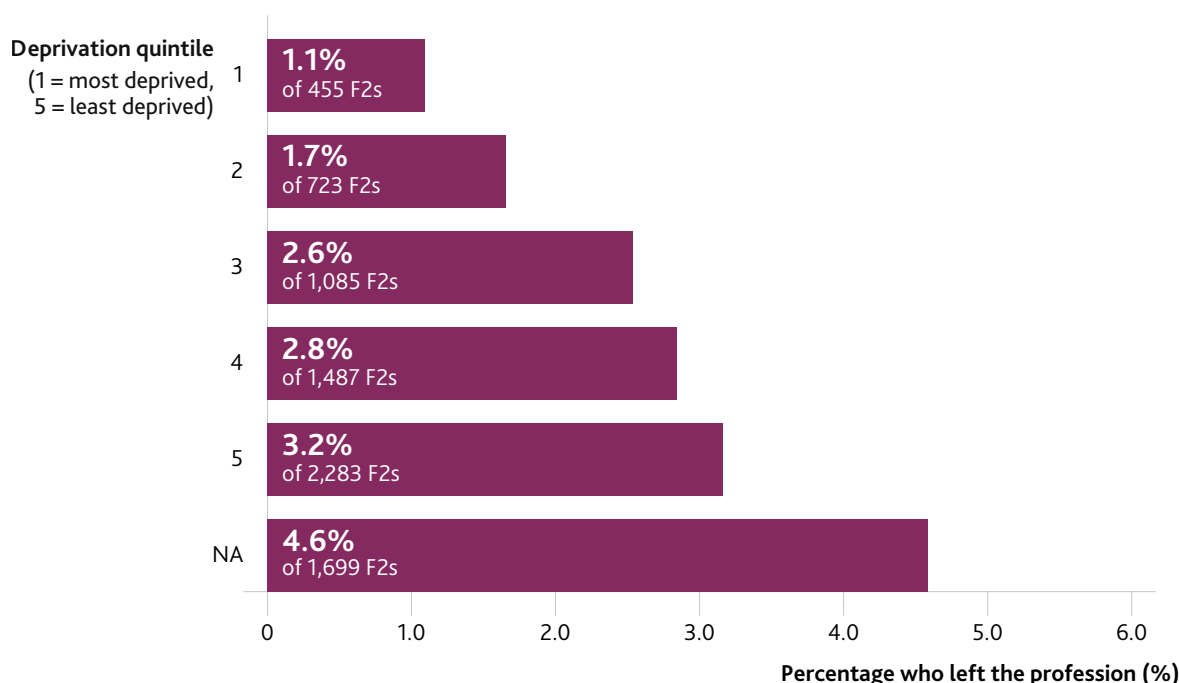
The proportion of 2016 F2 doctors who left the UK profession after their F2 year steadily fell in correlation with the deprivation index quintile of the area they lived in when they first applied to medical school* (Figure 63). A smaller proportion of doctors from more deprived areas (1.1%) left after F2 compared with the least deprived areas (3.2%).

There were far fewer doctors completing F2 specialty training in 2016 from the most deprived areas than the least deprived areas (Figure 63). This is evidence of a need to widen participation in specialty training for those from more deprived backgrounds.

Doctors who intended to permanently work abroad were more likely to leave UK practice after F2

Doctors of the 2016 F2 cohort reported that they wanted to leave UK practice in the next year. Of these, a fifth then left the profession. However, when all the possible factors were held equal, doctors who had announced this intention were disproportionately high among 2016 F2 doctors who had gone on to leave. While it may be too

Figure 63: The number and proportion of 2016 F2 doctors who left the profession, by deprivation quintile of address when applying for university†



* The deprivation index quintile of a doctor's address when first applying to medical school was sourced from the Higher Education Statistics Agency Limited ("HESA") and provided to the GMC ("HESA Data"); for more information on this see 'A note on research and data' on page 152.

† Limited to medical students who did not already have a degree when they commenced their medical studies ie non-graduate entrants.

late to take action once a doctor tells us they intend to leave, the intentions reported in the National Trainee Survey (NTS) do give an early warning if the loss of F2 doctors is likely to be particularly high in a given year.

Doctors who leave after gaining their CCT

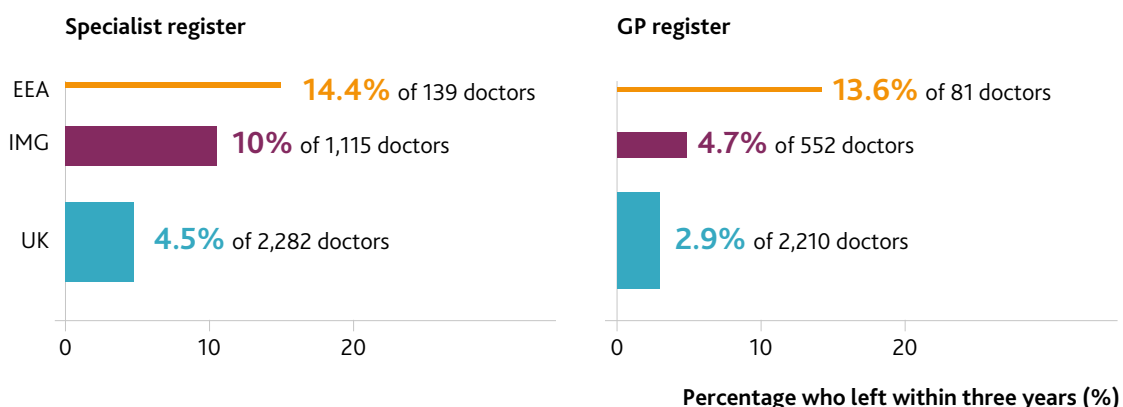
Fewer UK-qualified doctors leave within three years of joining the GP or specialist register via CCT than non-UK colleagues

To investigate leaving rates among those who had recently become a specialist, we have looked into the 3,536* doctors who joined the specialist register for the first time in 2014 after completing UK training.

In the pages that follow, we describe the 234 (7%) of these doctors who had left within three years of attaining a CCT and have not yet returned three years later (February 2020). We have done this to highlight the greater rate of leaving among this group of recently qualified specialists than among the wider population of doctors, which was reported as 4% in 'The state of medical education and practice in the UK: The workforce report'.²⁸

A smaller proportion of the 2,843 doctors who joined the GP register via CCT in 2014 left, but still this came to 101 doctors (3.6%). Figure 64 shows that smaller proportions of the largest PMQ groups (UK and IMG) left UK practice within three years of joining the specialist or GP register via CCT. While similar overall patterns by PMQ exist, the proportions of GPs leaving within three years are noticeably lower than specialists, particularly among IMGs.

Figure 64: Proportions of doctors who joined the specialist (left) and GP (right) registers via CCT in 2014 and left within three years, by PMQ



* Excludes those who also joined the GP register at the same time.

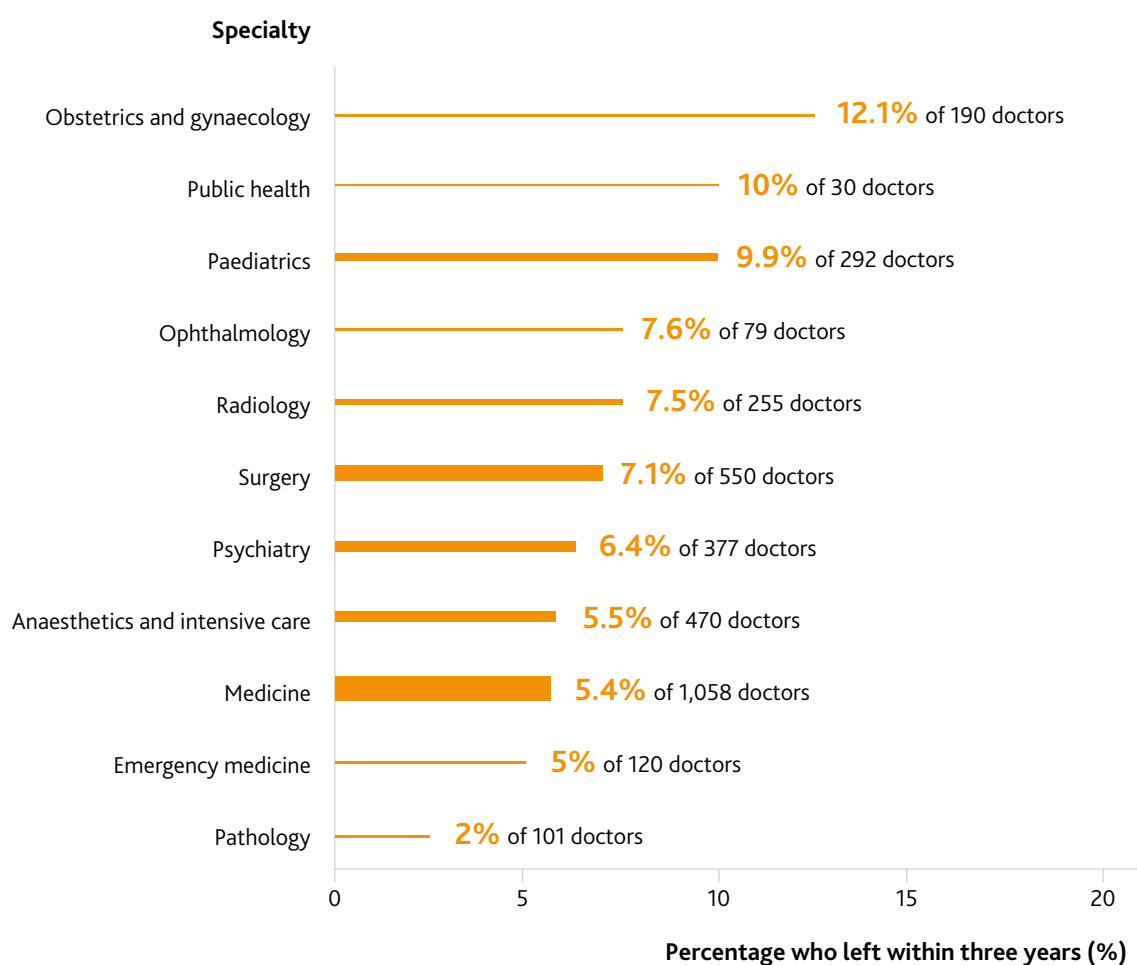
Obstetrics and gynaecology has the highest proportion of newly qualified specialists that leave but having a non-UK PMQ is the biggest driving factor

The data show that leaving rates vary by the specialty for which the doctor gained their CCT (Figure 65). Obstetrics and gynaecology appears to lose the largest proportion of specialists – 12% within three years of CCT.

However, 57% of the doctors joining the specialist register by CCT in that specialty were

EEA graduates or IMGs compared with the average of 35% across all specialties. We've shown that doctors with a non-UK PMQ were far more likely to leave within three years of gaining their CCT than UK-qualified doctors. Therefore, we believe this is what leads to the proportion of specialists leaving obstetrics and gynaecology being higher. However, it may still be of interest to workforce planners to see how the patterns of leaving soon after CCT vary by specialty when projecting future numbers of specialists.

Figure 65: Proportions of doctors who gained a CCT in 2014 and left within three years, by specialty



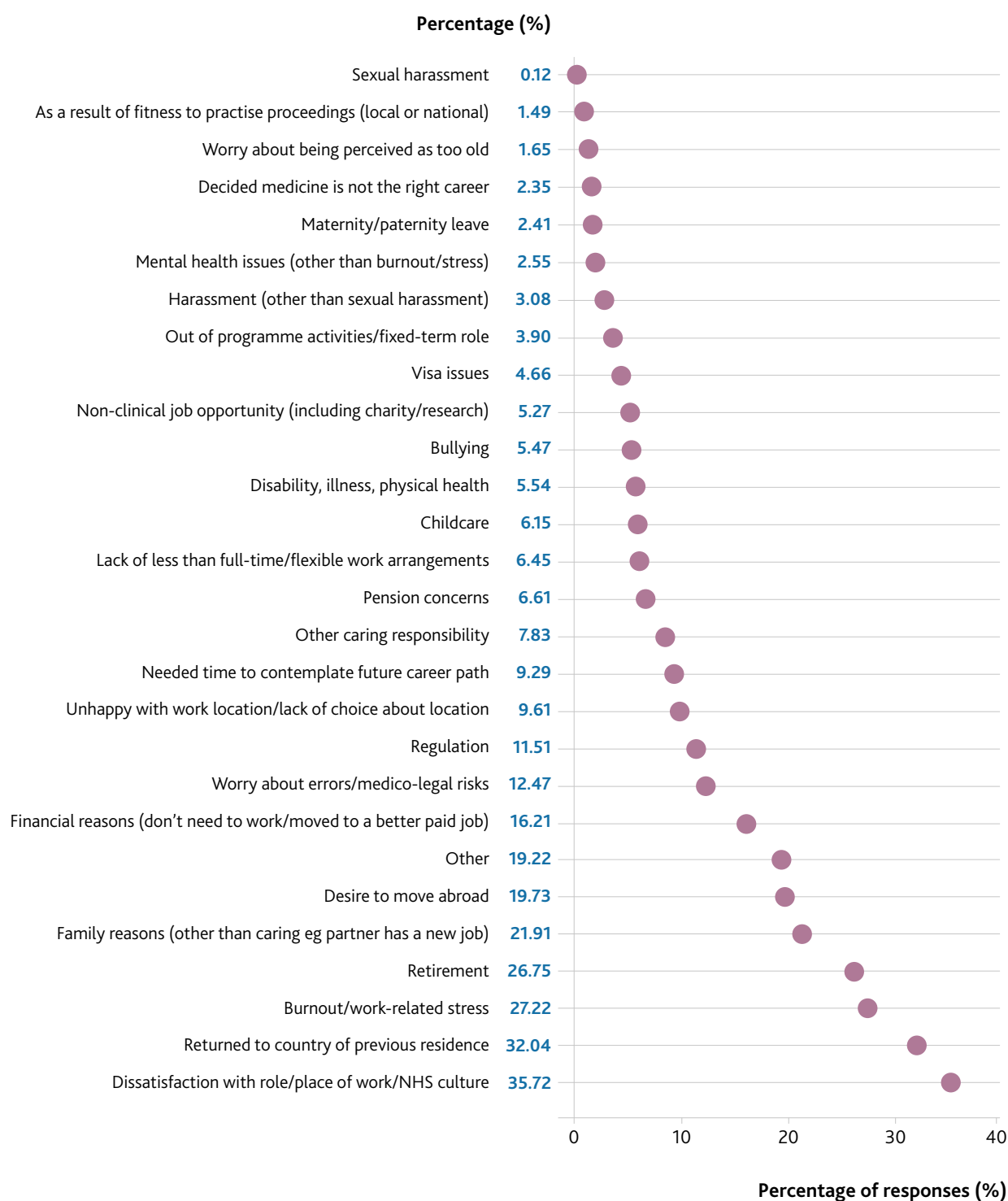
Reasons for leaving the profession

In order to support the profession, we need to understand the reasons why doctors decide to leave UK medical practice.

Between 21 January and 10 March 2020, we co-produced the 'Completing the picture' survey.* 13,158 doctors who had previously practised in the UK, but who weren't doing so at the time, completed the survey. They answered a series of questions, including why they had decided to stop practising, or if they had left the UK to practise elsewhere.

Notably, over a third (35.7%) of doctors stated 'Dissatisfaction with previous role/place of work/NHS culture' contributed to their decision to leave UK practice. And a quarter (27%) of doctors gave 'Burnout/work related stress' as a reason. The full report will be published in the coming months.

* The survey was conducted in partnership with Health Education England (HEE), the Department of Health (Northern Ireland), NHS Education for Scotland (NES) and Health Education and Improvement Wales (HEIW).

Figure 66: Reasons for having left the UK medical workforce, 'Completing the picture survey'*

* Proportions of the 91,313 responses provided to this question – for which participants could select more than one option.

Doctors' future intentions

In 2020, 'the Barometer survey' and NTS findings contained promising signs for the immediate future of the medical workforce.*

There was a marked decrease in the proportion of doctors intending to make a career change – from 71% of respondents in 2019 to 57% in 2020.

While the responses to the NTS across all levels of training were broadly similar to the 2019 survey, there was a strong growth in the proportion of F2 respondents looking to continue training. There were also noticeable falls in F2 respondents looking to take a career break, or temporarily work outside the UK.

It's difficult to be certain if these findings will have long-term implications because they could be related to the practicalities and limitations at the time of the pandemic.

The questions in 'the Barometer survey 2020' relating to respondents' future intentions can be divided into three groups:

- planned career changes in the next year
- steps taken towards leaving the profession
- reasons for wanting to make a career change.

Fewer doctors are planning to leave clinical practice, compared with 2019

A smaller proportion of respondents to 'the Barometer survey 2020' (57%) were considering making a career change in the next year, compared with respondents in the 2019 survey (71%).

Of the 2020 respondents who were looking to make a career change, fewer were considering making a change that would result in reducing or leaving clinical practice, compared with 2019. Specifically, there's been a fall in the proportions of doctors looking to reduce their hours, take a break or leave the profession. Nearly two fifths of doctors (39%) were considering such a change in 2020, compared with 46% in 2019 (Figure 67).

There's some variation by area of practice. Of those intending to make a career change, just over a quarter of GPs (26%) and specialists (also 26%) were considering reducing their hours. Whereas, only 18% of trainees and 17% of SAS and LE doctors were considering reducing their hours.

There were also notable differences across the four countries of the UK. Of those doctors intending to make a career change, almost a third in Northern Ireland (31%) and Scotland (30%) were considering reducing their hours, compared with a fifth in England (20%) and Wales (20%).

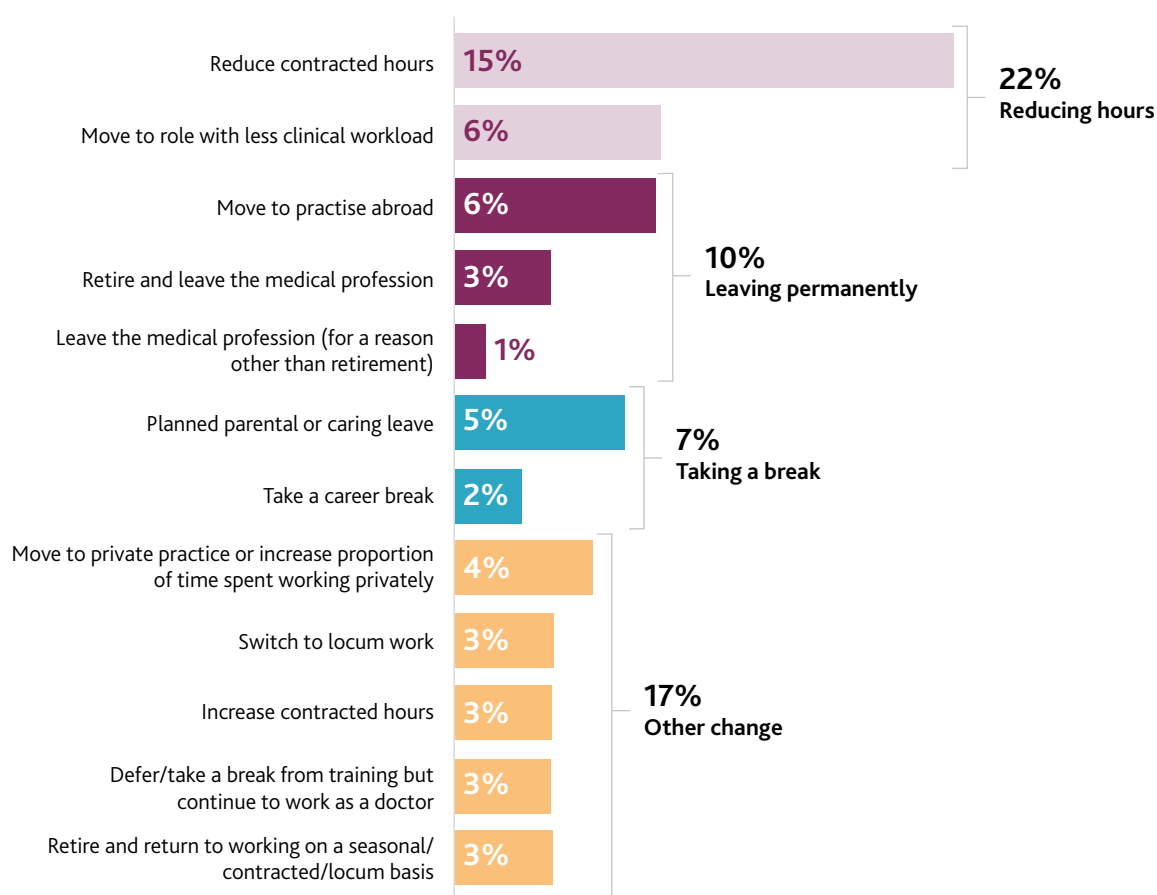
* During the pandemic many academic trainees have been drawn back to full-time clinical work, have had to maintain their academic research when universities were closed, and may have seen, or expect to see, a reduction in funding opportunities.

Doctors experiencing more severe workload pressures were more likely to consider reducing their hours or leaving the profession. This was also true for doctors who said that the pandemic had a mostly negative impact on their health and wellbeing. However, it appears that satisfaction with their role and workload pressures are more prominent factors than their explicit experiences of the pandemic.

Crucially, doctors responded to the survey amid the context of the first pandemic peak, so this will enable us, in the coming years, to analyse its impact on doctors' career choices more comprehensively.

Figure 67: Most likely career changes of doctors considering making a change in the next year

What is the career change you are most likely to make in the next year?



n = 3,693 (all doctors), 'the Barometer survey 2020', QB1a

A similar proportion of doctors are thinking of leaving the UK profession, compared with 2019 – and the proportion of doctors who have taken hard steps towards leaving is almost the same

While the wider group of career changes that amount to reduced clinical hours has gone down – reducing hours, leaving permanently and taking a break – there's been a slight increase in the component considering leaving permanently.

In 2020, 10% of respondents were considering leaving the profession – moving to practise abroad, retiring, or leaving for another reason – which is the same as in 2019. Only 4% of respondents had taken hard steps towards leaving in 2020, similar to the 3% in 2019. Hard steps include:

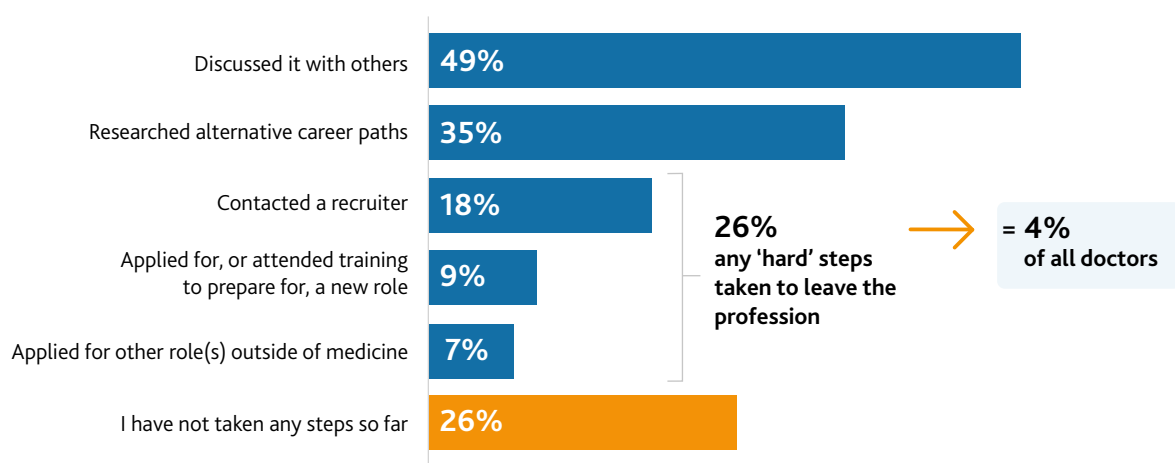
- contacting a recruiter

- applying for or attending training to prepare for a new role
- applying for another role outside of medicine.

It's likely to have been more difficult for doctors to take hard steps towards leaving the profession during the spring peak of the pandemic. It's too soon to tell whether more will take these hard steps in the future. For the 2020 respondents, however, the pandemic was a secondary reason for wanting to leave and more traditional reasons, described in the following paragraphs, were more prominent. We'll continue to track doctors' career intentions in 2021 to offer further insights into the effect the pandemic has on doctors' career intentions.

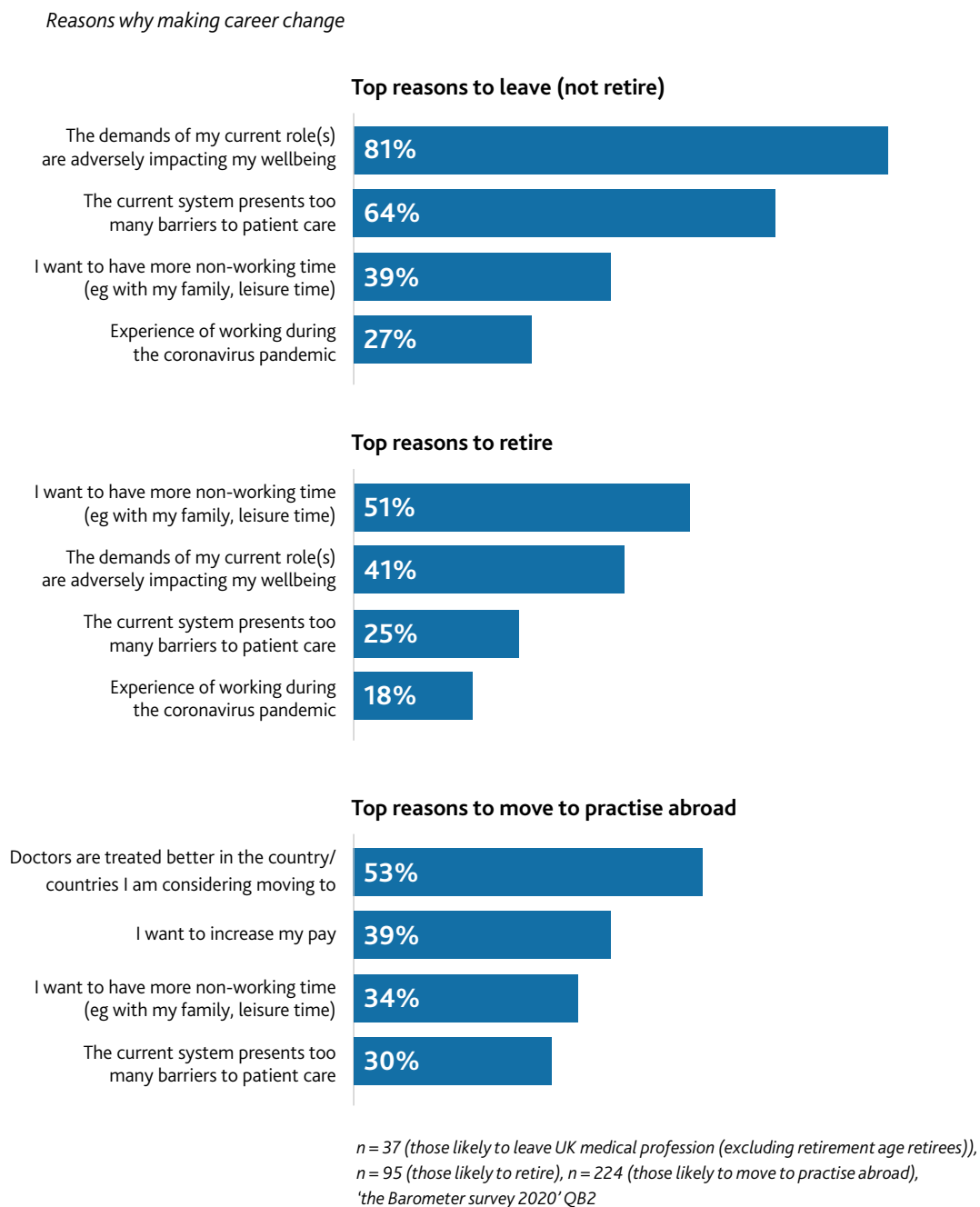
Figure 68: Steps taken by doctors who reported they were likely to leave the profession, in 2020

For doctors who said they were likely to leave the UK medical profession in the next year. What steps, if any, have you taken towards leaving the UK medical profession?



n = 618 (those likely to leave UK medical profession (excluding retirement age retirees)), 'the Barometer survey 2020' QB3

Figure 69: Reasons for wanting to leave the profession, in 2020



Wellbeing and work-life balance are the most common reasons for doctors considering a career change

Wellbeing and work-life balance were among the top reasons for all respondents wanting to leave the profession (Figure 69). This includes doctors who want to retire, move to practise abroad, or leave the profession.

Similarly, as Figure 70 shows, the most common reasons for doctors who were likely to make a range of career changes were:

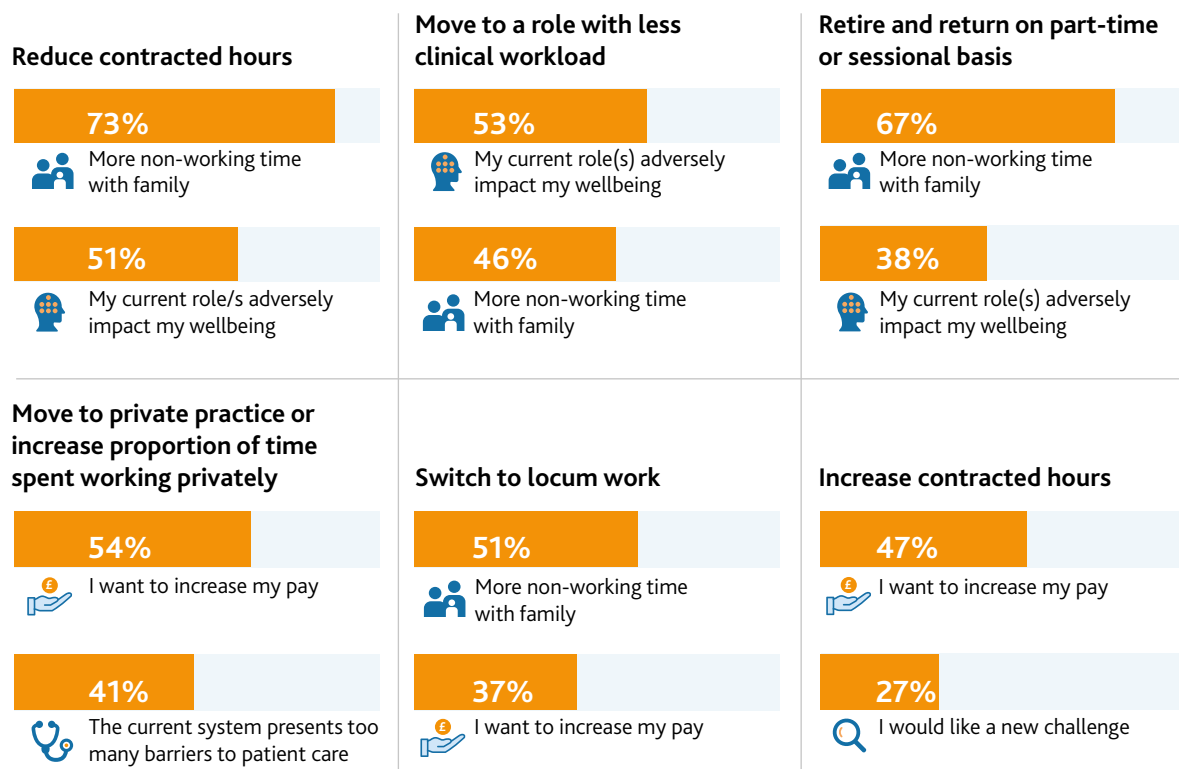
- concerns about wellbeing

- desire to spend more time with family
- pursuit of increased pay.

Over two fifths (45%) of respondents mentioned that the excessive demands of their current role were affecting their wellbeing, or that the current system was presenting too many barriers to patient care. This proportion is far greater than the 15% who cited the pandemic as a reason for them wanting a career change.

Figure 70: Top two reasons for making a career change among those intending to do so, in 2020

Reasons why making career change



n = 557 (reduced contracted hours), *n* = 240 (move to a role with less clinical workload),
n = 119 (retire and return on part-time or sessional basis),
n = 159 (move to private practice or increase proportion of time spent working privately),
n = 103 (switch to locum work), *n* = 126 (increase contracted hours), 'the Barometer survey 2020' QB2)

Future intentions of postgraduate trainees

Most postgraduate trainees intend to continue training or work as a qualified doctor in a year's time

Every year in the NTS, we ask trainees what they see themselves doing one year from now. The responses for the 2020 survey were consistent with the responses given in 2019. Just under three quarters (73%) intend to continue training, or work as a consultant or GP, but some trainees (10%) were intending to work as an LE doctor instead of train. This 10% represents 2,771 trainee doctors and may be another signal of the increasing lengths of time needed to train specialists (page 111). Of those intending to work as an LE doctor instead of train, half intend to work as a locum.

F2 trainees are more likely to continue their training than in 2019

In contrast to the NTS results for all doctors, F2 trainees' future intentions were noticeably different from 2019. There's been a shift from wanting to work as a locum or work abroad, to wanting to continue in training, or work as a consultant or GP (Figure 71).

In 2020, 48% of F2 trainees were intending to continue training (either in their current specialty or switching to another) or working as a consultant or GP, compared with 36% in 2019. This increase might suggest that trainees are more likely to want to choose something familiar and secure as a result of the pandemic.

Figure 71: F2 trainees' intentions for a year's time (NTS survey), in 2020

