

Introduction

As we publish our 2020 edition of 'The state of medical education and practice', the course of the coronavirus (COVID-19) pandemic remains uncertain.

The cumulative impact of the ongoing pandemic will take time to quantify and understand. We continue to collect data and insight, so we can build a strong evidence base from which to act.*

In this report, we present a range of original data, research and case studies that explore doctors' diverse experiences throughout the first peak in spring 2020. This immediate insight is vital in helping us highlight long-term risks and emerging opportunities.

The human tragedy of the pandemic

The pandemic continues to be a human tragedy – one of devastating loss of life, as well as physical and psychological trauma for many patients and their families.

Doctors and healthcare workers caring for patients who have COVID-19 live with the constant fear of contracting the virus and transmitting it to their families. This risk has been starkly illustrated by the many healthcare professionals who have sadly lost their lives.

The impact of the pandemic for patients goes wider than those who suffered with COVID-19. Large numbers of other patients have had their care halted during 2020 and doctors report their concern of the consequences of this.

Beyond the immediate impact of COVID-19, another area of concern is the effect the pandemic is having on mental health. A third of doctors said their mental health and wellbeing have been adversely affected.

Behind every number is a very real human experience. We felt this year it was more important than ever to amplify doctors' voices through case studies. We wish to thank doctors who participated in these case studies for their time and for sharing their powerful experiences with us.

As demand for healthcare continues to mount, it's imperative that lessons are learned from doctors' experiences during the spring peak.

A catalyst for change

In the face of acute and escalating clinic demands, multi-professional healthcare teams responded with impressive flexibility, agility and resilience.

In chapter 1 of this report, we explore the impact of the pandemic on various areas of doctors' working lives. Despite great upheaval some areas were felt to have seen positive changes, which many doctors felt were sustainable beyond the pandemic, including:†

* We'll share our findings in 'The state of medical education and practice in the UK' 2021.

† The following data were collected from the Barometer survey 2020 after the spring pandemic peak.

- teamwork: three fifths (62%) of doctors felt there had been a **positive impact on teamwork between doctors** and a half (48%) felt there had been a positive impact on multidisciplinary team working
- visibility of senior leaders: over a third (38%) of **doctors felt that the visibility of senior leaders** was positively affected in the early stages of the pandemic.
- pace of change: half (49%) of doctors felt that the speed of implementing change was positively affected.
- **a smaller proportion of doctors being at high risk of burnout** – one out of ten (10%) doctors in 2020, a reduction of six percentage points since 2019
- **a larger proportion of doctors being satisfied in their day-to-day work** – three quarters (75%) of doctors in 2020, compared with under two thirds (63%) in 2019.

While this is a welcome sign, some doctors reported more mixed or negative experiences. There are important lessons to be learned from both the positive and the negative.

Sharing and sustaining positive changes can improve doctors' wellbeing and patient care

In chapter 4, we discuss how the positive changes some doctors have experienced can contribute to their sense of autonomy, belonging and competence. These are essential elements for a doctor's wellbeing,¹ which itself has a positive impact on patient care.

These improvements, coupled with reduced workloads for some doctors not directly involved in treating COVID-19 patients, may have contributed to:

Acting on the recommendations from the 'Caring for doctors, Caring for patients' review is **crucial to sustaining and building on the improvements we've seen in 2020.**

Workloads remain a critical issue

Doctors face a surge in workloads this winter – not just from a resurgence of the pandemic, but also from seasonal flu and the backlog of elective work. Even before the pandemic dominated workloads in our health services, there were clear warning signs of risks to doctors' wellbeing and patient safety.

In 2020, over half (57%) of doctors who regularly struggle to cope with their workloads said they found it difficult to provide a sufficient level of care at least weekly. Almost half (47%) of those doctors identified workloads as a contributory factor.

The workload issue again highlights the importance of increasing the overall supply of doctors – particularly as vacancy numbers were persistently very high before the pandemic.^{2,3,4,5}

Supporting an increasingly diverse workforce is essential

We continue to do all we can to enable doctors to enter the UK workforce in the difficult circumstances of the pandemic.

Encouragingly, the number of licensed doctors has been rising over the past few years. This increase is accompanied by greater diversity in the workforce (chapter 3).

Up to June 2020, the sharp increase in the numbers of doctors joining from outside the UK since 2018 continued and the proportion of doctors from a BME background graduating from UK medical schools also continues to rise, increasing ethnic diversity.

Despite a deceleration over recent years, women continue to make up an increasing proportion of the workforce.

In spite of this, worrying numbers of doctors plan to leave the profession before retirement or intend to reduce their hours (37%). In chapter 3, we explore our data and how we can work together to ensure we retain doctors.

In 2020, there has been heightened awareness of inequality – both in relation to health and more generally. One way to improve doctors' working lives is to ensure the UK healthcare system is truly inclusive. Our commissioned, independent 'Fair to refer?'¹⁶ research highlighted that some people remain in 'outsider' groups within organisations. They do

not have adequate support and they are more likely to be referred to us by their employer. Implementing the recommendations from this report is still a key priority, not only to retain doctors, but also to ensure they can perform to the best of their abilities.

As we point out in chapter 4, compassionate and inclusive leadership is critical for the future health of the workforce, as well as the successful implementation of the ambitions enshrined in: the 'NHS People Plan' for England,⁷ the 'Health and social care workforce strategy 2026' for Northern Ireland,⁸ 'An integrated health and social care workforce plan' for Scotland⁹ and 'A Healthier Wales' set of plans in Wales.¹⁰

Disruption to medical education and training

To develop a sustainable medical workforce, there's consensus that we need to expand the number of UK medical graduates and make training as flexible as possible. This would see an increase in generalists, as well as better career paths for non-consultants and non-training roles, such as specialty and associate specialist (SAS) doctors.

The disruption to medical education and training acts as a reminder of the importance of flexibility in training pathways and in approaches to learning. While three quarters (74%) of trainees faced disruption to their formal training, most reported that other aspects of on-the-job learning, such as clinical supervision (87%), remained of a high quality.

An urgent need to sustain positive new ways of working

The pandemic has exposed in particularly sharp ways some of the underlying issues affecting doctors' wellbeing and patient care that we have reported on previously.

The response to the pandemic so far has also exposed how flexibility in ways of working can deliver change that many see as positive and sustainable. The urgency with which we need to build on this wherever possible is acute with the difficult months ahead. Our new corporate strategy emphasises working with the system to ensure that the environments in which the medical workforce practises are as enabling as possible for professionals to deliver good-quality care.

Our response to the pandemic

Temporary and provisional registration

As the pandemic started to unfold in the UK, we quickly put our emergency plans into action at the request of the UK government.

Between 26 March and 24 June 2020, we gave 28,076 doctors temporary emergency registration or restored their licence, under our emergency powers. This included:

- 12,076 doctors with a UK address who were GMC-registered, but did not currently hold a licence to practise
- 16,000 doctors with a UK address who gave up their registration between three and six years ago (2014–17).

Only doctors with no outstanding fitness to practise investigations or sanctions were granted temporary registration. Doctors were able to opt out of temporary registration at any point, for any reason.

To enable final year medical students to offer support to health services, we processed applications for provisional registration at an earlier point in the year than usual.

This meant that final year students who were graduated by their medical school were given a provisional licence to practise and were able to work as foundation interim year 1 doctors* (FiY1) from 27 April – rather than August when they would normally join the workforce.

We refer to this group as 2020 UK graduates in this report. Chapter 3 describes the changes we have seen in the UK workforce since the beginning of the pandemic.

Resuming the Professional and Linguistic Assessments Board (PLAB) tests

We've been working with partners in the UK and abroad to resume PLAB 1 and PLAB 2 assessments, in line with government guidance on social distancing within a workplace setting. We are also exploring options to expand non-PLAB registration pathways. This is discussed in chapter 4.

Postponing revalidation

From 17 March, we moved revalidation dates by one year for doctors who were due to revalidate before 16 March 2021. We also made the process more flexible so responsible officers can submit recommendations to us at any time up to the new deadline.

Changes to medical education and training

To help the UK's health services prioritise frontline patient care during the spring peak of the pandemic, all postgraduate training rotations due to take place from April to July 2020 were postponed.

* Not all final year students who met the requirements of their degree were able to become FiY1 doctors, as some were not able to find a post.

We approved around 550 additional training locations, which allowed trainees who were redeployed to different sites and/or specialties to count the experience gained towards their training progression.

In anticipation of disruption to training and exams caused by the pandemic, temporary changes to the annual review of competency progression (ARCP) process were introduced earlier in the year. The changes allowed trainees to progress to the next level of their programme with a requirement to catch up on any missed competencies or parts of the curriculum during the next training year.

We also made changes to our approvals process. This allows royal colleges and faculties to change curricula more quickly so that assessments can be adapted to new working conditions, while making sure the same competencies are required to attain a certificate of completion of training (CCT).

National training survey

We postponed the 2020 national training survey from its original launch date in March. We worked with key education partners to plan a shorter and more targeted survey, which ran from 22 July to 12 August 2020.

Supporting doctors

The pandemic underlined the importance of wellbeing and effective inclusive leadership. We are continuing to support doctors in these areas by:

- updating our online ethical hub with wellbeing advice and information on how to apply our guidance during the pandemic
- delivering our 'Welcome to UK practice' programme online so that it's more easily accessible to doctors
- supporting partners with their initiatives where possible
- identifying and sharing good practice.

We have also commissioned research on the impact of the pandemic on 2020 UK graduates. The research will explore how the pandemic has affected preparedness for practise and consider the lessons we can all learn from this challenging period.