

# The state of medical education and practice in the UK 2021

## Executive summary



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The 2021 edition of 'The state of medical education and practice in the UK' reflects on the extensive and ongoing toll of the coronavirus (COVID-19) pandemic, but also highlights learning to build on.

Doctors, and their colleagues in the health system, have worked with dedication, resilience, and innovation. The recovery of healthcare professionals is now vital, and a fundamental part of the recovery of services.

This report examines the evidence from our latest research, giving important insights into doctors' thoughts and experiences over this challenging period, and their intentions and concerns for the future.

## A worsening picture on workload, welfare, and burnout, challenging patient safety and retention

Our data and research show rising clinical pressures are exacerbating chronic challenges to doctors' welfare, patient safety, and workforce retention. The situation is worse than in the summer of 2020, with many doctors feeling dissatisfied, reporting negative effects on mental health and wellbeing, being at high risk of burnout, and dealing with a high-intensity workload most of the time. Over two-thirds of doctors told us workload pressure was a barrier to patient care.

A high overall quality of training and supportive training environments have been sustained. But trainees and trainers both report high workloads, and our research shows some of the worst indications of burnout since 2018, when we

began asking about it. These pressures impact the opportunities and progression of many doctors in training; education quality and ability to progress must be maintained as part of healthcare recovery.

The advent of the pandemic saw innovations and developments in the delivery of healthcare at rapid pace. Most of these were improvements, and were considered positive changes that could shape the future of healthcare. But there are signs of waning confidence that these positive changes will be sustained and built upon.

## Building a positive future

Despite these challenges, the opportunity to retain and build on the positive changes seen over the pandemic must not be lost. Improved teamworking was reported as one of the positive changes, and it is important that the newly regulated medical associate professions are able to work effectively to help support these developments. We will continue to support the recovery and evolution of the health system as part of ensuring the safety of patients and the wellbeing of doctors.

## Chapter 1 – Working during the pandemic

Medical practice has continued to evolve rapidly over the past year in response to changes and challenges in the healthcare environment caused by the coronavirus pandemic. A growing backlog of patient care and further pandemic waves have put many doctors under intense pressure. There is concern and uncertainty in the profession about how we will emerge from the pandemic.

Doctors continue to face significant changes in both their professional and personal lives as a result of the pandemic. More doctors are once again struggling with workload, after our data in 2020 indicated a temporary decrease in workload for some. More doctors are at a high risk of burnout, with a return to levels similar to those seen before the pandemic. There is a strong relationship between burnout, workload pressures, and levels of support.

Our research found GPs are once again reporting much greater pressure than any other group. On average, GPs described the workload on three quarters of their days as 'high intensity', and around a third were at high risk of burnout. There is concerning evidence of differences in experiences between doctors that belong to particular groups, such as:

- Disabled doctors were almost twice as likely as non-disabled doctors to be dissatisfied, at a high risk of burnout, struggling with workload, and taking hard steps towards leaving the profession.
- Doctors from a Black and minority ethnic (BME) background, particularly Asian/Asian British doctors, are less likely to agree that they are supported by their immediate colleagues or are part of a supportive team, echoing our 2019 'Fair to refer?'<sup>1</sup> research,

which found doctors from BME backgrounds are often treated as 'outsiders' in the workplace, receiving poorer support.

There is growing recognition that the pandemic has created unprecedented workplace conditions that have placed healthcare professionals at risk of moral injury: psychological distress resulting from actions, or lack of action, violating a person's moral or ethical code.

Workload pressures emerged as the factor that most often contributed to compromised patient care and safety. Delays to patient care and long waiting lists are key concerns for doctors. The shift to providing more care remotely has many benefits, but remote care is not always suitable and can carry a risk of interfering with the effective delivery of patient care. The full effect of the pandemic on patient care and the doctor-patient relationship is not yet clear.

There are encouraging examples of changes during the pandemic period, particularly relating to teamwork and sharing knowledge and experiences across the medical profession. Doctors feel that some changes have helped deal with increased patient demand and relieve workloads. However, in the face of current healthcare pressures – 30% of doctors said they often feel unable to cope with their workload, up from 19% in 2020 – there is a very real risk that the opportunity to sustain positive changes could be lost.

## Chapter 2 – Experiences and challenges in postgraduate medical education

Postgraduate medical trainees are an integral part of the medical workforce, developing skills, knowledge, and experience while providing patient care. Most then advance into UK practice on the specialist or GP registers. We monitor the experiences and progress of these doctors through the national training survey (NTS), the largest annual survey of doctors in the UK.

It is reassuring that the overall quality of training being delivered remains high, and most trainees and trainers continue to feel supported and valued at work. Some recent improvements have been sustained, including an improvement in managing the effect of rota gaps on training opportunities, as well as the successful use of virtual learning environments and remote consultations to develop trainees' skills.

However, the impact of the pandemic is evident: a greater proportion of trainees and trainers are at high risk of burnout than ever before, and workloads in several specialties are increasing, especially in general practice.

Furthermore, trainees are facing challenges around meeting curricula requirements and finding opportunities to backfill missed training. Some trainees are struggling to gain required competencies and experiences, often exacerbated by the need to catch up on missed opportunities while working in the wider context of the ongoing pandemic and recovery. Trainees in medicine, surgery, and obstetrics and gynaecology programmes are finding it particularly tough.

Service recovery must not be prioritised at the expense of recovery in training; training is a vital aspect of service recovery, improvement, and future workforce supply. The pandemic continues to affect many trainees negatively, with risks to both morale and the development and progression of doctors. These pressures could have long-term consequences for staff wellbeing, workforce capacity, and, ultimately, patient care and service delivery.

## Chapter 3 – Workforce

The ongoing coronavirus pandemic continues to affect doctors' career intentions and the medical workforce. In 2021, 23% of doctors said they were planning to leave the profession, up from 19% in 2020. This year 7% of all doctors said they had taken 'hard steps' towards leaving the profession, up from 4% in 2020 and 3% in 2019.

Over a third of doctors (35%) said they were considering reducing their contracted hours in 2021. Though less than the 41% who were considering doing so in 2019, before the pandemic, this rise indicates a return to the concerning level seen at that time. Some doctors felt it was not realistic to reduce their hours in the current climate, though they may have wanted to.

The pandemic has affected the movement of international medical graduates (IMGs), reducing both the number that joined and the number that left the UK workforce. Overall, the total number of licensed IMGs in the workforce increased by 6%, to over 77,000 in 2021. Around 7,000 IMGs joined the workforce in 2021, a 33% decrease from the over 10,000 that joined in 2020, but comparable with 2019 (when just over 7,000 joined). It is currently unclear what the longer-term effect of the pandemic will be on doctor migration.

There has been an unprecedented increase in the number of students accepted into UK medical schools, with the number of students commencing in 2021/22 up 21% compared with 2020/21.

## Chapter 4 – Building towards a positive future

The coronavirus pandemic continues to affect the UK's health system adversely, in terms of treatment backlogs and access for patients, as well as taking a toll on the wellbeing of doctors. Our 'Caring for doctors, Caring for patients'<sup>2</sup> research highlighted the direct relationship between workplace stress and quality of care for patients. Evaluating and learning from the range of new innovative approaches and adaptations implemented throughout the pandemic will be vital in ensuring best practice approaches are retained.

It is also important to reflect on the positive changes and opportunities that have emerged in response to the huge challenges doctors and their healthcare colleagues continue to face. Positive changes in communication and teamwork have largely been maintained. Interdisciplinary teamworking has been a vital element of effective working practices during the pandemic, supporting more inclusive, compassionate workplaces that focus on workforce wellbeing. Additionally, greater visible support from leadership figures has further aided a more compassionate working culture that plays a central role in ensuring patient safety.

Our 'Fair to refer?'<sup>1</sup> research recommended senior leaders engage with staff, particularly to support 'out groups' of doctors, such as those in ethnic minority groups. Leadership is critical in ensuring cultural shifts are maintained, as well as learning from the flexible and adaptable approaches to delivering patient care that accelerated during the pandemic, such as the use of remote consultations, triaging cases to the most appropriate healthcare professional, and sharing knowledge across teams. Multidisciplinary team working, engaging Physician Associates and Anaesthesia Associates, must also be part of long-term recovery.

The strategic plans in place across the health services of England, Scotland, Wales, and Northern Ireland are a promising signal of future improvements across the UK's health services. These plans represent a combined will and commitment to improve health and wellbeing support; tackle discrimination and improve a sense of belonging; evolve new ways of working and delivering care effectively; and grow workforces for the future to ensure patient safety and high-quality clinical services are maintained. We, along with other organisations, are working with the national bodies to help deliver these plans, either directly where it is within our remit or by providing support and evidence.

We have a specific role in enabling the supply of doctors and in supporting medical education and training. We will continue to do this through:

- Setting standards and effectively monitoring new UK medical schools and new overseas programmes.
- Ensuring that education and training capacity is protected and quality assured, while encouraging flexibility in training that could also contribute to meeting service needs and equality, diversity, and inclusion goals.
- Working with others across the system to build on the lessons from the pandemic around preparedness, training progression, and support for doctors in training.
- Working towards achieving our equality, diversity, and inclusion targets and eliminating ethnicity-based differentials in the doctors referred to us by employers, and tackling differential attainment in medical education through our 'fairer training cultures' programme of work.

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