

Introduction

The 2021 edition of 'The state of medical education and practice in the UK' provides an important opportunity to acknowledge and reflect on the extensive and relentless toll of the coronavirus (COVID-19) pandemic, but also highlights learning for us all to build on as the health system recovers.

Since early 2020, doctors in the UK have shown dedication, resilience, and innovation in working with colleagues from across the health service to respond to the biggest healthcare challenge in generations. Throughout this crisis, doctors have stepped up to mitigate the devastating effects of the coronavirus pandemic – from treating patients with COVID-19, to leading the roll-out of the vaccination programme – while still meeting the general health needs of the public.

In 2020, we reported that alongside mounting pressures brought on by the pandemic, some positive responses had also emerged. These included strengthened team working, an increase in knowledge sharing, and the better visibility of leaders. Doctors have worked hard since March 2020 to develop new ways of working, ensuring that the health system continues to function and adapt at pace to the ever-changing challenges of the pandemic. We have the opportunity to retain and build on these positives to improve doctors' experiences and patient care, especially now – when doctors who expected to be emerging from the crisis are facing record waiting lists, huge demand, and surges in COVID-19 cases.

Doctors are already pushed to their limits. Getting the balance right between recovery of services and recovery for healthcare professionals is vital. Doctors need the opportunity to recharge, reflect, and reset. Without this, the restoration of healthcare more generally will be seriously compromised.

This report uses data and research unique to the GMC, including the results of the 2021 national training surveys (NTS) and the 2021 Barometer survey, as well as commissioned in-depth interviews and focus groups with doctors, and the GMC's register and fitness to practise data. Our analyses of these uncover priorities, progress, and potential improvements, to lend support to the health service beyond this period of recovery. Increasing demands on the profession make it essential that decision makers draw on the findings that follow to tackle pervading issues, and to make the most of opportunities.

Facing a new peak of pressure

Our analysis of 2021's NTS and Barometer surveys contains stark warning signs. They highlight how rising pressures are exacerbating chronic challenges to doctors' welfare, patient safety, and workforce retention.

In 2021, 22% of doctors reported feeling dissatisfied with their role, while 42% said that the pandemic had had a negative effect on their mental health and wellbeing. 17% of doctors were at high risk of burnout and they described their workload on nearly two-thirds of their days as being 'high intensity'. This demonstrates a worsening situation compared with the one in summer 2020.

Doctors' day-to-day experiences and environments affect the quality of patient care. So it's unsurprising that 69% of doctors cited workload pressures as a barrier to patient care, while 65% of doctors who had witnessed compromised patient safety or care said that pressure on workloads was a contributing factor. An increasing proportion of doctors are taking 'hard steps' towards leaving UK medical practice – up from 3% in 2019 and 4% in 2020, to 7% in 2021. This is much more likely among doctors who reported a high risk of burnout (19%) and dissatisfaction (17%). It's therefore vital that these inherently linked issues are considered together. In chapter 1, we explore the effects of current working environments on doctors and patients in more detail. We highlight the importance of exploring the key roles of both teamwork and the ability to develop expertise while working to support satisfaction and retention.

Several positive themes have emerged over the past year, including the continuing high quality and supportive nature of training environments, which have been sustained throughout the pandemic. Despite this, trainees and trainers are reporting the highest levels of burnout risk since 2018. As explored in chapter 2, clinical pressures have affected both training opportunities and pathway progression for many doctors in training. Ensuring that training progression is sustained is key to recovery as 2022 approaches. This could, however, be compromised by pressure on workforce capacities at local levels, as health services continue to face high demand and a mounting patient backlog. The evidence in chapter 2 demonstrates that both education quality and progression must be maintained as healthcare recovers from the coronavirus pandemic.

The continuing shortage of healthcare professionals in the UK, particularly in some locations and specialties, poses a further threat to patient care, as well as to professionals' wellbeing and progression.

Forming the foundations for future healthcare

The emergence of COVID-19 saw healthcare teams adapt and transform at rapid pace. With so much having changed so quickly, it's easy to lose sight of the significance of innovations and improvements such as interdisciplinary teamwork and improved use of technology, which have formed such solid foundations for the future of healthcare.

However, in the face of the current pressures under which doctors are working, the positive aspects that have emerged from the pandemic response may be lost. Early signs indicate that some are already disappearing. For example, the number of doctors who feel unable to cope with their workload weekly has increased from 19% in 2020 to 30% in 2021. Whereas in 2020, 24% of doctors said that the pandemic response had positively impacted the volume of administrative tasks demanded of them, this dropped to only 10% in 2021. 70% of doctors reported being satisfied in 2021, down from 75% in 2020. Although some of these changes are relatively small, they collectively paint a concerning picture. They also highlight the importance of sustaining positive changes for the workforce, even at a time of increased pressure on resources.

The analysis in chapter 3 highlights the perceived threats and opportunities associated with positive working practices and cultures. This chapter demonstrates that workload pressures and doctors' wellbeing and welfare are vital considerations in supporting staff retention as the UK health services recover from the coronavirus pandemic.

Emerging into a new world

As 2022 approaches, recovery must be prioritised. This does not imply a 'back to normal' approach. Instead, we and other healthcare regulators are advocating improved ways of working that build on the positive adaptations that have taken place during the pandemic. Now is an opportunity to build on the innovations and the pace of change we have seen, and to increase the use of new systems and technologies that have proved their worth in care provision. We do not believe there is a case for a return to the status quo.

The positive changes that have emerged during the pandemic must be retained. In chapter 4 we capture some of those positives – both overarching and doctor-specific – recognising those that might be valuable in the future. For example, the remote consultation service 'Attend Anywhere', first trialled in Scotland in 2016, became vital in providing care to patients during the coronavirus pandemic. In 2020, Wales and England adopted the platform to allow patients to access primary care without leaving their homes. Patients and clinicians alike have said that the service provides many advantages that will persist after the pandemic subsides.³

Doctors' overall satisfaction and manageable workloads are crucial in underpinning good, safe patient care and in workforce retention. Compassionate working cultures and supportive, visible leadership also play roles in this. The future supply of doctors must be prioritised to reduce workload issues and the risk of burnout. At the same time, the current workforce must be supported by using the newly regulated medical associate professions effectively. It is vital to recognise that healthcare workers will need personal time and space to recover from the pandemic. They will also require support from their employers, the UK governments, and from multidisciplinary colleagues to allow them to meet the challenges ahead, to reduce their risk of burnout, and to learn from the pandemic.

We can be proud of the diversity of the UK's medical workforce. However, we must continue to work together to ensure that all healthcare environments are inclusive and fair as some groups of doctors report different working experiences than others (Box 1).

Box 1: Importance of inclusive, diverse, and compassionate environments

Throughout 2021's report we review the range of evidence about doctors' experiences and how these can affect patient care and safety. The evidence highlights the benefit of good support systems provided to practitioners by their colleagues at all levels, ensuring doctors' satisfaction, reducing risk of burnout, and supporting retention in the UK workforce. It also highlights the importance of inclusive working environments, in helping doctors work effectively through multidisciplinary team working and by sharing information and ideas. This evidence is supported by the 2019 'Fair to refer?'¹⁵ research that found that certain groups of doctors are often treated as 'outsiders' in the workplace and receive poorer support than their colleagues. It amplifies the importance of ensuring autonomy, belonging and competence as highlighted in 'Caring for doctors, Caring for patients'.²

The evidence in the following chapters includes:

- findings from 2021's Barometer survey that show that disabled doctors were almost twice as likely as non-disabled colleagues to report feeling dissatisfied. Additionally, they were at a higher risk of burnout, more likely to be struggling with workload, and were more likely to be taking hard steps towards leaving the profession.
- Further analysis of the Barometer data shows that overall, White UK graduates and UK graduates from Black and minority ethnic backgrounds reported similar levels of burnout and satisfaction. It is notable that Asian/Asian British doctors as a group were less likely to agree that they were supported by their immediate colleagues (80% compared to 87% of White doctors) and were less likely to agree that they were part of a supportive team (73% compared to 82%).
- Findings from the NTS show that most trainees agreed that their workplace provided a supportive environment for everyone regardless of background, belief, or identity. However, trainee responses varied by ethnicity. 84% of trainees from a Black and Black British background gave a positive response, compared with 91% of White trainees.

The pandemic has created unprecedented workplace situations for healthcare professionals that have placed them at risk of suffering moral injury.⁴ Moral injury is psychological distress that results from actions, or the lack of them, which violate someone's moral or ethical code. In chapter 1, we look at how often doctors feel that they were unable to provide the level of care they wanted and how this relates to doctors' workplace experiences. Ensuring that the risk of moral injury for the healthcare workforce is recognised and mitigated against will be an important aspect of recovery. The Welsh Technical Advisory Group report⁵ reaffirms the importance of prioritising wellbeing and makes multiple recommendations for the recovery and future protection of healthcare workers. These include time and space to reflect, safe spaces to rest, peer support mechanisms, and resilience training.

We are supporting the recovery phase in many ways, given that patient safety and supporting doctors' wellbeing lie at the heart of our work. A sustainable workforce supply and the protection of education and training capacity are issues that this report will examine in detail. We support and welcome longer-term solutions to the workforce supply, such as the opening of the new school of medicine at Ulster University, which accepted its first students in 2021.

Based on the evidence in this report, and the innovation evident across the healthcare system, there is hope that we can find a way to support the recovery of healthcare professionals and health services, while also securing patient safety and care.