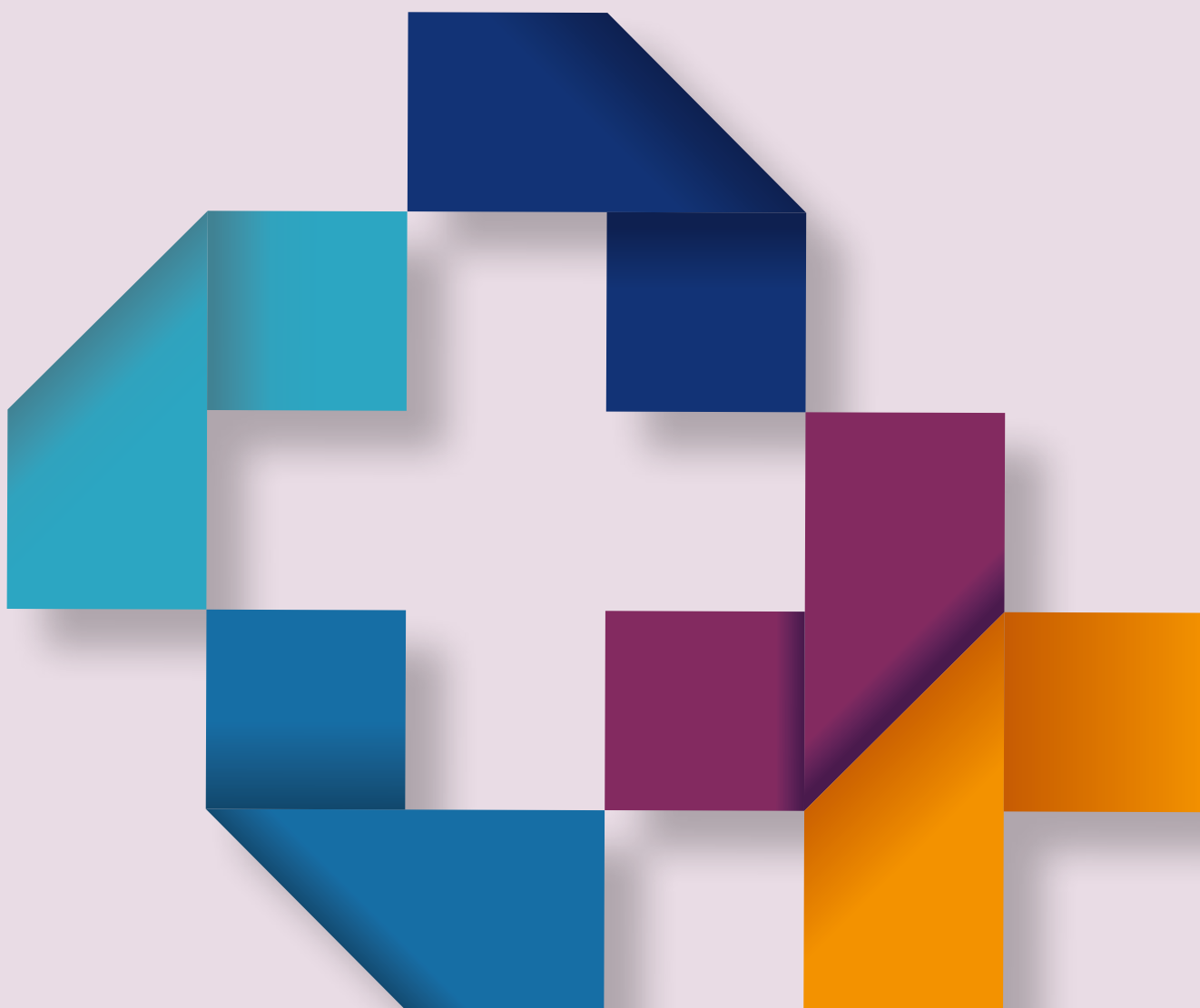
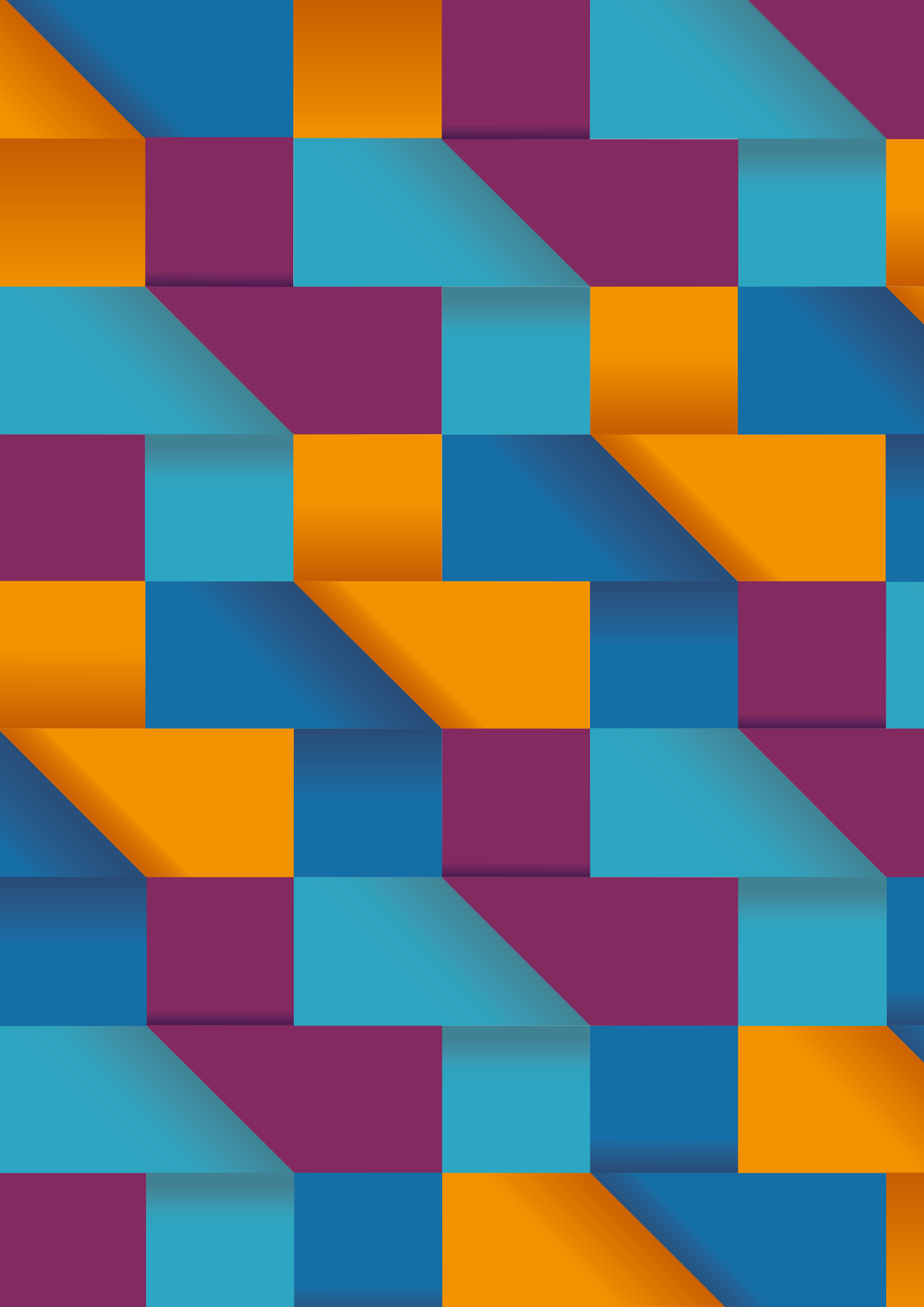


The state of medical education and practice in the UK 2020

Executive summary





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As we publish our 2020 edition of 'The state of medical education and practice in the UK', the course of the coronavirus (COVID-19) pandemic remains uncertain. It 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 professionals caring for patients with 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 pandemic has also caused significant disruption to medical education and training, with the closure of universities and cancellation of planned clinical rotations.

Against this background, doctors have had diverse working experiences – some positive, some negative. This report presents a range of original data, research and case studies that explore these experiences throughout the first peak of the pandemic. The cumulative impact of the ongoing pandemic will take time to quantify and understand. But this immediate insight helps us highlight long-term risks and emerging opportunities that need to be considered now.

Chapter 1 – The state of medical practice

Doctors have experienced significant and rapid changes to their personal and professional lives as a result of the pandemic. 'The Barometer survey 2020' uncovered the widespread impact that the early stages of the pandemic had on doctors' day-to-day working lives. Four out of five (81%) doctors experienced significant changes to their work and over two fifths (42%) were redeployed.

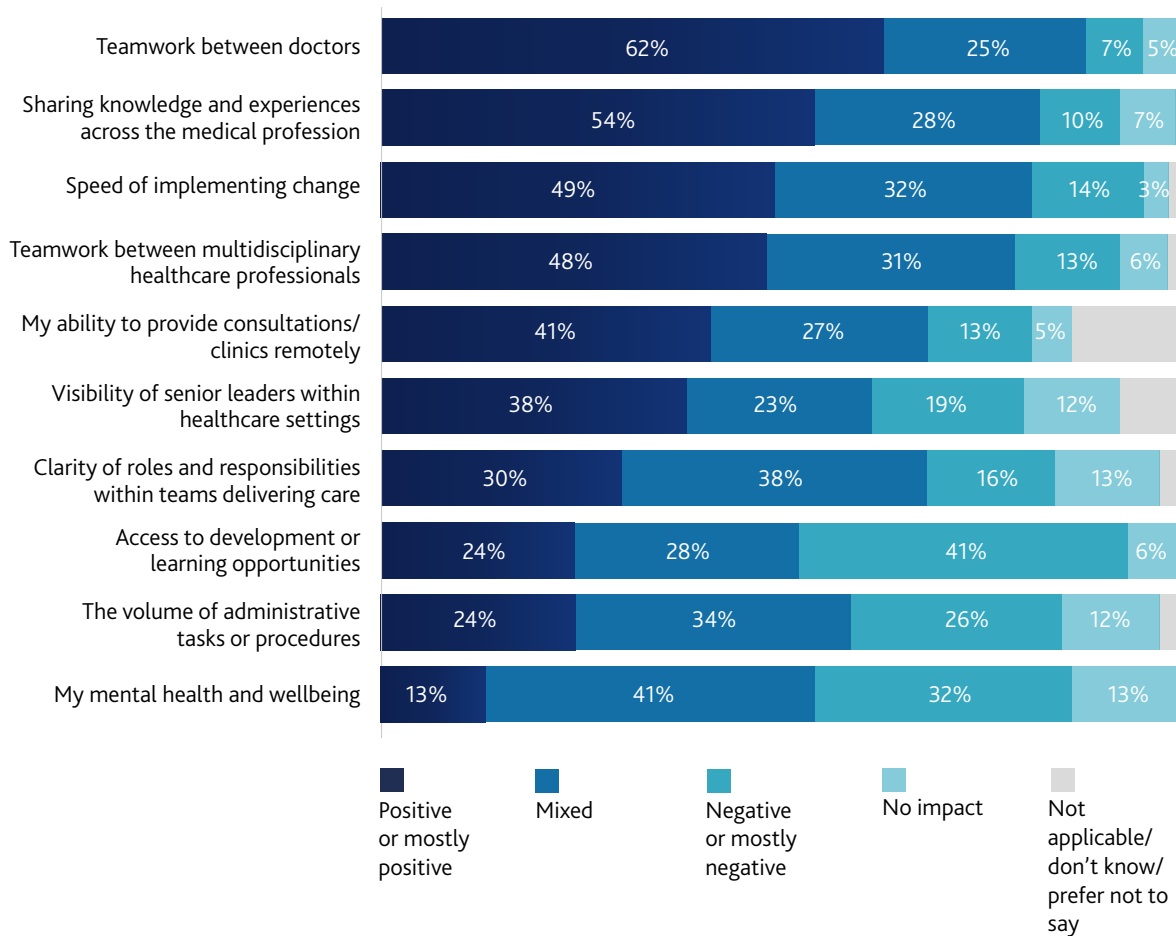
As well, healthcare professionals implemented many changes to practice to enable them to continue to provide high-quality care to patients. Doctors reported some positive changes – namely to teamwork and knowledge sharing – that they felt could be sustained beyond the pandemic.

Compared with 2019, the first six months of 2020 saw a greater proportion of doctors being able to cope with their workload and a smaller proportion at high risk of burnout. This is likely to be linked to some doctors having reduced workloads because elective procedures were postponed or cancelled.

Amid these positive signs, the pandemic brought to the fore some existing challenges. Workloads were still an issue for many. A third (32%) of doctors also indicated that the initial phase of the pandemic had a negative impact on their mental health and wellbeing. And a relatively high proportion of doctors said they experienced situations where doctor (43%) or patient safety (26%) was compromised.

Figure 1: Impact of the pandemic on aspects of medical practice

Thinking about your day-to-day work during the COVID-19 pandemic, do you feel that there has been a positive, mixed or negative impact on the following areas?



n = 3,693 (all doctors), 'the Barometer survey 2020', Q13_1-10

Chapter 2 – The state of medical education

The pandemic has had a significant impact on formal medical education. In response, April rotations were cancelled for all doctors in training and a new post (FiY1) was created for some 2020 medical school graduates to join the workforce early. We approved around 550 additional training locations, so doctors redeployed to them could count this experience towards their training progression.

It's likely that the lessons learned during the pandemic will have a profound impact on the delivery of training in the future.

During the spring peak of the pandemic, almost all trainees and trainers experienced changes in their day-to-day roles. In the national training survey (NTS) 2020, over half (57%) of trainees and over three quarters (78%) of trainers reported that their day-to-day work was significantly affected. As part of this change, around two fifths of trainees (41%) said their workload increased, while roughly the same proportion (39%) said it became lighter. Just 17% of trainees and 11% of trainers experienced no change in their workload.

Even in difficult circumstances, trainees still rated key aspects of their education positively. Nearly nine out of ten (86%) trainees described their clinical supervision as 'good' or 'very good'. However, as expected, formal training and learning opportunities were significantly affected by the pandemic. Around three quarters of trainees (74%) and trainers (78%) said their training, or their role as a trainer, was disrupted. This had negative consequences for most trainees, especially in terms of limiting their opportunities to gain required curriculum competencies.

Over half (52%) of all trainees were concerned about their personal safety, or that of their colleagues, during the spring peak of the pandemic. A quarter (24%) felt their concerns were only partially addressed and 3% reported that they weren't addressed at all. We continue to work with partners to ensure that all trainee doctors have safe working environments.

Chapter 3 – The changing medical workforce

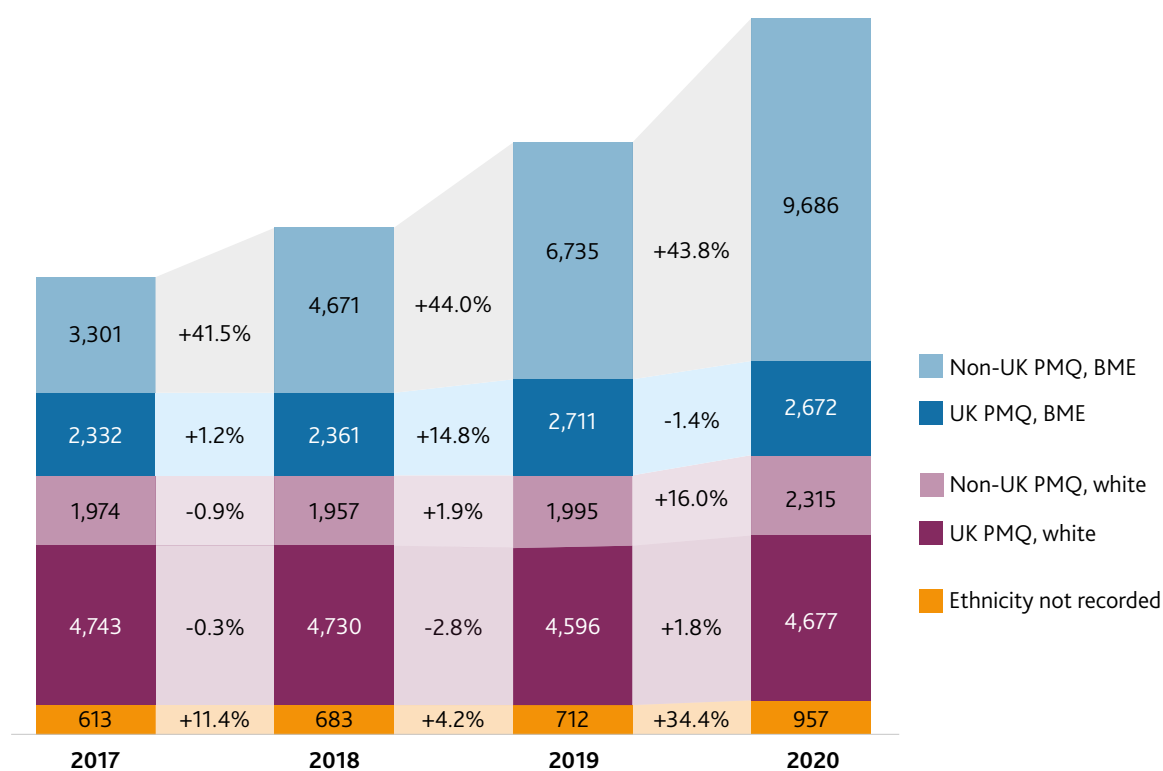
The medical workforce continues to grow, with a record rise in the number of licensed doctors between 2019 and 2020 (5%). From 2012 to 2020, the number of licensed doctors grew by more than 14%.

The UK medical workforce is increasingly ethnically diverse. More than half (54%) of the doctors joining the register in 2020 identified as black and minority ethnic (BME). The number of international medical graduates (IMGs) joining the UK medical workforce continues to increase. Between July 2019 and June 2020, over 10,000 IMGs joined – more than UK and European Economic Area graduates combined.

Medical school numbers are also up. Overall, the number of students starting medical school in the UK each year has risen steadily between the 2013/14 and 2018/19 academic years.

A sustainable workforce relies on retention as well as recruitment. We have analysed groups of doctors who left the profession after two key career milestones – the second foundation year (F2) and after gaining a Certificate of Completion of Training (CCT) to become a specialist or GP. We found that doctors of a non-UK nationality were disproportionately high among those leaving after F2 and that doctors who first

Figure 2: Doctors taking up a licence to practise by ethnicity, from 2017 to 2020



qualified outside the UK were more likely to leave soon after attaining a CCT.

In 'the Barometer survey 2020', a third (36%) of doctors said they were considering reducing their clinical hours, a decrease from nearly half (46%) in 2019. But we still observe that one out

of ten (10%) doctors said they were considering leaving permanently, which is consistent with 2019. This insight, coupled with the findings about those who leave after F2 and completion of CCT, indicates where additional support may be needed most.

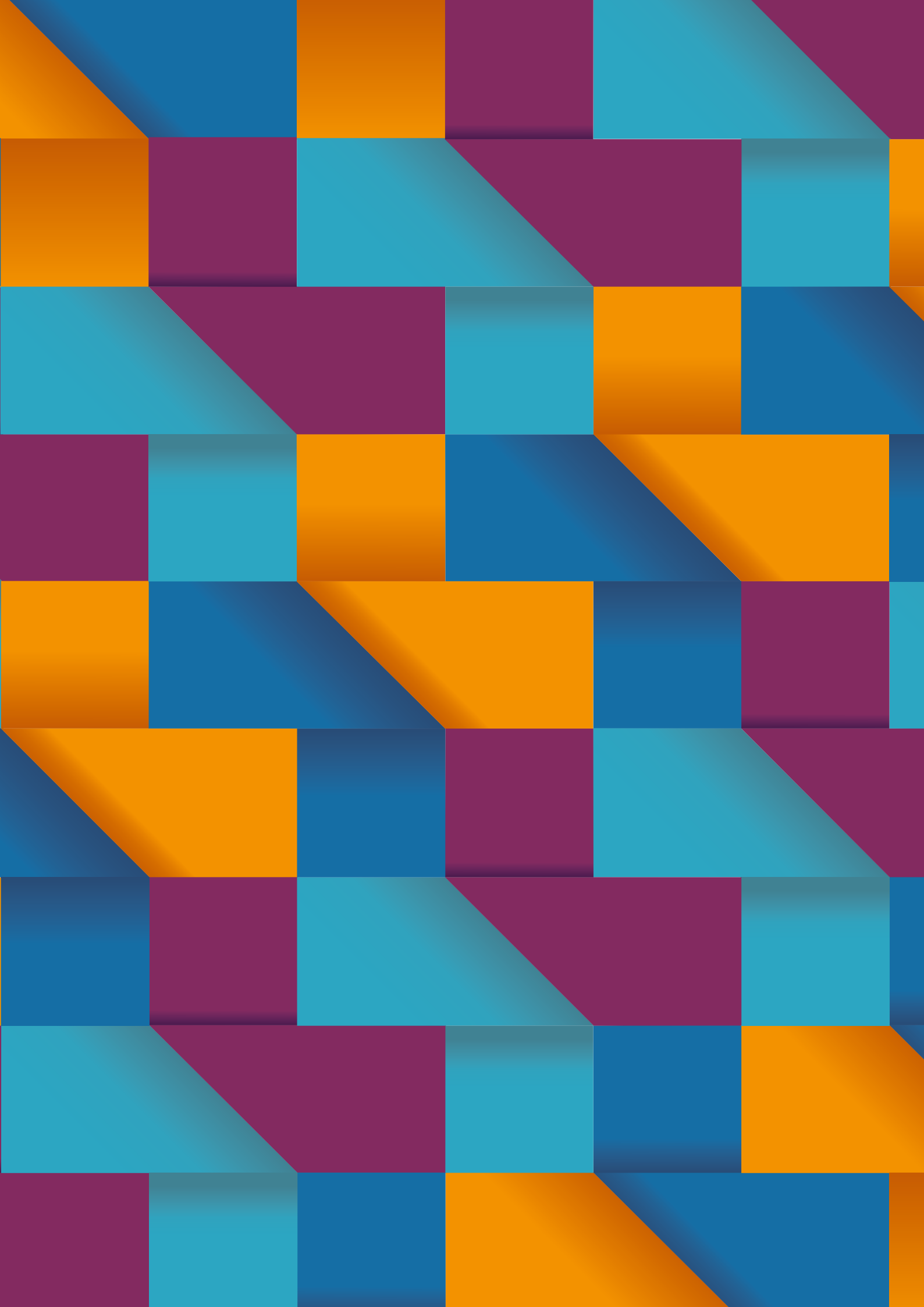
Chapter 4 – Learning from 2020

Despite the overwhelming cost – to personal health and society – of the pandemic and its impact on healthcare professionals' safety and mental health, the response of the medical profession and the system more generally has been very impressive. The changes made – often very rapidly and flexibly – show how it is possible to make beneficial innovations to the way medical work is organised.

The positive changes doctors felt – discussed in chapter 1 – can contribute to their overall autonomy, sense of belonging and competence. These factors were identified in the '[Caring for doctors Caring for patients](#)' report as essential for doctors' wellbeing and motivation at work, as well as their ability to provide high-quality safe patient care.

Embedding the positive learning and changes from 2020 is important for doctors and patients alike. This will only be possible with compassionate and inclusive leadership. Doctors from a BME background were less likely to have experienced positive changes than white doctors. It's crucial that the improved ways of working are extended to everyone equally.

Against a backdrop of increasing demand for care and surging workloads, increasing the supply of doctors as well as supporting doctors' wellbeing remains a priority for the system. This will involve not only taking measures to retain doctors, but also increasing the flow of doctors from overseas into the UK and making medical education and training as flexible as possible.



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