

Evaluating how *the state of medical education and practice in the UK, Workplace experiences, and Workforce* reports are used and engaged with by key internal and external audiences

April 2025

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2 Summary

2.1 Aim

The aim of this systematic review is to understand where and how the state of medical education and practice in the UK (SoMEP) reports have been cited and used.

2.2 Methods

Academic databases such as PubMed and Web of Science were searched alongside policy documents and governmental sources, grey literature, news and media sources, and health regulatory and educational sources, to identify where the SoMEP reports had been cited between 2019 and 2025, hence focusing on recent trends in the impact of the reports.

Search terms included (but were not limited to) "state of medical education and practice", "SoMEP", "General Medical Council", "GMC", "medical education and medical practice", and utilised Boolean operators (such as AND, OR, to refine the search results).

For each source, citation details, the type of source, how the SoMEP report is cited, the field or sector, key findings and the function of the SoMEP citation was extracted.

2.3 Key findings

For 3957 sources identified, 2674 sources were eligible for review. 356 sources were included for data extraction and synthesis. Most reference the workforce reports, to support workforce planning, medical education, and regulatory decisions. Very few citations apply to the workplace experiences reports. Citations predominantly were used to provide contextual background in reports.

2.4 Conclusions

This systematic review provides comprehensive insights into the use of SoMEP reports in publicly available literature, highlighting the widespread citation and application of SoMEP reports. Workforce reports were referenced more frequently than workplace experiences reports, suggesting a stronger focus on workforce planning over cultural and well-being considerations. While SoMEP reports are widely used in research, policy, and media, their actual impact remains unclear without further assessing how these citations translate into meaningful changes.

3 Introduction

3.1 Background and introduction

The General Medical Council (GMC) has commissioned ICE to evaluate the impact and use of the state of medical education and practice in the UK (SoMEP) reports, which provide critical insights on the UK's medical workforce and doctors' workplace experiences.

This research is intended to understand how internal and external stakeholders perceive, use, and interact with the reports and supporting content – assessing the short, mid and long-term impacts on their work, decision-making, and policy development.

3.2 Aims and objectives

The aim of the systematic review is to understand where and how the SoMEP reports have been cited and used, providing insight into their influence on medical education and practice in the UK.

The objectives are to understand and explore:

- Where are SoMEP reports most frequently cited and used?
- What is the function of the citation, e.g. are the reports used to provide contextual background information, show changes over time or to highlight gaps in education, workforce or practice.

4 Methodology

4.1 Search Strategy

A comprehensive search strategy was developed to identify literature referencing the state of medical education and practice in the UK (SoMEP) reports. Please refer to Appendix A,

[Table 3](#) for the full search strategy. The search strategy was applied consistently across databases and other sources where possible¹, with minor adjustments made for each platform's unique functionalities and filters. The final search was conducted in January 2025. For a comprehensive list of included databases and sources, see Appendix A, [Table 2](#).

4.2 Screening and Inclusion and Exclusion Criteria

All sourced identified through the search strategy were imported into Rayyan (a web-based software application designed to facilitate the screening and selection of studies for systematic review (1)) for systematic screening. Duplicates were removed and the remaining sources were screened by two independent researchers against the inclusion and exclusion criteria. See Appendix A, [Table 4](#) and [Table 5](#) for full details of the inclusion and exclusion criteria. A PRISMA flow diagram (2), detailing the screening process can be found in Appendix A, [Figure 5](#).

4.3 Data Extraction

A detailed data extraction table was developed and the framework used can be found in Appendix A, [Table 6](#). AI was utilised to help structure the data during extraction, reducing the influence of human error. Please note, AI was used to collect specific data, which was relevant to the review. To ensure accuracy of collection for later thematic analysis, extracted data was rigorously checked by the research team.

¹ For grey literature, citation tracking of eligible sources was conducted alongside reviewing conference materials from organisations/institutions in the health care sector. These were cross referenced with the resources GMC shared to identify organisation who intended to use the SoMEP findings.

4.4 Data Synthesis

Details about the source type, its context and the application of the SoMEP report were analysed thematically to create descriptive themes which were then quantified to provide a numerical representation of how the reports have been cited and applied.

Further thematic analysis was conducted to explore qualitative patterns in the application of SoMEP. This involved identifying commonalities between the references to SoMEP reports. These insights informed the creation of broader thematic groups, highlighting key trends in the report's usage, impact and function.

5 Results

5.1 Source selection

The search strategy yielded 3975 sources, of which 3758 were identified from registers and databases (such as PubMed, Google Scholar, GMC and NHS digital) and 217 sources were grey literature identified from websites, organisations and citation searching (such as UK government websites, WHO IRIS and pulse today). Following removal of duplicates, 2674 were eligible for review. 2318 sources did not meet the inclusion criteria (e.g. they did not cite SoMEP, cited SoMEP before 2019, or translation was not available). Of these, 356 were included in the synthesis. See further details in the PRISMA flow diagram¹, Appendix A, [Figure 5](#).

5.2 SoMEP report characteristics

The workforce report was specifically cited in 109 sources, while the workplace experiences report was cited in 18 sources. 228 sources did not specify which SoMEP report they were referring to and simply referenced the “the state of medical education and practice in the UK”. This information indicates that the workforce report received significantly more citations than the workplace experiences report, suggesting that workforce-related issues have attracted greater academic, policy, or media attention. This lack of specificity may suggest that there is an issue with branding the reports under one umbrella, making it unclear for authors how to accurately cite either report.

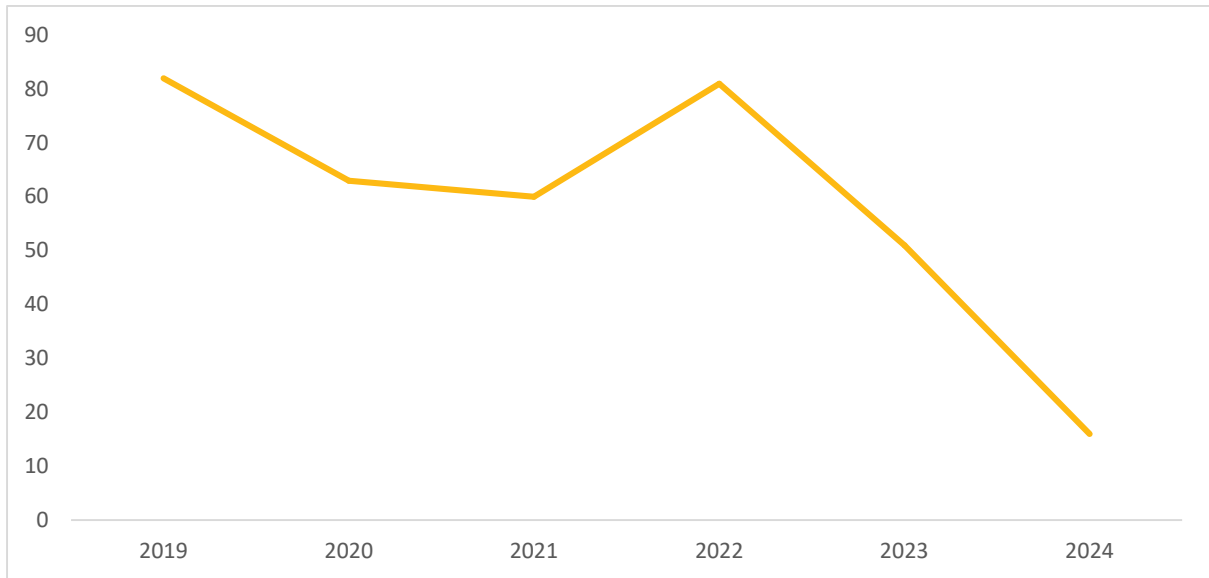
During the period 2019-2025, SoMEP reports published in 2019 and 2022 were most frequently cited (n=82, and n=81, respectively). See The workplace experiences report was cited only in 2023 (n=12) and 2024 (n=6).

[Figure 1](#) to illustrate the frequency of citations between 2019-2025, and for detail about the frequency according to each report type, see Appendix A, [Figure 6](#). The high citation rates during this period were likely influenced by a range of contextual factors that shaped the relevance and application of these reports. During this time period, the main application of SoMEP was to inform/support discussions on:

- Workforce planning or policy and reform
- Enhancing medical education and training
- Promoting diversity, equity, and well-being in medical education, training and the workforce.

The workplace experiences report was cited only in 2023 (n=12) and 2024 (n=6).

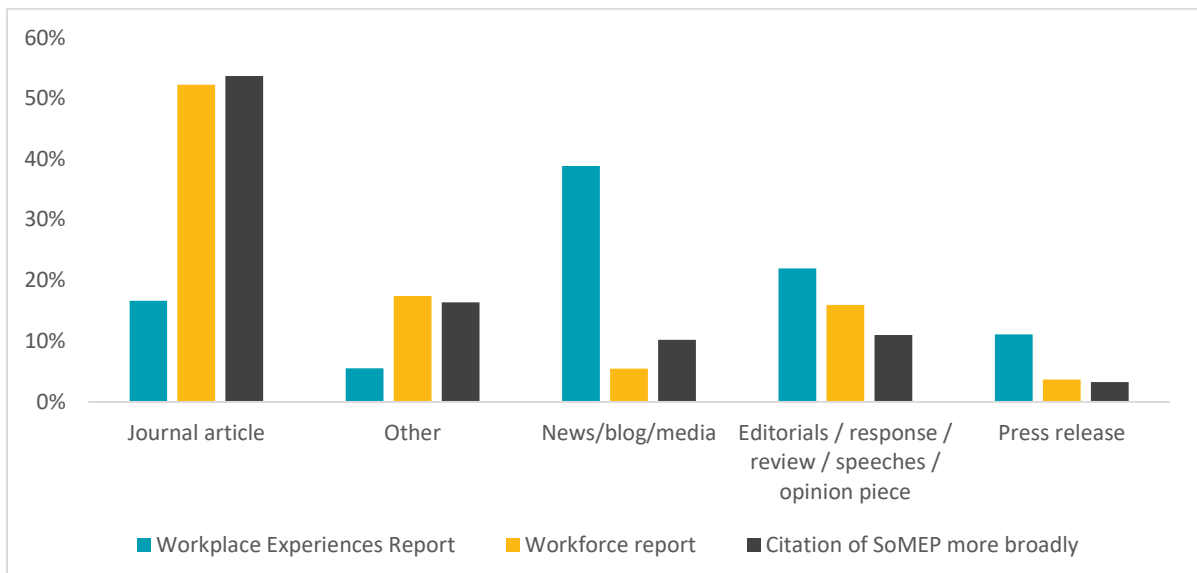
Figure 1 Frequency of citations between 2019 and 2024



5.2.1 Types of sources that cite and use SoMEP

A wide range of data sources have cited the SoMEP reports, reflecting their diverse applications across academic, policy, and media discussions. The key sources citing SoMEP reports are illustrated in Appendix A, [Table 2](#) and can be categorised below (the full list of sources citing SoMEP can be found in Appendix A, [Table 7](#)):

Figure 2 Key sources citing SoMEP reports



Citations of SoMEP more broadly: most references come from academic journal articles (54%), followed by editorials, response pieces, reviews or speeches (11%), news/blog/media (10%), and press releases (3%).

Workforce report citations: this report is most frequently cited in journal articles (52%), followed by editorials, response pieces, reviews or speeches (16%), and news/blog/media (6%).

Workplace experiences report citations: unlike other categories, this report is more commonly referenced in news, blogs, and media (39%), editorials, response pieces, reviews or speeches (22%) and journal articles (17%).

Please note that the percentages outlined above do not add up to 100% as only the key categories are highlighted. Types of sources are categorised as 'other' when they there are only 1 source in this category, such as 'audit study, 'case study' etc. To see a full list of other categories, please see Appendix A, [Table 7](#).

The SoMEP reports were most frequently cited in journal articles and original research. The workforce report was more likely to be cited in policy documents, highlighting its use to provide workforce statistics and broader context in workforce policy discussions. The workplace experiences report is more frequently referenced in news and media sources.

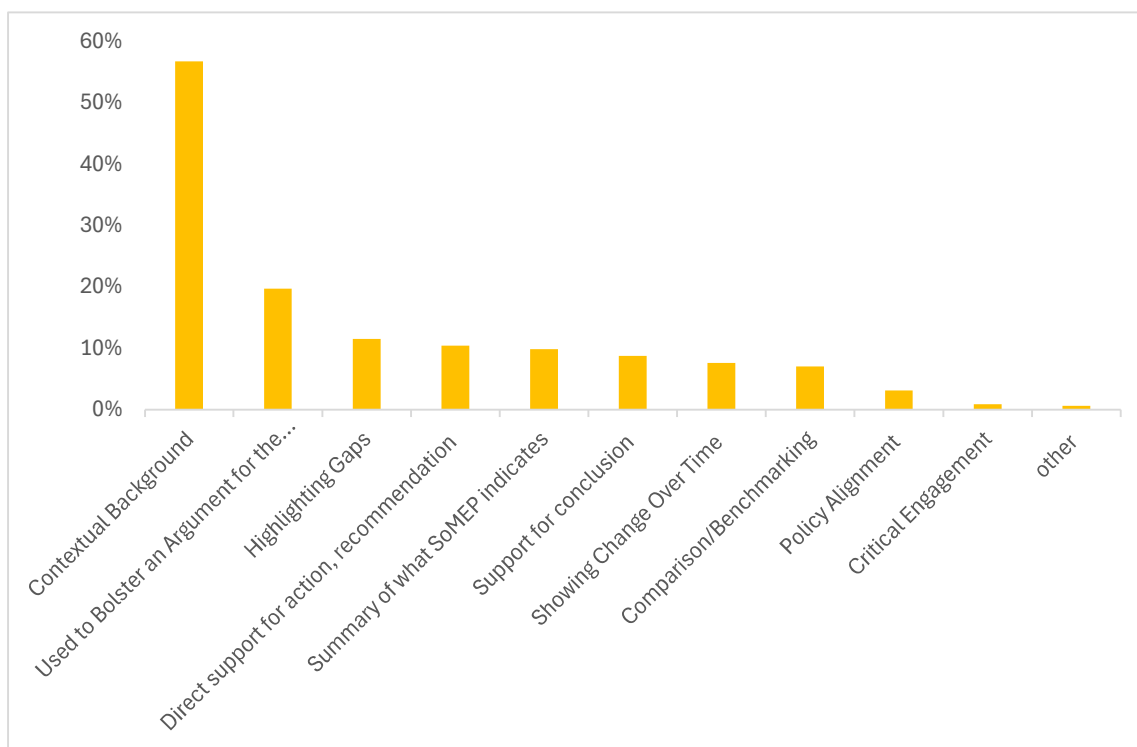
5.3 Application of SoMEP reports

5.3.1 Citation function

To understand how the SoMEP reports have been cited across different sources an inductive-deductive approach was taken to code the function of the citation. Each citation was analysed to determine its function, with multiple citation functions often present within a single source, reflecting the varied ways SoMEP content is engaged with among stakeholders. The final coding framework included 13 distinct citation functions, outlined in full in Appendix A,

[Table 9](#).

Figure 3 Citation Function



The top four most frequently observed citation functions were:

- Contextual background (57%)
- Used to Bolster an argument for the significance of a problem (20%)
- Highlighting gaps (12%)
- Direct support for action or recommendation (10%)

It is important to note that a citation often served more than one function. Therefore, the total number of citations is larger than the original number of sources.

Additionally, while [Figure 3](#) highlights the citation functions identified, for detail about the citation function according to which report was cited see Appendix A, [Figure 7](#).

[Figure 3](#) indicates that this pattern is largely reflected in sources citing different SoMEPE reports, with small differences. For example, the most common citation function in the workplace experiences report was to provide a summary of what SoMEPE indicated rather than contextual background.

Over half of the SoMEPE citations were used to provide **contextual background**, especially in journal articles (peer and non-peer reviewed). In these articles, SoMEPE was often referenced in the introduction or background section to help set the scene, provide key statistics or introduce topics discussed throughout the article. Some examples include:

- A journal article published in 2022 cited SoMEP (2019) to set the scene to show the importance of encouraging/facilitating people to forge identities/careers outside of being a practicing clinician: *"Each year, 4% of UK doctors (around 5000 individuals) leave clinical medicine"* (3)
- Another journal article published in 2024 cited SoMEP (workforce report, 2022) to provide context important to support the recommendation of increasing Training Positions for Prospective Family Doctors and Accelerating Pathways for IMGs: *"The United Kingdom has relied on IMGs for years, with 50 percent of its doctors being international graduates in 2021"* (4)

Another common function was to **bolster an argument**, particularly in editorial or opinion pieces, journal articles and news blogs. SoMEP data was used to reinforce claims about differences in the workforce. Examples include:

- A journal article published in 2021 cited SoMEP (2019) to support claims that while females represent a large number of medical students and graduates, it is not tracked how many of them go on to become consultants, especially in anaesthesia: *"It is cited that while approximately 55% of medical students in the UK in the last decade have been female, at consultant level only 36.6% of doctors are female"* (5)
- A document published by the GMC (2020) cited SoMEP (2019) to highlight the concerns about stress and burnout in the medical workforce: *"Our report, The state of medical education and practice in the UK1, found that 12% of doctors took a leave of absence due to stress, while 32% reported working beyond rostered hours every day"* (6)

Similarly, the report is cited to **highlight gaps** in the workforce. These were predominantly cited in journal articles, news, blogs and media articles. Some examples include:

- A conference abstract published in 2023 cited SoMEP (2020) to highlight that local teaching is absent/inadequate: *"The General Medical Council report on medical education in 2020 highlighted the impact of the pandemic: half the respondents reported local teaching as absent or inadequate"* (7)
- A pre-print of a journal article (grey literature) (2024) (workplace experiences, 2023), cited SoMEP to highlight current shortcomings in UK healthcare: *"The UK's health system prioritises patient care - often over staff well-being - but long-term patient care and safety depend on staff well-being"* (8)

In several cases, SoMEP was used to **support a recommendation or proposed action**, most notably in press releases and news, blogs and media articles. The reports were referenced to justify changes in practice or direction, such as:

- A press release by the Royal College of Physicians, published on their website, responding to GMC 'state of medical education and practice' report cited SoMEP (2019) to provide further evidence about the need for flexibility of working hours for doctors and other ways to resolve the NHS workforce crisis: *"This report is yet further evidence of the need to provide more flexible working hours for doctors."*

- A blog by 'Pulse' published in 2024 cited SoMEP (2024) to summarise the findings, as well as providing multiple perspectives from medical professionals on what needs to be prioritised: *“However, to provide the number of staff the NHS needs, greater investment in training and staff development will be needed, alongside improved retention rates.”*

Please refer to

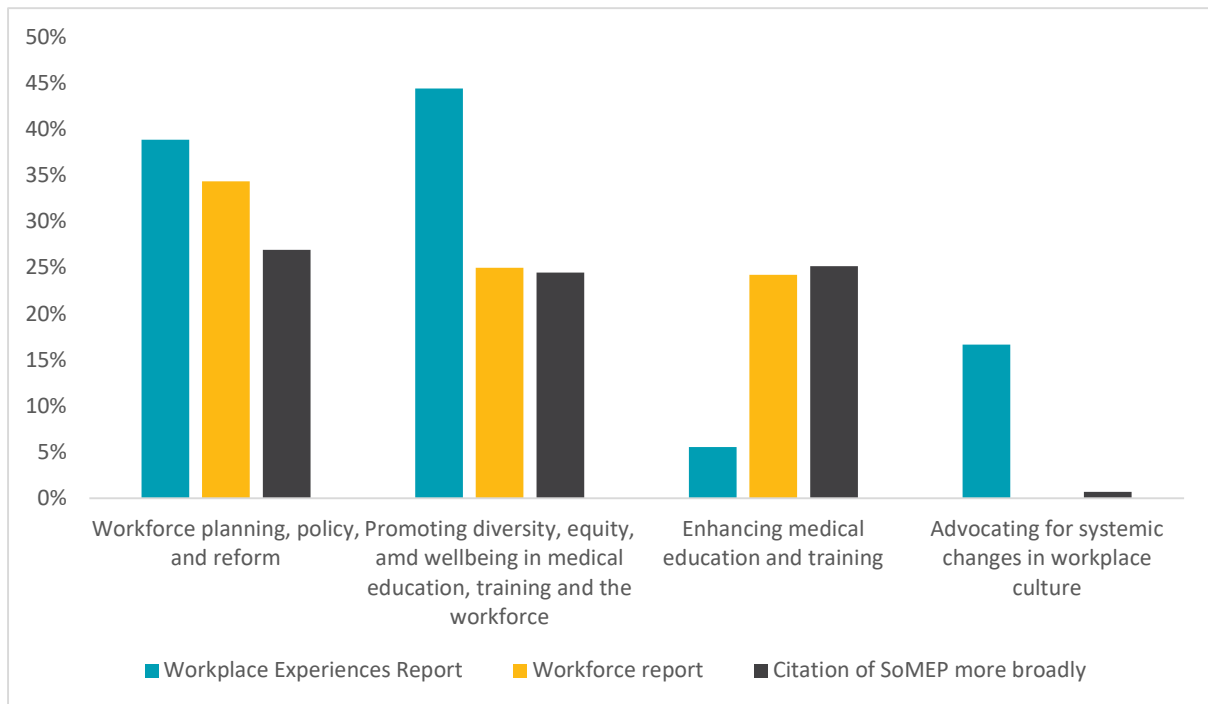
Table 9 in Appendix A for further examples of how the SoMEP has been cited and what function this serves.

A recurring challenge was assessing the depth or significance of the citation, particularly in sources like journal articles or policy papers that referenced multiple data points. Determining whether SoMEP had a central or peripheral influence on the text often required interpretative judgment. Nevertheless, this highlights how the SoMEP reports are frequently cited for their insights into national data trends which helps set the scene of the current state of various concerns of the workforce such as the role of IMGs, gender disparities and well-being and burnout among staff.

The coding functions identified above highlight how SoMEP is cited but give limited detail into 'what for'. Figure 4 and the accompanying narrative explore the key topics and discussions to which SoMEP has been applied.

5.3.2 Topics and discussions to which SoMEP have been applied

Figure 4 Topics and discussions to which SoMEP has been applied



Please note that the percentages outlined above do not add up to 100% as only the key categories are highlighted. To see a full list of other applications of SoMEP, please see Appendix A, [Table 8](#).

1. **Workforce planning, policy, and reform (n=128)**

The SoMEP reports are frequently referenced in discussions and recommendations related to employment policy and workforce sustainability.

- **Common citation sources:** Journal articles, policy documents, annual reports, and media reports.
- **Prevalence across reports:** Workforce-related discussions are the most cited theme overall, with the highest occurrence referencing the workplace experiences report (39%), followed by the workforce report (39%), and general SoMEP citations (27%).

2. **Promoting diversity, equity, and well-being in medical education and the workforce (n=110)**

The reports play a key role in supporting inclusive workforce policies, equitable career progression, and improved mental health provisions.

- **Common citation sources:** Editorials, opinion pieces, news/blogs, annual reports, and original research.
- **Prevalence across reports:** While present in all reports, this theme is particularly emphasised in the workplace experiences report.

3. **Enhancing medical education and training (n=104)**

The reports inform discussions on curriculum changes, training improvements, and the integration of technology in medical education.

- **Common citation sources:** Journal articles, original research, annual reports, and policy documents.
- **Prevalence across reports:** This theme is frequently cited in both the general SoMEP report (25%) and the workforce report (24%).

4. **Advocating for systemic changes in workplace culture (n=5)**

SoMEP reports inform discussions around workforce retention, burnout reduction, and addressing structural inequalities in medical workplaces.

- **Common citation sources:** Editorials, opinion pieces, journal articles, media reports, and press releases.

- **Prevalence across reports:** This theme is most evident in the workplace experiences report (17%), highlighting its focus on workplace conditions and professional well-being.

The application of SoMEP reports described above demonstrates overlapping yet distinct areas of emphasis:

- SoMEP reports are most frequently cited to support discussions, recommendations and debates around workforce planning and policy reform, particularly in the workforce report.
- SoMEP reports are consistently applied to support discussions, recommendations and debates about diversity, equity, and well-being, yet with a stronger focus in the workplace experiences report.
- SoMEP reports are being applied to support discussions, recommendations and debates about medical education and training. This was seen across both reports and across those who cited SoMEP more broadly.
- The workplace experiences report is being used to support discussions, recommendations and debates around workplace culture and systematic changes, highlighting its emphasis on professional well-being and retention strategies.

These insights highlight the broad application of SoMEP reports in shaping policies and discussions across multiple facets of the medical profession. Other themes not reported above can be found in the data extraction table, and in Appendix A, [Table 8](#).

5.3.3 Critical engagement with the SoMEP reports

While this systematic review focuses on the application of SoMEP reports, rather than the tone of citation, several sources offered moments of critical engagement with the reports' scope and limitations. These instances highlight how stakeholders not only draw on SoMEP to support their work but also challenge its completeness and relevance to evolving challenges in medical practice. For example:

- A 2024 journal article critiqued the 2023 SoMEP workforce report for omitting discussion of demographic pressures posed by an ageing population: "*Of concern is the absence of any focus on geriatrics or the aging population within this report, now was there any recognition of the challenges that the aging population presents*" (9).
- A 2023 policy document challenged the robustness of GMC registration data used in the 2022 workforce report, particularly in estimating active medical staff: "*Not all doctors opt to give up their licence or registration after retiring*

from NHS service or moving overseas, meaning the GMC register overstates the number of active doctors in the country" (10)

These examples highlight that SoMEP is not only used as an authoritative source, but is also subject to critique, particularly when data gaps may limit its use in workforce planning or health system forecasting.

6 Strengths and Limitations

A key strength of this systematic review is the comprehensive, search strategy and screening process, which yielded a robust and extensive dataset of 356 eligible sources. Further strengths and limitations can be found in [Table 1](#).

Table 1 Strengths and limitations of the systematic review

Strengths	Limitations
<p>Reduced publication bias - By including searches of grey literature and non-academic databases, we were able to extract information from a wide range of sources that are often overlooked in other reviews, providing insight into how the reports influence various sectors.</p>	<p>Difficulty in determining impact – Citations ranged from detailed analyses of SoMEP reports to passing references, making it difficult in some cases to determine the actual impact of the SoMEP report.</p>
<p>Minimisation of selection bias - Adopting a systematic approach ensures a balanced and unbiased assessment of the reports and their influence.</p>	<p>Uncertainty of the specific SoMEP report cited – Some articles published after 2019 cited the SoMEP report without specifying the year, making it difficult to identify the most frequently referenced reports by year. This included sources published on the GMC website</p>
<p>Minimisation of human error – By utilising the software Rayyan to support with the screening process, we were able to limit the impact of human error.</p>	<p>Potential for gaps in citations - While every effort was made to screen a wide variety of sources by following a robust strategy, including a focus on grey literature, it is always possible that a small number of citations may not have been captured.</p>
<p>Increased reliability – Dual screening by independent researchers enhances consistency, reducing errors and ensuring accurate application of the inclusion / exclusion criteria, preventing missing or wrongly including studies.</p>	<p>Difficulty in capturing real-time impact – There is a delay between the publication of a GMC report and its citation in academic literature. Therefore, studies may emerge after the completion of this review, potentially resulting in relevant sources being omitted.</p>
<p>Comprehensive screening - Unlike other systematic reviews, this review only excluded sources that did not cite SoMEP, ensuring all potentially relevant sources were fully screened and none were</p>	<p>Challenges in assessing how publication timing affects SoMEP citation – Many publications citing SoMEP only included the year rather than month, making it hard to determine how the date or season of</p>

mistakenly excluded based on misleading titles or abstracts.

publication impacts reporting of the SoMEP report.

7 Conclusion

This systematic review provides insights into the citation and application of the SoMEP reports. The findings highlight the SoMEP report is most frequently cited (without reference to the type of report), followed by the workforce report. This may suggest that cultural and well-being considerations are perceived as less important, or less actionable across the health sector.

The diverse range of sources citing SoMEP, and the range applications SoMEP have in both peer reviewed and grey literature highlight SoMEP's broad impact. However, to understand the actual impact of the SoMEP reports, there is a need to understand how sources that cite SoMEP translate into meaningful changes, such as workforce reforms, improvements to medical education and workplace conditions.

To explore this further, the findings from this review will be triangulated with qualitative data from GMC team members and external stakeholders to provide a more comprehensive understand of SoMEP's influence.

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9 Appendix A

Table 2 Comprehensive list of literature sources and databases

Literature source	Sources
Academic databases	PubMed Google Scholar Scopus Wed of Science Science direct
Policy documents and Governmental sources	UK Government websites NHS digital Office for National Statistics
Grey literature	OpenGrey ProQuest (searched 'all') ProQuest Dissertations and Theses WHO - IRIS (International Repository for sharing)
News and media sources	Pulse today GP online Pavillion Health Today Fitness to Practice News Hospital times
Health regulatory and educational sources	Care Quality Commission Professional Standards Authority Royal College of Physicians

Table 3 Search Strategy

PubMed Search Strategy²		
	Search term	Field
#1	Medic* educat*	Text word
#2	Medic* practic*	Text word
#3	Clinic* practic*	Text word
#4	Doctor*	Text word
#5	#1 OR #2 OR #3	
#9	State of Medical Education and Practice	All fields
#10	SoMEP	All fields
#11	GMC	Text word
#12	General Medical Council	Text word
#13	#8 OR #9 OR #10	
#5 and #13		

Note: In PubMed using an asterisk (*) at the end of a word root allows for the retrieval of multiple variations or endings for that word.

² This search strategy was applied across databases where possible. However, where databases did not allow for an advanced search to be conducted the search strategy consisted of search terms such as, but not limited to, "state of medical education and practice", "SoMEP", "General Medical Council", "GMC", "medical education" and "medical practice". Boolean operators such as AND, OR were used to refine search results.

Table 4 Inclusion Criteria

Category	Criteria
Timeframe	Publications from 2019 onwards
Language	Sources in English Sources in any languages with available translation
Populations	Including but not limited to: Medical education professionals Clinical professionals Policy makers Government Regulators Healthcare providers
Outcomes	Sources that cite the SoMEP reports/supporting content
Publication types / data sources	Including but not limited to: Journal articles (peer and non-peer reviewed) Government or healthcare reports Education reports Policies, board minutes Academic theses and dissertations Conference proceedings Poster publications Websites Policy and Government sites.

Table 5 Exclusion Criteria

Category	Criteria
Timeframe	Sources published prior to 2019
Language	Any sources where translation is not available
Population	None
Outcomes	Sources that do not cite the SoMEP reports / supporting content
Publication type/data source	None

Figure 5 PRISMA flow diagram (edited version)

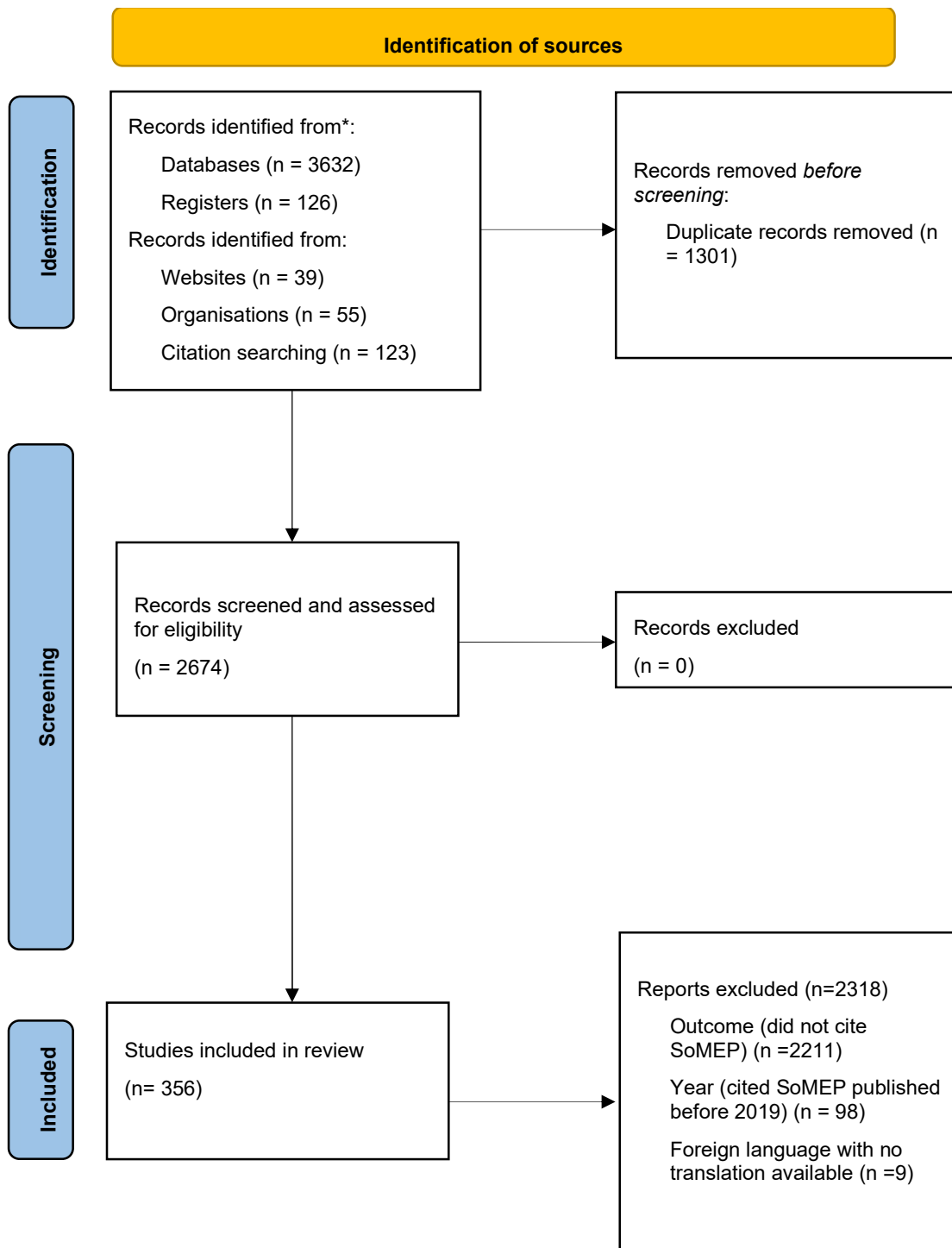


Table 6 Data Extraction Table

Data type	Extraction details
Citation details	Inclusive of the title, authors etc., as with standard academic referencing.
Type of source	The literature type, e.g. journal article.
How the SoMEP report is cited	Details the purpose of citing the SoMEP report in the respective literature, including that of policy documents and workforce analysis. This is inclusive of research rationale and evidence.
Field/Sector/Topic	The area of application relevant to each paper, and its intended use e.g. workplace reform for healthcare professionals.
Key findings/Impacts	How the SoMEP report has influenced decisions with respect to workplace decisions, healthcare policy change, and reform.
Citation Function	How the SoMEP report is being cited and what purpose it serves within each source

Table 7 Full list of citation types

Type of Source	Prevalence
Journal Article	192
News/Blog/Media	40
Editorial / Opinion Piece	39
Policy Document	20
Press Release	14
Grey literature	11
Policy Editorial / Response /	9
Annual Report	8
Council Meeting Report	6
Thesis / Dissertation	6
Speech / Transcript	5
Report	5
Conference Abstract / Presentation	2
Correspondence	3
Audit Study	1
Book Chapter	1
Briefing Document	1
Case Study	1
Comparative Study	1
Discussion Paper	1
International Consensus Document	1
Message/ Statement	1
Quality Improvement Report	1

Science Letter	1
Survey Report	1
Tender Document	1

Figure 6 Frequency of citations according to the report type between 2019 and 2024

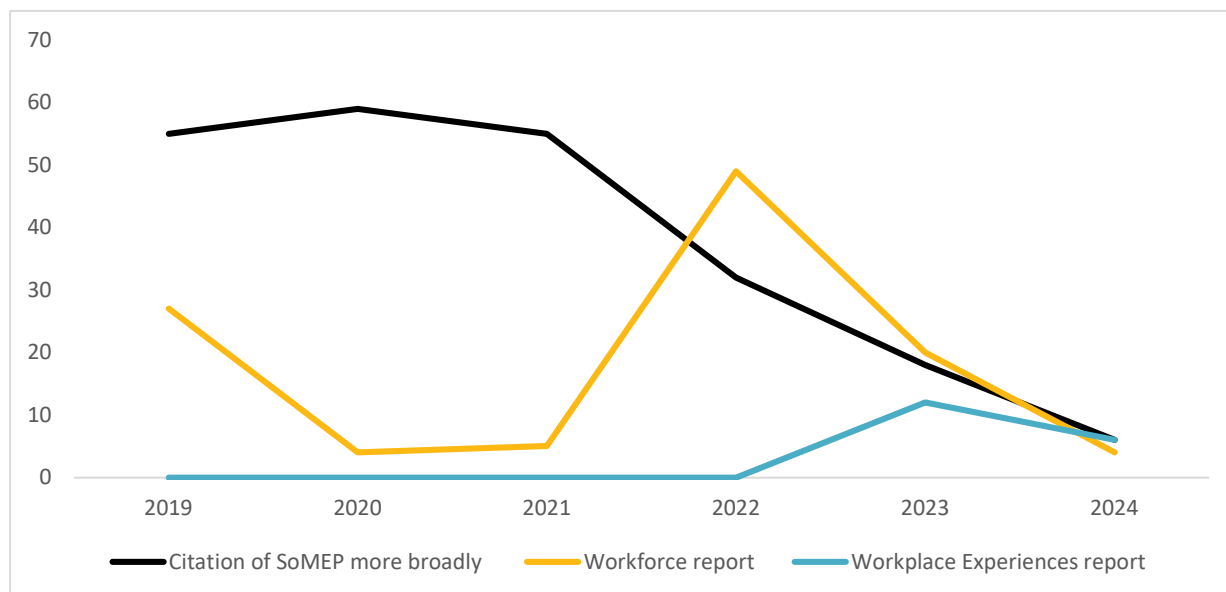
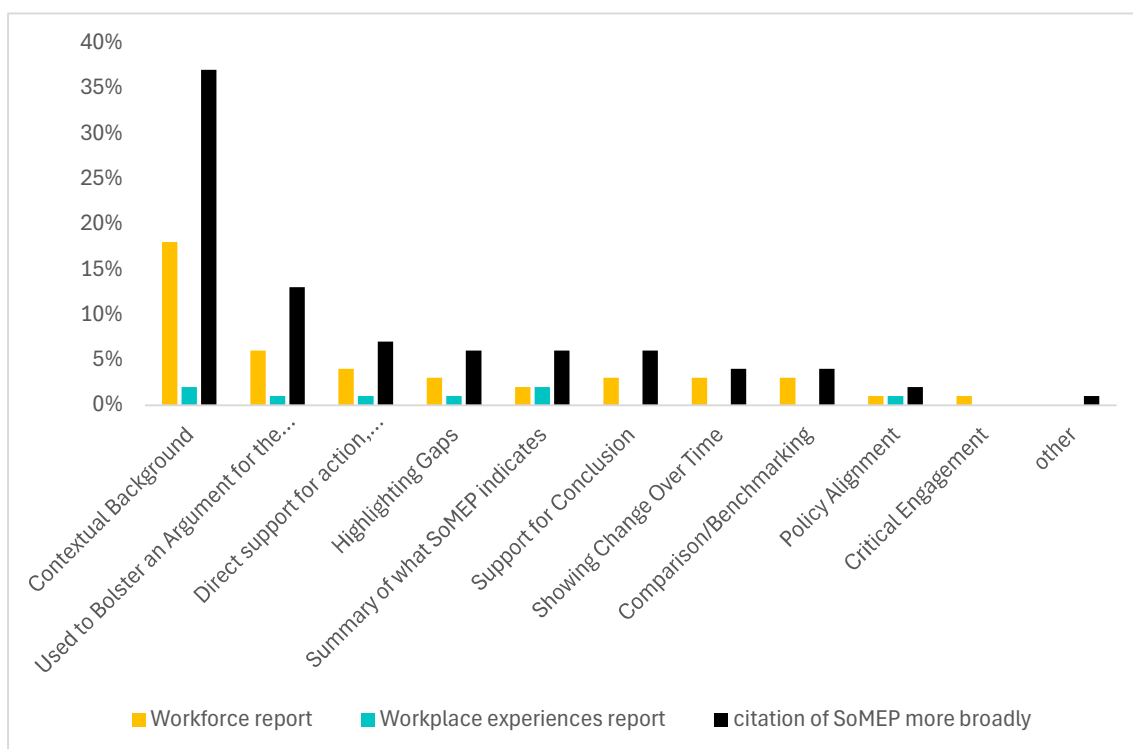


Figure 7 Citation Function by Report Type



Please note that citations could serve more than one function. Therefore, the total number of citations exceeds the original number of sources, and percentages total greater than 100%.

Table 8: Full list of topics and discussions to which SoMEP have been applied

Topic / discussion	Prevalence
Workforce planning, policy, and reform	128
Promoting diversity, equity, and wellbeing in medical education, training and the workforce	110
Enhancing medical education and training	103
Workforce Retention and Career Development	48
Regulation, Governance, and Professional Standards	11
Workforce planning, wellbeing initiatives	7
Advocating for systemic changes in workplace culture	5
Equity in regulation	4
Supporting research and evidence-based practice	4
Supporting policy development	2
Supporting policy development for workforce diversity	1
Supporting professional development and career transitions	1
Workforce reform, improving working conditions	1
Workplace recruitment	1
Supporting training and medical education policies	1
Equality in workforce policies	1
Retention in Enhancing Medical Education and Training	1

Table 9 Coding Framework

Code / function	Prevalence³	Definition	Illustrative quote
Contextual Background	202	Provides general context or situational framing, often in introductions, and providing indirect support for action or recommendation, framing the focus of the research.	"Almost two-thirds of doctors joining the UK medical register are from ethnic minority groups" (11)
Used to Bolster an Argument for the Significance of a Problem	70	Used to bolster an argument about the importance or scale of a problem or issue.	"15% of doctors in Wales were categorised as being at high risk of burnout, up from 9% in both 2019 and 2020" (12)
Highlighting Gaps	41	Used to expose or underscore a shortcoming or need in education, workforce, or practice.	"Our own research tells us that trainers are already under pressure, being less likely to feel supported by senior medical staff and more likely to experience compromised patient safety than non-trainers" (13)
Direct Support for Action or Recommendations	37	Used to argue for a particular intervention, policy, or change.	"PfP improves patient safety and reduces long-term risk of burnout" (14)
Summary of what SoMEP Indicates	35	Used to provide key information from the SoMEP reports.	"The state of medical education and practice in the UK 2019 published today (Wednesday 18 December) highlights changing approaches to work-life balance and career development which

³ It is important to note that a citation often served more than one function. Therefore, the total number of citations is larger than the original number of sources.

			<i>impact on UK health services' ability to plan for patient demand" (15)</i>
Support for Conclusion	31	Directly underpins or justifies a specific conclusion the author is drawing and discussing the implications for practice.	<i>"Indeed, it is my belief that the next few years will be amongst the toughest our health services have ever experienced. And our data supports that view"(20)</i>
Showing Change Over Time	27	Used to show how an issue has changed or developed over time.	<i>"We know the composition of the workforce is changing. This year, 61% of those joining the medical workforce are from BME backgrounds compared to 44% in 2017"(16)</i>
Comparison / Benchmarking	25	Used to compare local/institutional data or practices with national data/trends.	<i>"These figures over-represent female and white students compared with the UK medical student population (where percentages are 55% and 59%, respectively)" (17)</i>
Policy Alignment	11	Cited to show that an initiative or direction aligns with national priorities or workforce trends.	<i>"One of the ways the British government has attempted to combat this issue is through the opening of new medical schools as well as increasing student capacity in existing medical schools" (22)</i>
Critical Engagement	3	Used to disagree with or provide a different take on something in the SoMEP reports.	<i>"The situation is less clear for more junior doctors. Fewer doctors left the GMC register in England in 2021 (the last year for which figures are available) than in 2019. but</i>

Other	2	Citing SoMEP to respond to surveys or raising awareness of the publication of SoMEP.	<p><i>this figure also includes consultants. And it is hard to draw conclusions from the NHS data about the number leaving the profession as the leaving rate from hospital and community settings" (23)</i></p> <p><i>"We are imminently publishing the State of Medical Education and Practice in the UK (SOMEPE) tomorrow and forum members will receive an early release from today" (24)</i></p>
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