

Understanding doctors' decision-making regarding migrating to the UK

General Medical Council

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Snapshot Summary

Understanding the motivations and expectations of doctors who have had intentions to join UK medical practice from abroad, and the UK's competitive position relative to other countries, enables us to identify the UK's strengths and how to attract and retain overseas doctors.¹ This research identified 6 distinct groups of doctors with intentions to move:



Highly mobile, likely to leave the UK within a year of moving here. They place more importance on speaking the local language than on other factors.



With lower expectations of the UK, this group places greater relative importance on moving somewhere they have strong personal or family ties but work-related benefits and cost of living also matter.



This group prioritises opportunities for family, and existing personal and professional ties when choosing a country. Salary and benefits are less important.



The youngest segment, ease of moving and settling in (including speaking the language) is key for this group of doctors along with career progression opportunities.



Highest expectations of the UK, with an ambitious outlook. They expect the UK to improve their remuneration and working conditions.



Place the most importance on working in an advanced healthcare system with high standards of care, where their development and working environment will improve.

¹ The term 'overseas doctor' is used throughout this report to refer to a doctor who obtained their primary medical qualification (PMQ) outside the UK and isn't a UK national.

Young Pragmatists, Ambitious Expecters and Modern System Seekers tend to be younger, with higher expectations of the UK and a majority of doctors in these segments intended to move to the UK for 10 years or more. Conversely Short-term Hoppers, Sceptical Considerers, and Family Focused Professionals tend to be older, have lower or average expectations of the UK, and a minority of doctors in these segments intended to move to the UK for 10 years or more.

The UK's main competitors for attracting overseas doctors are the United States and Australia, followed by Canada and Germany. Focusing on the UK's relative strengths (such as learning and career progression opportunities) would provide 'quick wins'

When it comes to attracting overseas doctors to migrate to the UK, certain messaging is likely to resonate more with one segment over another. Ultimately though, using a range of messages – and taking multiple actions for improvement – provides the best chance of appealing to each type of doctor.

Executive Summary

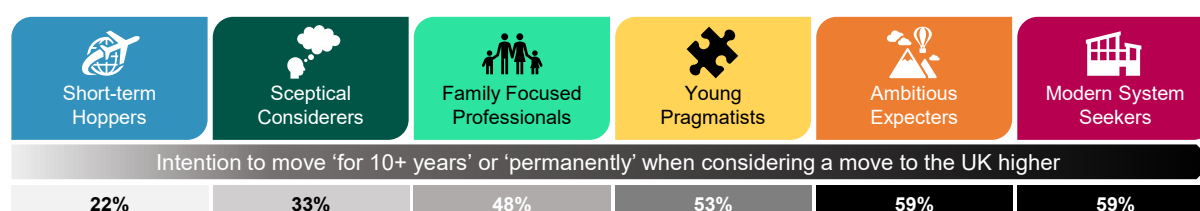
In recent years the General Medical Council (GMC) have been carrying out research to understand the nature and drivers of the international migration trends that shape the UK medical workforce. In 2023 segmentation research identified different groups of doctors in terms of their attitudes to, and experiences of, leaving the UK.¹ The current research seeks to understand the motivations and expectations of doctors who have joined, or had intentions to join UK medical practice from abroad, including how the UK compares to other countries within their decision-making.

A quantitative segmentation was based on an online survey of 3,092 doctors, which took place between 26th June and 12th August 2024. This included 2,556 doctors who joined the UK medical register and came to the UK alongside 536 doctors who took steps to come to the UK but did not end up moving here.

The findings from this research will support understanding of where the UK sits within the global market for doctors and identify the UK's perceived strengths and weaknesses so that organisations can more effectively target interventions aimed at attracting and retaining overseas doctors.

Segmentation Overview

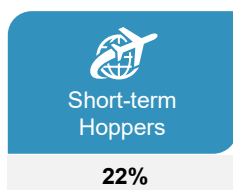
This research identified 6 distinct groups of doctors based on their attitudes and expectations when considering a move to the UK. To support the narrative, we organised the segments on a spectrum according to how long they intended to stay in the UK:



It's also the case that the three segments on the right tended to have higher expectations of the UK and were generally younger than those on the left.

The following is a summary of the characteristics and attitudes of each segment:

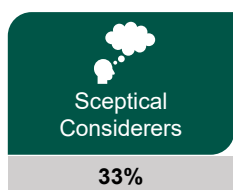
¹ [Identifying groups of migrating doctors - GMC](#)



This group is highly mobile, typically only staying (or intending to stay) in a country for a brief period before moving again. They don't accord particularly high importance to any factor when considering moving countries and have relatively low expectations of the UK.

They stand-out by placing more importance on speaking the local language than on other factors. They are somewhat motivated to work in an advanced healthcare system with a team of appropriately qualified staff, and to have access to learning and development opportunities, but this remains relatively low compared to other segments. They also place particularly low importance on financial factors such as benefits, salary and cost of living. Doctors in this group are less likely to consider themselves highly ambitious. When considering the UK, it is likely they intended to stay for no more than a year, and they are the most likely segment to have already left the UK.

These doctors were likely to use a route other than PLAB¹ to join the UK medical register.

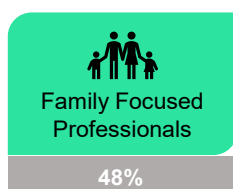


These doctors tended to place above average importance on most factors. In particular, doctors in this group place relatively higher importance on moving somewhere where they have strong personal and family ties compared to other segments.

It is also more important for them to see potential for good opportunities for their families, and to embed themselves in professional networks than for other groups of doctors. Work-related benefits and living in a country where the cost of living is manageable also matter.

Despite having low expectations of the UK, they were the least likely to have considered another country. They were the most likely to have experienced difficulties in taking steps to move to the UK.

These doctors were likely to use a route other than PLAB to join the UK medical register. Looking to the future, they aim to stay under 10 years in the UK.

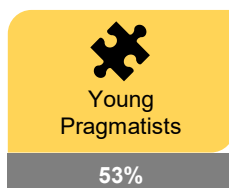


This group prioritises opportunities for their family, and existing personal, professional and family ties when choosing a country. They are also seeking a politically and socially stable destination where the immigration system, registering as a doctor and securing a role is easy to navigate. The cost of living, how welcoming the country is to migrants and whether there is demand for doctors in their specialty is also more

¹ There are different routes for doctors who qualified abroad to obtain GMC registration, but the most common route is by taking the Professional and Linguistic Assessments Board (PLAB) test. A two-part exam taken by doctors who qualified outside of the UK, EEA or Switzerland to demonstrate that they have the necessary knowledge and skills to practise medicine in the UK.

important here than for other segments. System factors, career progression and salary or benefits are not so key.

These doctors were likely to use a route other than PLAB to join the UK medical register.



The youngest segment, ease is key for this group of doctors: speaking the local language and ease of registration, immigration and finding a role are all relatively more important factors for this segment when considering a move. Good opportunities for career progression are also important. Family ties, opportunities for family or having a professional network in the country are much lower on their list of priorities.

Although looking for career progression opportunities, doctors in this segment are less likely than average to consider themselves highly ambitious.

They were the most likely segment to have considered other countries, and had higher than average expectations of the UK. They anticipate staying in the UK for 5 years or more.

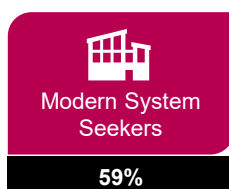
These doctors were likely to use the PLAB route to join the UK medical register.



This highly ambitious group places importance on many different factors when moving countries and have the highest expectations of the UK. They are well connected in the UK and give importance to pull factors from personal and professional networks. They place greater relative importance on moving somewhere where the cost of living, work-related benefits and salary are favourable and expect the UK to improve their remuneration and working conditions.

Doctors in this segment have an ambitious and adventurous outlook, with an appetite for new challenges and experiencing new cultures. They look to move long-term or permanently when considering the UK.

These doctors were likely to use the PLAB route to join the UK medical register.



Generally, these doctors placed below average importance on most factors. Relative to other factors, working in an advanced healthcare system with high standards of care, where their development and working environment will improve, is important. This includes manageable workloads, working in a team of appropriately qualified staff, and having access to good quality development and learning opportunities. They view the UK favourably in this respect. The ease of securing a role, of registering as a doctor and navigating the immigration system is less likely to impact their decision to move. They intend to settle in the UK for the longest out of all the segments: they are more likely than average to intend a permanent move to the UK.

These doctors were likely to use the PLAB route to join the UK medical register.

The dashboard below summarises the different segments, providing details on who they are and their migration journeys:

	Short-term Hoppers	Sceptical Considerers	Family Focused Professionals	Young Pragmatists	Ambitious Expecters	Modern System Seekers
Important factors shaping migration decision	Relatively low importance for most factors except speaking the language	Relatively high importance for most factors, particularly family ties, network and financial factors	Mixed importance across factors: network and practical factors are relatively more important, system factors salary and career progression are relatively less important	Mixed importance across factors: speaking the language is relatively much more important, career progression and ease are relatively important, family ties are relatively less important	Relatively high importance for most factors, particularly network and financial factors	Relatively low importance for most factors except for advanced healthcare system. L&D is more important compared to other factors, ease is less important
Expectations of UK	Low expectations	Low expectations	Average expectations	High expectations	High expectations	High expectations
Age	Older	Older	Older	Younger	Younger	Younger
Register group	Specialist and specialty training	Specialist and GP	SAS	Training	LE	LE
PMQ region	EEA, Oceania, Northern America	S. Asia	Africa	Diverse PMQ	South Asia	South Asia, Africa
Other countries		Least likely considered other countries		Most likely considered other countries		
Difficulties faced		Most difficulties faced				
Personal outlook					Most ambitious	
Likelihood to move/stay	More likely already left the UK	More likely never practised in UK (steps)	More likely never practised in UK (steps)		If move in future, most likely to consider UK	Least likely to move in future
	Intention to move 'for 10+ years' or 'permanently' when considering a move to the UK higher					
	22%	33%	48%	53%	59%	59%

Overview of important factors shaping migration decisions

Doctors generally reported that a wide variety of factors were important in shaping their decision of where to migrate. Learning / development opportunities and career progression were considered the most important in shaping doctors' decisions – 87% and 86% respectively considered these highly important. Closely following these factors was working with appropriately qualified staff (85%), working in a system where patients receive sufficient care (85%), and having a good quality of life (83%).

Over three quarters also felt that working in an advanced healthcare system (78%), being treated with respect by patients and the public (77%), having a manageable workload (76%) and the country being welcoming to migrants (75%) were highly important considerations. Speaking the local language (73%) and having good opportunities for family (72%) are also cited as important considerations. Factors like the ease of identifying a role and securing a job, a stable social and political climate, the ease of the immigration system, visa requirements, or registration to practise as a doctor, good work-related benefits, attractive salary levels and reasonable cost of living remain important, but slightly less at the forefront of considerations (64% - 68%).

Factors least important to doctors considering a move (rated important by no more than half of doctors) included the country having demand for doctors (either in the individual's specialty, 50%, or for overseas doctors more broadly, 43%) or the individual having pre-existing connections within the country (either personal, 41%, or professional, 39%).

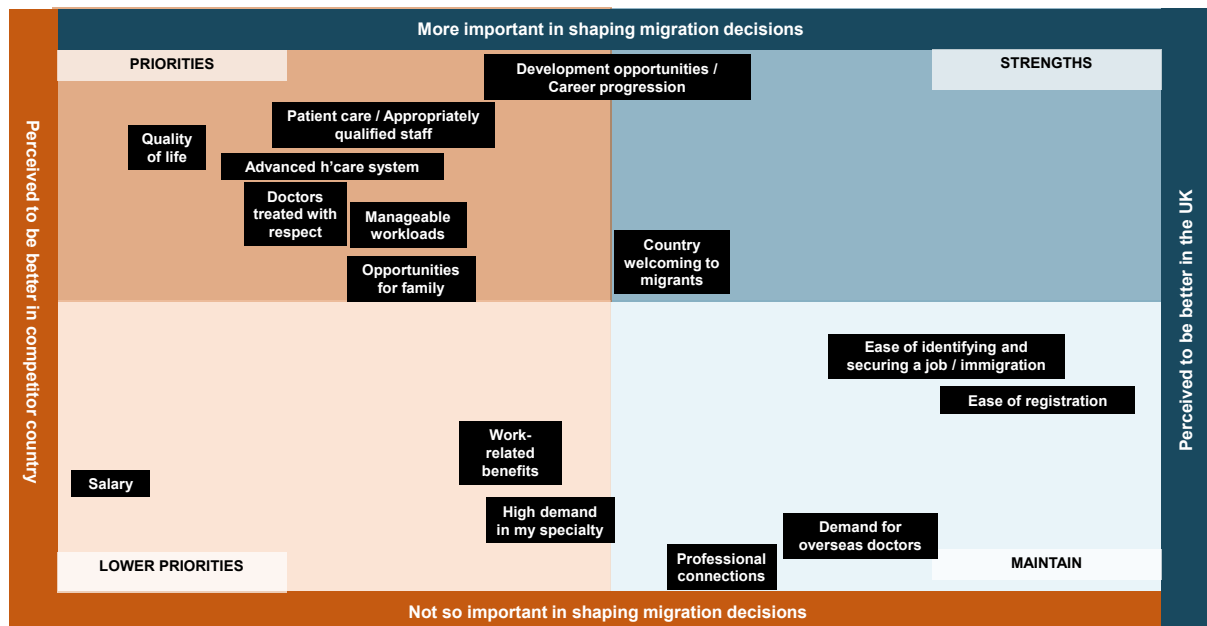
The UK and its competitors

Around half of doctors (49%) were considering at least one other country to the UK when considering moving to practise abroad. Doctors had most *commonly* considered moving to the United States (36%) or Australia (36%), followed by Canada (16%) and Germany (11%).

When they were considering a move to the UK, doctors perceived the UK to be better than its main competitor in terms of ease of registration to practise as a doctor (with a NET advantage of +40 percentage points), ease of navigating the immigration system (+23 percentage points) and ease of finding a job (+23 percentage points).

At the other end of the scale, doctors perceived the UK to be considerably worse than its main competitor for salary levels (NET disadvantage of -79 percentage points). The UK was also at a considerable disadvantage in regard to cost of living and quality of life (-44 and -43 percentage points, respectively).

The UK was perceived to be weaker on many of the factors doctors considered to be most important in informing their migration decisions, particularly quality of life as well as quality of patient care and the availability of appropriately qualified staff. However, the UK was felt to be on par with other countries when it came to learning, development and career progression opportunities. Focussing efforts on these factors that are more prominent in migration decisions is most likely to result in more doctors choosing the UK over other countries.



The migration journey

One in three doctors (33%) were looking for a permanent move, while only one in five (21%) were planning to stay for under five years. Most Young Pragmatists, Ambitious Expecters and Modern System Seekers intended to move to the UK for at least 10 years.

When asked what their expectations of the UK were when considering a move, doctors were most positive about their prospects for development (78% expected career progression and 74% to gain new skills). Having a better work-life balance was also a common expectation (70%).

The difficulties most commonly faced by doctors when taking steps to move to the UK were the costs of migration (54% experienced this) and difficulties identifying and obtaining a post, including recruitment processes (47%) followed by differences between the UK system and the country they gained their PMQ (43%) and previous experience/qualifications not being recognised in the UK (37%).

Ultimately, for those who did not end up moving to the UK to practise as a doctor, the most common reasons were that the requirements for doing so were too challenging (42%) or because their circumstances had changed (41%). One in four (25%) said it was because another country was more attractive.

Experiences in the UK and future plans

Around half of doctors who moved to the UK (51%) felt that the expectations that they had on moving to the UK have been met. Doctors who felt that expectations *had* been met were most likely to attribute this to the UK offering good training (28%), followed by a good work-life balance (26%) and good career progression (23%)¹. Doctors who did *not* feel their expectations had been met cited a heavy workload, poor work-life balance and stress (35% mentioned these). Poor salary (34%), difficulty accessing training (31%) and difficulties with career progression (28%) were also mentioned relatively often.

Among doctors who have recently practised in the UK (since 2021) but have since left, many left sooner than they had intended to. Half of these doctors ended up practising in the UK for less than a year, when only 15% had this intention. This may be at least in part because of unmet expectations. Relative to doctors who had stayed practising in the UK, those who had left were disappointed with the UK in terms of colleagues and the friendliness of staff, adhering to different guidelines and standards, the bureaucracy and work culture / ethics.

In reference to future plans, just over half of doctors (55%) said they were likely to move to a different country to practise medicine at some point in the future. Of these, 37% were likely to move (back) to the UK (equating to 20% of all doctors surveyed). This means that doctors are not necessarily 'lost' to the UK after one period of practising here and that others who previously considered coming to the UK may still do so.

Conclusions

Young Pragmatists, Ambitious Expecters and Modern System Seekers had intended to move to the UK longer-term. They also had greater expectations of the UK and were generally younger. These groups of doctors could be targeted as long-term resource for the NHS. However, Short-term Hoppers, Sceptical Considerers and Family Focused Professionals could still offer a valuable short-term injection of experienced doctors.

When considering a move to another country, doctors prioritise what the experience will be like of living and working in a new country rather than the practical factors

¹ The percentages in this paragraph are based on coded responses to an open question.

involved (although those latter factors were more prominent for some segments compared to others).

When it comes to attracting overseas doctors to migrate to the UK, certain messaging is likely to resonate more with one segment over another. Ultimately though, using a range of messages – and taking multiple actions for improvement – provides the best chance of appealing to each type of doctor.

1 Introduction

Background and research objectives

International medical graduates make up a substantial proportion of the UK medical workforce, with more than 40% of currently licensed doctors having received their PMQ abroad¹. Conversely, a portion of the UK medical workforce leaves every year to practise medicine elsewhere. Overall, there is a shortage of healthcare professionals in the UK, which weakens the provision of patient care, professionals' wellbeing and potentially hinders career progression due to stressful working conditions. In order to develop a sustainable medical workforce, the UK health system is focusing not only on expanding medical places as outlined in the NHS England's NHS Long Term Workforce Plan², but also on attracting and retaining skilled doctors from abroad.

In recent years the GMC (General Medical Council) have been carrying out research to understand the nature and drivers of the international migration trends that shape the UK medical workforce. A systematic literature review undertaken in 2021³ identified some of the most important drivers and barriers of migration of doctors to and from the UK. In 2023, a quantitative segmentation analysis of the population of doctors currently practising in the UK and those who have left the UK to practise abroad, "*Identifying Groups of Migrating Doctors Research*"⁴, categorised six segments of migrating doctors based on their migration journeys, including push and pull factors informing their decision to leave.

This research seeks to build the evidence base around the migration of doctors *into* the UK, using a quantitative segmentation based on an online survey of doctors. The aim is to identify segments among these audiences to better understand their attitudes and motivations, examine ways in which the UK is more or less attractive than rival destinations and identify areas of competitive advantage. The research also looks at expectations of the UK against experiences after arrival.

The findings from this research can be used to help better understand the population of doctors migrating to the UK and recognise areas of the global market for doctors where the UK has the greatest and the least competitive advantage.

¹ [Summary - GDE](#)

² [NHS England NHS Long Term Workforce Plan](#)

³ [Drivers of international migration](#)

⁴ [Identifying groups of migrating doctors - GMC](#)

Research approach

Design of questionnaire

The main focus of the questionnaire was to understand different typologies of doctors who consider moving to the UK. To explore this, we used attitudinal statements relating to the importance of different factors when making migration decisions.

It was not possible, or desirable, to cover an exhaustive list of factors within this relatively short questionnaire. To make sure we captured the most relevant factors, we reviewed related literature, such as the 2021 systematic review of existing evidence, which identified many of the most important drivers of migration of overseas doctors to the UK. These included perceived better employment opportunities, better working conditions, active recruitment, more training and development opportunities and a better overall quality of life.¹ Alongside this, we reviewed statements used in the previous segmentation research about doctors moving away from the UK² but adapted, added and removed where necessary for the current context.

The questionnaire then went on to look at how the UK compares to other countries they were considering migrating to in relation to these different factors. The questionnaire also explored different aspects of the migration journey to the UK (intentions, expectations, barriers) as well as current experience and future plans.

On average, the online questionnaire took around 16 minutes to complete.

Sampling and fieldwork

Two different groups of doctors took part in this survey. One group of doctors had migrated to the UK and the other group of doctors had considered migrating to the UK but ultimately did not go on to do so.

We drew samples of:

1. 40,422 overseas-qualified doctors (excluding UK nationals) who joined the UK medical register since 2021.
2. 10,600 overseas-qualified doctors (excluding UK nationals) who had 'taken steps' through the GMC registration process between 2018-2022, but haven't gone on to join the UK medical register. These steps included:

¹ [Drivers of international migration](#)

² [Understanding doctors' decisions to migrate from the UK](#)

- Booking to take the PLAB¹ 1 test but not taking it
- Passing a PLAB 1 or 2 test but not applying to join the UK medical register
- Withdrawing an application made to join the UK medical register via any route to registration.

This sample was the closest fit to the population of doctors who considered moving to the UK that was accessible to the GMC. It should be noted that this sample does not perfectly reflect the full population of doctors who consider migrating to the UK.

We calculated how many years we would need to go back for each group to achieve the target number of completes, based on assumed response rates. We excluded doctors who joined the UK register in 2024, and those who had taken steps towards doing so in 2024 and 2023, as it was likely many of these doctors would still be in the process of moving to the UK².

After an opportunity to remove themselves from the research, doctors who had joined the UK medical register and doctors who had made steps to join the UK medical register received tailored email invites and reminders to take part in the online survey which ran from 26th June to 12th August 2024.

A total of 3,092 doctors completed the survey, including:

- 2,556 doctors in the 'joiners' groups, who joined the UK medical register and came to the UK to practise
- 536 doctors in the 'steps' group. As well as doctors who have booked/taken the PLAB test or applied to join the register, this 'steps' group also includes those doctors who joined the UK medical register but did not go on to enter UK practice³. Doctors who never intended to move to the UK, or who are still currently in the process of moving to UK practice were excluded.

It should be noted that junior doctors' strike action took place during fieldwork, which may have affected some of the answers given in the survey. Brexit is another factor which may have influenced how likely doctors were to migrate from EEA countries as it changed the legal basis under which doctors came to the UK, and may have affected their motivation to do so. The impact of the COVID-19 pandemic is also

¹ The Professional and Linguistic Assessments Board (PLAB) test is a two-part exam taken by doctors who qualified outside of the UK, EEA or Switzerland to demonstrate that they have the necessary knowledge and skills to practise medicine in the UK. PLAB part 1 is a written knowledge test which is held at various locations around the world, while PLAB part 2 is a practical objective clinical exam (OSCE) held at the GMC's clinical assessment centre in the UK.

² There was evidence that doctors who took steps in these years were likely to still have applications moving along to take the PLAB / join the register, or still be struggling to book places for PLAB due to the limited places. They would have been ineligible for this survey as they still intended to move to the UK to practice.

³ A full breakdown of the 'steps' group is provided in [Appendix B](#).

relevant to this research: doctors were asked about steps they took to come to the UK since 2018, which includes the period when COVID-19 was at its peak. The migration journeys of many doctors migrating over this period will have been directly impacted, as some PLAB tests were cancelled and travel restrictions were in place.

Weighting

Upon completion of fieldwork, the survey data for each group was weighted to be representative of the original population from which the samples were drawn. The weighting was based on PMQ sub-region, age, ethnicity, sex and route to GMC registration¹.

Analysis including segmentation approach

Segmentation is an approach to dividing a population into meaningful parts on the basis of similarities and differences in people's attitudes and experiences (e.g. around workload, personal outlook, views on the healthcare system, training / progression etc.) and clusters people with similar attitudes together.

The segmentation analysis was based on 33 attitudinal and experiential variables related to taking steps / migrating to the UK as a doctor. Specifically, the segmentation has clustered doctors based on similarities and differences relating to the importance of different factors when considering migrating such as workload and working conditions, opportunities for training and career progression, ease of registration and immigration systems, personal outlook and quality of life, and expectations when intending to move to the UK.

We used Latent Class Analysis for the segmentation, a sophisticated form of clustering which controls for differences in how people use rating scales, to ensure we focused on genuine differences. The segmentation process included the following steps:

- **Factor analysis** to check whether we had included multiple attitudes that address the same issue. This found that all statements added something to our understanding of the data and none needed to be removed.

¹ There are different routes for doctors who qualified abroad to obtain GMC registration, the main ones are:

- Professional and Linguistic Assessments Board (PLAB) test – if a doctor has passed the two-part PLAB test
- Relevant European Qualification (REQ) – if a doctor holds a medical qualification from a European country that is recognised as 'relevant' to practise in the UK
- Acceptable Postgraduate Qualification – if a doctor holds an acceptable UK or overseas postgraduate qualification
- Sponsorship – if a doctor has obtained a Sponsorship Registration Certificate (SRC) from an approved sponsor organisation
- Acceptable Overseas Registration Exam (AORE) – if a doctor has passed an acceptable overseas registration exam

- **Running alternative models:** We ran multiple models and assessed how well the segments predicted individuals' attitudes and fit the underlying attitudes in the data. We found that the six-segment model was the best fit.
- **Statistician assessment** to ensure that the model was no more complex than it needed to be, that it avoided very large or very small segments, and to ensure a strong narrative around what defines each segment.

We also sense-checked whether our approach of combining the 'joiners' and 'steps' groups within one segmentation was sound. Data showed that there were not enough statistical differences between the two groups to justify running separate segmentations – this would most likely produce the same results for each.

As we wanted to identify different groups of doctors in terms of their attitudes towards migrating, the segmentation analysis was not based on demographic or type of practice variables; rather once doctors had been placed into one of the segments (based on their attitudes and experiences), these variables were used to describe the profile of the segments.

Further information on the segmentation process (including which statements were included), weighting and response rate is included in the [Appendix](#).

How to read

Throughout this report, differences mentioned between types of respondent in the survey are always statistically significant (i.e. we can be 95% confident that these are 'real' differences in views between different types of respondent, rather than these apparent differences simply being due to margins of error in the data). Differences which are not statistically significant have not been reported.

Asterisks indicate statistical significance on tables, with green shading indicating that a particular segment is higher or 'more likely' than average and pink shading indicating that it is lower or 'less likely' than average.¹

Base sizes by audience and by segment are shown in Table 1.1 below. These are large and robust across segments for all doctors, and doctors who came to the UK ('joiners group'). Segments are smaller among those who took steps to come to the UK ('steps group'), therefore fewer differences across segments are drawn out for these audiences.

¹ Technically, the statistical significance testing compares sub-groups not against the overall total but against the total minus the sub-group itself.

Table 1.1 Survey base sizes by audience and segment

	Short-term Hoppers	Sceptical Considerers	Family Focused professional	Young Pragmatists	Ambitious Expecters	Modern System Seekers
All doctors	421	603	300	585	776	406
Came to the UK	377	460	231	494	640	343
Took steps to come to the UK	44	143	69	91	136	63

When referring to differences by register group this refers to the register(s) the doctors have reported they are on:

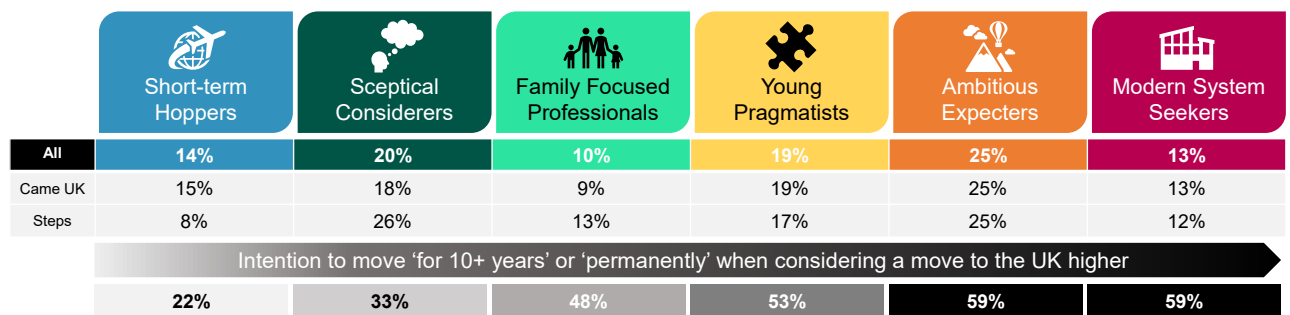
- GPs: those licensed on the GMC's GP register;
- Specialists: those licensed on the GMC's specialist register;
- Doctors in training: this includes both foundation year 1 or 2 training as well as doctors in core training programme, GP training or specialist training;
- SAS: licensed doctors in Specialist and Associate Specialist (SAS) roles;
- LEs: licensed doctors in Locally Employed (LE) roles, e.g. clinical fellow, trust doctor, trust grade

2 Overview of the segments

This chapter provides an overview of six segments, describing the key characteristics that distinguish them from each other.

Segment profiles

When analysing the results, we decided to organise the segments on a spectrum according to the proportion who intended to move 10 years or more (including permanently) when considering a move to the UK. This is just one axis we could have organised the segments by but was selected as it is a helpful point to consider in relation to workforce planning, and there was a broad range of attitudes and behaviours between the segments:



It is also the case that the three segments on the right had higher expectations of the UK and were generally younger than those on the left.

A summary of each of the segments is set out in the following pages¹.

¹ A shorter summary of the segments is provided in the [Executive Summary](#).

Within the descriptions of these segments we have emphasised instances where a factor was *relatively* more important to a segment, compared to other segments. The strength of the segmentation approach lies here, in identifying a clear story through the exceptions to the overall patterns.



Short-term Hoppers

Importance (when considering which country to practice in):

- **Generally low** importance for everything compared to other segments
- Most important factor *within* segment: **Speaking local language** (only factor in line with the average across segments)
- Followed by: **Learning and development** opportunities, working in a system where patients can receive **sufficient levels of care**, working in an **advanced healthcare system**, good opportunities for **career progression**

Other countries considered? Average on this

Expectations (when/if move to UK):

- Relatively **poor expectations** of UK across board, particularly for working conditions and work-life balance

Attitudes:

- **Below average** for considering themselves highly ambitious

Behaviours:

- Most likely segment to have already left the UK
- Most likely segment to have been planning a short stay of no more than 1 year
- Most likely to move again (somewhere) at some point in future (within 1-2 years)
- BUT least likely to move to / move back to UK

Profile:

- Older: above average aged 34-49
- Likely to have used a route other than PLAB to join the UK medical register
- Register group – more likely qualified in speciality training or on specialist register
- Very dominant for PMQ region = EEA – Northwestern and Southern Europe. Also more likely than average to be EEA – Central/Eastern, Oceania and Northern America



Sceptical Considerers

Importance (when considering which country to practice in):

- **Above average** on everything, except speaking the local language
- Greater relative importance given to personal/family ties compared to other segments
- Other factors with relative importance:
 - Network (good opportunities for family, professional connections in country)
 - Financial (cost of living, good work-related benefits)

Other countries considered? **Least likely to have considered others**

Expectations (when/if move to UK):

- **Low** expectations across the board

Attitudes:

- Average on ambition, adventurousness, seeking out new cultures

Behaviours:

- **Most difficulties experienced** in taking steps to move to the UK
- Above average have never practised in UK (steps group)
- Intention to stay less than 10 years in UK

Profile:

- Older: more likely aged 34-49
- Likely to have used a route other than PLAB to join the UK medical register
- Register group – most likely segment to be GP. Also more likely to be specialist and SAS
- PMQ: More likely qualified in South Asia



Family Focused Professionals

Importance (when considering which country to practice in):

- **Mixed** levels of importance given to factors
- Most important factor: Having **good opportunities for family** moving with you (this was also higher than average *compared to other segments*)
- **Network factors** were also *relatively important*: Having good opportunities for family moving with you, existing personal/family ties, existing professional connections
- As were **practical factors**: Ease of immigration system, ease of registration, ease of identifying / securing role and stable political / social climate.
- Less relative importance given to **system factors**, benefits/salary and career progression/L&D

Other countries considered? Average on this

Expectations (when/if move to UK):

- **Average**, but highest for good career progression opportunities and obtaining UK postgraduate / Royal College qualifications

Attitudes:

- Average ambition, adventurousness and seeking out new cultures

Behaviours:

- Above average have never practised in UK (steps group)
- Higher likelihood than average of moving in future

Profile:

- Older: above average 34-49 years and Male
- Likely to have used a route other than PLAB to join the UK medical register
- Register group – more likely to be SAS
- PMQ: Most likely qualified in Africa



Young Pragmatists

Importance (when considering which country to practice in):

- **Mixed** levels of importance given to factors
- Most important factors: Good opportunities for **career progression** and speaking the **local language** (latter most likely *compared to other segments*)
- Relatively high importance *compared to other segments* on **ease**: Ease of identifying/securing role and (slightly less) Ease of registration, Ease of immigration system
- Extremely low importance: Having personal or family ties having professional connections in the country

Other countries considered? Yes – most likely segment.

Expectations (when/if move to UK):

- **Higher than average**, particularly for:
 - Obtaining UK postgraduate / Royal College qualifications and entering a UK postgraduate training programme
 - Better working conditions, salary

Attitudes:

- **Below average** for 'considering themselves highly ambitious'

Behaviours:

- Looking to move to UK for 5+ years

Profile:

- **Youngest group** – most likely aged under 34 years
- Likely to have used PLAB to join the UK medical register
- Register group – most likely to be in foundation / core training
- PMQ: Broad range of PMQ locations



Ambitious Expecters

Importance (when considering which country to practice in):

- Generally, **above average** importance across factors
- Most important factors *within* segment: Good opportunities for **career progression**, working in a system where patients can receive **sufficient levels of care**, good **quality of life**
- Greater *relative* importance compared to other segments:
 - Network: Professional connection in country, personal/family ties in country, opportunities for family
 - Financial: Cost of living, work related benefits, salary

Other countries considered? Average on this

Expectations (when/if move to UK):

- **Highest expectations** across board, and higher than average on salary increase, better working conditions, better work/life balance

- Among those who did move, most likely to have expectations met

Attitudes:

- **Most likely to agree: consider themselves ambitious**, seek out new challenges, like to experience new cultures.

Behaviours:

- Looking to move long-term/permanently when considering UK
- Of those likely to move to another country in future, most likely segment to consider the UK

Profile:

- Slightly younger profiles < 34 years
- Likely to have used PLAB to join the UK medical register
- Register group – more likely LE doctors
- PMQ: More likely qualified in South Asia



Modern System Seekers

Importance (when considering which country to practice in):

- **Below average** importance on most
- Most important factor *within* segment: Working in an **advanced healthcare system** (only factor in line with the average across segments)
- Followed by: Manageable workload, working in system where patients receive sufficient levels of care, working in a team of appropriately qualified staff, having access to good quality development and learning opportunities
- Least importance on practical factors: Ease of securing role, registration, immigration system

Other countries considered? Average on this

Expectations (when/if move to UK):

- **High** for better working conditions / work-life balance; generally high expectations for other factors

Attitudes:

- Average on ambition, adventurousness, seeking out new cultures

Behaviours:

- Most likely to be looking / have looked for permanent move to UK
- Least likely to move in future

Profile:

- Slightly younger age profile (under aged 34)
- Likely to have used PLAB to join the UK medical register
- Register group – more likely LE doctors
- PMQ: More likely qualified in Africa / South Asia

Segment dashboard

The dashboard below summarises the different segments, providing details on who they are and their migration journeys:

	Short-term Hoppers	Sceptical Considerers	Family Focused Professionals	Young Pragmatists	Ambitious Expecters	Modern System Seekers
Important factors shaping migration decision	Relatively low importance for most factors except speaking the language	Relatively high importance for most factors, particularly family ties, network and financial factors	Mixed importance across factors: network and practical factors are relatively more important, system factors salary and career progression are relatively less important	Mixed importance across factors: speaking the language is relatively much more important, career progression and ease are relatively important, family ties are relatively less important	Relatively high importance for most factors, particularly network and financial factors	Relatively low importance for most factors except for advanced healthcare system. L&D is more important compared to other factors, ease is less important
Expectations of UK	Low expectations	Low expectations	Average expectations	High expectations	High expectations	High expectations
Age	Older	Older	Older	Younger	Younger	Younger
Register group	Specialist and speciality training	Specialist and GP	SAS	Training	LE	LE
PMQ region	EEA, Oceania, Northern America	S. Asia	Africa	Diverse PMQ	South Asia	South Asia, Africa
Other countries		Least likely considered other countries		Most likely considered other countries		
Difficulties faced		Most difficulties faced				
Personal outlook					Most ambitious	
Likelihood to move/stay	More likely already left the UK	More likely never practised in UK (steps)	More likely never practised in UK (steps)		If move in future, most likely to consider UK	Least likely to move in future
	Intention to move 'for 10+ years' or 'permanently' when considering a move to the UK higher					
	22%	33%	48%	53%	59%	59%

More detail on the makeup of each segment including age, gender, register group and place of PMQ is provided in the next section.

Demographics and key characteristics

The majority of respondents are under 34 years old (54%), and around two-fifths (42%) are between 34 and 49 years old. Only 3% are above 50 years old.

Young Pragmatists, Ambitious Expecters and Modern System Seekers have a majority of younger doctors (69%, 59% and 60% are under 34), with Young Pragmatists the youngest of all.

Table 2.1 Segments by age

	Total	Short-term Hoppers	Sceptical Considerers	Family Focused Professionals	Young Pragmatists	Ambitious Expecters	Modern System Seekers
Under 34	54%	43%	41%	47%	69%	59%	60%
34-49	42%	50%	52%	49%	30%	38%	36%
50+	3%	4%	5%	2%	1%	1%	2%

H1 – What is your age? All (3,092), Short-term Hoppers (435), Sceptical Considerers (620), Family Focused Professionals (316), Young Pragmatists (552), Ambitious Expecters (761), Modern healthcare system seekers (408).

There is a roughly even split between male and female respondents, and this is true for most segments. Family Focused Professionals, however, are more likely to be male (57% compared to 50% average).

Table 2.2 Segments by gender

	Total	Short-term Hoppers	Sceptical Considerers	Family Focused Professionals	Young Pragmatists	Ambitious Expecters	Modern System Seekers
Male	50%	48%	47%	57%	48%	51%	53%
Female	47%	48%	48%	40%	49%	47%	43%

H4 – What is your sex? All (3,092), Short-term Hoppers (435), Sceptical Considerers (620), Family Focused Professionals (316), Young Pragmatists (552), Ambitious Expecters (761), Modern healthcare system seekers (408).

In terms of register group, most joiners were LE doctors (51%), followed by doctors in training (30%), with smaller numbers in SAS roles (10%) or on the Specialist (4%) or GP (1%) registers.

Among joiners, Modern System Seekers and Ambitious Expecters were more likely to be LE doctors (59% and 56% respectively compared to 51% on average) while Young Pragmatists and Short-term Hoppers were more likely than other segments to be in training (37% and 36% compared to 30% on average). Family Focused Professionals and Sceptical Considerers were more likely to be in a SAS role compared to other segments (15% and 14% compared to 10% on average), Short-term Hoppers were also more likely to be specialists (10% compared to 4% on average) and Sceptical Considerers were more likely to be specialists (7%) or GPs (4% compared to 1% on average).

Table 2.3 Segments by register group – only those who came to the UK¹

Register group	Total	Short-term Hoppers	Sceptical Considerers	Family Focused Professionals	Young Pragmatists	Ambitious Expecters	Modern System Seekers
LE	51%	39%	45%	51%	50%	56%	59%
Trainee	30%	36%	26%	26%	37%	28%	30%
SAS	10%	9%	14%	15%	7%	12%	6%
Specialist	4%	10%	7%	5%	2%	2%	3%
GP	1%	1%	4%	1%	0%	0%	1%

G1 - Which option best describes your current registration status? Base: All who came to the UK to practise (2,357), Short-term Hoppers (317), Sceptical Considerers (420), Family Focused Professionals (232), Young Pragmatists (447), Ambitious Expecters (611), Modern healthcare system seekers (330).

As shown in Table 2.4, doctors coming to the UK, or who had taken steps to do so, most commonly obtained their Primary Medical Qualification (PMQ) in South Asia (35%), the Middle East (16%), or Africa (15%).

- Of those who gained their PMQ in South Asia, most did so in India (40%), followed by Pakistan (36%), Sri Lanka (10%) and Bangladesh (9%).
- Of those who gained their PMQ in the Middle East, most did so in Egypt (45%).
- Of those who gained their PMQ in Africa, most did so in Nigeria (61%), followed by Sudan (14%).

¹ Segments by register group are only shown for 'joiners' who came to the UK to practise. Although registers in other countries might have similar / equivalent groups, they would not be perfectly comparable and would vary country by country, so it did not make sense to ask this to individuals who did not come to the UK.

Sceptical Considerers, Ambitious Expecters and Modern System Seekers were more likely to have obtained their Primary Medical Qualification (PMQ) in South Asia (around 40%). Family Focused Professionals and Modern System Seekers are more likely than average to have a PMQ from Africa (around 20%).

Short-term Hoppers and Young Pragmatists are more diverse groups. Short-term Hoppers are more likely than other segments to have earned their PMQ from EEA countries as well as Oceania and North America. Young Pragmatists are more likely than average to have doctors with PMQs from the Rest of Asia (9%), Central / Eastern Europe (6%) and Central / South America (5%).

Table 2.4 Segments by PMQ sub-region

PMQ sub-region	Total	STH	SC	FFP	YP	AE	MSS
South Asia	35%	21%	39%	39%	27%	41%	41%
Middle East	16%	15%	16%	10%	18%	17%	18%
Africa	15%	10%	11%	19%	16%	17%	20%
Rest of Asia	6%	3%	7%	6%	9%	7%	5%
EEA – Central / Eastern Europe	4%	8%	5%	3%	6%	2%	1%
EEA – Southern Europe	4%	13%	3%	3%	4%	2%	4%
EEA – Northwestern Europe	3%	12%	3%	2%	4%	1%	1%
Non – EEA Europe	2%	0%	3%	4%	3%	2%	2%
Central / South America	2%	2%	2%	1%	5%	1%	2%
Oceania	1%	6%	1%	1%	1%	0%	0%
Northern America	<1%	3%	0%	0%	0%	0%	0%

S7 - Where did you gain your primary medical qualification (PMQ) / medical degree? Base: All (3,092), Short-term Hoppers (435), Sceptical Considerers (620), Family Focused Professionals (316), Young Pragmatists (552), Ambitious Expecters (761), Modern healthcare system seekers (408).

3 What is shaping migration decisions?

This chapter explores how important a range of factors are in shaping doctors' decisions of where to migrate. It identifies which considerations are most important overall and for each segment and by place of PMQ.

Overview of important factors

Doctors were asked how important different factors were in shaping their choice of country to move to. Factors included salary and career considerations; practicalities of registering and identifying a role as a doctor; and wider factors like social and family networks or the political context.

As shown in Figure 3.1, factors broadly fit into one of four tiers depending on the proportion of doctors considering each as very important (rating them 6 or 7 on a scale where 1 means not at all important and 7 means extremely important). Overall, most respondents found a wide range of factors to be very important in their decision: even for the least important factors, 40% to 50% of respondents felt they were very important. That said, factors which were considered to be very important by at least three quarters of doctors (75% and above) largely fell into two broad categories: factors relating to career and salary prospects, and factors relating to the working environment and system (with the exception of one wider factor, 'good quality of life' which also ranks highly).

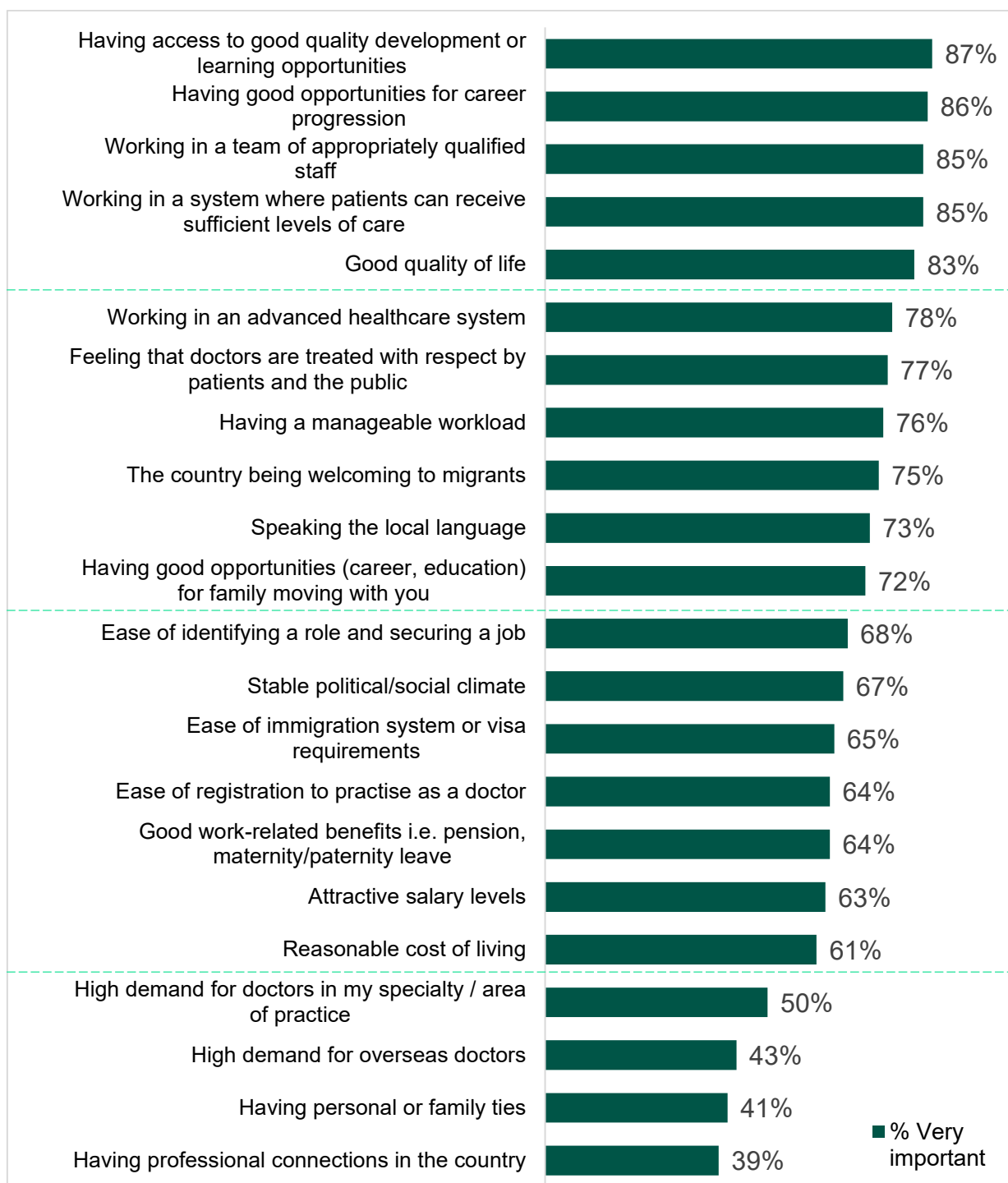
Learning / development opportunities and career progression were considered the most important in shaping choice of country – 87% and 86%, respectively, considered these very important. Closely following these factors was working with appropriately qualified staff (85%), working in a system where patients receive sufficient care (85%), and having a good quality of life (83%).

Over three quarters also felt that working in an advanced healthcare system (78%), being treated with respect by patients and the public (77%), having a manageable workload (76%) and the country being welcoming to migrants (75%) were very important considerations. Speaking the local language (73%) and having good opportunities for family (72%) are also cited as very important considerations. Factors like the ease of identifying a role and securing a job, a stable social and political climate, the ease of the immigration system, visa requirements, registration to practise as a doctor, good work-related benefits, attractive salary levels and reasonable cost of living remain very important, but slightly less at the forefront of considerations (these were considered very important by between 61% and 68% of doctors).

Factors least important to doctors considering a move (rated very important by no more than half of doctors) included the country having demand for doctors (either in

the individual's specialty, 50%, or for overseas doctors more broadly, 43%) or the individual having pre-existing connections within the country (either personal, 41%, or professional, 39%).

Figure 3.1 Importance of factors shaping doctors' choice of country



A1-4: How important were each of the following factors in shaping your choice of country in which to practise? 1 = not at all important, 7= extremely important. Scores of 6-7 are shown. Base: All (3,092)

Important factors by segment

Segments differed by how much importance doctors in each placed on certain factors, or how strongly they felt about any of the factors in general.

As shown in Table 3.1, Short-term Hoppers and Modern System Seekers tend to place comparatively less importance across almost all factors generally, while Sceptical Considerers and Ambitious Expecters placed greater importance on almost all factors. Doctors in the Family Focused Professionals and Young Pragmatists segments had more mixed attributions of importance across the factors.

Exceptions to these patterns matter. As shown in Table 3.1 (which presents factors most important to doctors, compared to other factors within each segment and compared to other segments):



Short-term hoppers rate all factors as below average importance compared to other segments, except for speaking the local language, which is given more importance than average, so it is also *relatively* more important for them.



Sceptical Considerers and **Ambitious Expecters** rate speaking the local language as equally important compared to other segments whereas they rate other factors as more important compared to other segments (so speaking the local language is relatively less important for them);



Modern System Seekers rate working in an advanced healthcare system as most important within the segment, and in line with the average across segments. They rate all other factors as less important compared to other segments.









Young Pragmatists are the most likely segment to rate speaking the local language as important and place relatively high importance on ease of identifying a job/securing a role and having good opportunities for career progression compared to other segments.



Family Focused Professionals are similar to Sceptical Considerers in the relative importance they place on family ties and opportunities, professional connections and the country being welcoming to migrants as well as practical ease factors around securing a job, immigration, registration etc. but put relatively less importance on learning and career development, system factors and financial considerations.

Table 3.1 Importance of factors shaping doctors' choice of country by segment

	Total	STH	SC	FFP	YP	AE	MSS
							
Good quality development or learning opportunities	87%	67%	95%	81%	89%	98%	79%
Good opportunities for career progression	86%	61%	92%	74%	93%	99%	73%
Working in a team of appropriately qualified staff	85%	70%	94%	71%	83%	96%	78%
Working in a system where patients can receive sufficient levels of care	85%	66%	96%	61%	87%	99%	78%
Good quality of life	83%	49%	93%	84%	85%	99%	68%
Working in an advanced healthcare system	78%	64%	82%	59%	77%	90%	80%
Feeling that doctors are treated with respect by patients and the public	77%	53%	92%	43%	78%	98%	67%
Having a manageable workload	76%	52%	90%	48%	75%	95%	69%
The country being welcoming to migrants	75%	41%	88%	84%	71%	96%	49%
Speaking the local language	73%	72%	72%	75%	90%	75%	43%
Having good opportunities for family	72%	36%	90%	94%	45%	97%	58%
Ease of identifying a role, securing a job	68%	47%	81%	79%	72%	87%	21%
Stable political/social climate	67%	37%	81%	77%	57%	87%	47%
Ease of immigration system or visa requirements	65%	40%	75%	85%	66%	86%	17%
Ease of registration to practise as a doctor	64%	42%	78%	80%	67%	81%	18%
Good work-related benefits i.e. pension, maternity/ paternity leave	64%	22%	84%	49%	59%	90%	49%
Attractive salary levels	63%	30%	82%	50%	60%	89%	36%
Reasonable cost of living	61%	22%	83%	68%	45%	92%	29%
High demand for doctors in my specialty / area of practice	50%	26%	65%	52%	41%	67%	29%
High demand for overseas doctors	43%	17%	54%	47%	36%	62%	26%
Having personal or family ties	41%	24%	63%	52%	5%	59%	31%
Having professional connections in the country	39%	22%	53%	50%	10%	62%	31%

A1 – A4 How important was the following factor relating in shaping your choice of country in which to practise? 1 = not at all important, 7= extremely important. Scores of 6-7 are shown. Base: All (3,092), Short-term Hoppers (435), Sceptical Considerers (620), Family Focused Professionals (316), Young Pragmatists (552), Ambitious Expecters (761), Modern healthcare system seekers (408).

Other important factors by segment

Doctors were able to write in additional factors important to them. While the numbers giving each factor were small (no more than 5%), looking at responses by segment gives an idea of what defines these groups beyond those factors captured in the questionnaire.



Short-term Hoppers were more likely to mention “Recognition of my training/qualifications/experience”, “Having access to preferred specialty training”, “To gain work experience”, “Research opportunities” and “International experience is a requirement in my country” than average, showing their focus on training and experience.



Family Focused Professionals were more likely to mention the “Length and cost of the training process” and “My partner partner/ spouse has chosen to live there due to career / education”.



Young Pragmatists were more likely to mention the “Culture of the country” than other segments.



Ambitious Expecters were more likely to mention “Work-life balance”, “Ease of relocation”, “Family able to come with me” and “Good work environment” as additional factors important to them, concurring with the wide range of factors this segment gives high importance to.



Modern System Seekers were more focused on a “Good work environment”, “Access to appropriate medical facilities / resources for patient care”, “Being paid reliably”, and “Job security” than other groups.

There were no notable factors among Sceptical Considerers compared to other segments.

Differences by PMQ

As shown in Table 3.2, there are a number of differences in what doctors consider important when considering moving country depending on where they obtained their PMQ. In particular:

- Doctors with a PMQ from South Asia placed higher importance than average on a number of factors but lower than average importance on speaking the local language.
- The pattern was opposite for those with an EEA PMQ – these doctors placed below average importance on a number of factors but felt it very important to speak the local language.
- Doctors with a PMQ from Africa tended to place higher importance on a range of factors but were less likely than average to feel that a manageable workload was very important, and less likely to find high demand for doctors in their specialty or area of practice important.
- Doctors with a PMQ from the Middle East were more likely than average to value doctors being treated with respect and the country being welcoming to migrants but placed less emphasis than others on learning and development, on salary and on personal ties.
- Doctors with a PMQ from the 'rest of Asia' placed above average importance on a manageable workload, salary, benefits and ease of immigration and less on working in an advanced healthcare system or having professional connections in the country.
- Doctors with a PMQ from Non-EEA Europe, Oceania and Northern America are not shown in the table below as base sizes were too low.

Table 3.2 Importance of factors shaping doctors' choice of country by PMQ sub-region

	Total	South Asia	Middle East	Africa	Rest of Asia	EEA – Central / Eastern Europe	EEA – Southern Europe	EEA – Northwestern Europe	South / Central / Latin America
Good quality development or learning opportunities	87%	*89%	*84%	*91%	91%	90%	87%	*78%	86%
Good opportunities for career progression	86%	86%	86%	*89%	86%	91%	*78%	*74%	87%
Working in a team of appropriately qualified staff	85%	85%	88%	84%	85%	83%	80%	79%	86%
Working in a system where patients can receive sufficient levels of care	85%	87%	85%	*89%	85%	82%	*72%	*75%	88%
Good quality of life	83%	*85%	84%	84%	86%	81%	*67%	*69%	88%
Working in an advanced healthcare system	78%	80%	78%	*85%	*71%	75%	74%	*68%	74%
Feeling that doctors are treated with respect by patients and the public	77%	*80%	*88%	*68%	77%	76%	*65%	*66%	77%
Having a manageable workload	76%	*81%	78%	*67%	*86%	*67%	70%	73%	77%
The country being welcoming to migrants	75%	*79%	*80%	74%	77%	*66%	*57%	*60%	76%
Speaking the local language	73%	*68%	74%	73%	72%	*91%	*81%	*84%	69%
Having good opportunities for family	72%	*79%	70%	*78%	68%	*58%	*53%	*43%	*51%
Ease of identifying a role, securing a job	68%	69%	69%	69%	73%	73%	50%	66%	54%
Stable political/social climate	67%	69%	68%	76%	63%	58%	44%	55%	70%
Ease of immigration system or visa requirements	65%	67%	62%	66%	72%	68%	41%	53%	58%
Ease of registration to practise as a doctor	64%	65%	62%	66%	69%	69%	43%	60%	64%
Good work-related benefits i.e. pension, maternity/ paternity leave	64%	70%	62%	62%	73%	58%	46%	45%	63%
Attractive salary levels	63%	68%	56%	63%	75%	68%	55%	56%	59%
Reasonable cost of living	61%	66%	58%	60%	68%	60%	49%	44%	57%
High demand for doctors in my specialty / area of practice	50%	54%	51%	44%	50%	47%	43%	37%	47%
High demand for overseas doctors	43%	47%	50%	42%	47%	37%	29%	22%	36%
Having personal or family ties	41%	47%	35%	39%	35%	45%	31%	25%	25%
Having professional connections in the country	39%	46%	36%	42%	33%	37%	30%	22%	26%

A1–A4: How important were the following factors in shaping your choice of country to practise in? Base: All (3,092), South Asia (1,091), Africa (659), Middle East (396), Rest of Asia (182), EEA – Southern Europe (128), South, Central and Latin America, and the Caribbean (112), EEA – Northwestern Europe (95), EEA-Central Europe, Eastern Europe, Baltic

countries (90) Not included: Non-EEA Europe (75), Oceania (43), Northern America (25). From left to right: highest proportion of doctors who responded having earned their PMQ in this sub-region.

Personal outlook

What doctors feel is important can be shaped by their personal outlook. Overall, most doctors agreed that they consider themselves ambitious (87%), like to experience new cultures (87%) and seek out new challenges (81%), with Ambitious Expecters more likely to agree with each of these.

Table 3.3 Personal outlook

	Total	Short-term Hoppers	Sceptical Considerers	Family Focused Professionals	Young Pragmatists	Ambitious Expecters	Modern System Seekers
I consider myself highly ambitious	87%	84%	87%	85%	84%	93%	83%
I like to experience new cultures	87%	84%	85%	87%	85%	92%	85%
I often seek out new challenges or adventures	81%	79%	78%	82%	78%	88%	81%

B1 – To what extent do you agree with the following statements? 5-point scale from Strongly disagree to Strongly agree. Agree and Strongly agree are shown. All (3,092), Short-term Hoppers (435), Sceptical Considerers (620), Family Focused Professionals (316), Young Pragmatists (552), Ambitious Expecters (761), Modern healthcare system seekers (408).

4 The UK compared to other countries as a destination

This chapter explores who the UK's main competitors are when it comes to attracting doctors. It looks into how the UK compares to key competitors on the different factors which influence doctors' migration decisions. Areas of competitive advantage for the UK are considered, alongside areas of relative disadvantage. It should be noted that these findings correspond to doctors' perceptions of the UK and other countries at the time they were considering migrating, and therefore may not necessarily reflect the current reality.

UK's main competitors

Around half of doctors (49%) were considering at least one other country at the time they were considering moving to the UK. Doctors in the Young Pragmatists segment were more likely to consider other countries (56%), while Sceptical Considerers were less likely to consider this (44%).

Table 4.1 Whether doctors considered other countries by segment

	Total	Short-term Hoppers	Sceptical Considerers	Family Focused Professionals	Young Pragmatists	Ambitious Expecters	Modern System Seekers
Yes	49%	47%	*44%	52%	*56%	48%	52%
No	47%	49%	*51%	43%	*43%	50%	45%

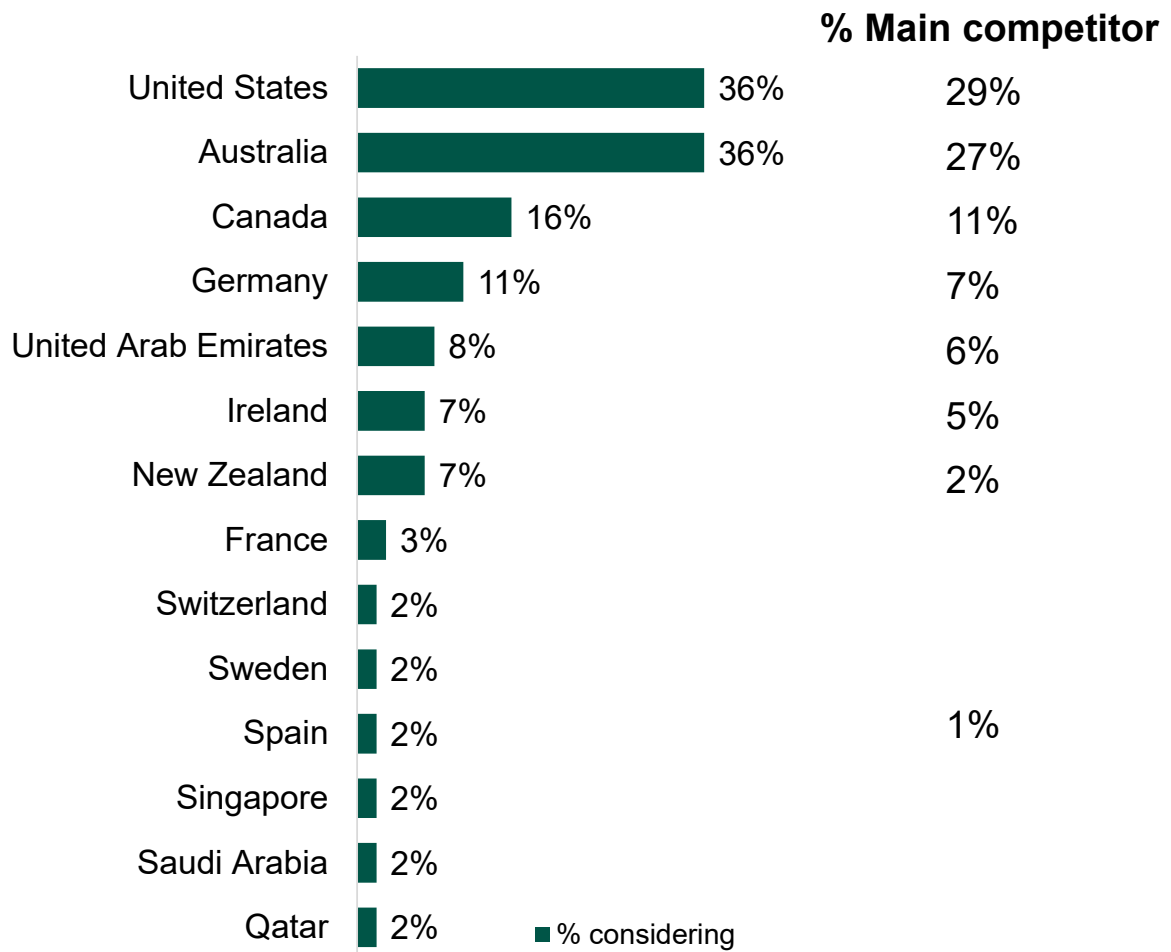
C1 At the time you were considering a move to the UK, were you considering moving to any other countries? (All n=3,092) Prefer not to say is not shown.

As shown in Figure 4.1, the countries which doctors most *commonly* considered moving to alongside the UK were the United States (36%) and Australia (36%), followed by Canada (16%), Germany (11%), UAE (8%), Ireland (7%) and New Zealand (7%).

Each doctor was also asked the *extent* to which they were considering moving to various countries to identify their main competitor to the UK. This showed a similar pattern to countries being considered overall, but the United States emerged as the main competitor to the UK most often (29%), slightly ahead of Australia (27%).

The United States was the main competitor for five of the six segments. Sceptical Considerers indicated that they would be most likely to also be considering a move to Australia (36% compared to 27% average).

Figure 4.1 Other countries considered by doctors



C2 What other countries did you consider moving to? Base: All who were considering other countries (1,519). Only showing countries considered with >1%. Main competitor derived from C3 At the time, to what extent were you considering moving to [country]? And C4 Excluding the UK, which of these countries were you most seriously considering moving to? Base: All who were able to identify one main competitor country (1,373). Only showing main competitor with ≤1%.

UK's competitive position

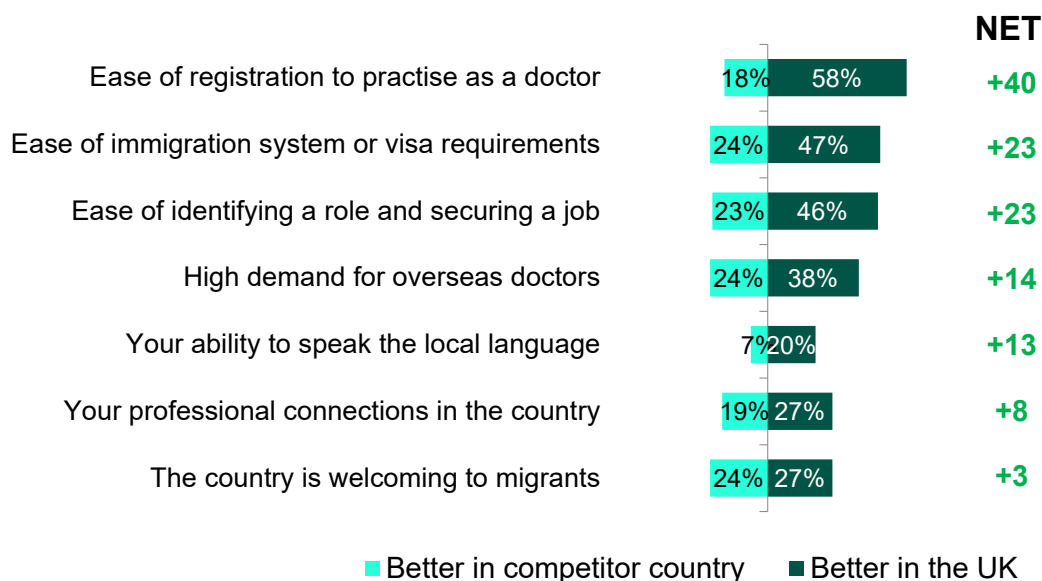
The UK's position on key perceptions

Doctors were asked about their perceptions of the UK compared to the other country they were most likely to move to at the time of considering a move abroad. They were asked whether they had thought each (potentially) influential factor would be better in the UK or in their comparison country (or about the same).

Figure 4.2 below shows the factors which doctors thought would be better in the UK than in the competitor country on average.

This included ease of registration to practise as a doctor, ease of navigating the immigration system and ease of finding a job. For example, almost six in ten doctors (58%) perceived the UK to be better than the country they were most seriously considering moving to when it came to ease of registration processes, while less than one in five (18%) felt the opposite, meaning the UK had a NET advantage of 40 percentage points.

Figure 4.2 Doctor perceptions of the UK relative to competitor country: Areas of relative advantage



C5-8_X Think back to your perceptions of each country around the time you moved to UK practice / took steps towards moving. Did you think the following factors would be better in the UK, better in [comparison country] or roughly the same in each? Chart does not show 'same', Don't know. Ranked by NET; only showing statements with positive NETs. (All who were considering other countries n=1,373)

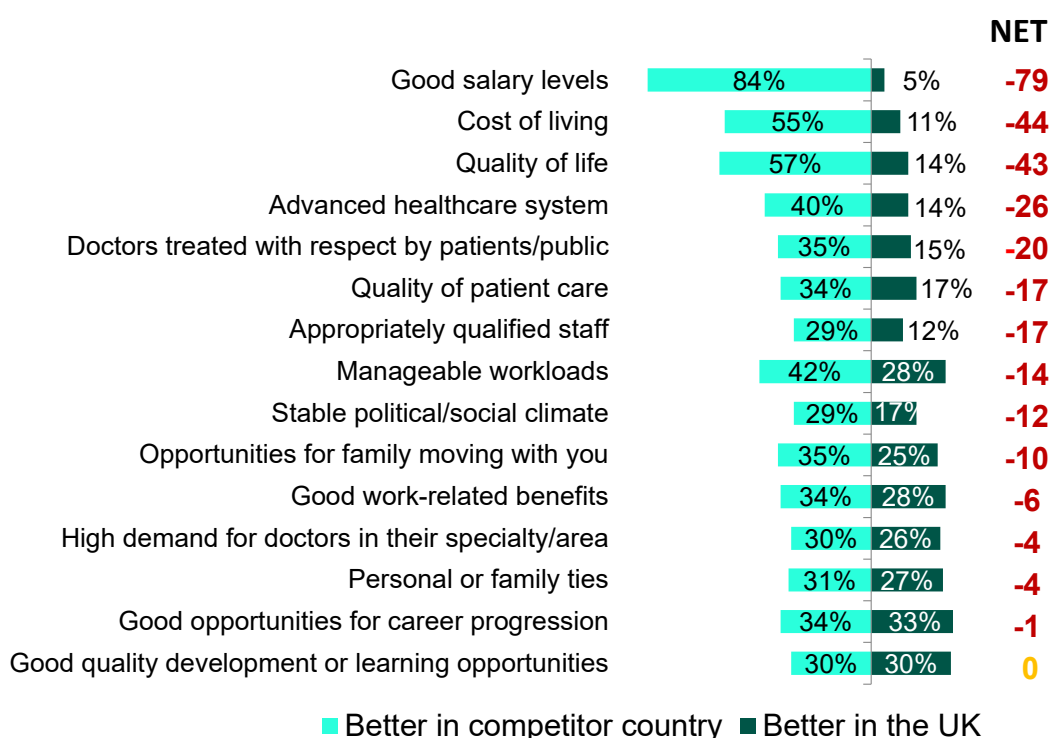
However, as shown in Figure 4.3, doctors perceived the UK to be worse than their main competitor on several factors including, most notably, salary levels: more than eight out of ten doctors (84%) perceived their competitor country to be better than the UK on providing a good salary, compared to just one in twenty (5%) who felt the opposite (meaning the UK had a NET disadvantage of 79 percentage points). The UK was also at a considerable disadvantage in regard to cost of living and quality of life (by a NET of -44 and -43 percentage points).

Other factors which were more often perceived to be better in competitor countries include the presence of an advanced healthcare system in terms of technology, treatments and processes (a difference of 26 percentage points), doctors being treated with respect by patients and the public (a difference of 20 percentage points), the quality of patient care and having appropriately qualified staff (both with a

negative difference of 17 percentage points between the UK and the main competitor country).

Doctors were just as likely to perceive the UK as offering good quality development or learning opportunities as their main competitor country (no difference), with a similar story for career progression opportunities (a net difference of just 1 percentage point in favour of the main competitor).

Figure 4.3 Doctor perceptions of the UK relative to competitor country: Areas of relative disadvantage



C5-8_X Think back to your perceptions of each country around the time you moved to UK practice / took steps towards moving. Did you think the following factors would be better in the UK, better in [comparison country] or roughly the same in each? Chart does not show 'same', Don't know. Ranked by NET. (All who were considering other countries n=1,373)

The UK's competitive position given factors of importance to doctors

Figure 4.4 displays key factors by importance in informing migration decisions and perceptions of the UK for these factors relative to competitor countries. This gives an indication of what characteristics of the UK to emphasise when attracting doctors, and which factors may need addressing to make the UK more attractive relative to its competitors.

- **'Strengths'** are factors which are particularly important to doctors and where the UK is felt to be better than competitor countries – these are factors which should be highlighted when trying to attract doctors.

- **'Priorities'** are factors that are also important to doctors, but on which the UK performs poorly relative to competitor countries. Focusing on improving factors in this quadrant would have the biggest impact in increasing the likelihood that migrating doctors would consider the UK as a destination to practise medicine.
- **'Lower priorities'** are factors that the UK does not perform well on compared to competitors but are also of lower importance to doctors.
- **'Maintain'** factors are those that the UK performs well on but are of lower importance to doctors – it is importance to ensure standards for each of these factors is maintained (as they are very important to some individuals even if not a majority), but they are not necessarily factors to particularly highlight when looking to attract migrating doctors.

Some factors sit on the border between two quadrants. Some related factors (e.g. learning and development opportunities and opportunities for career progression) have been grouped together for ease, provided the UK's competitive position on these is similar.

Overall, the UK is weaker on the factors considered important to doctors in informing their migration decisions, although perceptions for learning and development opportunities and career progression in the UK are on a par with other countries – improving perceptions of these factors relative to competitors would likely result in more doctors choosing the UK over other countries.

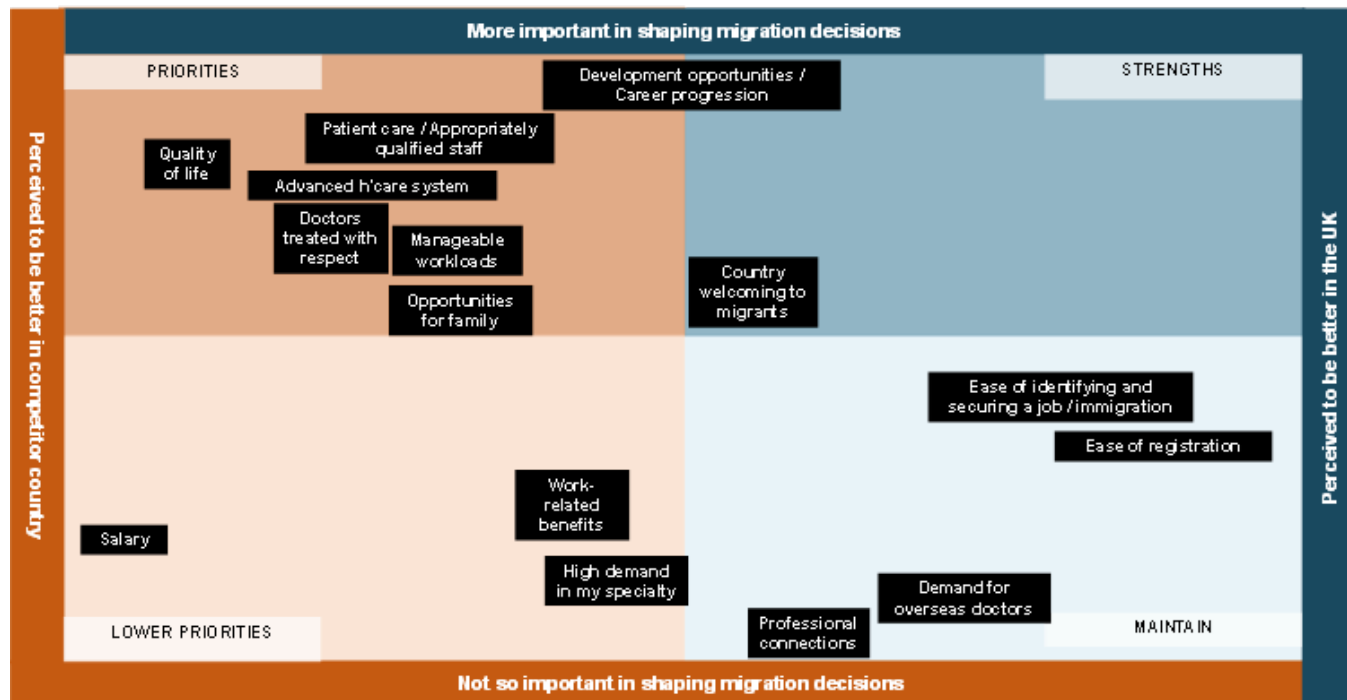
Perceptions of the levels of patient care and staff qualifications and relatedly, the UK being an advanced healthcare system, need to shift to a greater extent but, given their importance to doctors, focussing efforts here would also be beneficial in attracting doctors.

Quality of life (which is more challenging for individual organisations to influence, although work-life balance would contribute to this) is also important to doctors and currently perceived as poor in the UK relative to other countries.

Doctors being treated with respect and having manageable workloads are also worth mentioning as factors important to doctors but where the UK is currently perceived poorly relative to other countries.

As covered previously, 'ease' factors and demand for overseas doctors are UK's key strengths, but not of critical importance for as many migrating doctors.

Figure 4.4 Factor importance and UK position relative to the competition (all doctors)



UK's competitive position by segment

By segment, there were relatively few differences in terms of what the UK was considered better at than other countries (see Table 4.2). However, it is notable that:



Short-term Hoppers were in line with average on all elements.



Sceptical Considerers were less likely to feel the UK performed better on a number of factors, perhaps reflecting the higher proportion of doctors in this segment in the 'steps' group who didn't end up migrating to the UK. Among these it is of concern that they were less likely to find the UK better for work-related benefits given the high level of importance this segment places on these factors.



Family Focused Professionals were more likely than others to find the UK better for opportunities for family, which is positive given that this is the factor that this segment feels is most important when considering which country to move to.



Young Pragmatists were more likely to feel the UK was better on ease factors (immigration, registration, securing a job), which is positive given the high level of importance they place on these factors, as well as on a range of other factors. Young Pragmatists were less likely than average to feel that

their professional connections were better in the UK but this was not an important factor in deciding which country to move to for this segment.



Ambitious Expecters find the UK better than competitors in terms of ease of registration and immigration system, a stable political/social climate and being welcoming to immigrants. However, it is concerning that they are less likely than average to find it better for salary levels given the high level of importance they place on this factor when deciding where to move.



Modern System Seekers were more likely than other segments to perceive the UK as better than other countries when it came to having an advanced healthcare system, which was their top priority when deciding on a migration destination.

Table 4.2 Doctor perceptions of the UK relative to competitor country by segment (ranked by NET better in the UK)

	Total	STH	SC	FFP	YP	AE	MSS
Ease of registration to practise as a doctor	58%	52%	*47%	57%	*64%	*64%	59%
Ease of immigration system or visa requirements	47%	42%	*36%	52%	*55%	*52%	41%
Ease of identifying a role and securing a job	46%	46%	*37%	47%	*52%	49%	43%
High demand for overseas doctors	38%	42%	33%	45%	42%	35%	35%
Speaking the local language	20%	22%	17%	18%	20%	20%	24%
Having professional connections in the country	27%	26%	28%	27%	*22%	29%	32%
The country being welcoming to migrants	27%	26%	*22%	24%	27%	*33%	27%
Good quality development or learning opportunities	30%	27%	26%	31%	33%	30%	35%
Good opportunities for career progression	33%	31%	30%	33%	35%	31%	36%
High demand for doctors in my specialty / area of practice	26%	29%	21%	27%	25%	27%	25%
Having personal or family ties	27%	24%	24%	32%	*20%	*31%	*34%
Good work-related benefits i.e. pension, maternity/paternity leave	28%	22%	*20%	27%	*34%	28%	32%
Having good opportunities for family	25%	21%	22%	*32%	22%	27%	27%

Stable political/social climate	17%	14%	*9%	12%	20%	*21%	21%
Having a manageable workload	28%	28%	*19%	26%	*34%	29%	31%
Working in a team of appropriately qualified staff	12%	12%	9%	12%	10%	13%	16%
Working in a system where patients can receive sufficient levels of care	17%	14%	13%	14%	*23%	14%	21%
Feeling that doctors are treated with respect by patients and the public	15%	16%	16%	13%	13%	14%	18%
Working in an advanced healthcare system	14%	15%	14%	13%	13%	11%	*21%
Good quality of life	14%	13%	*7%	15%	*18%	14%	15%
Reasonable cost of living	11%	7%	9%	13%	*16%	11%	11%
Attractive salary levels	5%	7%	4%	6%	6%	*3%	7%
<i>Base: All who were considering other countries</i>	1,373	177	243	156	284	329	184

C5-8_X Think back to your perceptions of each country around the time you moved to UK practice / took steps towards moving. Did you think the following factors would be better in the UK, better in [comparison country] or roughly the same in each? % who say 'Better in the UK'. Chart does not show 'same', Don't know. (All who were considering other countries)

Ranked by NET positive Better in the UK for Total.

UK's strengths and weaknesses in relation to key competitors

Table 4.3 shows doctors' perceptions of the UK relative to specific competitor countries¹. In particular, it shows:

- In darker green where a majority of doctors (who had that country as their main competitor) felt a particular element was better in the UK;
- In lighter green where more doctors felt a particular element was better in the UK than better in the competitor country (so a 'net' positive for the UK, excluding those who didn't know or felt they were about the same).

Most doctors with the United States as their main competitor to the UK felt the UK was better on ease of registration (78%), ease of immigration (73%), having a manageable workload (61%), ease of identifying and securing a job (58%) and work-related benefits (54%).

¹ When interpreting this data, please note that the UK was compared to each country separately and so differences between countries other than the UK should not be inferred.

Most doctors with Australia as their main competitor to the UK felt the UK was better on ease of registration (62%).

Most doctors with Canada as their main competitor to the UK felt the UK was better on ease of registration (72%), ease of identifying and securing a job (63%), ease of immigration (54%) and there being a high demand for overseas doctors (52%).

Most doctors with Germany as their main competitor to the UK felt the UK was better on speaking the local language (87%), being welcoming to migrants (61%) and ease of registration (52%).

For UAE and Ireland the picture is slightly different, with less focus on ease factors. Instead, most doctors with UAE as their main competitor to the UK felt the UK was better on career progression (86%) and learning and development opportunities (79%) as well as speaking the local language (56%). Most doctors with Ireland as a main competitor also felt the UK was better on career progression (54%) and learning and development opportunities (54%).

In general, looking across all main competitors at where the UK has a net advantage, we can see that learning and development (a UK strength for 5 out of 6 countries) and career progression opportunities (a UK strength for 4 countries) are key, although they are net neutral across all countries (i.e. including those whose main competitor is not one of these top six or is unknown). UK strengths across three or more of the top six countries are: ease of registration, ease of immigration, ease of identifying and securing a job, high demand for overseas doctors, speaking the local language, having professional connections, the country being welcoming to migrants, good quality development or learning opportunities, opportunities for career progression and having personal or family ties.

Table 4.3 Doctor perceptions of the UK relative to specific competitor countries (ranked by NET better in the UK)

% Better in the UK than in...	United States	Australia	Canada	Germany	UAE	Ireland
Ease of registration to practise as a doctor	78%	62%	72%	52%	24%	27%
Ease of immigration system or visa requirements	73%	47%	54%	30%	21%	16%
Ease of identifying a role and securing a job	58%	43%	63%	31%	41%	27%
High demand for overseas doctors	43%	34%	52%	20%	25%	23%
Speaking the local language	3%	8%	10%	87%	56%	9%
Having professional connections in the country	21%	33%	40%	25%	28%	27%
The country being welcoming to migrants	31%	25%	13%	61%	19%	14%

Good quality development or learning opportunities	8%	30%	29%	30%	79%	54%
Good opportunities for career progression	10%	36%	34%	24%	86%	54%
High demand for doctors in my specialty / area of practice	28%	27%	26%	13%	28%	23%
Having personal or family ties	33%	25%	34%	27%	8%	31%
Good work-related benefits i.e. pension, maternity/paternity leave	54%	12%	10%	7%	48%	9%
Having good opportunities for family	25%	18%	17%	28%	38%	35%
Stable political/social climate	37%	5%	5%	17%	14%	9%
Having a manageable workload	61%	6%	12%	15%	29%	19%
Working in a team of appropriately qualified staff	3%	11%	8%	18%	36%	24%
Working in a system where patients can receive sufficient levels of care	19%	10%	15%	9%	28%	20%
Feeling that doctors are treated with respect by patients and the public	21%	8%	5%	17%	35%	6%
Working in an advanced healthcare system	2%	14%	5%	9%	32%	34%
Good quality of life	21%	4%	9%	16%	16%	15%
Reasonable cost of living	16%	10%	11%	3%	2%	16%
Attractive salary levels	1%	1%	1%	5%	1%	5%
<i>Base: All who were considering other countries</i>	392	369	179	80	82	75

C5-8_X Think back to your perceptions of each country around the time you moved to UK practice / took steps towards moving. Did you think the following factors would be better in the UK, better in [comparison country] or roughly the same in each? Chart does not show 'same', Don't know. (All who were considering other countries – variable base as shown on bottom row). Ranked by NET positive Better in the UK.

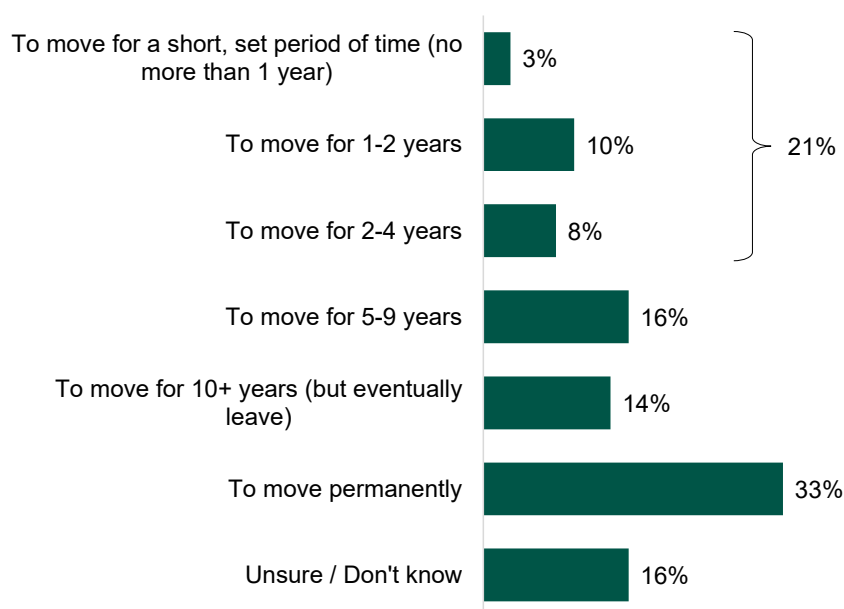
5 The migration journey: intentions and expectations

This chapter explores doctors' intentions and expectations throughout their migration journey. It also explores the barriers doctors are faced with and why some doctors ended up not moving to the UK to practise.

Considering a move to the UK: Intentions

As shown in Figure 5.1, one in three doctors (33%) were looking for a permanent move when they were considering a move to the UK, while only one in five (21%) were planning to stay for under five years.

Figure 5.1 Doctors' intentions when considering a move to the UK (all doctors)



D1 At the time when you were considering a move to the UK, which of the following best describes your intentions? Base: All (3,092).

As shown in Table 5.1, most Young Pragmatists, Ambitious Expecters and Modern System Seekers intended to move to the UK for at least 10 years. Short-term Hoppers planned the shortest stay (more likely than average to stay for less than 5 years), while Sceptical Considerers were more likely to have intended to move for one to nine years and Family Focused Professionals for two to four years.

Table 5.1 Doctors' intentions when considering a move to the UK (by segment)

	Total	Short-term Hoppers	Sceptical Considerers	Family Focused Professionals	Young Pragmatists	Ambitious Expecters	Modern System Seekers
To move for a short, set period of	3%	*13%	3%	2%	*1%	*1%	*1%

time (no more than 1 year)							
To move for 1-2 years	10%	*28%	*14%	11%	*4%	*4%	*5%
To move for 2-4 years	8%	*11%	*11%	*13%	*4%	*4%	7%
To move for 5-9 years	16%	16%	*19%	15%	18%	14%	14%
To move for 10+ years (but eventually leave)	14%	*4%	*9%	17%	*16%	*18%	15%
To move permanently	33%	*18%	*23%	32%	*37%	*41%	*44%
Unsure / Don't know	16%	*10%	*20%	*11%	*19%	18%	14%

D1 At the time when you were considering a move to the UK, which of the following best describes your intentions? Base: All (3,092), Short-term Hoppers (435), Sceptical Considerers (620), Family Focused Professionals (316), Young Pragmatists (552), Ambitious Expecters (761), Modern healthcare system seekers (408).

Considering a move to the UK: Expectations

Doctors were most likely to expect good career progression opportunities from their (intended or actual) move to the UK (78%) and around three-quarters (74%) were expecting to gain new professional skills and competencies, as shown in Table 5.2. Seven in ten (70%) expected that they would have a better work-life balance in the UK, and two thirds (67%) expected that they would have better working conditions. Around half of doctors (52%) expected to earn more in the UK.

In terms of training, around three in five expected to enter a UK postgraduate training programme (63%) or to obtain UK postgraduate / Royal College qualifications (60%). It was more common to expect to join the specialist (51%) rather than the GP (16%) register.

Some clear differences around expectations emerged between segments:



Short-term Hoppers and Sceptical Considerers had lower expectations than average in moving to the UK overall.



On the other hand, doctors in the Young Pragmatists, Ambitious Expecters and Modern system seekers segments had higher expectations than average across the board. For instance, at least nine out of ten expected that they would have good career progression opportunities in the UK (90%, 99% and 91% respectively compared to 78% on average).



Finally, the expectations of Family Focused Professionals were generally in line with average, however this group was more likely to expect good career

progression opportunities and was more likely to expect to obtain a UK postgraduate qualification.

Table 5.2 Doctors' expectations in moving to the UK

	Total	Short-term Hoppers	Sceptical Considerers	Family Focused Professionals	Young Pragmatists	Ambitious Expecters	Modern System Seekers
Good career progression opportunities	78%	*47%	*46%	*86%	*90%	*99%	*91%
Gain new professional skills and competencies	74%	*61%	*39%	76%	*87%	*91%	*84%
A better work-life balance	70%	*23%	*41%	72%	*83%	*97%	*91%
Better working conditions	67%	*18%	*29%	69%	*87%	*96%	*89%
Enter a UK postgraduate training programme	63%	*35%	*38%	59%	*78%	*81%	*76%
Obtain UK postgraduate / Royal College qualifications	60%	*25%	*25%	*67%	*80%	*82%	*76%
Salary increase	52%	*11%	*21%	53%	*68%	*81%	*64%
Join the UK specialist register	51%	*23%	*27%	55%	*64%	*67%	*66%
Join the UK GP register	16%	*6%	*10%	16%	17%	*23%	*21%

D2 Which of the following expectations did you have / would you have had in moving to the UK? Showing answers >1% among All.

Base: All (3,092), Short-term Hoppers (435), Sceptical Considerers (620), Family Focused Professionals (316), Young Pragmatists (552), Ambitious Expecters (761), Modern healthcare system seekers (408).

Barriers in coming to the UK

As shown in Table 5.3, the difficulties most commonly faced by doctors when taking steps to move to the UK were the costs of migration (54% experienced this) and difficulties identifying and obtaining a post, including recruitment processes (47%) followed by differences between the UK system and the country where they gained their PMQ (43%) and previous experience/qualifications not being recognised in the UK (37%).

By segment:



Sceptical Considerers were more likely than average to have experienced all barriers suggested in the survey, apart from the top two barriers around costs of migration and obtaining a post, where their experience aligned with other doctors.



Ambitious Expecters were also more likely than average to face a range of barriers including costs of migration, differences between UK system and their PMQ country, passing the exams required and PLAB1 expiring before they could take PLAB2.



Modern System Seekers were more likely than average to have experienced the costs of migration as a barrier as well as identifying and obtaining a post.



Family Focused Professionals tended to be in line with average and **Young Pragmatists** faced fewer barriers.



Short-term Hoppers also tended to have faced fewer barriers than average but were more likely than others to find UK immigration policies/visa requirements and registering with the GMC problematic.

Table 5.3 Barriers faced when taking steps to move to the UK

	Total	STH	SC	FFP	YP	AS	MSS
Costs of migration	54%	*44%	56%	51%	*49%	*62%	*59%
Identifying and obtaining a post (including recruitment processes)	47%	*36%	44%	47%	50%	50%	*55%
Differences between the UK system and the country you gained your PMQ	43%	*35%	*49%	45%	*37%	*48%	44%
Qualifications / previous experience not being recognised in the UK	37%	*29%	*41%	39%	*32%	38%	39%
UK immigration policies/visa requirements	33%	*39%	*39%	32%	*28%	32%	31%
Passing the exams required	33%	*25%	*40%	34%	*25%	*37%	32%
Process of registering with the GMC	33%	*42%	*36%	33%	*26%	31%	29%
PLAB1 expiring before I could take PLAB2 (for reasons out of my control) ¹	14%	*6%	*18%	13%	12%	*17%	14%

¹ It is worth noting that 41% of doctors responded that this barrier was not applicable for them.

Language difficulties	11%	12%	*13%	13%	*5%	10%	13%
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D3 To what extent, if at all, was the following a barrier/difficulty you experienced when taking steps to move to the UK? 5-point scale with '1 – Not at all' and '5 – To a great extent', showing 4 and 5.

Base: All (3,092), Short-term Hoppers (435), Sceptical Considerers (620), Family Focused Professionals (316), Young Pragmatists (552), Ambitious Expecters (761), Modern healthcare system seekers (408).

Table 5.4 shows the barriers faced by doctors who have come to the UK to practise compared to doctors who have taken steps to practise in the UK but did not go on to do so ('joiners' and 'steps' groups). Doctors in the 'steps' group answered this question based on the steps they had taken to come to the UK.

Among joiners, the key barriers faced were the costs of migration (58%), followed by identifying/obtaining a post and differences between the UK system and the country of their PMQ (47% each) followed by previous experience not being recognised in the UK (36%).

Among the steps group, the order was a little different, with identifying/obtaining a post being the top barrier (47%), followed by previous experience not being recognised in the UK (41%), UK immigration policies or visa requirements (41%) and the process of registering with the GMC (41%), then the costs of migration (38%).

Table 5.4 Barriers faced when taking steps to move to the UK

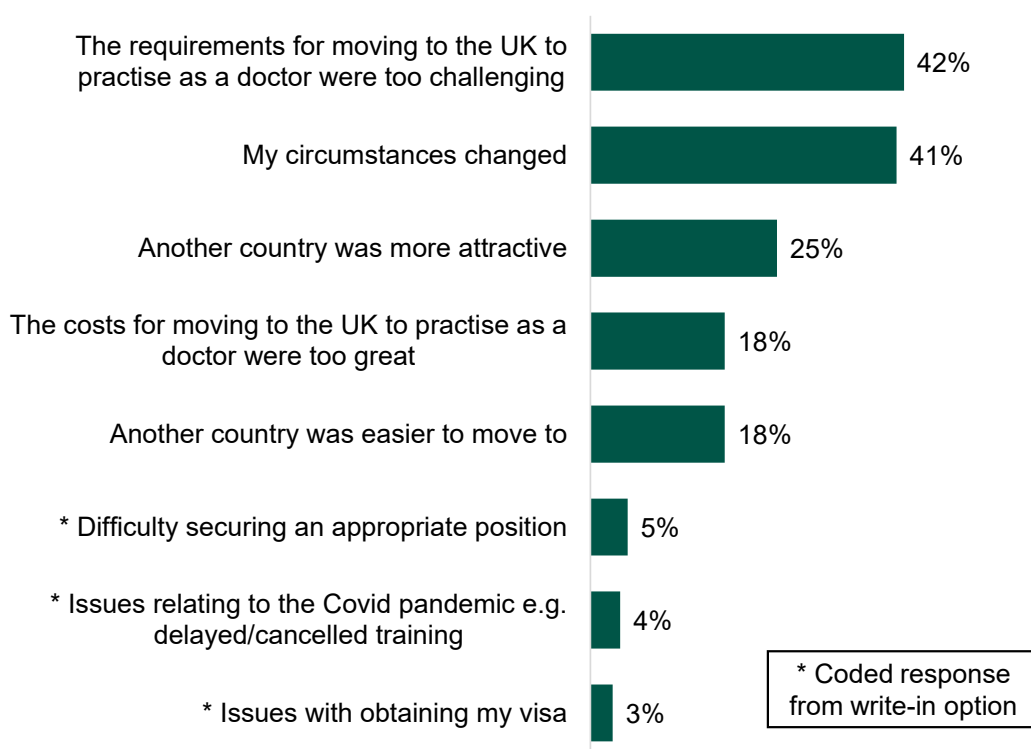
	Total	Joiners	Steps
Costs of migration	54%	*58%	*38%
Identifying and obtaining a post (including recruitment processes)	47%	47%	47%
Differences between the UK system and the country you gained your PMQ	43%	*47%	*28%
Qualifications / previous experience not being recognised in the UK	37%	*36%	*41%
UK immigration policies / visa requirements	33%	*32%	*41%
Passing the exams required	33%	32%	35%
Process of registering with the GMC	33%	*31%	*41%
PLAB1 expiring before I could take PLAB2 (for reasons out of my control)	14%	*11%	*26%
Language difficulties	11%	*12%	*6%

D3 To what extent, if at all, was the following a barrier/difficulty you experienced when taking steps to move to the UK? 5-point scale with '5 – To a great extent', showing %Top 2. N/A answers not shown. Base: All (3,092), Joiners: Came to the UK to practise (2,556), Steps: Never practised in the UK (but made steps to) (536)

Reasons for not moving to the UK

As shown in Figure 5.2¹, the most common reason given by those in the 'steps' group for not ending up moving to the UK to practise as a doctor was that the requirements for doing so were too challenging (42%). Around four in ten (41%) did not move to the UK because their circumstances had changed, while one in four (25%) said it was because another country was more attractive. Almost one in five doctors indicated that they didn't move to the UK because the costs for moving to the UK to practise as a doctor were too great (18%), and a similar proportion indicated that another country was easier to move to (18%).

Figure 5.2 Reasons for not moving to the UK



D4 Ultimately, which of the following were reasons why you did not move to the UK? Base: All who did not move to the UK (531).

¹ As shown in Figure 5.2, some of the statements (denoted by an asterisk) represent coded responses from the write-in option provided at this question. It should be noted that coded responses will naturally have a lower incidence and are therefore not directly comparable to responses that were prompted in the survey.

There were some differences between segments on the reasons why doctors did not end up moving to the UK:



Ambitious Expecters were more likely to say this was because of the costs of moving to the UK to practise 25% compared to 18% on average).



Issues with obtaining a visa proved to be more of an issue for Modern System Seekers than others 8% compared to 3% on average),



Young Pragmatists had greater difficulties securing an appropriate position 10% compared to 5% on average).

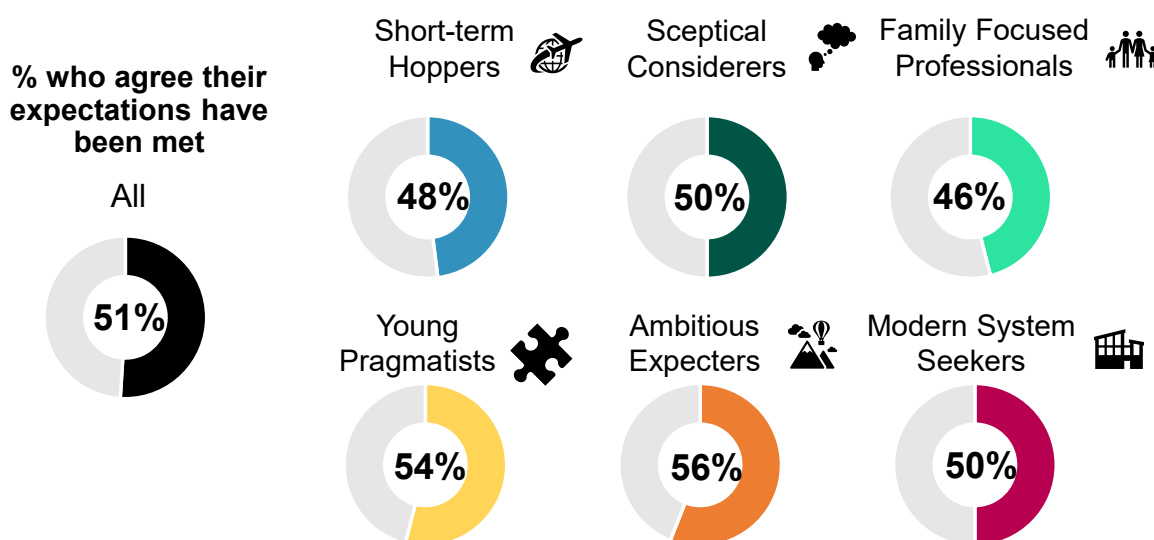
6 Experiences in the UK and future plans

In this chapter, doctors' experiences are contrasted to their initial expectations when they were considering moving to the UK. This includes looking at how long doctors stayed in the UK compared to their original intentions. This chapter also considers doctors' future plans to shed light on possible future migration patterns.

Doctors' experiences compared to their expectations

As shown in Figure 6.1, around half of doctors who moved to the UK (51%) felt that the expectations that they had on moving to the UK have been met. This was slightly higher for Ambitious Expecters (56%), but otherwise consistent across segments.

Figure 6.1 Extent to which doctors' expectations of the UK have been met



E2 On balance, to what extent would you agree that the expectations you had on moving to the UK have been / were met? % Strongly agree and Agree

Base: All who moved to the UK: All (2,556), Short-term Hoppers (375), Sceptical Considerers (476), Family Focused Professionals (247), Young Pragmatists (472), Ambitious Expecters (636), Modern healthcare system seekers (350).

Doctors who had moved to the UK to practise medicine and who felt their expectations of the UK had been met were asked to specify in what ways their expectations were met, via open-text box response.

As shown in Table 6.1, the most common response was that the UK offered good training (28%), followed by a good work-life balance (26%) and good career progression (23%). Other ways in which the UK had lived up to doctors' expectations included a good working environment (16%), a good salary (15%) and good support and resources (14%). It is worth noting that a reasonably large proportion of doctors (21%) selected don't know or were unable to provide an answer.

Young Pragmatists and Ambitious Expecters were more likely to cite a variety of ways in which their expectations were met including salary (and were two of the three segments more likely to have high expectations overall). Short-term Hoppers and Sceptical Considerers, the segments with lower overall expectations, were also less likely to cite a variety of ways in which their expectations were met including salary. Family Focused Professionals, who had average expectations overall, were less likely than average to mention good support or resources as ways in which their expectations were met.

Table 6.1 Ways in which doctors' expectations of the UK were met

	Total	Short-term Hoppers	Sceptical Considerers	Family Focused Professionals	Young Pragmatists	Ambitious Expecters	Modern System Seekers
Good training	28%	33%	25%	28%	34%	25%	25%
Good work-life balance	26%	11%	22%	25%	33%	29%	31%
Good career progression	23%	26%	27%	23%	20%	24%	18%
Good working environment	16%	14%	11%	11%	17%	19%	19%
Good salary	15%	4%	11%	15%	21%	18%	17%
Good support / resources	14%	12%	10%	6%	17%	17%	14%
Good living standards	11%	6%	8%	11%	11%	14%	13%
Good team / Friendly staff	10%	11%	9%	6%	16%	9%	9%
High standard of care	7%	8%	4%	4%	11%	6%	10%
Enjoy the country / culture	5%	6%	3%	5%	6%	4%	8%
Don't know / Not applicable	21%	19%	25%	22%	19%	20%	21%

E3 In what ways were your expectations met?

Base: All who moved to the UK and agree their expectations were met: All (1,330), Short-term Hoppers (181), Sceptical Considerers (243), Family Focused Professionals (112), Young Pragmatists (259), Ambitious Expecters (357), Modern healthcare system seekers (178).

Doctors who had moved to the UK to practise medicine and who felt their expectations of the UK had *not* been met were also asked to clarify why they thought this.

As shown in Table 6.2, a heavy workload, poor work-life balance and stress were the most commonly cited reasons for this (35% said this), closely followed by a poor salary (34%). Difficulty accessing training (31%) and difficulties with career

progression (28%) were also mentioned relatively often, underlining the importance of these factors for doctors. One in four (25%) indicated that the cost of living was a reason why the UK had not met their expectations.

There were fewer significant differences between segments on reasons for which doctors' expectations of the UK were *not* met:



Ambitious Expecters were more likely than average to mention heavy workloads and poor salary.



A poor working environment, a lack of respect from patients or the public and too much bureaucracy were more likely than average to be an issue for **Young Pragmatists**.



Short-term Hoppers were less likely to cite poor salary as a reason for the UK not meeting their expectations.

Table 6.2 Ways in which doctors' expectations of the UK were not met

	Total	Short-term Hoppers	Sceptical Considerers	Family Focused Professionals	Young Pragmatists	Ambitious Expecters	Modern System Seekers
Heavy workload / Poor work-life balance / Stress	35%	28%	31%	27%	39%	*46%	34%
Poor salary	34%	*25%	35%	30%	37%	*43%	27%
Difficulty getting onto training	31%	26%	33%	29%	34%	27%	37%
Difficulties with career progression	28%	21%	29%	29%	34%	30%	27%
Cost of living	25%	19%	21%	22%	25%	28%	34%
Poor support / resources	19%	17%	14%	19%	24%	19%	21%
Low standard of care	17%	21%	13%	13%	20%	17%	16%
Issues with different guidelines / standards / pathways	12%	18%	11%	10%	12%	9%	10%
Unhappy with colleagues / unfriendly staff	11%	7%	11%	11%	16%	11%	11%
Poor working environment	11%	8%	7%	9%	*16%	12%	10%
Poor living standards	8%	12%	7%	10%	4%	10%	9%
No respect from patients / public	8%	5%	4%	8%	*16%	8%	4%
Discriminating practices towards immigrant doctors	7%	5%	7%	7%	6%	9%	10%
Too much bureaucracy	7%	5%	4%	6%	*12%	6%	11%
Don't know / Not applicable	7%	8%	9%	8%	4%	6%	9%

E4 In what ways were your expectations not met? Showing answers >7% among All.

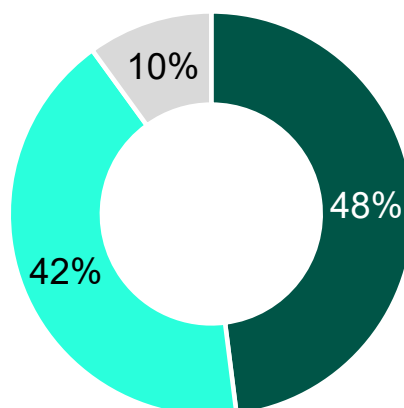
Base: All who moved to the UK and disagree their expectations were met: All (553), Short-term Hoppers (92), Sceptical Considerers (114), Family Focused Professionals (59), Young Pragmatists (99), Ambitious Expecters (117), Modern healthcare system seekers (72).

Some doctors stopped practising in the UK sooner than they had intended, which may be at least in part because of unmet expectations. Within this section we focus on those doctors in the survey who moved to UK practice but who have since left¹.

¹ Please note these doctors may still be in the UK and have not necessarily moved abroad, they have merely said they are no longer practising as a doctor in the UK.

This group contains 199 doctors, which represents 8% of all 'joiners' in this survey. Comparing this group of doctors' intentions against the length of time they actually spent in UK practice, almost half (48%) spent a shorter period of time in the UK than they had intended (as shown in Figure 6.2).

Figure 6.2 UK leavers: Length of time intended to spend in UK compared to length of time spent in UK



- Spent (at least) the amount of time intended in the UK
- Spent less time than intended in the UK
- Unsure how long they intended to stay

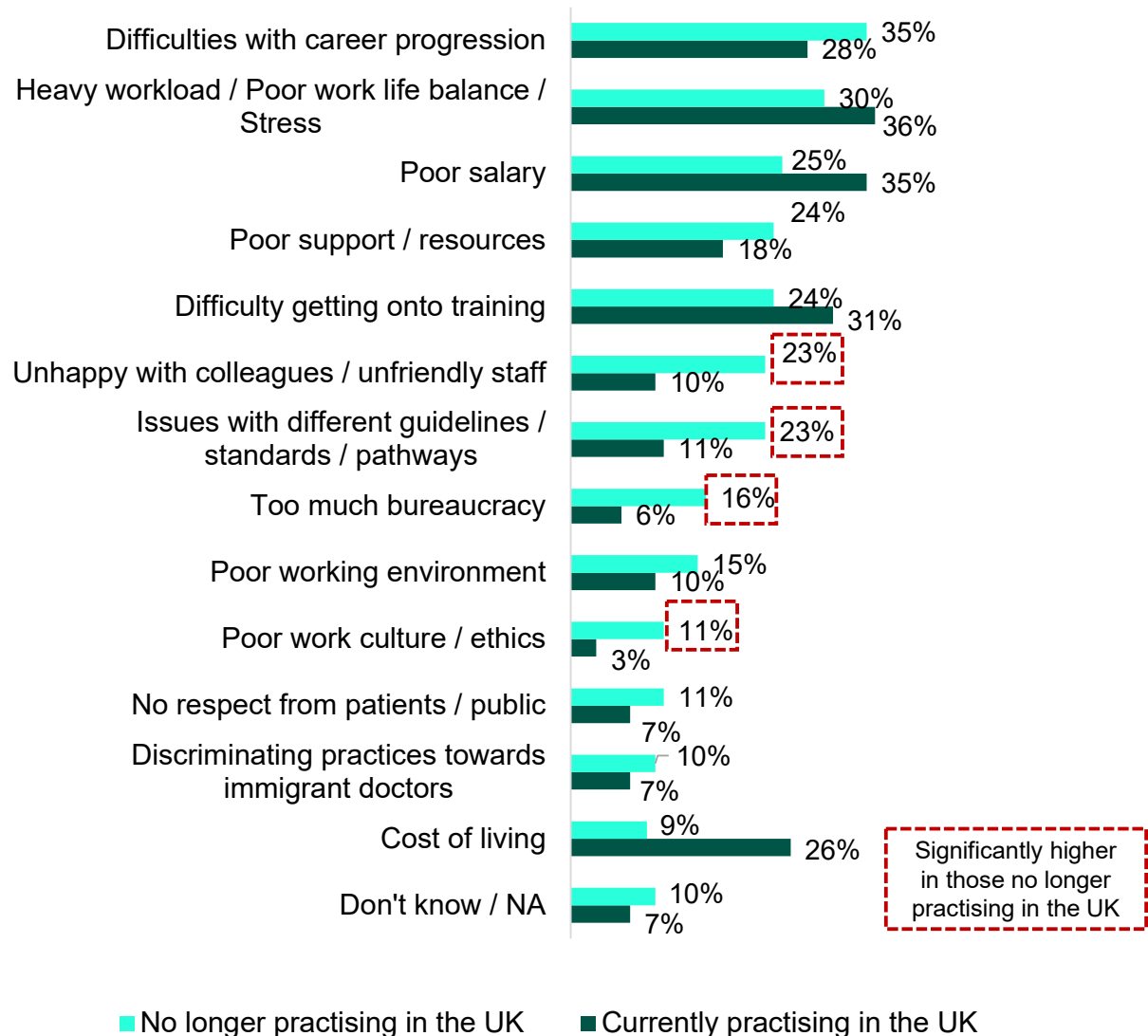
Derived from the following questions: D1 At the time when you were considering a move to the UK, which of the following best describes your intentions? D5 Earlier you said that you are no longer practising as a doctor in the UK but were previously. Roughly how long were you practising as a doctor in the UK for? Base: Those who have recently practised in the UK (199).

Figure 6.3 shows the ways in which the expectations of doctors who have already left UK practice were not met and compared this with those still practising in the UK. Differences here could help to explain why the former group chose to leave the UK. It is however important to acknowledge that other factors may have been at play here too, such as changes in personal circumstances.

While the top five ways in which expectations had not been met were similar across both groups (albeit in a slightly different order), doctors who recently practised in the UK were more disappointed than those who were currently practising in the UK with their colleagues and the friendliness of staff. UK leavers also appear to have experienced more issues with the different guidelines, standards and pathways of

practising as a doctor in the UK¹. Those who had already left the UK were also more likely to indicate that they felt there was too much bureaucracy or to mention a poor work culture and ethics. On the other hand, those currently practising in the UK were much more likely to mention the cost of living.

Figure 6.3 UK leavers: Ways in which expectations were not met



E4 In what ways were your expectations not met? Showing answers >7% among doctors who recently practised in the UK. Ranked by % among doctors who recently practised in the UK. Base: All who disagree their expectations have been met: Currently practising in the UK (501), Recently practised in the UK (52)

¹ This includes doctors' training not being recognised, issues with registration with GMC, issues with the requirement to get a Certificate of Eligibility for Specialist Registration (CESR), doctors' experience not being taken into account and difficulty adjusting to the NHS system.

Future plans

Just over half of doctors (55%) said they were likely to move to a different country to practise medicine at some point in the future. Most doctors thought this would happen in the medium-term, with 26% estimating between 2 and 5 years and 27% estimating between 5 and 10 years. Family Focused Professionals and Short-term Hoppers were particularly likely to consider moving countries in future (62% and 61% respectively).

Of the 55% of doctors who would move country to practise medicine at some point in the future¹, just under four in ten (37%) were likely to move (back) to the UK. This represents one in five of all doctors surveyed (20%). Broken down further:

- Among those who were currently in the UK, 15% said they would be likely to move to the UK again in the future.
- Among those who had come to the UK but since left, 35% said they would be likely to move to the UK (again) in the future.
- Among those who took steps to come to the UK, but ultimately did not move here, 33% said they would be likely to move to the UK in future.

¹ Base: n=1,681

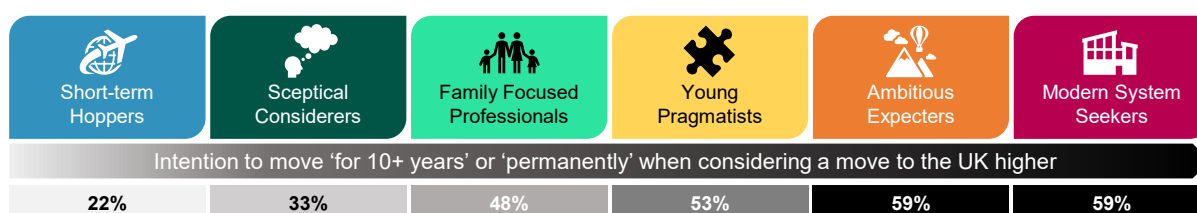
7 Conclusions

This final chapter sets out conclusions and implications of the research, including high level suggestions for interventions aimed at attracting doctors to, and retaining doctors in, UK practice.

This research shows which factors are most important to doctors when they are deciding which country to practise in, identifies the UK's main competitors for attracting overseas doctors and uncovers relative strengths and weaknesses in the UK's offer to these doctors. It also identifies different types of doctors in terms of their intentions and expectations, which particular messages can be targeted towards.

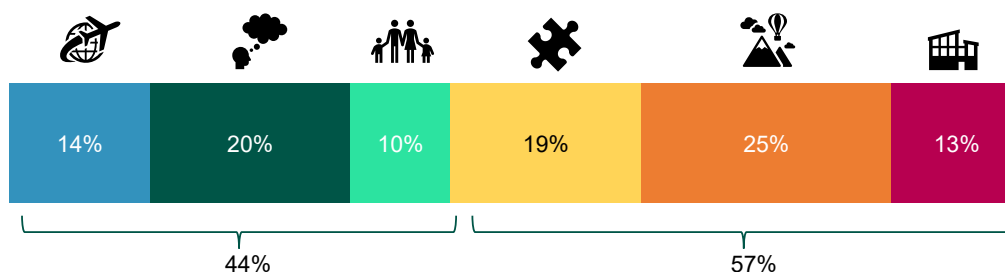
Overall reflections

To recap, six segments were identified. These have been placed on a spectrum from the smallest to largest proportions intending to stay long-term/permanently in the UK as follows:



It is also the case that the three segments on the right had higher expectations of the UK and were generally younger than those on the left. These right-hand segments could be prioritised for targeting in order to provide extra resource for the NHS over a longer period of time. Together these segments account for 57% of all doctors who had joined the UK from abroad or taken steps to do so.

Segment size



However, targeting Short-term Hoppers, Sceptical Considerers and Family Focused Professionals (44% in total) could offer a shorter-term injection of more experienced doctors. This may sometimes be more valuable, e.g. in certain regions or specialties, to ensure enough senior resource to support doctors in training and to deliver patient care. Together these segments account for the other 44% of all doctors who had joined the UK from abroad or taken steps to do so.

Key competitor countries which doctors were most likely to be considering migrating to other than the UK were the United States and Australia followed by Canada, Germany, the UAE and Ireland.

Implications for messaging and improvements

Knowing what is of importance to doctors when looking to move abroad is particularly important when developing messaging likely to attract them and considering which improvements to UK practice are likely to make most difference in terms of recruitment from overseas. Perceived existing UK strengths are practical factors around ease of registration, ease of immigration, ease of securing a job and (closely related) levels of demand for overseas doctors. However, doctors prioritise what the experience will be like of living and working in a new country rather than the practical factors involved in moving. This has implications for action in terms of messaging as well as tangible improvements.

Messaging could focus on learning and development opportunities and career progression. This would tap into factors which stand out as of primary importance to doctors looking to move country and the UK performs as well as competitors in this regard, it is something the UK can compete on. In fact, the UK was perceived as slightly better than Australia, Canada and (for L&D only) Germany as well as much better than the UAE and Ireland. It's only the United States of the six main competitor countries which fared better than the UK on these aspects. Focusing on L&D and career opportunities provides something of a 'quick win' as it's capitalising on existing strengths.

Messaging focusing on the country being welcoming to migrants and overseas doctors being valued, not just needed, would also be worthwhile as doctors placed high importance on these factors. The importance of having opportunities for family could also be partially addressed through promoting UK schools or universities.

Several factors of importance in doctors' migration decisions are perceived as, on average, better in competitor countries; namely quality of patient care, working alongside appropriately qualified staff and manageable workloads. This sends a signal that more needs to be done in these areas to improve doctors' experiences in order to attract and retain more doctors.

It is also worth noting that while salary and work-related benefits were not given a particularly high level of importance relative to other factors, salary was one of the two main ways in which the UK had failed to meet doctors' expectations (alongside high workloads). Addressing these aspects is therefore important to retain doctors

coming to practise in the UK (a theme also covered in our research on why doctors leave the UK to work abroad)¹. Another tangible improvement could be to intentionally build professional connections e.g. through mentoring schemes or similar initiatives.

Variations in messaging for segments

There is some variation between doctor types in terms of what will resonate with them most, as is set out below:

Short-term Hoppers	Opportunities for specialists, L&D
Sceptical Considerers	A focus on removing barriers to migration is particularly important for this group. Work-related benefits also features.
Family Focused Professionals	Highlighting existing ease factors
Young Pragmatists	More likely to have US as key competitor so could potentially promote on <i>relative</i> UK strengths such as workload, benefits and ease factors. Career progression also critical.
Ambitious Expecters	Salary and benefits, opportunities for family
Modern System Seekers	Their most important factor is 'advanced healthcare system' but a net negative for the UK. In addition, costs of migration and finding a job are key barriers.

Sceptical Considerers and Family Focused Professionals had higher proportions of doctors in the 'steps' group than in the 'joiners' group. Targeting here may convert doctors who were considering moving to the UK to actually do so.

Sceptical Considerers, Family Focused Professionals and Ambitious Expecters, are also more likely to resonate with messages around opportunities for family and professional connections than other segments, as they placed relatively more importance on these factors.

¹ [Migrating Doctors Research](#)

When it comes to attracting overseas doctors to migrate to the UK, certain messaging is likely to resonate more with one segment over another. Ultimately though, using a range of messages – and taking multiple actions for improvement – provides the best chance of appealing to each type of doctor.

8 Appendix

Appendix A: Further details on methodology

Fieldwork and response rate

The sample for the doctors who joined the UK medical register was shared with IFF but the GMC retained the sample (and later sent the survey communications on IFF's behalf) for the 'steps' group due to GDPR.

The original sample file for Registered doctors contained 40,422 records and the original sample file for Steps doctors contained 10,600 records. After data cleaning (removing records with missing or invalid contact information), 40,320 Registered doctor records remained.

IFF Research sent out email invitations and subsequent email reminders to Registered doctors while the GMC carried this out for doctors who had taken steps to come to the UK¹. To facilitate this, IFF Research shared a list of unique identifiers and survey links for each contact within the 'steps' group with the GMC. After sending out email invitations to 10% of the total sample during the soft launch, it became clear that doctors who had first registered in 2024 were for the most part ineligible to take part in the survey, despite being highly engaged. IFF and the GMC therefore agreed to exclude these doctors from future mailouts to avoid frustrating this group. In total, 34,706 email invites were sent to Registered doctors and 10,600 email invites were sent to the 'steps' group. IFF Research sent the GMC a list of 'steps' doctors who had already completed the survey, and consented to their information being shared, to exclude them from further email reminders. Table 8.1 below shows the response rate that was achieved by sample group.

Table 8.1 Response rate achieved by sample group

	Total	Registered	Steps
Available sample	50,920	34,706	10,600
Number of surveys completed	3,092	2,684	408
Response rate	6.8%	7.7%	3.8%

¹ GMC did not have the required permissions according to GDPR to share 'Steps' doctor contact details with IFF Research.

Segmentation

Details on the segmentation approach can be found under 'research approach' in Chapter 1 of this report. This section provides further information on the variables included in the segmentation analysis.

- Three statements were found to have too large a residual association with other underlying questions after segment membership was accounted for, and were therefore removed from the modelling.
 - A1_3: How important was the following factor relating to the working environment and system in shaping your choice of country in which to practise? Working in a team of appropriately qualified staff
 - A2_1: How important was the following factor relating to salary and career prospects in shaping your choice of country in which to practise? Having access to good quality development or learning opportunities
 - B1_3: To what extent do you agree with the following statements? I often seek out new challenges or adventures

Table 8.2 below shows the questions that were used to build the final model. Questions A1-4 ask how important various factors are in shaping doctors' choice of country in which to practice. Question B1 asks how much several attitudinal statements resonate with doctors. Question D1 asks how long doctors were originally intending to stay when considering a move to the UK. Question D2 asks about doctors' expectations when coming or considering coming to the UK. Finally, question F1 asks how likely or unlikely doctors are to move to a different country to practise medicine at some point in the future.

Table 8.2 Questions used to build final segmentation model

Question ID	Question
A1_1_C7	Having a manageable workload
A1_2_C7	Working in a system where patients can receive sufficient levels of care
A1_4_C7	Feeling that doctors are treated with respect by patients and the public
A1_5_C7	Working in an advanced (in terms of technology, treatments, processes, etc.) healthcare system
A2_2_C7	Having good opportunities for career progression
A2_3_C7	Attractive salary levels
A2_4_C7	Good work-related benefits i.e. pension, maternity/paternity leave
A2_5_C7	High demand for overseas doctors
A2_6_C7	High demand for doctors in my specialty / area of practice
A3_1_C7	Ease of registration to practise as a doctor
A3_2_C7	Ease of immigration system or visa requirements

A3_3_C7	Speaking the local language
A3_4_C7	Ease of identifying a role and securing a job
A4_1_C7	Having personal or family ties
A4_2_C7	The country being welcoming to migrants
A4_3_C7	Good quality of life
A4_4_C7	Having good opportunities (career, education) for family moving with you
A4_5_C7	Stable political/social climate
A4_6_C7	Reasonable cost of living
A4_7_C7	Having professional connections in the country
B1_1_C3	I consider myself highly ambitious
B1_2_C3	I like to experience new cultures
D1	At the time when you were considering a move to the UK, which of the following best describes your intentions?
D2A	Salary increase
D2B	Good career progression opportunities
D2C	Enter a UK postgraduate training programme
D2D	Obtain UK postgraduate / Royal College qualifications
D2E	Join the UK GP register
D2F	Join the UK specialist register
D2G	Gain new professional skills and competencies
D2H	A better work / life balance
D2I	Better working conditions
F1_C4	How likely or unlikely would you say you are to move to a different country to practise medicine at some point in the future?

Weighting

Final data were weighted to ensure that results were reflective of the population of doctors migrating to the UK by age, ethnicity, sex, place in which primary medical qualification was gained and route to registration for registered doctors.

The following tables show the demographic profile achieved in the survey, the weighting targets, and then the post-weighted profile, of doctors.

Table 8.3 Weighting for Registered doctors

Weighting variable		Unweighted survey profile	Weighting target	Weighted profile
Sex	Male	50%	50%	50%
	Female	47%	47%	47%
	Other (e.g. non-binary)	0%	0%	0%
	Prefer not to say	3%	3%	3%

Age	Under 26	1%	2%	2%
	26-33	45%	53%	53%
	34-41	38%	33%	33%
	42-49	11%	9%	9%
	50-57	2%	2%	2%
	58-65	0%	0%	0%
	Over 65	0%	0%	0%
	Prefer not to say	2%	2%	2%
PMQ World Region	Africa	21%	15%	15%
	EEA - Central Europe, Eastern Europe, Baltic countries	3%	4%	4%
	EEA - Northwestern Europe	3%	4%	4%
	EEA - Southern Europe	4%	5%	5%
	Middle East	13%	16%	16%
	Non-EEA Europe	2%	2%	2%
	Northern America	0%	0%	0%
	Oceania	1%	1%	1%
	Rest of Asia	5%	6%	6%
	South Asia	35%	36%	36%
	South, Central and Latin America, and the Caribbean	3%	2%	2%
	Unspecified	9%	9%	9%
Ethnicity	Asian or Asian British	46%	50%	50%
	Black or Black British	22%	16%	16%
	Mixed	2%	2%	2%
	Other Ethnic Groups	14%	15%	15%
	White	11%	12%	12%
	Prefer not to say	4%	5%	5%
Route	EEA	2%	3%	3%
	PGQ	22%	20%	20%
	PLAB	50%	52%	52%
	REQ	11%	13%	13%
	Sponsorship	13%	9%	9%
	AORE	2%	2%	2%
	Other	0%	0%	0%

Table 8.4 Weighting for Steps doctors

Weighting variable		Unweighted survey profile	Weighting target	Weighted profile
Sex	Male	52%	52%	52%
	Female	47%	46%	46%
	Other (e.g. non-binary)	0%	0%	0%
	Prefer not to say	1%	1%	1%
Age	Under 26	0%	1%	1%
	26-33	34%	51%	51%
	34-41	34%	30%	30%
	42-49	19%	11%	11%
	50-57	9%	4%	4%
	58-65	3%	1%	1%
	Over 65	0%	0%	0%
	Prefer not to say	2%	2%	2%
PMQ World Region	Africa	23%	15%	15%
	EEA - Central Europe, Eastern Europe, Baltic countries	2%	2%	2%
	EEA - Northwestern Europe	1%	2%	2%
	EEA - Southern Europe	2%	2%	2%
	Middle East	12%	21%	21%
	Non-EEA Europe	3%	4%	4%
	Northern America	4%	1%	1%
	Oceania	3%	1%	1%
	Rest of Asia	8%	8%	8%
	South Asia	26%	30%	30%
	South, Central and Latin America, and the Caribbean	6%	5%	5%
	Unspecified	9%	9%	9%
	Ethnicity	Asian or Asian British	35%	45%
Black or Black British		24%	15%	15%
Mixed		4%	3%	3%
Other Ethnic Groups		18%	18%	18%
White		15%	11%	11%
Prefer not to say		4%	8%	8%

Appendix B: Steps group journeys

This section examines the journeys of doctors in the Steps group who did not join UK practice. As a reminder, there were 536 doctors in the 'steps' group. This includes doctors who have booked/taken the PLAB test or withdrew an application to join the register, and doctors who joined the UK medical register but did not go on to enter UK practice. The breakdown of these groups is shown below.

Table 8.5 Breakdown of doctors in the Steps group

	Number of doctors
Booked to take a PLAB test	132
Took a PLAB (1 or 2) test	122
Applied to join the UK medical register	153
Joined the UK medical register	129
Total	536

The findings provide information on where the doctors in the Steps group were at the time of the survey.

- Around one in ten (9%) of doctors in the 'steps' group moved to the UK, but did not end up practising as a doctor in the UK;
- Nearly three-quarters 61% stayed in their original country; and,
- Around a quarter (27%) migrated to another country.

Appendix C: Differences by registration route

This section examines differences by doctors' route to joining the UK medical register (registration grant type).

Segments by registration route

The segments vary significantly in terms of registration route. The three segments on the right-hand side were more likely to have used PLAB, whereas the three segments on the left-hand side were more likely to have used a different route.



Short-term Hoppers were more likely than other segments to have been granted registration via former EEA/current REQ or Sponsorship routes.



Doctors in the **Young Pragmatists** segment along with **Ambitious Expecters** and **Modern System Seekers** were more likely than other segments to have been granted registration via PLAB route.



Family Focused Professionals were more likely than other segments to have been granted registration via the Sponsorship and AORE route.



Sceptical Considerers were more likely than other segments to have been granted registration via the PGQ route.

Table 8.6 Profile of segments – Registration grant type

Registration grant type	Total	STH	SC	FFP	YP	AE	MSS
European Economic Area (EEA)	3%	*8%	2%	3%	3%	*1%	*0%
Acceptable postgraduate Qualification (PGQ)	18%	19%	*26%	19%	*10%	16%	14%
Professional Linguistic and Assessment Board (PLAB) test	45%	*22%	*34%	*38%	*54%	*55%	*61%
Relevant European Qualification (REQ)	11%	*27%	10%	9%	*14%	*5%	*7%
Sponsorship	8%	*12%	9%	*12%	*5%	8%	6%
Acceptable Overseas Registration Exam (AORE)	2%	2%	1%	*4%	2%	3%	*1%

Taken from sample (not asked in the survey).

Notable differences by registration route

The section below details the notable differences in survey attitudes and behaviours by registration route.

Route: EEA

- Manageable workload, patient care, salary levels, benefits, high demand for overseas doctors, ease of registration, ease of immigration, ease of finding a job, the country being welcoming to migrants, quality of life, opportunities for family, stable political/social climate, cost of living, professional connections are all less important in shaping the choice of country in which to practise for this group than average
- More likely than average to have intended to move for a short period of no more than 1 year
- Had/would have had fewer expectations in moving to the UK than average
- Less likely than average to have experienced barriers when taking steps to come to the UK

Route: PGQ

- High demand for doctors in their speciality area, personal ties, the country being welcoming to migrants, opportunities for family, stable political/social climate, professional connections are all more important for this group than average
- Speaking the language less important than average
- More likely than average to have also been considering moving to Australia, UAE
- More likely than average to have higher expectations of the UK compared to the country they were most seriously considering moving to, especially around L&D and career progression
- Had/would have had fewer expectations in moving to the UK than average
- More likely than average to have experienced barriers when taking steps to come to the UK (particularly costs of migration, differences of the UK system, qualifications/previous experience not being recognised in the UK, exams, language difficulties)

- Those who moved to the UK were more likely than average to say their expectations had not been met due to the cost of living, poor support/resources and discriminating practices towards immigrant doctors

Route: PLAB

- Manageable workload, patient care, doctors treated with respect, advanced healthcare system, L&D, career progression, benefits and quality of life are more important to this group than average
- High demand for doctors in their speciality area, ease of registration, ease of finding a job less important than average
- More likely than average to have also been considering moving to the United States
- More likely than average to have higher expectations of the UK compared to the country they were most seriously considering moving to, especially around ease
- More likely than average to have intended to move for at least 5 years
- Had/would have had more expectations in moving to the UK than average
- More likely than average to have experienced barriers when taking steps to come to the UK (most types of barriers)
- Those who moved to the UK were more likely than average to say their expectations had not been met due to heavy workloads and poor salary

Route: REQ

- Manageable workload, patient care, doctors treated with respect, advanced healthcare system, salary levels, benefits, demand for overseas doctors, high demand for doctors in their speciality area, ease of registration, ease of immigration, personal ties, welcoming to migrants, quality of life, opportunities for family, stable political/social climate, cost of living and professional connections are less important to this group than average
- Speaking the language is more important than average for this group
- More likely than average to have also been considering moving to Germany and Ireland
- More likely than average to have intended to move for less than 5 years

- Had/would have had fewer expectations in moving to the UK than average
- Less likely than average to have experienced barriers when taking steps to come to the UK
- Those who moved to the UK were more likely than average to say their expectations had not been met due to a poor working environment and too much bureaucracy

Route: Sponsorship

- Doctors being treated with respect and work-related benefits are less important to this group than average
- High demand for doctors in their speciality area, ease of immigration, opportunities for family, stable political/social climate and professional connections are more important for this group than average
- More likely than average to have also been considering moving to Australia, Canada, UAE and New Zealand
- Lower than average expectations of the UK compared to the country they were most seriously considering moving to on work-related benefits and the country being welcoming to migrants
- More likely than average to have intended to move for less than 5 years (especially 1-2 years)
- Had/would have had fewer expectations in moving to the UK than average
- More likely than average to have experienced some barriers when taking steps to come to the UK, namely costs of migration, differences of the UK system, qualifications/experience not being recognised in the UK and language difficulties
- Those who moved to the UK were more likely than average to say their expectations had not been met due to issues with different guidelines/standards/pathways

Route: AORE

- More likely than average to have also been considering moving to the United States

Appendix D: Differences by original practice location

This section examines differences by UK region or country based on where in the UK a doctor initially practised.

Segments by original practice location

Table 8.7 shows there are few differences of note between segments. Short-term Hoppers were more likely to have initially practised in London and less likely to have practised in the North West, while Sceptical Considerers were less likely to have practised in the South East. Young Pragmatists were more likely to have practised in Wales. More Ambitious Expecters than average had previously practised in the South East, but fewer in London and Wales.

Table 8.7 Original practice location among those who came to the UK by segment

	Total	STH	SC	FFP	YP	AE	MSS
East of England	10%	10%	12%	11%	9%	10%	8%
London	18%	*28%	18%	16%	19%	*14%	16%
Midlands	18%	17%	17%	19%	16%	20%	19%
North East & Yorkshire	8%	7%	10%	6%	8%	9%	7%
North West	11%	*6%	12%	9%	11%	12%	12%
South East	9%	8%	*7%	12%	8%	*12%	10%
South West	10%	9%	9%	9%	12%	10%	13%
Northern Ireland	2%	1%	1%	2%	3%	3%	1%
Scotland	6%	5%	4%	7%	7%	6%	5%
Wales	5%	5%	5%	3%	*7%	*3%	5%
<i>Base: All who moved to the UK</i>	2,556	375	476	247	472	636	350

E1. Which of the following locations did you practise in when you first moved to the UK? Base: All who moved to the UK (2,556)

Notable differences by original practice location

The section below details the notable differences in survey attitudes and behaviours by original practice country.

England

- Less likely than average to consider work-related benefits, high demand for overseas doctors, ease of registration, ease of immigration, ease of finding a job, good quality of life and cost of living to be important in shaping the choice of country in which to practise

- More likely than average to find speaking the local language important
- More likely to have also considered moving to the United States
- Higher expectations of the UK than competitor countries on demand for overseas doctors, doctors in their specialty area, ease of registration, ease of immigration, ease of finding a job, country being welcoming to migrants, stable political/social climate and professional connections (but lower expectations of the UK on cost of living and salary levels)
- Less likely than average to have intended to move permanently
- More likely than average to have experienced the following barriers: costs of migration, differences of the UK system and language difficulties

Scotland

- More likely to have also considered moving to the UAE
- Higher expectations of the UK than competitor countries on cost of living

Wales

- Less likely than average to find salary levels, ease of finding a job, personal ties, cost of living to be important in shaping the choice of country in which to practise
- Higher expectations of the UK than competitor countries on ease of registration
- More likely than average to have experienced the following barriers: identifying and obtaining a post, UK immigration policies
- Those who moved to Wales were less likely than average to agree that their expectations had been met
- More likely than average to say their expectations had not been met because they had difficulty getting onto training, poor support/resources, lack of respect from patients/the public and doctors being replaced with other professionals

Northern Ireland

- Less likely than average to find high demand for doctors in their specialty to be important in shaping the choice of country in which to practise

- More likely than average to expect to enter a UK postgraduate training programme and to gain new professional skills and competencies in moving to the UK

Appendix E: Differences by primary medical qualification location

This section explores notable differences in survey attitudes and behaviours by Primary Medical Qualification (PMQ) location by region. [Segments by PMQ sub-region](#) are broken down in Chapter 2 of this report, while the [differences by PMQ sub-region](#) in terms of factors driving migration decisions are explored in Chapter 3.

Notable differences by primary medical qualification

Doctors with a PMQ from South Asia

- Speaking the local language is less important compared to other PMQs
- Less likely than average to have been considering a move to other countries at the same time as the UK (44% vs 49%)
- Particularly likely to have considered the following countries alongside the UK: Australia, UAE
- Higher expectations of the UK than average
- More likely than average to have experienced barriers in coming to the UK
- Among those in the UK, more likely than average to feel their salary, cost of living and living standards expectations haven't been met. Also experienced issues with their visa or the migration process

Doctors with a PMQ from the Middle East

- More likely to intend to move permanently (43% vs. 33%) compared to other PMQs
- More likely to value doctors being treated with respect and the country being welcoming to migrants compared to other PMQs
- Less likely to value learning and development, salary and personal ties compared to other PMQs
- More likely than average to consider themselves highly ambitious (92% vs. 87%)
- Particularly likely to have considered the following countries alongside the UK: Saudi Arabia, Germany
- Less likely than average to expect a salary increase in coming to the UK

- More likely to be barriers for this group: Language difficulties. More likely than average to have not moved to the UK because of issues obtaining a visa.

Doctors with a PMQ from Africa

- More likely to intend to move for at least 5 years (but eventually leave)
- Less likely to consider a manageable workload and high demand for doctors in their specialty or area of practice to be important compared to other PMQs
- More likely than average to consider themselves highly ambitious (90% vs. 87%)
- Less likely than average to say they like to experience new cultures (84% vs. 87%)
- Particularly likely to have considered the following countries alongside the UK: the United States, Canada
- Higher expectations of the UK than average
- More likely to be barriers for this group: Costs of migration. More likely than average to have not moved to the UK because the requirements for moving to the UK to practise as a doctor were too challenging

Doctors with a PMQ from the rest of Asia

- Manageable workloads, salary, benefits and ease of immigration are more important to them
- Working in an advanced healthcare system or having professional connections in the country is less important to them
- Less likely than average to consider themselves highly ambitious (77% vs. 87%)
- Less likely than average to say they often seek out new challenges or adventures (76% vs. 81%)
- Particularly likely to have considered the following countries alongside the UK: Australia, New Zealand and Singapore
- More likely than average to expect a better work-life balance in coming to the UK

- More likely to be barriers for this group: Language difficulties. More likely than average to have not moved to the UK because issues relating to the Covid pandemic

Doctors with a PMQ from EEA – Central / Eastern Europe

- Speaking the local language is more important compared to other PMQs
- Particularly likely to have considered the following countries alongside the UK: Germany, Ireland, France, Switzerland
- Lower expectations of the UK than average
- Less likely to have experienced barriers to migration

Doctors with a PMQ from EEA – Southern Europe

- More likely to intend to move for less than 1 year, much less likely to intend to move permanently
- Speaking the local language is more important compared to other PMQs
- Less likely than average to consider themselves highly ambitious (80% vs. 87%)
- Particularly likely to have considered the following countries alongside the UK: Germany, Ireland, France, Switzerland
- Lower expectations of the UK than average except on career progression and gaining new skills
- More likely to be barriers for this group: UK immigration policies/visa requirements, the process of registering with the GMC

Doctors with a PMQ from EEA – Northwestern Europe

- More likely to intend to move for less than 1 year, much less likely to intend to move permanently
- Speaking the local language is more important compared to other PMQs
- Particularly likely to have considered the following countries alongside the UK: Canada, Ireland, Switzerland
- Lower expectations of the UK than average

- Less likely to have experienced barriers to migration, apart from the process of registering with the GMC

Doctors with a PMQ from Non – EEA Europe

- More likely to intend to move permanently (50% vs. 33%) compared to other PMQs
- More likely than average to consider themselves highly ambitious (97% vs. 87%)
- Particularly likely to have considered the following countries alongside the UK: New Zealand

Doctors with a PMQ from Central / South America and the Caribbean

- Less likely to say that having good opportunities for family was important to them
- Less likely than average to consider themselves highly ambitious (80% vs. 87%)
- More likely than average to have been considering a move to other countries at the same time as the UK (62% vs 49%)
- Particularly likely to have considered the following countries alongside the UK: Spain
- Less likely than average to expect to gain new professional skills in coming to the UK
- More likely to be barriers for this group: The process of registering with the GMC