

The state of medical education
and practice in the UK

Workforce report

2023



General
Medical
Council

Executive summary

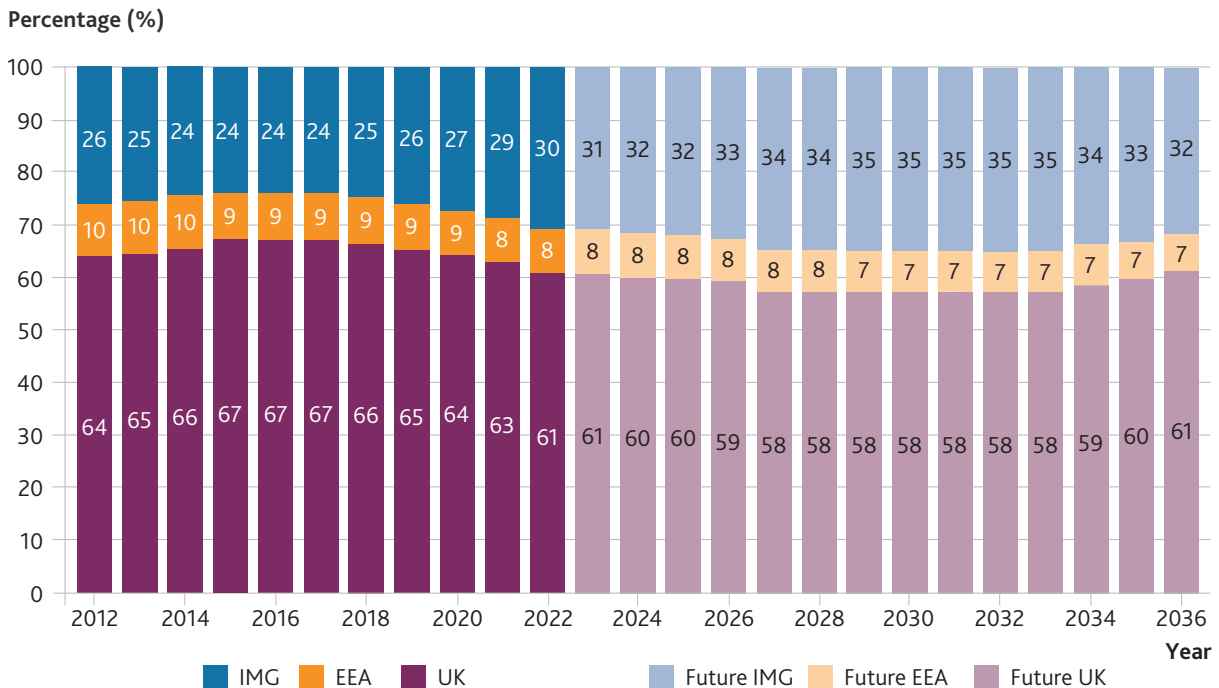
Even with the expansions of medical school places, continuing to attract skilled and experienced international medical graduates will be crucial

The UK’s healthcare systems are experiencing a prolonged period of high pressure, with industrial action, backlogs in elective care persisting, and a shortage of doctors that ongoing high vacancy rates evidence. In this year’s *The state of medical education and practice in the UK: workplace experiences 2023* report, we saw a decline in satisfaction since 2019, a significant proportion of doctors at risk of burnout, and a sharp increase

in the proportion intending to leave and taking steps to do so.¹

Despite the challenging conditions, the number of licensed doctors continues to grow, with those joining being double the number leaving in each year since 2019. However, the ratio of headcount to full-time equivalent is 0.9 in secondary care across all UK countries* and lower in primary care. This means the increasing numbers available to practise medicine in the UK are tempered slightly in terms of the capacity on the frontline and currently, while there are increases, it is still not enough. The shortages of doctors are creating further pressure on the workforce, so current and planned increases to domestic supply around the UK are going to be crucial.

Figure 1: Licensed doctors, by PMQ 2012–2022 and under a scenario of increased domestic supply 2023–2036 (EEA: European Economic Area)



* See Box 1.

It is also vital that the UK continues to attract large numbers of international medical graduates (IMGs) and improves their integration and retention. In 2022 more than half (52%) of the doctors who joined the workforce were IMGs.

In a hypothetical future scenario where the supply of UK graduates increases over the next decade (shown in Figure 1), the fact remains that IMGs will account for a substantial proportion of the workforce in 2036. We estimate the current and planned increases to medical school places will mean almost 48,000 more UK PMQ doctors joining the workforce by the end of 2036 than would have been the case if the numbers had held at the level seen in the 2017/18 academic year. Even accounting for planned increases to UK medical schools and then postulating the increases defined in National Health Service England's Long Term Workforce Plan² are mirrored in all four UK countries—with those extra UK

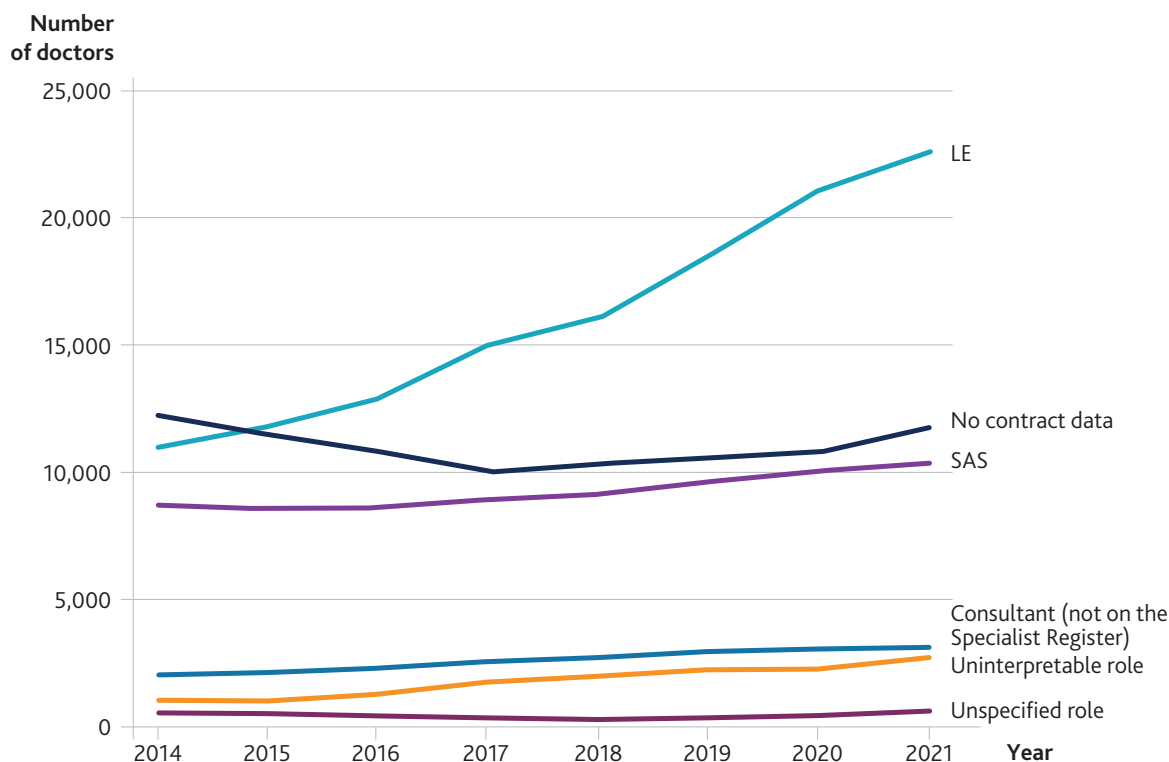
graduates replacing future IMG joiners—almost a third (32%) of all doctors would be IMGs in 2036.

It is essential, therefore, that the UK's healthcare systems ensure doctors from a range of backgrounds are welcomed into supportive teams. The integration and retention of doctors who first trained abroad must be improved as their high rate of joining will continue to be vital despite the planned increases in UK medical school places.

The number of LE doctors is growing much faster than the number of SAS doctors

The historical combination of specialty and associate specialist (SAS) and locally employed

Figure 2: Licensed SAS and LE doctors working in England and Wales, by NHS contract job role, 2014–2021



(LE) doctors into one group has brought together a very diverse range of doctors, in terms of the roles they undertake. We recognise that this is not an ideal way to present workforce data. So, we have developed a methodology using National Health Service (NHS) contracts data that better defines the job roles of just over two-thirds (68%) of SAS and LE doctors in England and Wales (where data are currently available to us) between 2014 and 2021.

Figure 2 shows the NHS contract job roles for all SAS and LE doctors in England and Wales in each year between 2014 and 2021—as well as the number for whom contract data were not available. This shows that LE doctors have become, by some margin, the largest component of the SAS and LE group in England and Wales—to the extent that, in 2021, there were more than twice as many LE doctors (22,576) as there were SAS doctors (10,349).

Among those in Figure 2 who did not have an NHS contract in 2021, over a quarter (26%) were connected to a locum agency designated body (DB) for revalidation purposes. This group are most likely to be LE doctors. Almost half (47%) may not have been working clinically as just over a quarter (26%) did not hold a connection to any DB, and a little over a fifth (21%) were connected to NHS bodies. The latter may have been between roles or taking a short career break while keeping their licence and DB connection. The remaining 27% of SAS and LE doctors in England and Wales without NHS contract data had connections in the independent sector (only) or cosmetic, diagnostic, or fertility clinics.

Our data show that the retention of IMG doctors in LE roles is improving and that increasing proportions are entering postgraduate training. Of the IMGs who joined as LE doctors in 2014, 37% had left after four years—that decreased to 20% for the 2018 cohort. Of the IMG LE doctors who joined in 2014, 26% were in postgraduate training four years after joining, but that increased to 39% for the 2018 cohort.

While this represents notable change, the proportion of IMG doctors in LE roles (that had recently joined the workforce) entering training was still less than half of the most recent cohort we could track in the data. It is important for the UK's healthcare systems to consider alternative career progression initiatives for this large and growing part of the workforce. For example, in *The state of medical education and practice in the UK: workforce report 2022* we called for primary care to be opened to doctors who are not on the General Practitioner (GP) Register.³

More broadly, the UK's healthcare systems benefit considerably from the experience and flexibility of both SAS and LE doctors. It is vital that a variety of fulfilling career paths are available to them. We have seen that the increasing proportions of IMG joiners moving into postgraduate training or SAS roles has been accompanied by an improved retention rate. But there are more ways for doctors to build a greater sense of belonging in the UK workforce, such as engaging in leadership roles or undertaking research. These types of activities have historically been less commonly available to SAS and LE doctors and could be an area to consider for strategies to improve this group's retention.

Pathways through specialty training are less linear and rigid—which has advantages for healthcare systems and doctors

As well as IMGs joining and taking up LE roles, the growth in the number of LE doctors since 2014 in England and Wales partly reflects a nationwide trend among UK graduate doctors at the start of their careers. Increasing proportions of doctors take more time away from formal postgraduate training after their second foundation year (F2). Commissioned research by the University of Nottingham found that most doctors had positive experiences during their time away from training. Over two-thirds (69%) said it helped to confirm their preferred specialty, 63% said they gained clinical competencies, and 60% said it helped them to make their CV/portfolio more competitive.

Healthcare systems may benefit from doctors taking time away from training, too. Doctors who had taken time away from training felt more informed about the career path they intended to take and better prepared for the demands of their next step. Their health and wellbeing benefited as well. However, it is important that time away from training does not convert to high proportions of doctors leaving postgraduate training altogether, which would be a costly loss of medical expertise.

More generally, linear progression through postgraduate training—where each stage takes the minimum time required—is increasingly rare. The training programmes and levels with the highest proportions taking more than one year were pathology ST5 (40%), obstetrics and gynaecology ST5 and ST6 (39% and 38%), and public health ST4 (38%). Our data show that undertaking research and gaining experience in a different post partly explain why some training levels take longer to complete than others.

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