

General  
Medical  
Council

# The state of medical education and practice in the UK **2018**

## Executive summary



Working with doctors Working for patients

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# Executive summary

In our eighth annual *The state of medical education and practice in the UK* report we set out the challenges in healthcare that continued throughout 2018.

We present important new primary data and analysis on the mindset and coping mechanisms of a medical profession working within a highly-pressured system. This will help our understanding of what is needed to support and retain the current workforce and supply of doctors for the future. The UK is running out of time to prevent a significant decline in workforce numbers, which risks patient safety.

## A workforce strategy to make sure the progress of the past 70 years does not stall

### The profession is at a critical juncture

Demand for care is increasing in volume and complexity. Combined with severe shortages of staff in some areas of the UK and in some parts of health and care provision, this creates huge pressures on the medical workforce.

Doctors are still delivering good care in very trying circumstances. Many are still positive and managing, but the stress is causing many doctors to consider future options that would reduce or end their clinical practice.

The health system now faces a decline in what can be offered and how it is offered by doctors who are prioritising and compromising their work in an effort to maintain standards of care for their patients. It shows that doctors are reaching the limit of what can be done.

Our new evidence reveals the effect of these pressures and the steps doctors are taking to cope. We are concerned that some of these strategies are risky or unsustainable.

We are saying loud and clear: the medical profession is at the brink of a breaking point in trying to maintain standards and deliver good patient care.

### New evidence shows how doctors on the frontline are experiencing current pressures

We have commissioned two pieces of independent research. The first, *Adapting, coping, compromising*,\* looks at how doctors are having to adapt their practice, the coping mechanisms they are adopting, and the compromises they are forced to make – and what this means for patients as well as doctors.<sup>1</sup>

\* For further details of *Adapting, coping, compromising* and *What it means to be a doctor* see research and data notes in the full report.

Our second piece of research, *What it means to be a doctor*, attempts to understand the essence of being a doctor and how they experience their role in 2018.<sup>2</sup>

Our intelligence from frontline engagement with doctors has already been picking up the multiple signs of a profession under pressure. Doctors feel less supported and more vulnerable than ever, working in a system under such intense pressure. This is not sustainable and changes must be made.

## What we are concerned about

### Burnout and poor mental health

We are worried about the effect of pressures on doctors who suffer stress, ill health and particularly mental health issues exacerbated by the pressures they encounter. We are working on several aspects of this including commissioning an independent review of doctors' wellbeing.

### Urgent steps are required to retain doctors

Our commissioned independent survey of 2,602 doctors shows that almost two thirds are working more hours than in the past, but often with less time to provide continuity of care for patients.<sup>2</sup>

We are at high risk of doctors leaving clinical practice in unprecedented numbers. Within the next three years, many are considering reducing their hours (around a third), going part time (a fifth) and/or planning to leave UK practice and work abroad (a fifth).<sup>2</sup>

## Encouraging a new supply of doctors

There is a need to increase the supply of new doctors to cover these shortages. We welcome the addition of five new medical schools in England<sup>3</sup> and additional medical school places in Scotland<sup>4</sup> and Wales.<sup>5</sup> Given the urgent need to increase supply, we are planning a rigorous programme of visits and scrutiny to help these new schools meet the same existing high standards as current ones.

## Implication of Brexit on the workforce

Continued uncertainty over Brexit adds to the risk of us and others being unable to plan in a way that enables a sufficient future supply of doctors. It is essential that exiting the EU does not either deliberately or inadvertently deter the approximately 2,000 EEA qualified doctors who come here each year and contribute to the NHS.

## Call to action

The pressures continue to mount and doctors' intentions to leave or reduce clinical practice threaten further decline in the supply of doctors.

The severe pressures are already affecting services, training environments and the ability of doctors to do their jobs. Significant numbers of doctors are reporting burnout in the face of these pressures. Many have already reduced their hours to cope with the stress of these pressures.<sup>6</sup>

We are adopting approaches to support doctors under pressure and to make the processes involved in joining the register as streamlined as possible to encourage the supply of new doctors. But we can't work alone – there are implications for everyone involved in the UK health system.

## Supply of new doctors from within the UK

In 2017 the number of medical students in the UK passed the 40,000 mark, rising to 40,997. The enduring popularity of medicine as a degree is encouraging and reassuring, particularly because it comes amid a dip in the general population of UK 18-year-olds, which provides a significant proportion of the new medical students each year.<sup>10</sup>

The number of doctors entering training in general practice is up by more than 10% since 2012, compared with a 1% increase in doctors in training overall, which is welcome given the shortages to the UK workforce. The number of doctors entering training in emergency medicine also increased, by 144% to 1,520 over the period from 2012–18.

However, psychiatry – a specialism reducing in number overall, but with growing demand – is down the most by almost 12% in the number of doctors in training choosing it. This highlights the need to source these doctors from outside the UK – in the short term at least.

## Doctors leaving the UK profession for at least one year

Almost 4% of licensed doctors – 9,314 doctors – left the profession for at least one year in 2017.

## Younger UK graduate and international medical graduate doctors are increasingly leaving the profession, primarily to go abroad

The number of doctors leaving the profession varies between those of different ages and between those whose primary medical

qualifications are from the UK, EEA and elsewhere. Among UK and international medical graduate doctors, the number and proportion of doctors leaving who are under 30 years old was considerably higher in 2017 than in 2012. Younger doctors are most likely to be moving overseas, potentially to work abroad, and so may return to UK practice.

## Evidence of doctors changing their work patterns in response to pressures

Both of the primary research studies we commissioned for this year's report have shown that many doctors have made, or are considering making, changes to their working patterns including leaving or reducing their hours.

Out of 700 doctors surveyed, around one out of four reduced their hours over the past two years as a direct result of the pressure they were under.<sup>6</sup>

## A third considering leaving clinical practice in the next three years

A third of doctors are considering as their main career change one or more courses of action in the next three years, which would result in them no longer working in clinical patient-facing roles.<sup>2</sup>

Urgent action is needed to make sure doctors are supported so they don't leave just because the pressures on the system make their role as a doctor feel untenable.

## Supporting doctors working under pressure

We look at the realities of doctors' experience of training and working in a system under pressure, some of the strategies and coping mechanisms they are adopting, the concerns we have at how sustainable some of these are, and the support doctors tell us they need.

Our new research from *What it means to be a doctor* and *Adapting, coping, compromising* demonstrates how the strategies that doctors are forced to adopt are unsustainable – not only because of the effect on them personally, but also because they are potentially increasing patient care demand in the future.<sup>1,2,6</sup>

The evidence gathered shows that the pressure and heavy workloads doctors report experiencing are presenting risks to standards in patient safety and slips in the quality of care. The evidence is very concerning and demonstrates the urgent need to relieve the pressure our medical workforce is under.

### Types and sources of pressure

There is evidence from a range of sources showing that pressures on doctors are continuing to build.

**External pressures:**<sup>1</sup> In interviews, doctors raised a range of external factors that cause them to feel pressured and to ask themselves whether they will be able to do their job with the limited time and resources available. These included:

- increasing number of patients, particularly those with co-morbidities

- specific time periods of high demand and/or shortage of experienced staff
- the overall system, including targets and administrative requirements.

Of these, a shortage of experienced staff is the most cited source of pressure by doctors, there being too few doctors with the right level of experience and skills.

**Internal pressures:**<sup>1</sup> Doctors are also subject to internal pressures – whether they believe they will be able to do their job well. Doctors' own feelings of responsibility lead them to take on more work than they can strictly manage; they know they will put themselves under pressure, but feel an obligation to patients and colleagues. Over two thirds reported that they are working beyond their rostered hours at least once a week.<sup>2</sup>

### Longer hours but less continuity of care

Three out of five doctors (63%) said the time they spend working has increased over the past three years. And only 13% said they now spend less time working.<sup>2</sup>

This is in stark contrast with feelings around continuity of patient care: 44% of doctors said that opportunities to offer continuity of care have decreased, with just 15% saying they have increased.<sup>2</sup> Doctors are working longer, but are less able to provide continuity of care in the face of increased work and system pressure.

## Deterioration of work-life balance

Doctors also found themselves catching up on work or training in their free time or on annual leave. Though these strategies were not adopted willingly, doctors felt that sometimes they were the only available options.

The majority of surveyed doctors\* (60%) reported that their satisfaction with their work-life balance has deteriorated (either somewhat or significantly) in the past two years. Over a fifth of these doctors (22%) reported that it has deteriorated significantly.<sup>6</sup>

This deterioration is most pronounced for GPs, and is worst among younger GPs. Around three quarters of younger GPs surveyed (72%) said their work-life balance has deteriorated.<sup>6</sup>

## Impacts of the pressure

### Pressures are making it difficult for doctors to support each other

- Three out of ten felt unsupported by management or senior colleagues at least once a week, and one out of eight felt unsupported by immediate colleagues at least once a week.<sup>2</sup>
- Three out of ten said mentoring provided to them has decreased and nearly half said the time available to reflect on their practice has decreased.<sup>2</sup>
- Just under a quarter of doctors (23%) felt unsupported by immediate colleagues at least once a month.<sup>2</sup>

## Taking leave of absence and considering leaving the profession

- One out of four doctors said they have considered leaving the medical profession at least every month.<sup>2</sup>
- Two out of every 100 doctors said they had to take a leave of absence due to stress at least once a month over the last year. This rises to four out of every 100 doctors on neither the GP nor the Specialist Register and not in training.<sup>2</sup>

## Strategies to deal with pressures

The research findings suggest that there are four ways that doctors are dealing with these pressures. We have a number of concerns about the limitations and impacts of these strategies.

- 1 **Using smarter ways of working to manage workloads**, such as telephone consultations, and accessing test results and imaging online. While many developments in this area are seen as positive, there is a sense for many that the limits of smarter working have been reached.<sup>1,6</sup>
- 2 **Prioritising certain aspects of clinical service and patient care at the expense of other activities**. Often this means withdrawal from continuing professional development (CPD), less time spent reflecting and a drop in attendance at activities that are important for the overall health system to operate efficiently and safely in the longer term.<sup>1,6</sup>

\* 700 doctors were surveyed in the *Adapting, coping, compromising* research project (reference 6 only). See the data notes in the full report for more information.