

16th June 2023

Simon Hoare MP

Chair, Northern Ireland Affairs Committee

House of Commons,

London, SW1A 0AA

By email to: northircom@parliament.uk

Dear Simon,

Committee inquiry – The funding and delivery of public services in Northern Ireland

I wanted to get in touch with you regarding some new independent research from the University of Nottingham that we have published on the impact of post foundation training breaks (PFTBs), which are taken by some doctors, on aspects post-graduate medical training.

An increasing number of doctors both in the UK and internationally are taking a break along their training pathway. Since 2017 over half of trainee doctors have taken the choice not to immediately enter specialty training but there has been little research to understand the impact on the current and future workforce, and healthcare economy.

We welcome the researchers' insights into this and the potential implications they've identified for educators and recruiters to consider for the longer term.

I hope this will be of interest to you and the Committee.

Key findings

- Taking a break in training is often referred to as 'F3', because it usually happens in the period after foundation training. Doctors and trainers agreed that this term gives an incorrect impression of it being part of the formal training pathway, and that 'post foundation training break' is a more accurate description.
- Overall, the research showed the positive role that PFTBs can have on training and wellbeing, with 95% of those who had taken a break saying they would recommend it to others. We also found 96% of those surveyed who took a post foundation training break returned to work as a doctor, 76% on a formal training pathway.
- However, there were conflicting views on whether a PFTB gives doctors an advantage in their future careers, and in applications for core and specialty training. Recruiters emphasised that PFTBs aren't required to secure a training post and that they should not advantage those who

have taken one. But 60% of trainees believed their PFTB helped their career progression by enhancing their CV and job applications.

- Being male, white and privately educated were all strongly associated with taking a PFTB. Non-white doctors were 32% less likely to take a break, although there are differences across ethnicities. This has implications for specialties that are more heavily populated by doctors who have taken a PFTB, for example, anaesthetics and emergency medicine, which may result in a narrowing demographic profile.

Future considerations

This research provides us and others involved in medical education and training a greater understanding of those who take PFTBs and the impact of these decisions. It shows that supporting doctors to take a PFTB could be a pragmatic option to help retain a more fulfilled workforce; but that the potential for inequalities must be addressed to ensure that those who don't take a break aren't disadvantaged as they develop their careers.

These findings will help inform our ongoing work with others to enable more diverse and flexible learning pathways that support doctors' progression in and out of training.

You can read the research and our press release [here](#).

Committee Evidence – 24 May 2023

I also wanted to take this opportunity to provide some clarification on some of our data that was referred to during an evidence session for the Committee's inquiry *The funding and delivery of public services in Northern Ireland*, where the BMA, RCN and RCS England gave oral evidence.

During his evidence Dr Tom Black, Chair for BMA NI, said:

It is worth reflecting that, in the report of the General Medical Council of the UK in 2022, the No. 1 destination for doctors from the GMC is Australia, as we know. The No. 2 destination, which very quickly ran up the rankings, is the Republic of Ireland. Nearly 400 doctors left the GMC register last year. We would expect that to become worse, because Sláintecare really only started handing out the contracts in March 2023. Those were anticipatory moves.

We have received clarity that Dr Black was referring to our 2022 [State of Medical Education and Practice \(SOME\) Workforce Report](#), page 66: *'The most popular destinations for doctors who moved to practise abroad were Australia (19%, 939), Ireland (8%, 379)...'*, where 379 doctors who left the UK register in 2021 to practise abroad chose Ireland as their destination.

To provide a fuller picture, the table below outlines the number of doctors leaving the register in each UK country, also taken from our 2022 report.

Figure 11: Number of doctors leaving in each UK country

	2017	2018	2019	2020	2021	2017 – 2021
England	6,705	6,525	6,784	4,741	6,341	-5%
Northern Ireland	222	211	186	120	194	-13%
Scotland	720	731	722	475	651	-10%
Wales	300	347	335	224	309	+3%
Other*	1,754	1,636	1,640	1,334	2,330	+33%
Total	9,701	9,450	9,667	6,894	9,825	+1%

** includes doctors located overseas and those that could not be located, which are described in Box 1.*

I trust that our work will be helpful for the Committee's ongoing consideration of these important issues, and I would be very happy to provide further information in person, or in writing, if I can be of assistance.

My details are below, and our Government and Parliamentary Affairs team, who can be reached on parliament@gmc-uk.org, would also be very happy to help.

Yours sincerely,



Jane Kennedy

Head of GMC Northern Ireland