Written evidence submitted by The Collaboration for the Advancement of Medical Education Research (EPW0057)

The Collaboration for the Advancement of Medical Education Research (CAMERa) exists to improve the development and sustainability of the healthcare workforce through high-quality research. Our research programme is supported by external funding bodies including NIHR, Erasmus Plus, GMC, GDC, HEE, Health Foundation, Medical Council of Ireland, Advance HE, and the Department for International Development. The CAMERa research team sits within the Plymouth Institute of Health and Care Research group, where researchers within the Faculty of Health focus on research related to the Future Ready Workforce. The team come from a range of disciplinary backgrounds and use a mix of qualitative and quantitative research methods.

Our world-leading research investigates workforce sustainability, seeking to address the critical questions and develop tangible solutions that have local, national and international impact. Our work focuses on three main themes:

1. Workforce development
2. Continuum of education in healthcare careers
3. Professional regulation

The areas of research we specialise in are capability, preparedness for practice, recruitment, selection, remediation, revalidation, resilience, fitness to practise, and migration of healthcare professionals.

1. **Planning for the workforce**
   Was it an appropriate commitment?
   Is the commitment specific enough?

The government's commitment on workforce planning states that it will ensure that the NHS and social care system have the nurses, midwives, doctors and other healthcare professionals that it needs. The other commitments made on workforce planning focus on increasing numbers in various clinical professions but appear to focus largely on recruitment, without also addressing retention. Our research on the migration of doctors to and from the UK offers some insights into doctors' decisions to migrate overseas, and could help to inform efforts to retain more doctors in the UK workforce.

- Migration from the UK:
- Currently around 4% of doctors are giving up their right to practice in the UK each year, with around half stating their reason for leaving as 'overseas'.
- The number of doctors leaving, including those that leave to move overseas, has fallen since 2015.
- A much higher proportion of non-UK Primary Medical Qualification (PMQ) doctors leave to move overseas than UK trained doctors, especially doctors with a European Economic Area (EEA) PMQ.
- The most popular place UK PMQ doctors migrate to are other English-speaking high-income countries, especially Australia and New Zealand
- A similar proportion of male and female doctors leave to move overseas each year.

- The highest proportion of UK PMQ doctors moving overseas are under 30, whereas the highest proportion of non-UK PMQ doctors moving overseas are aged 30-39.
- Doctors on neither the specialist or GP register and not in training are more likely to leave to move overseas than doctors on other register types.

- International Medical Graduate (IMG) doctors, especially doctors with a PMQ from Middle Income Countries, spend longer on the medical register before leaving than EEA doctors.
- However, the gap has closed since 2013.

2. Building a skilled workforce
Is the commitment specific enough?

The Conservative Party's 2019 election manifesto included a commitment to achieve 6,000 more doctors in general practice. The commitment did not specify where these doctors would come from. One source could be via the recruitment of doctors from outside the UK. However, our research, including secondary analysis of GMC data, showed that the vast majority of doctors migrating to the UK do not join the GP or specialist register at the time of initial entry and relatively few go on to gain specialist or GP registration. Looking at the cohort of doctors that registered in 2009, within 5 years only 448/3,860 doctors (11.6%) had joined the specialty register, but for those that have been on the register for 10 years (2019) the percentage rises to 27.2% (2009 cohort). Training opportunities and support provided to these doctors need to be examined to understand why this is happening, and to make changes to ensure that more of these doctors gain appropriate accreditation to join the specialist and GP registers.

The government's commitment to help NHS clinicians and support staff develop the skills they need and the NHS requires in the decades ahead lacks specificity about the nature of those skills and the training and resources needed to deliver them.

Our research on the preparedness for practice of recently qualified doctors focused on three specific areas of practice; multidisciplinary team working, complex clinical decision-making and the changing doctor-patient relationship. Whilst Foundation Doctors were well prepared in general across these areas of practice there were aspects where they were less well prepared.

Foundation doctors were not always aware of the exact remit of certain healthcare professionals' roles and the levels of responsibility associated with these roles. Foundation doctors were more likely to make clinical decisions, which were 'complex' when they were working outside of normal working hours in acute or time pressured situations. Foundation doctors were well aware of the need for shared decision making in patient centred care but had a lack of experience in fostering empowerment with patients, so that patients participate in making these decisions. They felt prepared for understanding their own knowledge and professional limits and knowing when to escalate but there was mixed preparedness reported for dealing with uncertainty and prioritising tasks and they are not yet prepared for leadership in acute scenarios and complex clinical decision-making in acute settings.

Foundation doctors recognised the importance of interprofessional learning and simulation team-based training during undergraduate training, but it is only when they are responsible for the care of the patient and performing the role in reality that they fully appreciate the expectations of a foundation doctor. While taught skills are important, and indeed essential, it was felt by many that,

the most effective way of being prepared for the foundation doctor role was to put the skills into real-life clinical practice. Whether this was through initiatives such as shadowing the FY1/FY2 roles, assistantships, induction programmes, or the Interim Foundation Programme (FiY1) introduced during the COVID-19 pandemic, the more practise they had at carrying out the role, the more prepared they felt.

References

Brennan N, Langdon N, Bryce M, Gale T et al. Drivers of international migration of doctors to and from the UK, 2021. https://www.gmc-uk.org/-/media/documents/drivers-of-international-migrationresearch-final-report_pdf-88769526.pdf. Accessed 12th May 2022.

Gale T, Brennan N, Langdon N et al. Preparedness of recent medical graduates to meet anticipated healthcare needs, 2022. https://www.gmc-uk.org/-/media/documents/p4p-research-final-report-feb22_pdf-89855094.pdf Accessed 12th May 2022.

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