

**Written evidence submitted by Professor Colin Melville, General Medical Council (RTR0154)**

Rt Hon Jeremy Hunt MP  
Chair, Health and Social Care Select Committee House of  
Commons  
London SW1  
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Dear Chair,

**Workforce: recruitment, training and retention in health and social care**

Thank you for inviting me to give oral evidence and I hope you found my responses helpful. I'd like to expand on a few of the points I made and to provide the Committee with the data requested.

*Fitness to practise*

As a regulator our priority is patient safety and ensuring patients' trust in doctors is justified. We understand that doctors are anxious about GMC investigations and being 'struck off over a single clinical mistake', and that the pressures of the pandemic have heightened these fears.

I'm conscious we need to win hearts and not just minds but I hope these statistics go some way to reassuring the profession. The vast majority of cases where we take action against a doctor's practice are for criminal convictions, sexual misconduct and misconduct. In 2020, of the 144 cases concluded at the Medical Practitioners Tribunal Service, only two (0.5%) related to purely issues of clinical performance.

Another vital way we can reassure the profession and improve patient safety is by reforming medical regulation. For example, our current fitness to practise (FtP) processes are governed by outdated, burdensome and bureaucratic legislation set out in Medical Act 1983. We believe regulatory reform is critical so that we can be a more flexible and proportionate regulator and have faster, fewer and fairer FtP investigations. We're currently working with the UK Government on regulatory reform, and we would welcome the Committee urging the Government to progress these reforms swiftly.

*Shortening undergraduate and postgraduate training times*

Now that we are no longer bound by EU directives, it would be possible to make changes to the time taken to train a doctor. We believe we should focus on outcomes rather than time spent when deciding if someone has reached the required level of competence. Any changes will be guided by

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England and Wales  
(1089278) and  
Scotland  
(SC037750)

our five principles; patient safety; maintaining standards; quality not quantity; outcomes not time spent; proportionality and equality, diversity and inclusion.

#### *Working in the UK after graduation*

All UK graduates will need to work in the UK for at least one year after graduation to be granted full registration to practise in the UK. We currently have no regulatory levers to compel UK graduates to practise in the UK for any longer than this, and I'd like to emphasise that I think compulsion would be the wrong approach, and that it's better to encourage graduates to remain in the UK because a happy workforce is a more dedicated and productive one.

#### *International medical graduates*

The UK is an attractive destination for overseas doctors and we're extremely grateful for their contribution. To support doctors new to the UK we run free workshops called [Welcome to UK practice](#) which familiarises them with UK culture, different ethical scenarios they may encounter and connects them with other overseas doctors.

#### *Good medical practice*

We recently opened our [public consultation](#) to review Good medical practice, our core guidance for all doctors, and in the future, physician associates and anaesthesia associates. Our review will ensure our guidance continues to support medical professionals to meet the standards of care patients deserve. In addition to this guidance, we have also published the [Generic professional capabilities framework](#) which sets out the principles and wider professional responsibilities expected of doctors.

#### *State of medical education and practice in the UK*

As the holder of the UK's medical register we have access to a wealth of data, which we analyse and publish in our annual [The state of medical education and practice in the UK](#) report. Mr Russell MP asked for our data on the age profile of UK graduates, the table below shows the age of UK graduates joining the register in 2020.

Age	20-29	30-39	40-49	50-59	60-69	70 or more
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I'd also like to highlight our data on burnout. In 2021, 30% of doctors were feeling unable to cope with their workload weekly, and the proportion of doctors at a high risk of burnout increased from 10% in 2020, to 17% in 2021.

Our data also found an increase in the proportion of doctors taking hard steps towards leaving UK practice, in 2020 it was 4% and in 2021 it was 7%. Our [Completing the picture](#) report, published in 2021, investigated the reasons why doctors leave practice and found they are varied, often without a single deciding factor.

While many doctors leave for personal reasons such as retirement, or returning to their home country, others leave for more negative reasons including bullying, dissatisfaction or burnout.

As well as the reports and data I have provided here, you can find more information in our [written evidence](#) submission.

I hope this is helpful and if you have any questions then please do get in touch. Yours

sincerely

**Professor Colin Melville**

Medical Director, Director, Education and Standards

Cc: Dean Russell, Laura Trott, Dr Luke Evans, Sarah Owen, Taiwo Owatemi

**May 2022**

