

BMA Submission: Darzi Review – Workforce

BMA

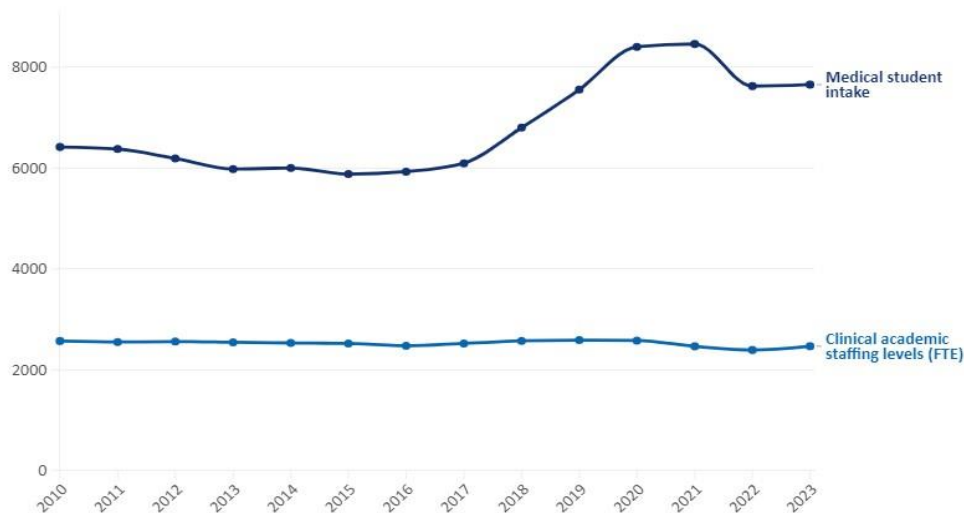


Summary statement:

The NHS has not trained enough doctors to keep up with demand for care. Overall, the medical workforce is now growing but the supply of doctors still lags behind demand and a rising number of doctors are leaving for preventable reasons. Policy decisions that undervalue the medical profession are ultimately to blame. Without action to value the unique skills and expertise doctors appropriately, workforce levels are unlikely to reach those needed for quality care. The way in which Medical Associate Professionals have been extrapolated beyond being doctors' assistants has led to avoidable conflict and needs urgent resolution.

Dwindling trainer capacity is undermining training commitments

The gap between clinical academic staffing levels and the number of medical school students has grown wider in recent years



Source: [Office for students Mental and Dental Student intakes & Medical Schools Council Clinical Academic Survey](#).

For years, the NHS has not trained enough doctors to keep up with rising demand for care, partly because of a lack of workforce planning but also because of the dwindling training capacity - include trainer numbers.

Medical academics play crucial roles in educating the doctors of the future, discovering new medicines, treatments and medical devices, and in better understanding and working with the populations served by healthcare services. Between 2010/11 and 2023/24, while the medical student intake has increased by almost 20%, clinical academic medical staffing levels (including professor grades, senior lecturer and lecturer) have reduced by 4%, resulting in the medical teacher to student ratio worsening over time.

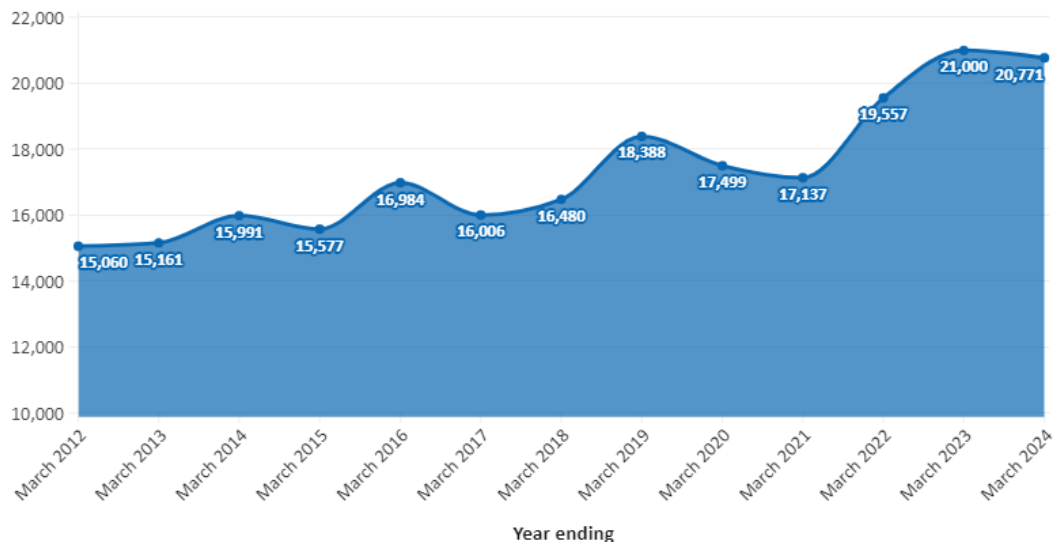
GMC data shows that over a quarter of trainers in the nhs don't think their job plan contained enough time for their role as a trainer. And less than half say they are able to use training time specifically for that purpose.

The commitment to double medical school places is much needed but is not deliverable without the workforce to also deliver postgraduate training to the future generation of doctors. The profession is profoundly concerned about proposals that would be seen as 'dumbing down' a UK medical degree and the impact of the proposed expansion of associate roles on the quality of training of doctors and other existing staff groups.

A rising number of doctors are leaving NHS organisations

HCHS Doctors, March 2012 - March 2024

Headcount



Source: [NHS Digital: NHS Workforce Statistics](#) • BMA analysis of NHS HCHS staff in NHS Trusts and core orgs - Turnover tables



Please note that 'HCHS leavers' data includes staff moving within the NHS as well as those leaving the NHS entirely. The National Audit Office report that unpublished leavers data, excluding those moving between NHS providers, is about 3% lower than the publicly available data reported on here.

Overall, the medical workforce is now growing but vacancies remain stubbornly high - the supply of doctors still lags behind demand.

A rising number of doctors are leaving the health service. Between March 2023 to March 2024, a total of 20,771 Hospital & Community Health Service (HCHS) doctors, for example, left NHS organisations in England. This is significantly greater than the 15,577 doctors who left between March 2014 and March 2015.

As well as the loss of doctors with experience built up over years in the health service – with knock on impacts for health service productivity – this is slowing the rate of workforce growth. Between March 2023 to March 2024, for every 10 HCHS doctors that joined an NHS organisation, around 7 doctors left.

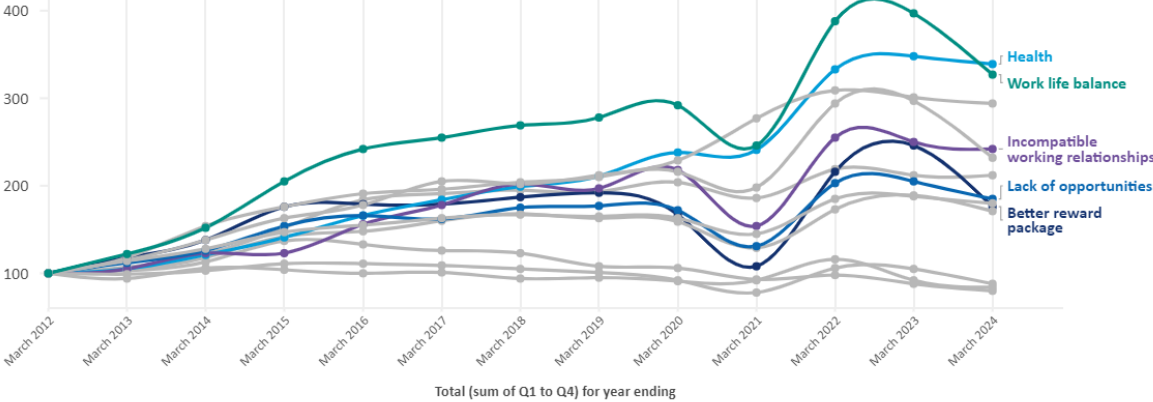
The number of fully qualified, full-time GPs, meanwhile, has fallen over recent years. In June 2024 there were the equivalent of 1,694 fewer fully qualified full-time GPs than there were in September 2015. This represents an appalling loss of GPs from the workforce that needs active intervention to reverse through better and urgent agreed contract changes.

The NHS is losing more doctors to preventable issues like **health** concerns, **work life balance** and **incompatible working relationships**

Reasons for leaving (voluntary resignation)

Index 2011-12 = 100

Headcount (Indexed Values)



Source: NHS Digital: NHS Workforce Statistics • BMA analysis of NHS Workforce Statistics, Reasons for Leaving
 Note: These figures represent staff leaving or moving within the NHS.



Please note that ‘reasons for leaving’ data includes staff moving within the NHS as well as those leaving entirely. There are also a high number of answer non-response.

Though some doctors leave to retire, or for other unavoidable reasons, too many doctors leave the NHS early.

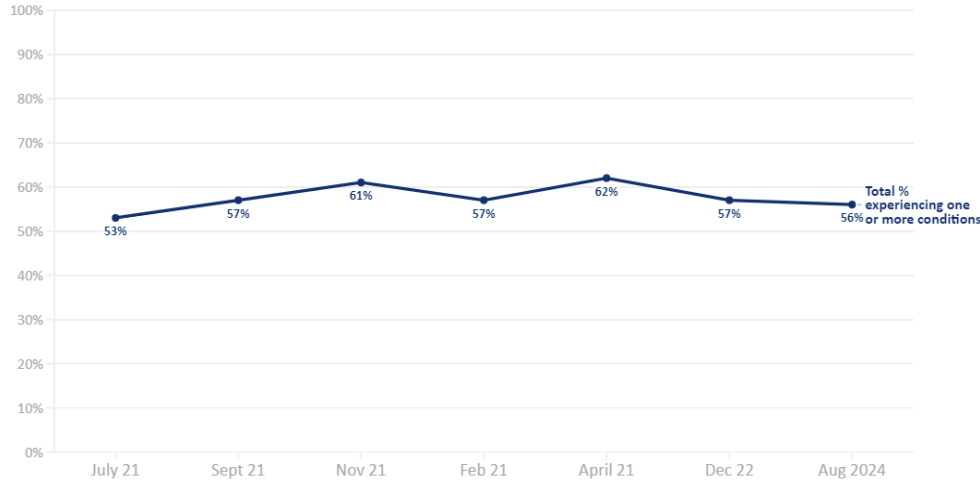
Since 2011, there has been a growing number of doctors citing largely preventable reasons for leaving NHS organisations, including health concerns, work-life balance, working relationships and their reward package.

The BMA estimates that between 15,000 and 23,000 doctors left the NHS prematurely in England between September 2022 and September 2023, at a minimum cost to NHS employers and the public purse of £1.6 and £2.4 billion.

Many NHS organisations lack a compassionate culture and medical engagement scores vary substantially within and between organisations. Cultures of blame, discrimination and inequalities foster working environments that make raising concerns virtually impossible, with negative effects on staff well-being and patient safety.

A persistently high number of doctors report mental health conditions related to or made worse by their work

Do you consider that you are currently suffering from any of depression, anxiety, stress, burnout, emotional distress or other mental health condition relating to or made worse by your work or study?



Source: Data captured from BMA Viewpoint and Presenteeism surveys between 2021 and 2024, inclusive of responses across the medical profession.

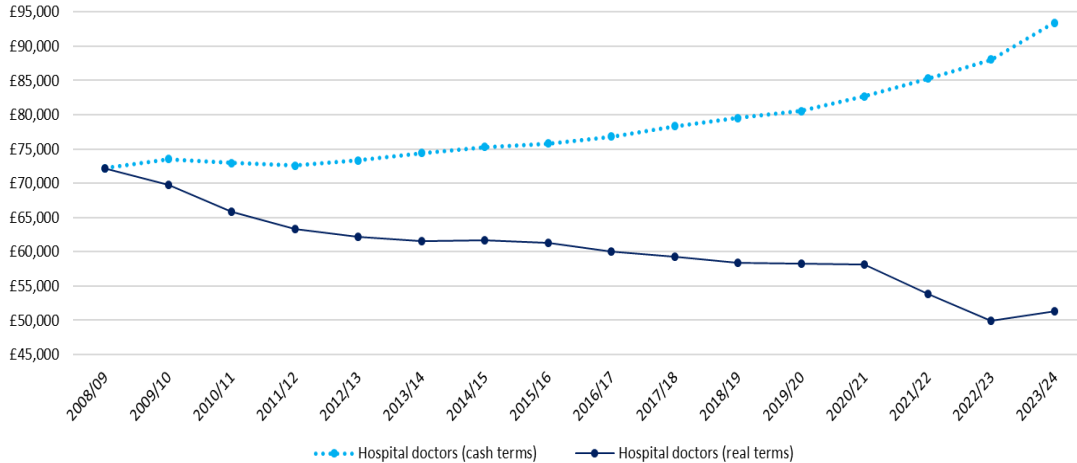
The high rate of doctors leaving due to concerns about health and work/life balance is perhaps unsurprising given that persistent staff shortages mean excessive workloads for those who remain.

BMA data show that over 50% of doctors consistently report depression, anxiety, stress, burnout, emotional distress or other mental health condition related to or made worse by their work.

The GMC’s largest study into attrition in 2021 found that 27.7% of those who had decided to stop or take a break from practising medicine cited burnout or work-related stress as the primary reason for doing so. For GPs, this figure rises to 42.8%. Over one in five respondents (22%) to a BMA survey of over 7,000 GPs said it was unlikely they will still be working as an NHS GP in the next three years.

Doctors are chronically undervalued and relatively underpaid for their skills and expertise

Real decline in value of gross pay for the average hospital doctor (England)



Source and notes: BMA analysis of NHS Digital's NHS Staff Earnings' Estimates (England); real terms analysis in April 2009 (RPI) value. Note: 2023/24 only reflects what was actually paid during the year to March 2024, published in June 2024 - it does not include any back-pay or uplifts from any new recent deals or offers.

At the same time as mounting pressures, doctors are left chronically undervalued and underpaid. Since 2008, doctors' pay across the branches of practice in the UK have fallen against all measures of inflation. Hospital doctors, for example, are earning over 20,000 less in 2023/24 than in 2008/09, on average.

Unsurprisingly, morale is low and an alarming level of doctors are considering leaving the profession. Almost half of all doctors combined (48%) self-reported their morale as low in the latest BMA Viewpoint Survey (December 2022). The GMC report a doubling in the number of doctors taking 'hard steps' to leave in recent years.

Newly qualified doctors may have £100K of student debt or more, then find themselves paid less than other colleagues on their team with lower levels of training, skills and experience. The Latest DDRB recommendations for 24/25 put the pay of Fy1 doctors up to around £10,000 short of a Physician Associate's pay on band 7 of the agenda for change pay scales. Both debt and this adverse pay differential need addressing urgently.