



Academy Trainee Doctors' Group

Increasing UK medical student numbers: considerations for implementation

Introduction

The Academy Trainee Doctors' Group (ATDG) is a forum for trainee representatives from the medical royal colleges and faculties to come together. It provides an informed and balanced view on cross-specialty issues relevant to college-registered trainees.

The health service is currently facing unprecedented pressure and challenges which are being exacerbated by significant workforce issues. The announcement at the Labour Party Conference of the proposed plan to double the number of medical undergraduate places in order to train 15,000 new doctors a year has been welcomed by the medical community as a strategy to help improve future workforce challenges felt across medical and surgical specialties.

However, the implementation of this strategy requires careful consideration of different factors to ensure success. There will also be shared learning opportunities in relation to the potential expansion of other professions within the healthcare workforce. The ATDG have produced the following short document to highlight some of these factors, from the perspective of doctors in training.

Summary

The announcement by the Labour Party of the proposed doubling of medical student numbers is welcomed by the ATDG and goes a long way to addressing future workforce challenges. However, there are several factors which require consideration to ensure the success of this programme:

- The capacity of medical schools and their associated primary and secondary care trusts to cope with the increased numbers of undergraduates entering their programmes, without compromising the quality of teaching and training.

- The number of foundation posts as part of the UK Foundation Programme must be significantly increased to ensure that all new graduates will have access to a foundation post, balanced against the increased numbers of international medical graduates who are applying to enter the programme too. This is critical as full medical registration is contingent on the successful completion of a Foundation Year 1 post.
- Significantly more specialty training posts will be needed to ensure that the newly qualified doctors are able to complete medical training and enter their chosen specialty training programme, and there needs to be serious engagement with representatives of every specialty in UK practice to determine which specialties require the largest investment in additional posts based on projected patient population and workforce needs.
- The distribution of the new foundation and specialty training posts can help to address some of the existing inequalities to healthcare access that patients currently experience in particular regions.
- Retention of doctors in training needs to be considered as a top priority; providing support and resources to address the challenges during training will help to do this.

Capacity of medical schools

Engagement with medical schools will be required to assess capacity and resource provision for the increased numbers of medical students. This will include consideration of student accommodation, teaching staff, well-being provisions, and sufficient resources to deliver high quality teaching, training, and all elements of the curricula.

During the clinical years of undergraduate training, the students will spend the majority of their time in primary and secondary care settings, rotating through different medical and surgical specialties. During this time, they have the opportunity to learn and practice their clinical skills under the supervision of their trainers. For some of the larger medical schools, with particularly large intakes of medical students per year, there are reports that there can be competition and reduced opportunities to learn and practice these skills. Independent medical schools can also compete for undergraduate training opportunities. The capacity of different Trusts and primary care centres to manage increased numbers of students will therefore need to be reviewed. The utilisation of private hospitals affiliated with medical schools to provide some training opportunities may be an option to consider.

Existing doctors in training represent a significant proportion of undergraduate educators. Given the current clinical pressures, the capacity of these doctors to engage with teaching and training should be reviewed and creative alternative solutions to some aspects of teaching should be investigated. One possible solution is

that additional funding should be provided for hospitals to create significantly more Teaching Fellow positions for post Foundation/Core training doctors taking time out of training – these roles can help to retain people within the NHS workforce by providing valuable alternative employment options within the NHS, rather than simply moving to work abroad.

Number of foundation doctor posts

In their final year at medical school, students will be applying to enter the UK Foundation Programme. In recent years, with increased numbers of graduates, there have been challenges in finding sufficient posts for all graduates. Increased numbers of international medical graduates (IMGs) also applying for these posts may be contributing to these challenges. However, if the number of medical students doubles, it will be important to ensure that all graduates will have access to a post to retain them in the UK healthcare system. This is critical as full medical registration is contingent on the successful completion of a Foundation Year 1 post; without a commensurate increase in foundation posts (foundation years 1 and 2), the new graduates will be unable to practice independently and contribute to the medical workforce.

Increased specialty training numbers

It is hoped that after completing the UK Foundation Programme, the foundation doctors will apply for a specialty training post (including training in general practice). Some specialties are oversubscribed but due to insufficient training posts (known as “training numbers”) they are still facing considerable workforce challenges, both at trainee and consultant level. It will be important for training numbers to be increased to further support the rising number of applications across all specialties. Workforce shortages are seen across the board and there are no specialties that have an excess of doctors in training. Therefore, it is important that specialties not lose training posts to ensure others can be increased. It is important to consider current application numbers, competition ratios and workforce projections.

Distribution of foundation and specialty training posts

There are existing inequalities in patient access to particular aspects of the health service, which have been highlighted and exacerbated by the COVID-19 pandemic and the challenges of the post-pandemic backlog. Health Education England (HEE) are exploring the redistribution of training posts to address these accessibility issues and improve the service experienced by patients. Continued attention to the number of foundation and training posts, and their regional distribution, will be essential. Collecting data on where graduates choose to work, both as foundation doctors and specialty trainees, and the factors contributing to these decisions, will be important.

Working environment of medical students, foundation doctors and specialty trainees

Foundation doctors, postgraduate doctors in training and other healthcare staff report significant issues related to the working environment in both the primary and secondary care settings. Examples include inadequate provision of rest areas, parking, lockers and accessibility of 24-hours-a-day hot food and water. These are basic requirements for doctors who are working in very challenging and highly pressured circumstances. It is important that this is addressed as a priority to provide a safe, supportive and healthy training environment for new graduates who are entering the system. This will help to promote and encourage their retention in the system.

Resource provision for training

There are significant training challenges including insufficient resource provision and time for training, and inequalities in access. Trainers are also working under significant clinical pressures, meaning finding time for training is difficult. It is important that these challenges are addressed, including improved digital and IT infrastructure, protected time for teaching/training, greater flexibility to explore wider training interests (including teaching, academia, leadership and management), and access to wellbeing resources.

The most recent GMC trainee survey has identified that there are increased rates and risks of burnout for trainees and trainers across all specialties. This is leading to increased numbers of doctors choosing to leave their posts. Supporting and valuing both trainees and trainers is vital for the system to comfortably expand the number of training posts. Increasing the trainer workforce by providing opportunities for all groups of doctors (including SAS doctors) to get involved with medical education in a structured and progressive way will also help to cope with increased needs.

More graduates entering into the system will only be successful if we retain the doctors that we already have and so the current challenges experienced by doctors in training must be addressed.