31 October 2019

Dear Michael,

During questions on Monday 21 October, you raised a very important point about the retention of doctors on tackling the shortage of psychiatrists in the United Kingdom. I am sorry that I was unable to respond to you at the time and I promised to write to you.

I have now heard back from the Department of Health and Social Care and there are currently no plans to introduce a requirement for newly qualified doctors to begin working in the NHS once they have completed their training.

The concept of such a service tie-in for doctors was tested in the 2017 consultation on the expansion of undergraduate medical education. The responses received were mixed but concerns were raised that a scheme to tie doctors into NHS employment could reduce the number of applicants to medical school and have negative impacts on our efforts to attract a more diverse cohort of undergraduates interested in training as doctors.

Most doctors do go on to work in the NHS after completing their Foundation Programme training. Analysis by the General Medical Council (GMC) shows that an increasing number of doctors take a break of at least a year after foundation training however 91% of doctors return to specialty or GP training within five years after completing the Foundation Programme.

There are several reasons why a doctor may want to pause their training, for example to gain further experience before committing to a specialty; to take a break to avoid academic burnout; a career break for family reasons; or to gain experience working in other countries. There are several initiatives under the Enhancing Junior Doctors Working Lives programme which was established in 2016 by Health Education England to address a range of issues that were impacting on doctors in training.

The programme was the result of collaboration between the British Medical Association, GMC, NHS Employers, and the Academy of Medical Royal Colleges who worked together after the junior doctors dispute to see what could be done to improve junior doctors’ training and working environments and help retain doctors working in the NHS.
The programme involves several initiatives including supporting doctors who are returning to specialty training after approved time out; expanding less-than-full time training options and developing flexible portfolio training routes; and enabling doctors with special circumstances (such as disability or caring for someone with a disability) to have placements pre-allocated.

I hope you find this letter helpful. I will also send a copy to those Peers who spoke to the question and place a copy in the House library.

Lord Naseby
House of Lords