



RCP briefing for debate on the *Potential merits of training additional doctors* | 17 January 2023

The Royal College of Physicians (RCP) has long campaigned for an expansion of medical school places to ensure we are training enough doctors now to meet demand in future. Workforce is the biggest barrier to reducing NHS waiting lists and providing care sustainably in the long-term. There are simply too few doctors to meet demand: [the latest RCP' census](#) found that over half (52%) of advertised consultant physician posts went unfilled in 2021, the highest rate of unfilled posts since records began. Of the 52%, 74% went unfilled due to a lack of any applicants at all.

[The RCP strongly welcomed the government's commitment](#) to publish a long-term workforce plan with independently verified forecasts for the number of doctors, nurses, and other professionals that the health service will need in 5, 10, and 15 years' time. **That plan, due later this year, is a vital opportunity to commit to a funded multi-year expansion of medical school and training places to ensure we have the doctors we need in future.**

Forecasts by the Office for National Statistics suggest that by 2040, there will be 17 million people in the UK over the age of 65. At the same time, according to the RCP census, [44% of consultant physicians will reach retirement age](#) in the next decade (average retirement age of 62–63yrs). These are challenges that we can choose to be prepared for if we act now. It takes time to train a doctor, so to feel the benefit in 7 or so years' time, we need to expand places now.

Any expansion in medical school places will require an increased number of training places underpinned by multi-year funding to support places through to completion of training. Significant efforts to retain existing staff are also key. Staff across the system are working incredibly hard to manage the fallout from COVID-19 and tackle the backlog. It is vital they feel supported and valued, including by improving their working conditions.

The challenges facing the NHS workforce

There are currently 7.19 million people on NHS waiting lists in England and over 133,000 full-time equivalent NHS vacancies. [In a December survey of RCP members](#), over three quarters (76%) of respondents said they were very or somewhat stressed at work, with clinical workload (77%) and staff vacancies in teams (55%) the biggest two factors cited overall as reasons behind that stress. Without gradually increasing the number of people in the system, we will continue to struggle to meet patient demand.

There is a cap on the number of medical school places offered annually. Before COVID-19, the cap was 7,500. [In 2020 and 2021 the government raised this cap](#) in response to a larger proportion of students than usual meeting grade requirements, but [in 2022/23 set the target intake for medicine at 7,571](#). The RCP welcomed the 2020 and 2021 expansion and recognises government did not have to take that decision. But given the scale of the challenges we know are coming, government must go further with a funded multi-year expansion of medical school and training places.

In simple terms, the number of NHS doctors is growing: in December 2020 there were 131,621 doctors, in December 2021 just over 136,000 and in September 2022, 139,683. **But looking at available data, the workforce we have is far from the workforce we need now, or in 10 or 20 years' time.** Forecasts by the Office for National Statistics suggest that by 2040, there will be 17 million people in the UK over the age of 65. This will likely mean an increase in the

number of older people with complex care needs, and public health challenges such as smoking, obesity and air pollution – which we know are prevalent in areas of deprivation – mean demand for all medical specialties will grow.

At the same time, the RCP census estimates that [44% of consultant physicians will reach retirement age](#) in the next decade (average retirement age of 62–63yrs). This means the workforce will be further depleted as demand for care is increasing. Our ratio of doctors to population is already much lower than comparable OECD countries - the [UK ranks in the bottom third with 3.2 per 1,000 inhabitants](#), slightly more than the USA and Canada, the same as Belgium, and fewer than Lithuania, Russia and the Slovak Republic. More physicians are also training and working less than full time. According to the RCP census, while a large majority of men and women work full time until their mid-30s, the trends then diverge, with 42% of women aged 35–44 then working less than full time compared with 6% of men. According to the same census, 39% of consultants are women, with the number of women in the consultant workforce increasing by 101% over the past 10 years. **These are challenges we know are coming and can prepare for if we act now.**

Training enough staff to meet demand

The Chief Executive of NHS England [Amanda Pritchard recently said](#) more medical school places were needed. The RCP's 2021 blueprint [Double or quits estimated](#) that expanding medical school places to 15,000 would cost £1.85bn annually, including clinical placements during medical school and the two year foundation programme. **That is [less than a third of what hospitals spent on agency and bank staff in 2020/21](#).**

An expansion will require more clinical academics and more clinical educators and an increased number of training places underpinned by multi-year funding to support places through to completion of training. [HEE announced last week](#) 876 additional specialty training posts – this is welcome and needs to be matched with long-term sustained expansion. But expansion would also be an opportunity to widen participation in medicine and ensure there are more doctors in the places that need them the most. [There is some evidence to indicate](#) that recruiting medical school students from underrecruiting areas may help with filling training posts in these areas.

Improving retention

Unavoidably we need to train more staff. But given the amount of time that it takes to train new doctors, we must do more than wait for medical students to qualify and begin practising. Retaining the skilled staff we already have is a vital part of ensuring NHS staffing levels keep pace with demand. As a result of the intense pressure that those working in the health and care system are currently experiencing, some staff are choosing to leave the profession and there is a risk we will lose more. The NHS Staff Survey 2021 found 31% said they often thought about leaving. According to the 2021 RCP census, 45% of consultants said they work excessive hours or have an excessive workload 'almost always' or 'most of the time'.

The NHS long-term workforce plan due this year must include a range of solutions to reduce burnout and improve retention. The [RCP recently set out a range of short- and medium-term solutions](#) to make a difference now, from affordable childcare and flexible working and training to overseas recruitment, a long-term solution on pension tax charges and a new 'retire and return' deal for consultants. We also recommended:

- Getting the basics right - access to hot food and drink and rest facilities at all hours of the day
- Time off for significant life events
- Targeted assistance to help people get 'up to speed' after time out of practice
- Remote working where suitable, including providing the right equipment
- Tackling discrimination, violence, harassment and bullying of health and care staff

For more info, please contact Serena Parekh, public affairs and campaigns adviser | serena.parekh@rcp.ac.uk.