

Editorial



Dear Reader

No eulogy can do justice to the loss of the most respected and admired person in the world. Imperial and dignified in her lifetime, grand and glorified in death itself, HM Queen Elizabeth II. Her legacy indelible, her persona always majestic. Her able successor King Charles III brings renewed hope, particularly for the environmentalist.

It is impossible to circumvent a comment on modern Britain and our first Asian Prime Minister. Glass ceilings have been broken and the youngest PM in 200 years appointed by the Conservative Party. His Chancellor, Mr. Hunt, not previously seen as a benefactor of the NHS, could be vindicated depending on his patronage of the NHS over the predicted tough winter ahead. *Savoir-Faire* to him!

There are two recent salient report summaries to interest you in this editorial. The first, by the British Medical Association (BMA), reported that 44% of consultants, the senior most NHS workforce, are planning to leave the NHS over the next 12 months.¹ In the survey the BMA reported 90% of NHS consultants found this year's pay uplift of 4.5% 'inadequate' or 'completely unacceptable'. Added comments were related to pension taxation and consultants feeling undervalued. The prospect of the NHS losing its most experienced cadre of doctors is a sobering thought for any government.

The second is the illuminating General Medical Council (GMC) report on the state of the workforce.² Factors analysed in this report include the continuing pressures and challenges faced by doctors. The GMC data proves that the medical workforce has grown approximately 17% in the last five years. A statistical deep dive demonstrates that the number of specialty and associate specialty (SAS) and locally employed (LE) doctors on the GMC register has grown by 40% (six times the rate of growth of the GP register). The SAS group also increased more than trainees and consultants. If this trend continues, SAS and LE doctors will form the largest group in the profession by 2030. Hence the proposition to relocate SAS doctors to primary care.

Important demographic shifts are noted in the GMC data. Formerly on the GMC register BAME (black, Asian and minority ethnic) doctors comprised 42%; currently they total 64% of all new registrants. Over the last five years a 121% growth in overseas medical graduates joining the UK workforce is documented, compared to a lean 2% increase in home grown UK graduates over the same five-year period.

In the UK it is notable that women now outnumber men as new graduates. Yet, despite the gender disproportion at graduation, the Royal College of Surgeons report that the proportion of female trainees in surgery increased from 25% in 2012 to merely 36% in 2021.³ Just 23% of new graduate doctors joined surgical training between 2017 and 2021. The total number of trainees in the UK increased circa over 10,000 (17%) between 2017 and 2021. The graduates appear to favour training in intensive care medicine (>122%) and medicine (>73%). That means those two training programmes grew by 122% and 73% respectively, in contrast to surgical programmes which grew by just 6%!

That is it, grim reading of stern projections for our hallowed NHS. There is so much activity in the medical world no broadcast could suffice. So on to good news.

Firstly, the Editorial Board remains strong and stable, hence no changes to communicate. Secondly, this is the last issue of 2022 and as advertised previously, from the three issues of 2022 the best article will be chosen. The prize will be awarded in March 2023 at an event organised by the Lancaster and Morecambe Medical Book Club (LMMBC). The spring issue 2023 is to have our eminent historian and orthopaedic surgeon, Mr Bryan Rhodes, as guest editor. This will be a special one-off issue to commemorate the bicentenary of the prestigious LMMBC (established in 1823). I have been privy to some of the photos and articles to be published and was I enthralled! But I cannot tickle your imagination further, let the wait begin. Please feel free to contribute by contacting Mr. Rhodes directly at bryan.rhodes@mbht.nhs.uk

This autumn issue contains the usual categories of articles. From CV19 update to local history to book review and case reports. Each more captivating and compelling than the next. Continue to turn the pages, read and feedback. Submissions are always welcome. Kindly read the author instructions first. Editorial Board and Editor decisions are to be respected.

Gui, my extremely hardworking student editor is currently experiencing the medical landscape of London. I invited him to write the student editorial to balance my GMC/BMA commentary and, may I say, mission accomplished?

There is a plea from the Trust which I share; please fill in the Staff Survey 2022; your voice counts. The results impact on safety, wellbeing, working decisions and pay. The survey is anonymous.

Joanne and Bryan remain the reason for the success of both the production and reputation of MBMJ.

Lastly please, if anyone has read a good book and is willing to share a review of it kindly contact me with your ideas and thoughts.

Wishing you good times ahead, THANHS for reading,

A handwritten signature in blue ink that reads "Shadaba Ahmed". The signature is stylized and includes a flourish at the end.

Shadaba Ahmed, Editor

1. British Medical Association. Press release: Catastrophic crisis facing NHS as nearly half of hospital consultants plan to leave in next year, warns BMA. 2022. Available at: <https://www.bma.org.uk/bma-media-centre/catastrophic-crisis-facing-nhs-as-nearly-half-of-hospital-consultants-plan-to-leave-in-next-year-warns-bma> (accessed 26 October 2022)
2. General Medical Council. The state of medical education and practice in the UK: The workforce report 2022. 2022. Available at: <https://tinyurl.com/mvxsuedp> (accessed 26 October 2022)
3. Royal College of Surgeons of England. RCS England Diversity, Equity and Inclusion Action Plan. 2022. Available at: <https://www.rcseng.ac.uk/about-the-rcs/about-our-mission/diversity/action-plan/> (accessed 26 October 2022)