



Gender, flexibility and workforce in the NHS

1. What was the question?

Training doctors is a long and complex process. There are longstanding concerns about having enough doctors to work in the NHS, and we know that sometimes doctors leave the workforce quite early in their training.

We wanted to know more about doctors' experiences in the training pathway to think about what might need to change to help them to stay.

3. What did we find?

Medical training is organised at a national level, which means that only limited places are available for training in different places. This means trainee doctors often need to move every few months or years.

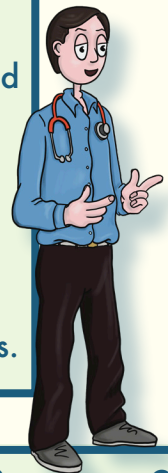
If doctors had other commitments, such as children or caring responsibilities, this was difficult to juggle with the demands of training.

This had a greater impact on women than men, who were more likely to change their career plans, but did have an impact on both.

Some doctors spoke about the paradox of having the least flexibility in their careers when they need the most flexibility in their personal lives, such as taking maternity leave or having young children.

2. What did we do?

We interviewed 50 doctors working in the NHS (25 men and 25 women at different stages of their careers), talking to them about their medical education, medical training, and careers and what made it easy or difficult at points for them to follow different career pathways.



4. What does this mean?

The training pathway was not seen as flexible enough to meet doctors' needs and enable them to stay in working in the NHS.

Without the flexibility required for trainee doctors to manage family life, and other life circumstances, the unintended consequences range from burnout to leaving the profession entirely.

This has implications for recruitment and retention of doctors, but also equality, diversity, and inclusion within the medical profession.



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