

Wellbeing by Design

A report on doctors' wellbeing and the conditions required for safe, compassionate healthcare in Scotland's NHS





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MDDUS is a medical defence organisation supporting more than 70,000 healthcare professionals across the UK. We convened this expert group in response to the wellbeing issues our members told us are affecting their clinical practice, and to identify practical, system-level solutions.

Led by MDDUS, the group brought together senior clinicians, leaders in medical education and experts in healthcare management from across Scotland. Their collective expertise informed the analysis and recommendations set out in this report, which we believe should inform the priorities of any party seeking to form the next Scottish Government.

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Foreword

Niall Dickson CBE

Independent chair of the expert group

It is in the nature of professional groups that they should sometimes

act in their own interests. Doctors and other health professionals are no different. However, accepting that, the overwhelming evidence suggests that the medical profession here in Scotland, is experiencing unprecedented levels of stress and anxiety, and low morale.

Crucially, their lack of wellbeing is not only damaging individual doctors and their profession, but is also having a profound impact on their patients and wider society.

This report then is a call to arms. A plea to the political leadership in Scotland in the run up to the Holyrood elections in May, to do something different and address the distress and, in too many cases, the tragedy of burnout among doctors.

Those responsible for funding and managing our health service must first recognise that they are responsible for overseeing a system that not only lacks the means to protect staff but also the support mechanisms needed to promote and ensure safe practice. The wellbeing of doctors is critical for the wellbeing of patients, and we have reached a crisis.

The content of the report has been shaped by doctors from across different disciplines and it therefore shines a focused light on the extent of their plight, including pressures and situations that are either exclusive to doctors or which they feel more acutely. Nevertheless, as a group we

recognise that politicians will wish to consider the NHS as a whole and we believe many of the steps we recommend for doctors could, and should, be thought through for other staff.

In a short document such as this we have not been able to explore all the reasons for the current crisis in wellbeing, although many are well documented worldwide. In addition to the day-to-day pressures individual practitioners face, often dealing with patients who themselves are increasingly frustrated, the relationship between doctors and patients has already undergone profound changes. We have seen the erosion of continuity of care, rising and sometimes unrealistic expectations and a loss of the asymmetry in knowledge between professional and patient. Artificial Intelligence has already begun to make its mark.

The challenge here is for Scotland's leaders to work with professionals to set out a vision for a health system over the next decade which reinforces and restores trust, makes staff wellbeing a key priority and puts in place practical measures to address immediate and longer-term issues.

The report is realistic. Much of what it proposes has been tried out in other places and could be delivered without huge additional resources. But all this will require making *Wellbeing by Design* a priority and the commitment, clarity of purpose and determination to see change implemented on the ground and across every part of Scotland.

Wellbeing by Design

A new principle for safer care

This report starts from a simple premise: the wellbeing of doctors is neither a luxury nor an optional extra. It must be a design requirement for [safe, effective healthcare](#).¹

When doctors are well, patients receive better care. Their health and livelihoods, their families and dependants, and our communities all benefit. The quality, safety and humanity of medicine depend on the people who practise it.

The pressures are already visible in the data. A 2024 [British Medical Association \(BMA\) survey](#)² found that around 80% of doctors who responded were at high or very high risk of burnout. A recent [MDDUS survey](#)³ of its members reported that nearly four in five GPs are experiencing moral distress, and 40% of those doctors said they planned to leave the health service.

As [the report](#) by Professor Michael West and Dame Denise Coia (*Caring for Doctors, Caring for Patients, 2019*) states: "The wellbeing of doctors is vital because there is abundant evidence that workplace stress in healthcare organisations affects quality of care for patients as well as doctors' own health."⁴

Wellbeing by Design means creating workplaces and cultures that enable doctors to care. Measures to support clinicians' wellbeing must be built in from the start, not bolted on once harm is done.

Decisions about how healthcare is delivered must also evidence how it supports the wellbeing of doctors and, through that, the safety of patients. Measuring progress will matter. Doctors' wellbeing should be tracked, reported and acted upon. This must be a priority, not least because it is vital both for doctors and for patient safety.

In this report, we define *Wellbeing by Design* through three connected dimensions – practical, contractual and emotional.

Practically, it means creating conditions that enable doctors to deliver safe, high-quality care without exhaustion or moral distress. Contractually, it means embedding those protections so that safe workloads, rest time and professional development are guaranteed, not optional. Emotionally, it means fostering



I wish I was in another career ... this is simply not sustainable. I'm so exhausted my free time is just recovering to do it all again.

Doctor response to an MDDUS survey

cultures that [value connection](#)⁵, trust and compassion, recognising that doctors' wellbeing and patient wellbeing are inseparable.

We acknowledge the work already led through the Scottish Government's *Improving Wellbeing and Working Cultures* programme. We recognise however that too little of this work has yet been translated into consistent, everyday practice. This report sets out why the next Scottish government must embed *Wellbeing by Design* into the structures of healthcare, so that every doctor working in the NHS – whether in primary or acute care - is given the support they need to provide sustainable and high-quality care for their patients.

Wellbeing by Design in international practice

In parts of Australia and the United States, legislated safe-staffing ratios have reduced clinical error rates and improved staff retention. The Institute for Healthcare Improvement's [Joy in Work framework](#)⁶, although developed in the United States, has helped organisations in many countries redesign everyday systems so that staff wellbeing becomes a core quality indicator, not a side initiative.

In New Zealand, contractual arrangements for doctors include practical protections such as paid indemnity, cross-cover payments, protected study leave and relief staff to cover sickness absence. These measures demonstrate that wellbeing principles can be built into workforce design, not added later as optional supports.

Scotland can learn from these examples. Each show that when governments and employers treat wellbeing as a design requirement, they not only protect their workforce but strengthen patient satisfaction and service resilience.

About this group

We were convened by MDDUS, a medical defence organisation, to turn insight into action. In early 2025, MDDUS invited its members to share their experiences at work and around 2,400 responded. Their accounts, later shared with MSPs at a parliamentary reception, painted a troubling picture of strain on doctors' wellbeing. These impacts ranged from moral distress to suicidal ideation and thoughts of self-harm.

Our purpose as a group has been to examine the drivers of poor wellbeing, consider their consequences for patient safety and develop practical recommendations for the next Scottish Government.

We bring together expertise from across primary and secondary care. Our members include senior clinicians, educators, policy specialists and representatives from Royal Colleges and the BMA. We were grateful for advice from the General Medical Council (GMC), alongside a contributor who brought a 'public/patient voice'. Over six intensive meetings, across three months we reviewed data, shared insight and debated the evidence before reaching consensus on this report.

While the report is primarily directed at political parties as they prepare manifestos for the 2026 Scottish Parliament elections, we hope it will also be of value to NHS Health Boards, regulators, professional bodies and others interested in healthcare in Scotland.

Members

Prof Lindsey Pope, GP and Professor of Medical Education

Dr Iain Morrison, Chair, Scottish General Practice Committee, British Medical Association

Dr Chris Provan, Chair, RCGP Scottish Council, Royal College of General Practitioners

Prof Hany Eteiba, President, Royal College of Physicians and Surgeons of Glasgow

Dr Katharine Jones, GP NHS Highland and Founder of Wild-Ness Health

Melanie Reid, journalist and commentator

Dr John Holden, chief medical officer, MDDUS

Chris Kenny, chief executive, MDDUS

Alison Hardie, head of public affairs and strategic communications, MDDUS

Observers

Dr Kirsten Woolley, GP and Professional Adviser to Scottish Government on Practitioner Wellbeing

Nicola Cotter, Ian Somerville, General Medical Council

Summary of recommendations

The recommendations that follow set out in summary how to turn the principle of Wellbeing by Design into action. These are expanded upon at the end of this report from [page 19](#).

Investigate

Commission a comprehensive national review of doctors' wellbeing and its impact on patient safety, quality of care and workforce retention. As many wellbeing pressures are shared across the myriad clinical roles in the NHS, the review should be structured to capture these wider effects so that solutions are coherent and relevant to all.

Target

Set and publish a measurable national target to improve doctor wellbeing and reduce burnout, reported annually to Parliament.

Improve

Guarantee safe workloads, predictable rotas, rest spaces and protected learning time so individuals and teams can deliver safe, sustainable care, as defined by appropriate expert stakeholders.

Protect

Maintain and if necessary, enhance funding for evidence-based wellbeing support such as the Workforce Specialist Service, with investment linked to measurable outcomes.

Report

Publish an annual State of Doctor Wellbeing in Scotland report that is linked to performance and safety and require every Health Board to do the same at local level.

Introduction

The workplaces doctors experience are the real test of whether *Wellbeing by Design* exists in practice. When systems are designed well, doctors can provide the care they were trained to give. When they are not, the impact can be negative for both doctors and their patients.

Our concern is that while the NHS in Scotland does not lack insight or good intention, doctors encounter a system that is no longer sustainable. Many are overwhelmed, exhausted and distressed to the point where they believe it is compromising their ability to give the care their patients need.

Burnout is not simply tiredness or stress. The [World Health Organisation²](#) (WHO) defines it as a syndrome resulting from chronic workplace stress that has not been successfully managed. It has three recognised dimensions: emotional exhaustion, depersonalisation, and a reduced sense of professional accomplishment.

There is an entire spectrum of issues that affect doctors' wellbeing, and some tend to be overlooked as they do not have the 'headline grabbing' impact of burnout. Yet, moral distress, exhaustion, compassion fatigue and the myriad other distressing symptoms some doctors suffer need close attention because they affect how doctors think, relate and care. When unaddressed, they damage morale, retention and patient safety.

Within our group, burnout was described as medicine's 'canary in the coalmine' – an early warning sign of a system itself under dangerous strain. In healthcare today, rising burnout among doctors at all levels and in all specialties represents the same warning function.

These pressures are not confined to those already in practice. They are now shaping how young people view medicine as a career and potentially threatening the long-term stability of the Scottish NHS workforce.

The shocking reality is that in each UK medical school, [more than one in three](#) medical students participating in the AIMS (Ascertaining the Career Intentions of Medical Students) study indicated that they intend to leave the NHS within two years of graduation.⁸



Everyone is burnt out. It causes friction, even when trying to refer to secondary care, and when communication breaks down between professionals how can you provide a good and safe service?

Doctor response to an MDDUS survey

It is our view that these findings reflect a rational assessment of personal risk and professional opportunity rather than a failure of commitment.

However, it does place Scotland in danger of entering the next decade with declining numbers of both newly-trained and experienced doctors willing to work in the NHS. This will come during a period when demand for medical expertise is likely to grow and as experienced doctors are choosing to retire early or leave the workforce altogether.

It is clear then that the failure to tackle doctor wellbeing cannot be seen only as an issue for current practitioners. It is a pipeline problem that will affect the supply and stability of care for years to come.

A health service that cannot sustain the wellbeing of its workforce will struggle to recruit and inspire the next generation of doctors.

Our priority areas of interest

Our group's work confirmed that the pressures which are affecting doctors' wellbeing are deep-rooted but not insurmountable. Each discussion returned to a central question: what practical steps could government and the wider health system take to make the working lives of doctors safer, more sustainable and as a result better for patients?

Members agreed that progress will come not from broad statements of intent but from tangible measures that can be delivered within existing policy frameworks and budgets. The challenge is to make wellbeing a design principle of healthcare delivery, not an afterthought.

Our group therefore focused on four areas where action to implement Wellbeing by Design would have the greatest and most immediate impact:

- 1** | **Rebuilding confidence in medicine as a sustainable career**
- 2** | **Supporting doctors with time to reflect, space to rest and scope to think and learn**
- 3** | **Developing new policies that make practical, everyday improvements to their working lives**
- 4** | **Supporting realistic expectations and positive relationships between doctors and patients**

Each of these themes is explored in the following sections, drawing on our group's discussions, relevant evidence and examples of good practice from across Scotland and beyond.

1

Rebuilding confidence in medicine as a sustainable career

Across Scotland evidence is mounting that the pressures leading to impaired wellbeing and burnout among practising doctors may be a significant factor shaping how young people think about entering medicine.

Data from [UCAS](#)⁹ shows that the number of applicants for medicine has fallen over the last four admission cycles. We acknowledge that in 2020 and in 2021 admission rates spiked due to a distortion caused by the influence of Covid, however numbers of applications are falling. This must be kept under review as the largest drop is among 18-year-olds.

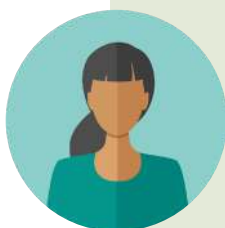
Aside from the Covid impact, other factors appear to be driving this change in attitudes towards a career in medicine – concerns about workload, salary and the emotional toll of practice. A further deterrent may well be the lack of clear job progression after training.

[Recent studies](#) and anecdotal evidence highlight how medical students and early-career doctors already recognise the risk of burnout and that a culture of 'self-sacrifice' is common.¹⁰

There are some encouraging countertrends. The Medical Schools Council's latest [Selection Alliance Report](#) shows that widening access initiatives are beginning to succeed, with more students from under-represented backgrounds entering medical training.¹¹ Yet these gains will count for little if the system they join remains one that drives burnout and early exit.

Evidence from MDDUS' own membership research underscores this risk. A significant proportion (58%) of doctors aged 25-34 say they would not recommend medicine as a career to school leavers, citing staff shortages, workload pressures, working hours and mental health concerns.¹²

If Scotland is to maintain a sustainable and motivated medical workforce, this perception must be challenged. The next Scottish Government should work with universities, health and academic regulators, professional bodies and medical defence organisations to rebuild confidence in medicine as a profession that values its people and enables them to thrive.



It was difficult because I had to move away from my support network. This made what is an already difficult period even more challenging and I had some rotations that were particularly unsupported, which further compounded the issue.

Doctor aged 18-27 on their foundation training

2 | Supporting doctors with time to reflect, space to rest and scope to think and learn

Our group agreed that doctors cannot provide safe, high-quality care without enough time to reflect, space to rest and scope to think and learn. These are essential conditions of professional practice. When they are absent, both wellbeing and patient safety deteriorate.

Surveys conducted by the BMA and the [GMC](#) show that more than half of resident doctors are at moderate-to-high risk of burnout.¹³ Across both primary and secondary care, doctors report long hours, unsafe workloads and frequent interruptions that prevent them from taking breaks or completing essential administrative and educational tasks. Many say they are reducing their hours or leaving the profession altogether to protect their health.

Our group defined 'time to reflect' as the ability to make considered decisions, communicate effectively with colleagues and patients, and complete necessary documentation without working beyond contracted hours. 'Space to rest' refers both to physical rest areas and to psychological decompression time after demanding or distressing cases. 'Scope to think and learn' captures the mental and professional capacity required to learn, reflect and develop – to develop awareness, to process difficult experiences into manageable ones and turn this into systems learning.

Protected learning time has been steadily eroded as routine clinical workload displaces supervision and development. The reduction of Supporting Professional Activity sessions for consultants and the limited protected education time for resident doctors have narrowed opportunities to learn safely. Restoring these protections is essential for patient safety and the development of the next generation of doctors.

We consider that the practical, relatively low-cost measures which can help to address these gaps are achievable and effective. The evidence suggests that investment in this area will produce financial returns as well as system improvements.



These are all examples of good practice that already exist in parts of the system. Embedding such standards consistently across Scotland would make a measurable difference to safety, morale and retention.

As a minimum the NHS in Scotland should commit to the following:




Make sure there is access to nutritious food during shifts



Provide well-designed rest facilities



Protect study and appraisal time



Maintain short-term staffing pools to cover absence

Policy makers must empower health boards to deliver service models that keep staff healthy while they provide care to others. Over time, we believe investment in these fundamentals should pay for itself through reduced locum expenditure, fewer sickness absences and higher retention of skilled staff.

Doctors who feel supported and valued are better able to care for patients and to model the professionalism that inspires future generations to be a part of medicine in Scotland. But the evidence is clear that health boards are currently inconsistent in addressing these issues.



There's not enough staff to do the job properly in a timely manner so I feel guilty and hopeless even though it's not a problem I created.

Doctor response to an MDDUS survey

3

Developing new policies that make practical, everyday improvements to working life

Studies into doctors' wellbeing have found that three factors are decisive; namely that practitioners feel heard, valued and supported. And the evidence points to a set of practical, low-cost actions that organisations can implement, and government can fund to address them.



Make "being heard" routine.

Build protected, regular check-ins at team level, with seniors asking junior colleagues how they are and offering support. Replace one-way announcements with two-way briefings that give advance notice of rota or policy changes and allow questions.



Demonstrate value in visible ways.

Keep rest and recovery spaces as permanent fixtures. Ensure reliable access to water and nutritious food during shifts in both hospital and community settings. Apply these basics consistently and make sure no group feels second tier.



Normalise support.

Train clinical leaders to make it clear that asking for help is expected and safe. Make time in the working day for peer debriefs, backed by policies that reassure doctors, including trainees, that seeking support will not be held against them.



Protect time to learn.

Safeguard study time and avoid requiring repeat rotations that add little educational value.

In our deliberations, we noted that while many Foundation Years doctors report that they enjoy their work, on both a personal level and in their patient interactions, their experience can feel overwhelming, provoking anxiety and exhaustion. At this early stage in their career, it appears that frustration is already rife and is aimed at the healthcare system they have just entered.

Their experiences provide a reminder, too, that outside of their shifts there are still projects, conferences and other tasks that many Foundation Year doctors would like time allocated for within their rota.

Across specialties, doctors consistently report that feeling heard, valued and supported is the strongest predictor of day-to-day wellbeing. These conditions can be created by the next Scottish Government if it provides the necessary vision, leadership and commitment, and if it is prepared to work with health boards and the profession to bring about coherent change. Much of this can be done without major investment, but it will require determined action.

4 | Supporting realistic expectations and positive relationships between doctors and patients

Many doctors across Scotland describe a fragile relationship between those delivering care and some of those receiving it.

In the main it is caused by a system that too often no longer gives doctors the time or space to provide the care they believe their patients deserve. Patients, faced with long waits and sometimes limited communication, can become frustrated and mistake doctors' exhaustion and the huge time pressures they are under, for indifference. Many doctors are working in conditions that can erode empathy, leaving them with little emotional reserve at work or even at home.

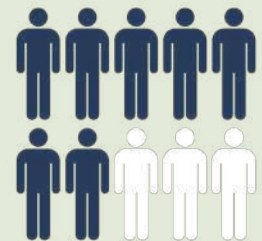
Sir Cyril Chantler, the distinguished British physician and healthcare leader, once observed that medicine "used to be simple, ineffective and relatively safe; it is now complex, effective and potentially dangerous".

The point still holds. Doctors are practising in an environment where clinical work carries higher stakes than ever before, decisions are more finely balanced, and the pace of change is accelerating.

While doctors accept their practice is changing, it need not create a system where their wellbeing is undermined. We need structures to keep both clinicians and patients safe.

[MDDUS data](#) show that among those responding to a survey, seven in ten GPs report compassion fatigue. Nearly half of them worry this could make their care unsafe, and almost two-thirds say it has affected how they communicate with patients.¹⁴ This is evidence of individuals pushed beyond their limits.

These findings reflect what our group has defined as a 'wider breach of trust between doctors and the system they serve'. When doctors are forced to practise in ways that conflict with their values, the emotional cost is high. The same pressures that drive patient frustration - including delays, cancelled referrals, and a lack of continuity of care - also undermine doctors' wellbeing.



7 in 10

GPs in Scotland
experience
compassion fatigue

As a report published in 2025 by [the Royal College of General Practitioners](#) remarked: "Trust forms the bedrock of the patient-doctor relationship and... continuity of care can hold universal benefits. While recognising that not every patient will value clinical continuity, for many patients these meaningful connections are key to building trust and to better health outcomes."¹⁵

Doctors described to us an emerging "Amazon culture" in healthcare, where people expect instant access, shaped by experiences elsewhere in daily life. But medicine does not work like that. It begins with diagnostic uncertainty, where symptoms can point in several directions and evidence takes time to interpret. It also relies on limited system capacity and human judgement rather than automation.

When those realities meet public expectations, the result can be frustration for patients and moral distress for doctors. While it is important to recognise the medical profession must continue to adapt as technology rapidly changes society, as one member of our group put it:

"It isn't that patients have become unreasonable; it's that the system has made a promise it can't keep."

The next Scottish Government should work with health boards to make sure that doctors can speak openly about service pressures without fear of blame. Doctors need to be supported by a government prepared to speak honestly with health boards about reality. Patients should also be invited into realistic discussions about what can safely be delivered within available resources.

This should not mean lowering expectations but rather aligning them with what is possible – a required step towards a wider reshaping of patient and doctor relationships.



While every doctor on the rota is working flat out, we are still unable to meet demand. It's heartbreaking to know people have been waiting for almost a year to see a specialist and that their condition has deteriorated during the waiting period. I carry that weight with me wherever I go.

Recommendations

Investigate

The next Scottish Government should acknowledge the scale of the wellbeing crisis facing the medical profession and commission **a comprehensive national review of doctors' wellbeing**. The review should examine how this is affecting patient safety, the quality of care, recruitment and retention. While centred on doctors, it should also capture **the wider wellbeing pressures experienced by other clinical staff** to make sure that recommendations are aligned across the clinical workforce.

The review should gather robust data and culminate in a **National Doctor Wellbeing Strategy** with clear objectives and timelines.

Target

The next Scottish Government should **set and publish measurable national targets with timelines to improve doctor wellbeing and reduce the prevalence of burnout among doctors**. These targets should be based on internationally accepted definitions and informed by data from the GMC and from NHS Scotland workforce surveys. Progress on doctor wellbeing should be **embedded alongside performance** and reported annually to Parliament.

Improve

Working with health boards, medical leaders and doctors' representatives, the next Scottish Government should commit to a defined programme of **practical reforms that will improve the day-to-day working conditions** of frontline medical staff within two years. For example, the government should commit to making sure that the NHS introduces predictable rotas, safe workload limits, access to rest spaces and protected time for professional development. The programme should aim to create conditions in which doctors can thrive and which reverse the loss of early-career doctors from the NHS in Scotland.

The next Scottish Government should work with health boards to make sure that doctors are supported to speak openly about service pressures without fear of blame, and that patients are invited into realistic discussions about what can safely be delivered within available resources.

Recommendations

Protect

The next Scottish Government should commit to **safeguarding current funding for initiatives that support doctor wellbeing**, including continued investment in Workforce Specialist Service (WSS) for the full term of the next Parliament. This funding should be maintained in real terms and directed towards interventions with demonstrable outcomes in retention and patient safety. In addition, based on the findings of the National Review of Doctors' Wellbeing, the government should **commit to specific enhanced funding in this area** over the next parliament.

Report

The next Scottish Government should **publish an annual "State of Doctor Wellbeing in Scotland"** report, setting out progress against national targets, uptake of support services and the relationship between wellbeing indicators and patient safety metrics. Health boards should publish analogous reports for their local workforce and population.

The future

Despite the serious issues affecting the wellbeing of the profession in Scotland, it is important to acknowledge the many positives in Scotland's health service.

Every day individual practitioners provide excellent care that is deeply appreciated by patients and their families. Creating a better environment for doctors and their patients is possible; one which recognises the enthusiasm and potential of the next generation.

We were given access to the findings of a small survey conducted by the [Medic Insight](#) group at the University of Glasgow.¹⁶ The survey asked 90 school pupils aged between 16 and 18, all considering studying medicine, how they felt about the prospect of becoming a doctor.

Their replies offer hope, but also a clear-eyed understanding of the current challenges that need to be addressed.



I think being a doctor will be so rewarding. It is an amazing privilege to be trusted with people's lives. I do appreciate there are downsides to the career such as difficult patients, antisocial hours, a large workload and even unemployment. These have not put me off a career in medicine and I still have the desire to help others and be a doctor.



I think there are lots of challenges due to the public's high expectations and the mental toll that it takes to care for patients, however I think this will be outweighed by the sense of reward and purpose you get from helping people through the hard parts of their lives.

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With thanks to the group secretariats:

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