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56 Mount Prospect Park

Belfast

BT9 7BG

Tel 028 90664111/079 2125 1874

jeffreydudgeon@hotmail.com

6 June 2013

 **‘Part-time women GPs blamed for NHS failings’ (p. 1 story Times 6 June 2013)**

Dear Editor,

Whether so many female medical graduates going part-time is a key source of NHS failings may be arguable, but the government should get its position straight. Anna Soubry, the health minister, is quoted (June 6) as saying "the NHS needs to train more doctors in order to provide the same level of service." She added "the solution is that we need to increase the numbers of GPs and we are doing that."

However in a Hansard answer provided to Lord Laird, only on 3 June, another health minister, Earl Howe, says a “Centre for Workforce Intelligence analysis indicated a likely oversupply in the medical workforce in the future, with the possible consequence of unemployed doctors. The Health and Education National Strategic Exchange recommended a 2% reduction in the numbers entering medical schools and also recommended that a further review be undertaken to inform 2015 intakes. These recommendations were accepted by Ministers.”

A reduction in UK training places is hard to square with an earlier Lords answer on 28 January that 17,081 foreign doctors were recorded by the GMC as registering over the three years from 2010-2012 compared to 21,207 new medical graduates who were UK trained. How can so many EU and non-EU medical migrants find work if there are too many graduates coming out of our universities?

Yours sincerely

Jeffrey Dudgeon MBE

Lord Laird to ask Her Majesty's Government, further to the Written Answer by Earl Howe on 28 January (WA 292-3) what categories of doctors are currently on the Migration Advisory Committee’s shortage occupation list for whom visas can be issued, and in the light of the , do they not recognise a need for a significant increase in the numbers of students being enrolled and trained in UK medical schools.

**Migration Advisory Committee**

***Question***

*Asked by* ***Lord Laird***

To ask Her Majesty’s Government, further to the Written Answer by Earl Howe on 28 January (*WA292-3*), what categories of doctors are currently on the Migration Advisory Committee’s shortage occupation list for whom visas can be issued; and whether, in the light of the relative number of United Kingdom-based and foreign-based doctors registering over the last three years, they will take steps to increase the numbers of students being enrolled and trained in United Kingdom medical schools.[HL210]

**The Parliamentary Under-Secretary of State, Department of Health (Earl Howe):** The new shortage occupation list was effective from April 6. The list includes consultants within the following specialities:

emergency medicine;haematology; and old-age psychiatry.

In addition, non-consultant, non-training, medical staff posts are also included in the following specialities:

anaesthetics;general medicine specialities delivering acute care services: intensive care medicine, general internal medicine (acute), and emergency medicine (including specialist doctors working in accident and emergency);rehabilitation medicine; andpsychiatry.

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The Health and Education National Strategic Exchange (commissioned by the Department and the Higher Education Funding Council for England) undertook a review of medical and dental student intakes in 2012. This was informed by a dynamic model of workforce supply and demand supplied by the Centre for Workforce Intelligence (CfWI). The CfWI analysis indicated a likely oversupply in the medical workforce in the future, with the possible consequence of unemployed doctors.

The Health and Education National Strategic Exchange recommended a 2% reduction in the numbers entering medical schools and also recommended that a further review be undertaken to inform 2015 intakes. These recommendations were accepted by Ministers. The further review will take place in 2014 and be led by Health Education England.

Any changes made to medical school student intakes take a long time to feed through to the number of doctors in practice. For example, any changes made this year would not have an impact on the consultant workforce until 2021.