



ON YOUR SIDE

Introduction

The Medical and Dental Defence Union of Scotland (MDDUS) has been listening to our members. In this document, we have built on what they've told us in surveys from 2020 – 2024 and now set out five key actions to address their concerns.

Doctors and dentists are facing the most challenging workplace conditions in living memory. Today, they need a government that supports and values them, hears their concerns and takes positive action to match political rhetoric.

The risk of inaction is already plain to see – waiting lists are up, overwhelmed services are missing targets and burnout is rampant. A credible, long-term plan to protect and retain the NHS workforce should be the top tier domestic priority for the new administration.

Our five key asks of a new government



Address the burnout and wellbeing crisis among doctors and dentists



Act to halt the exodus of doctors and dentists from the NHS



Accelerate reform of all professional regulators, especially the GDC



Recognise and support International Medical Graduates and stamp out racism in the workplace



Reinforce the zero-tolerance policy towards those who threaten, assault and abuse healthcare professionals

1

Address the burnout and wellbeing crisis among doctors and dentists

A recent MDDUS study [revealed](#) that three quarters of family doctors are experiencing moral distress because they cannot access medicines that they know their patients need. That means a profound, sometimes debilitating, unease stemming from inability to deliver the necessary treatment for patients as a result of external pressures – including staff shortages and lack of resources.

This distress often manifests in three critical ways:

1. **Stress:** high workloads, time constraints and complex patient cases, are leading to chronic stress and anxiety. This is having a serious impact on staff wellbeing, morale, and job satisfaction.
2. **Burnout:** working in a state of relentless stress often results in physical, emotional, and mental exhaustion – which in turn increases the risk of error in the workplace and diminishes the quality of patient care.
3. **Moral injury:** sustained moral distress can lead to ongoing moral injury, with feelings of guilt, shame, and a sense of betrayal, significantly impacting their overall wellbeing.

We are therefore calling on the incoming government to prioritise the wellbeing of healthcare professionals across the NHS.

Supporting the mental and physical health of doctors and dentists is crucial not just for their own welfare, but for the welfare of the NHS as a whole and its patients.

Investing in the wellbeing of healthcare professionals creates a positive feedback loop: healthier, better motivated staff lead to better patient care, more sustainable workforce levels, and a more efficient healthcare system. We need action to move healthcare away from the vicious circle of overwork, stress and resignation into this virtuous cycle.

2

Act to halt the exodus of doctors and dentists from the NHS

The conditions for healthcare professionals working on the frontline are becoming increasingly untenable.

In 2023 when we surveyed the views of younger healthcare professionals, 76 per cent told us they'd experienced burnout, with workload, long hours and staff shortages cited as the main causes.

This year, a survey by the General Medical Council (GMC) of more than 3,000 doctors found that 30 per cent said they were 'very likely' or 'fairly likely' to relocate abroad to practise medicine over the next 12 months. Of that number, 75 per cent stated that they felt 'undervalued professionally' working in the health service.

Not only are they faced with a lack of resources and excessively high workloads, they're also struggling to meet basic human needs. In 2022, we [revealed](#) that one in three junior doctors are going hungry at work. They say that the physical impact of their struggle to access nutritious food while on shift is putting patients at risk.

Nearly 40 per cent also said that lack of access to good food at work was a key contributing factor to their experience of burnout.

In such conditions, 58 per cent of our members told us that they would not recommend a healthcare career to a school leaver. Such stark figures reflect the dire situation faced by healthcare professionals, who have felt abandoned by the UK Government for far too long.

[Up to 23,000 doctors left the NHS in England in 2023](#), according to the BMA, citing uncaring and unsafe working conditions. Replacing them and their expertise will cost between £1.6 billion and £2.4 billion, and the number of doctors intending to leave is only rising. This puts further pressure on those who stay, precipitating a vicious cycle of medical attrition.

Dental Practices also face a recruitment crisis. Recruitment of dentists to rural and deprived areas has never been more challenging. Repeated unspecific promises for more 'appointments and funding' fail to address the impact of Brexit and the pandemic on recruitment and retention of dentists from the EU.

A BDA survey of 2000 dentists found that 74 per cent intend to reduce their work in the NHS. Continuing with a dental contract in England that financially punishes dentists for seeing patients with more complex needs is unsustainable. Dental practices have no control over their NHS pay rates, so many dentists feel disenfranchised by the lack of support and proper consultation. Any policy that simply channels more money into the sector without filling more posts is doomed to fail.

Retaining as many NHS staff is therefore critical – increasing the number of doctors and dentists will mean nothing if they are only replacing those who are leaving. To address the 'dental deserts', for example, the next Government must change legislation to allow entry and residence for dentists, as well as jobs and housing for their families. We also need to incentivise non-UK dentists to work in these areas, which requires a relaxation of immigration rules for them and their spouses.

We call on the next Government to accelerate, deliver – and properly fund – the NHS England Long-Term Workforce Plan outlined last year to train and recruit the necessary staff for the long-term and act on immigration issues in the short-term to address spiralling waits and workloads.

3

Accelerate reform of all professional regulators, especially the GDC

A framework to reform the suite of healthcare professional regulators is now in place. But it is flawed.

As it stands, the new regulatory 'template' will see a reformed GMC lose its ability to recognise vulnerable healthcare practitioners and to take their health concerns into account during regulatory proceedings.

We see firsthand the impact of regulatory proceedings on our members. We understand the fear the prospect of investigation by the GMC holds for doctors. Of course, registrants expect to be held to a high standard in their practice, but this must be underpinned by fairness, proportionality and compassion. The decision to remove the GMC's ability to pursue a fitness to practise action against a doctor under the very specific grounds of 'health concerns' fails this test.

Without change, health concerns will be bundled under a blanket general fitness to practise assessment. It makes it harder for the regulator to provide a rapid, compassionate response to a case, recommending recovery or other treatment and so increasing the chance of long-term retention.

Our concern over this issue is shared by Medical Royal Colleges and the GMC itself.

We urge a new government to urgently address this matter.

Reform of the General Dental Council must also be prioritised. The legislation that governs the GDC is no longer fit for purpose, as the regulator itself rightly points out. We frequently hear from dentists about their concerns and general professional unease with decisions forced on their regulator by this framework. Indeed, fear of the GDC and litigation is often cited by dentists as one of the main causes for leaving the profession.

Delays in the fitness to practise processes are unacceptable and take a significant toll on the wellbeing of registrants. Despite the GDC's best efforts, dental registrants can face significant delays – up to eight months - in receiving a Case Examiner decision. Constant assurances are not enough and change needs to happen now.

We call on the incoming government to prioritise reforming the outdated regulatory framework of the GDC, and to remedy ill-conceived changes to the framework that will guide the GMC.

4 Recognise and support International Medical Graduates (IMGs) and stamp out racism in the workplace

Almost a fifth of clinicians in NHS England are IMGs. The healthcare service cannot operate effectively without them.

Last year we conducted in-depth research into IMGs' experiences. Some of the findings were shocking.

Three-in-five (58 per cent) of foreign doctors faced persistent racist microaggressions at work in the NHS and didn't trust their bosses to deal with the problem.

Microaggressions are thinly veiled, everyday incidents of racism. Most IMGs experience these from the first day they begin practising medicine in the UK.



Yet despite this, a separate survey for MDDUS found that just 9 per cent of the public believe racist microaggressions are a frequent problem in the NHS. Fewer than one-in-five claimed to have witnessed it.

This disparity between doctors' experiences and patients' perceptions are stark. Many IMGs say their experiences of racist microaggressions is not taken seriously. As a result, most (72 per cent) no longer report them.

A landmark report by the BMA in 2021 also found that IMGs in particular face being racially "othered" in the workplace, often resulting in disproportionate and unfair referrals to the GMC.

While significant strides have been taken in specific affirmative action initiatives, we believe more open dialogue, support and education is necessary to dismantle the deep-rooted racial biases still permeating our NHS. The NHS urgently needs IMG doctors for roles in hospitals and GP practices as there are no longer enough UK-trained doctors to fill them. So a new government must recognise the vital role IMGs play and take action to stamp out racism in the workforce.

The GMC itself has set new requirements for reporting incidents of racism and other abuses at work. But this needs management and governmental support to embed into the culture.

We call on the incoming government to transform the reporting of and response to concerns about racism.

5

Reinforce the zero-tolerance policy towards those who threaten, assault and abuse healthcare professionals

Aggression faced by healthcare professionals is an alarming and growing concern. Incidents of verbal abuse, threats, and even physical violence toward frontline staff are becoming more common as a result of long waiting lists and staff shortages.

In 2022, we [revealed](#) in a survey of our members that three out of four family doctors had faced an increase in verbal abuse or aggression from their patients, leading to a huge increase in work-related stress.

Ambulance workers have also been subject to at least 9,500 violent attacks in the line of duty over the last five years, a GMB investigation [revealed](#) last year. The Assaults Against Emergency Workers (Offences) Act 2018 did introduce important sentencing changes, but more is needed to deter such violence against other groups.

This hostile environment not only undermines the morale and safety of health professionals but also disrupts the delivery of patient care. We need an integrated approach to protect our frontline workers and ensure the sustainability and effectiveness of the NHS in the long term.

We are therefore calling on the incoming Government to strengthen the existing zero-tolerance policy on aggression and violence toward healthcare professionals.

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Summary

A credible, long-term plan for the NHS should be a top priority for any future government. Central to this plan must be the NHS's greatest asset – its people. Healthcare professionals have never faced such challenging times; they need and deserve unconditional support and understanding from our leaders.

A new government must act quickly and decisively to remedy the workforce issues at the heart of this crisis. There are not enough doctors and dentists in the NHS, but with an aging population patient demands and expectations are only rising. This workforce shortage places immense pressure on our members, who are tasked with caring for patients under increasingly strenuous conditions.

Healthcare is a vocation and a role that gives as much reward as it does challenge. However, the now-relentless nature of healthcare threatens the health and wellbeing of too many NHS staff.

This unsustainable situation must be addressed urgently to ensure the future of the NHS and protect its patients.

