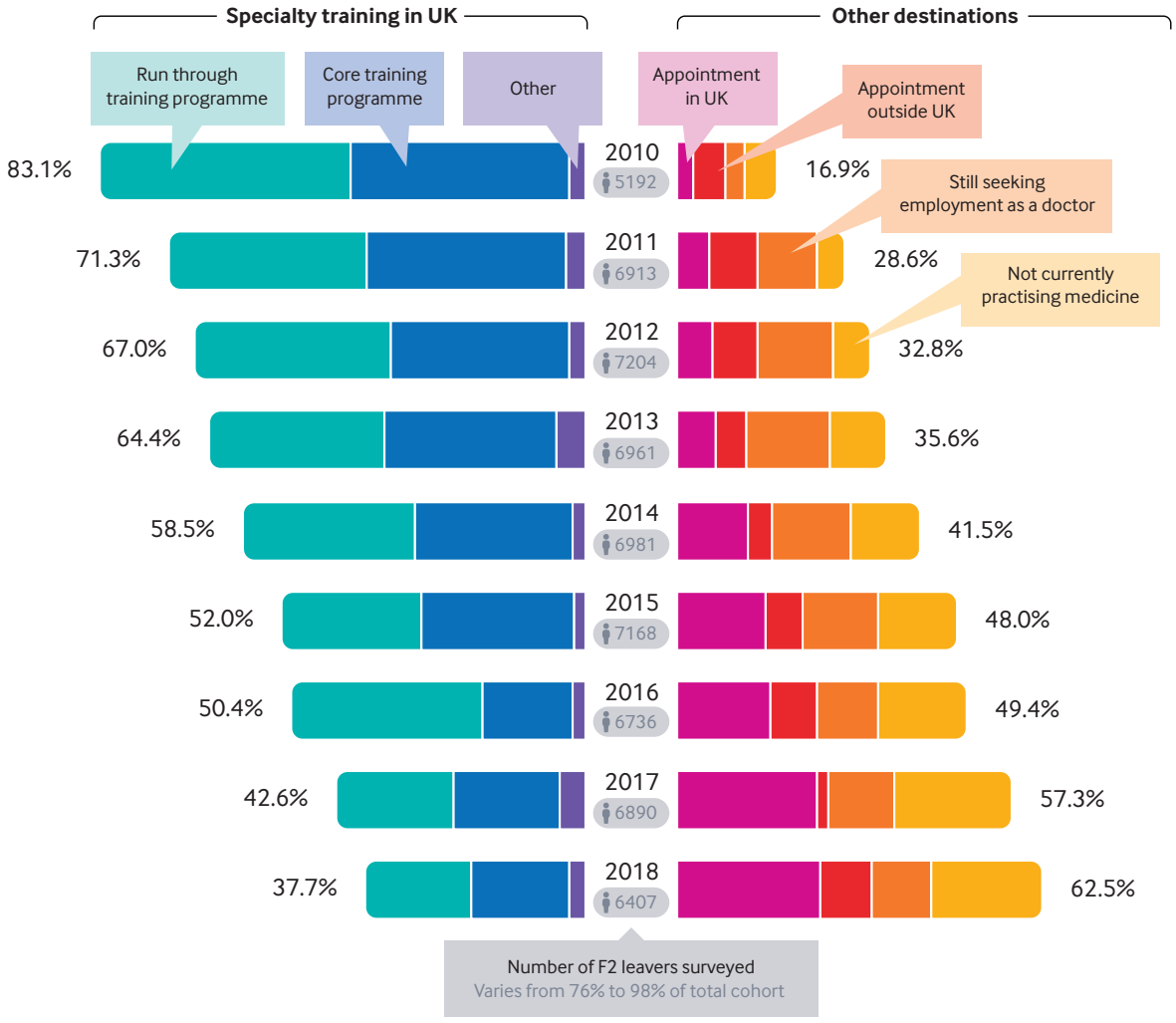
DATA CHART

More doctors are taking a training break at the end of foundation programme



In 2010 **83.1%** of doctors went into specialty training in the UK after completing foundation training. By 2018, this had fallen to **37.7%**

Less than 40% of doctors in training now move directly into specialty training after the foundation programme, data from the UK Foundation Programme Office show.

In 2018, 37.7% of the doctors who completed foundation training went straight into core training, a run through training programme, or another specialty training post in the UK.

The proportion of doctors who choose to go straight from foundation training to specialty training has fallen steadily in recent years. In 2010, 83.1% of doctors went into specialty training in the UK after completing foundation training. By 2016, this had fallen to 50.4%.

These figures are derived from a survey carried out by the UK Foundation Programme Office. In 2018, 6407 doctors responded to the survey, representing 86.8% of those of who completed the programme.

Most doctors who don't go straight into specialty training do return to medical training. Research by the GMC shows that 90% of doctors who complete foundation training do this within three years, and within five years of completing foundation training 93% of doctors have returned to UK training.

The BMA says that there are a number of reasons that more doctors are choosing to take a break from training after completing the foundation programme. These include the desire for time out after years of intense work, the pressures of training, and the desire to gain additional experience that may be helpful to applications later in the career pathway.

Among doctors who choose not to go straight into specialty training, the most popular option is to take up a non-training medical role in the UK. This is what 17.6% of those completing the training programme in 2018 opted to do. A further 14.8% were not currently practising medicine after completing the foundation programme, 5.3% had taken up an appointment outside the UK, and 7.4% were still looking for a medical job.

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ILLUSTRATION: DUNCAN SMITH

Mukesh Kapila, 64, is professor of global health and humanitarian affairs at the University of Manchester. He qualified in medicine and public health, working for the NHS in Oxford, Cambridge, and London before being drawn into international humanitarian affairs. As a British government official in the 1990s he dealt with the genocides in Rwanda and Bosnia-Herzegovina. Serving as the head of the United Nations in Sudan in 2003-04 he witnessed mass crimes against humanity in Darfur. His strong protests led to his expulsion and to writing *Against a Tide of Evil*, a book documenting what was then confirmed by the International Criminal Court as genocide. "We can argue the words, but that would be no consolation to those people who were affected," he says. He has served as a member or an adviser to many international bodies and was appointed a CBE in 2003.

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Mukesh Kapila
The international humanitarian

What was your earliest ambition?
To be an actor. Hankering for that helped me navigate through a life that has witnessed, in equal measure, so much tragedy and absurdity.

What do you regret most in your career?
Not giving Slobodan Milosevic a robust piece of my mind when I met him in Belgrade during the height of the war.

What is your pet hate?
Cowardice mixed with hypocrisy.

What is the worst job you have done?
Standing at the edge of the Kagera river and counting the number of dead bodies washing into Lake Victoria, inputting the data into epidemiological modelling to estimate mortality from the Rwandan genocide in 1994.

Do doctors get paid enough?
Yes. Even somewhat too much at the higher grades.

What unheralded change has made the most difference in your field?
Cash, including electronic cash, instead of in-kind relief provision of food etc, to people in humanitarian crises. I saw the dignity that this reignites when people are enabled to make their own choices.

What is your guiltiest pleasure?
New York cheesecake. I'm a diabetic, which fosters the primary guilt, and then injecting an extra bolus of insulin reinforces the guilt. Twice a year only.

What personal ambition do you still have?
To work for a world where no people with diabetes die just because they can't afford insulin. Currently, tens of thousands do so around the world.

Where are or when were you happiest?
Floating down the Zambezi river in a country boat with a bottle of cold beer, smug that the crocodiles whose eyes glinted in the darkness couldn't get me—but with just a slight frisson that they might jump up . . .

How is your work-life balance?
There is none. I felt mightily liberated when I gave up on this, knowing it to be a hopeless struggle. I then began to enjoy life and work, both in extremes.

What television programmes do you like?
Historical dramas—preferably inaccurate ones. That way one can appreciate history as it should have been.

What was your best career move?
Giving up clinical medicine, to get into global public health and then international humanitarian work.

What new technology or development are you most looking forward to?
Oral insulin, for personal reasons. So far I've injected myself some 36 000 times (as well as at least 50 000 pricks for measuring glucose), and it's very tedious.

What poem, song, or passage of prose would you like at your funeral?
"Man's inhumanity to man," in the 1784 Robert Burns poem. I'd like people to mourn properly by being thoroughly depressed when I go.

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