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BMJ STUDENT

“Placeholder jobs” are isolating doctors at the start of their careers

Allocating placeholder roles to incoming foundation doctors undermines their value to the NHS, writes Éabha Lynn

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Almost one thousand doctors about to start their careers in the UK have found themselves allocated to so-called “placeholder” roles.¹ This means they know which area of the country they will be working in, but nothing more, and they could be given details of their foundation job with just three weeks’ notice.²

What does this tell our final year medical students about how they are valued by their future employer? What does it really mean to call a doctor a “placeholder?” It tells them that their years of hard work, throughout a pandemic and pay disputes, was not enough. It undermines the effort it takes to be accepted into medical school and to gain a medical degree. Although early career medicine has never been known for its job satisfaction or high pay, medical students were led to believe that they would at least have job security. The UK has an ageing population with increasingly complex health needs, a staffing crisis in the health service, and long waiting lists,³ so it would be fair to assume that there is plenty of work for our early career doctors.

Medicine may once have been populated by a certain demographic—wealthy, white, male, probably single or with a wife whose ambitions came second, able to “up and leave” with little notice—but that is no longer representative of the workforce. Societal shifts and efforts to diversify medicine mean many foundation year doctors now starting their jobs have dependants, are with partners who have careers of their own, and lack the financial security that would allow them to uproot their lives quickly and easily.

Early career doctors are human beings with thoughts and feelings. They are not “resources to sweat” or numbers to plug gaps in rotas.⁴ They have the right to personal and family life, and the right to feel safe at work. But it is difficult to enjoy these rights when they are allocated jobs with no description or location.²

“If doctors don’t like this system, they can leave,” hark detractors. Indeed, many doctors do exactly that, but the UK’s foundation programme is set up so that doctors who leave before completing the first of their two foundation years find it hard to re-enter training and, consequently, the UK medical workforce. This represents a colossal loss, not just for the individual, who has dedicated years to the study of medicine to qualify and work as a doctor, but also for the country. Medical degrees are expensive, costing the taxpayer £230 000 to train a doctor in England.⁵ This is a small price to pay for a doctor who will work in the NHS, but it is a less

worthwhile investment if the system leaves doctors feeling they are better off abandoning a career in medicine or practising in another country.

As a medical student, but also as a one-time and likely future patient, I don’t want the doctors caring for me and my loved ones to start their careers in this position. Our newly qualified doctors are so much more than “placeholders.” They are people, they are healers, they are highly qualified professionals with so much to give back to the system that has invested in training them.

Perhaps there is no perfect way to allocate almost 10 000 new doctors to their first jobs, but every new doctor deserves better than what the current system has afforded its so-called “placeholders.” The question is no longer whether this new system of allocation is demoralising and alienating doctors before they start working in the NHS,⁶ but rather how long it can afford to continue to do so.

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- 4 Dixon-Woods M, Summers C, Morgan M, Patel K. The future of the NHS depends on its workforce. *BMJ* 2024;384:e079474. doi: 10.1136/bmj-2024-079474 pmid: 38538029
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