BMA Scotland

Beyond Capacity: The Impact of Increased Medical Student Intake in Scotland

British Medical Association
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Beyond Capacity: The Impact of Increased Medical Student Intake in Scotland

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Foreword

When I first read the results of the survey data that became *Beyond Capacity*, I should have been shocked: students across Scotland voicing grave concerns about their education, and anxious about their futures within the NHS. But instead, considering my own experience at medical school, I found the results unsurprising – as I suspect they will be to any student studying in Scotland.

Beyond Capacity lays bare the experiences of Scotland's current generation of medical students. Educational environments are perceived by many to be under serious strain. Class sizes have increased substantially in recent years. Scotland now trains nearly double the number medical students per head of population than England, driving congestion across undergraduate training. The good will of academics and doctors can only stretch so far when ward rounds try to accommodate six or seven students, anatomy laboratories are full to the brim, and students sit on the floor of lecture theatres to avoid missing out.

To be clear, the system is still producing high quality graduates. But in many cases that is in spite of an increasingly pressured training environment, rather than because of it – reflecting the sustained commitment of Scotland's educators and clinical teams. And the pressures do not stop at graduation. While new legislation to prioritise UK graduates may help to improve employment prospects for Scotland's doctors, student intakes will still outnumber training jobs by two to one.

A once stable training pathway is now pushing its graduates to train elsewhere. Anxiety about job security among students is at an all-time high – something I can personally attest to. Without plans to expand training jobs or re-assess student intakes, the crisis will only deepen.

Therefore, to protect the education of students and their future prospects, we must act quickly. The risks of not addressing this are clear.

First, we must urgently reassess student numbers to ensure class sizes support high quality education. Second, we must invest in pre-clinical and clinical training capacity, including medical academics, to properly support students. Third, we must align training positions with intake levels to restore confidence in Scotland's training pipeline and reduce the unemployment anxiety shadowing every medical student's journey.

Scotland remains under-doctored. But recruiting more students than we can train or employ will not provide a solution. Things cannot continue as they are. So, the choice is clear – improve and invest in medical education or adjust student numbers accordingly. Today's medical students want to be tomorrow's consultants, GPs, and SAS doctors, delivering care to patients within our NHS. To make that possible, they need high quality education, support, and training pathways. We owe it to them, and to our patients, to make that happen.

Joe Payne
Chair of BMA Scotland Medical Students Committee

Key Findings

1. Students describe how rapid expansion is straining capacity beyond its limits.

Medical student numbers in Scotland have risen by 72 per cent since 2015, with Scotland now training almost twice as many students per head of population as England. Students themselves are clear: 85 per cent believe there are already too many medical students at their university, and more than four in five believe current intakes are already too high and should be reconsidered in light of teaching and training capacity.

2. Students describe educational quality and clinical training already being compromised.

Three quarters of students report reduced access to teaching, over six in ten have been turned away from placements, and nearly two thirds have been denied scheduled teaching, indicating routine failure to deliver core elements of training.

3. Students report that clinical placements are overcrowded and patient experience is being affected.

More than four in five students report negative impacts on placements, with overcrowding, reduced supervision, and limited learning opportunities now widespread across Scotland.

4. The training pipeline is structurally misaligned and confidence in progression has collapsed.

While student and foundation numbers have increased, specialty training posts have not kept pace. 97 per cent of medical students believe current intake levels will limit access to specialty training. UK wide data also indicate growing instability at the point of exit from foundation training, with 17 per cent of F2 respondents in 2025 still seeking work in the UK at the time of the UKFPO survey. Among those who applied for core or specialty training, 33 per cent were unsuccessful.

5. Anxiety about unemployment is near universal and future doctors are already planning to leave.

99 per cent of respondents are worried about unemployment after foundation training, and almost one third plan to leave the UK or leave medicine entirely, directly undermining workforce retention.

Executive Summary

Since 2015, medical student numbers in Scotland have increased by 72 per cent, rising from 3,928 to 6,761 students. Scotland now trains almost twice as many medical students per head of population as England. This expansion has taken place without equivalent growth in teaching staff, clinical placements, training posts, or employment opportunities.

This report presents the findings of a national survey of 549 medical students across all Scottish medical schools and all stages of training. Per most recent figures, this represents approximately 8 per cent of all medical students currently studying in Scotland. The findings are clear and point to students' concerns about the growing pressure on the capacity of the education and training system to support current intakes effectively. Respondents described how the consequences are being felt across education quality, wellbeing, and future workforce sustainability.

Students report widespread overcrowding and loss of educational opportunity. 85 per cent believe there are too many medical students at their university, and nearly three quarters believe that current numbers are not compatible with high quality education and training. More than three quarters report reduced access to teaching and learning resources, more than six in ten reported being turned away from scheduled clinical placements, and nearly two thirds reported being denied teaching they were meant to receive. These concerns were reported across institutions and year groups, indicating sustained pressure on the delivery of core elements of medical training.

The impact during clinical placements is particularly severe. More than four in five students report that large numbers of students have negatively affected their placements, with overcrowded wards and clinics limiting hands on experience and patient engagement. On placement, students describe diluted learning, competition for basic clinical exposure, and repeated cancellation of teaching. Students report that some patients may feel affected, with students reporting discomfort and compromised learning environments. Students report patients also being affected through overcrowded placements. These findings indicate a system operating beyond capacity.

Most concerning are the implications for Scotland's future medical workforce. Among our respondents, anxiety about employment was near universal. 99 per cent of respondents are worried about unemployment after foundation training, and 97 per cent believe current intake levels will limit access to specialty training. Almost one third plan to leave the UK or leave medicine altogether, with the vast majority citing the recruitment crisis as a contributing factor. Expansion intended to strengthen the workforce is instead actively undermining student confidence, retention, and long-term sustainability.

While the Medical Training (Prioritisation) Act 2026 to prioritise UK trained graduates will improve employment prospects of Scotland's medical graduates, it does not address the fundamental problem that under current workforce plans, numbers of graduating students will outnumber training posts by two to one. There are simply not enough training or employment posts.

The findings in this report present a strong and consistent warning. Medical students in Scotland report that current numbers have grown beyond the capacity of the education and training system and beyond the capacity of the workforce pipeline to absorb them. Incremental adjustments will not be sufficient. Without urgent action to re-align student intake with teaching capacity, clinical placements, training posts, and employment opportunities, Scotland risks degrading medical education, worsening workforce attrition, and squandering a major public investment in training future doctors.

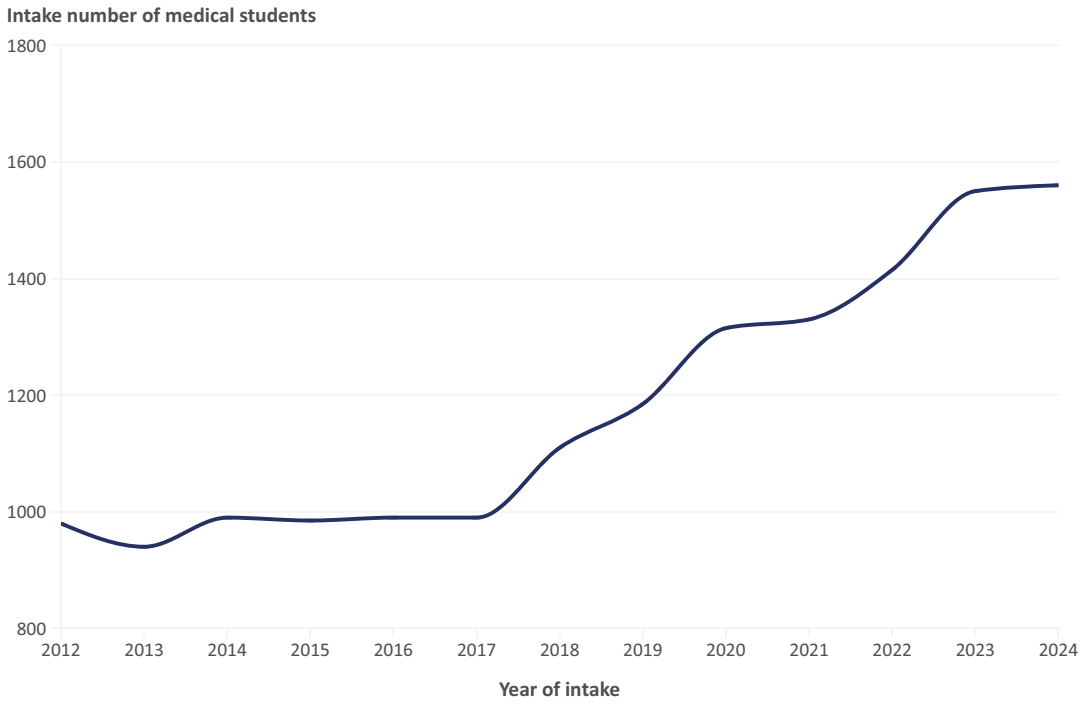
This report calls for immediate reassessment of medical student intake levels alongside actions to improve teaching capacity, integrated planning across education and employment, protection of clinical training capacity, and formal embedding of medical student evidence in workforce decision making. The choice now facing policymakers is clear: restore balance to the system, or simply allow the erosion of education quality, workforce confidence, and patient care.

1. Background and Policy Context

Background

Since 2015, the number of medical students in Scotland has increased from 3,928 to 6,761, representing a 72 per cent rise. Annual intakes have risen steadily since 2013, with the most pronounced growth occurring from 2020 onwards. More than 1,500 new medical students now enter Scottish medical schools each year. Scottish Government policy has indicated an intention to increase intakes further to 1,800 during the current parliamentary term, although this has not yet been achieved.

There has been a sharp increase of students at medical schools in Scotland in recent years

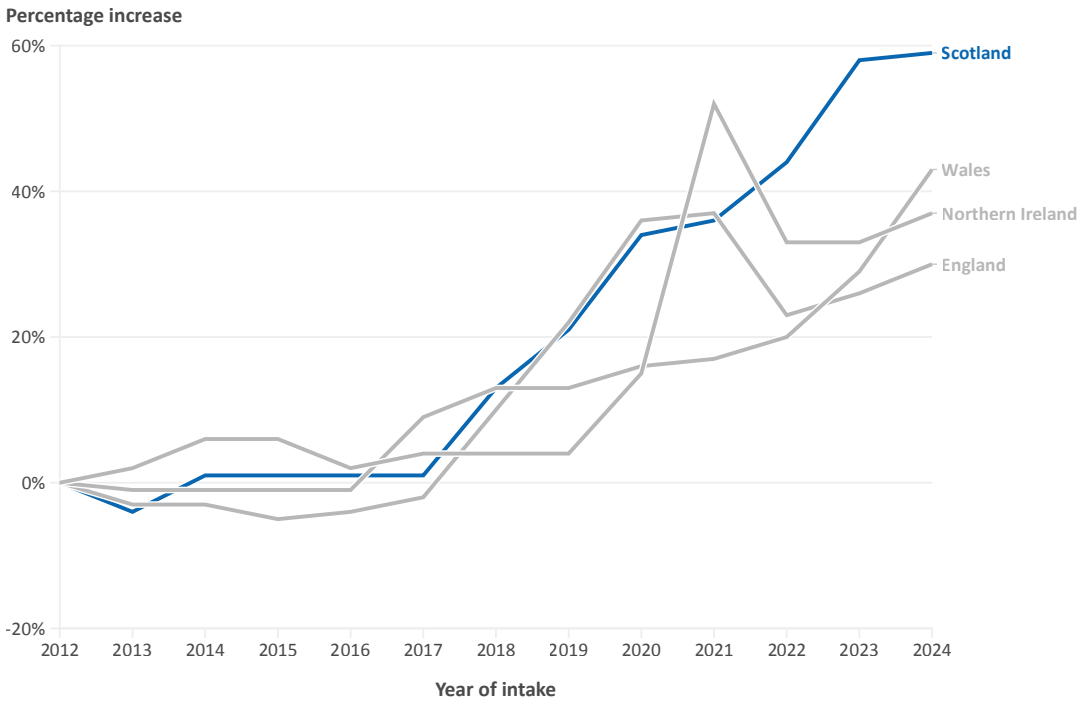


Source: Medical and Dental Students survey (MDS) (National Archives for 2016 and before), Medical and Dental Students survey (MDS) Office for Students for data for 2017 and after

This pace and scale of growth represents a significant structural shift in medical education in Scotland. Unlike other UK nations, recent increases have largely been absorbed within existing medical schools rather than through the establishment of new institutions. As a result, substantially larger cohorts are being accommodated within existing teaching and clinical environments originally designed for smaller student numbers. The graph below illustrates how the rate of expansion in Scotland compares with other UK nations, showing that Scotland has experienced a faster and more concentrated increase in medical student numbers over the same period.

The increase in medical students in Scotland outstrips that of every other UK nation

This graph shows the percentage increase in medical students across the UK since 2012



Source: Medical and Dental Students survey (MDS) (National Archives for 2016 and before), Medical and Dental Students survey (MDS) Office for Students for data for 2017 and after

This expansion has also resulted in a much higher concentration of medical students relative to population size than elsewhere in the UK. Current estimates suggest Scotland now has almost twice as many medical students per head of population as England. This higher density places disproportionate pressure on shared clinical environments, particularly in smaller hospitals and regional placements, and helps explain why overcrowding is being experienced so acutely across Scotland.

Since 2024, the British Medical Association Scottish Medical Students Committee (SMSC) has been raising concerns about the implications of further expansion without corresponding investment in teaching capacity, clinical placements, and training pathways. In response, SMSC designed and distributed a national survey in November 2025 to quantify how existing expansion is affecting students' educational experience and their confidence in future career progression as resident doctors.

This work is particularly timely in the context of the Scottish Government's Future Medical Workforce project, which seeks to improve workforce planning in order to deliver high quality, sustainable care for patients. However, medical students were not included in the Scottish Government's national survey, which was limited to qualified doctors. While the Future Medical Workforce project also reports engagement with "doctors and medical students" through focus groups, medical students were only a

minority of participants, with fewer than 40 students among the 207 total attendees, based on the published role breakdown. By contrast, the SMSC survey has captured responses from 549 medical students across all Scottish medical schools and all stages of training. This makes it the only Scotland-wide dataset focused exclusively on medical students, and the only quantitative evidence base on the lived experience of medical students during the current phase of rapid expansion.

Structural constraints within the system further limit the ability to respond to emerging pressures. Historically, a bid process determined which universities secured newly funded medical school places. In recent years, intake increases have been imposed centrally, with universities facing financial penalties if they recruit more than three per cent below their allocated intake.

Medical students' concerns also sit within a wider pattern across the health workforce. Other professional groups, including nursing, midwifery, and paramedic training programmes, have experienced rapid expansion in recent years, in some cases alongside rising levels of unemployment or constrained progression for newly qualified staff. These parallels underline the importance of interpreting these graphs not simply as indicators of growth, but as evidence of a workforce system under sustained and increasing pressure.

Workforce Planning

The expansion of medical student numbers in Scotland has taken place against a backdrop of ongoing work on workforce planning, including the Scottish Government's Future Medical Workforce programme. Central to this work is the principle that workforce supply should be aligned with service demand, training capacity, and the delivery of safe, high quality patient care.

BMA Scotland has consistently called for a coherent, long term, whole system medical workforce strategy to address escalating pressures across the profession. Persistent vacancies, constrained career progression, under employment and unemployment, rising workloads, and inadequate training capacity are now well-established challenges, with clear implications for patient safety and doctor wellbeing. Within this context, the experience of medical students provides an early and critical signal of a system under substantial strain.

Concerns raised by medical students mirror those expressed elsewhere in the profession. Increases in student numbers have not been matched by equivalent investment in clinical teaching capacity, placement availability, or downstream training posts. Universities have limited scope to reduce intakes once places are allocated, while health boards and clinical services face ongoing service pressures that restrict their ability to absorb growing numbers of learners. Similar challenges have been observed across other healthcare professions in Scotland, where rapid expansion of training places has coincided with constrained employment opportunities for newly qualified staff.

It is within this policy and workforce context that SMSC undertook this survey, with the aim of capturing students' experiences of recent expansion and assessing whether current intake levels are compatible with high quality education, effective training, and realistic career progression.

Survey Purpose and Significance

This survey sought to understand how increased medical student numbers are being experienced by students themselves, focusing on three key areas:

- the quality of education and learning opportunities
- access to teaching, clinical placements, and educational resources
- perceptions of career progression and employment prospects following graduation

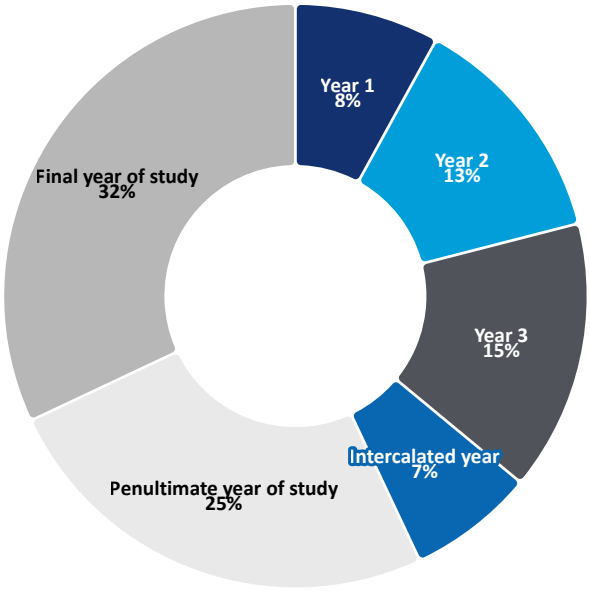
A total of 549 responses were received from medical students across all Scottish medical schools and across all years of study. This represents around 8 percent of the Scottish medical student population and provides an important snapshot of student experience at a national level. Responses were received from medical students at all stages of their training, offering a valuable insight into how expansion is affecting learning environments.

The scale, breadth, and consistency of the responses give this dataset weight. The findings do not reflect isolated dissatisfaction or localised issues but instead point to experiences and concerns that are shared across multiple institutions. As a voluntary survey, the findings should be interpreted as a warning signal and provide a useful evidence base to inform ongoing discussions about medical student intake levels, training capacity, and future workforce planning in Scotland.

2. Survey Design and Respondent Profile

The survey on medical student numbers and experience was conducted in late 2025 and distributed to medical students across all Scottish medical schools. Responses were received from every institution and from students at all stages of training, from early pre-clinical years through to final year. The dataset captures perspectives from those primarily based on campus as well as students embedded in clinical placements, allowing for a rounded view of how expansion is being experienced across the full medical education pathway.

Medical students in Scotland from all year groups responded to the survey...



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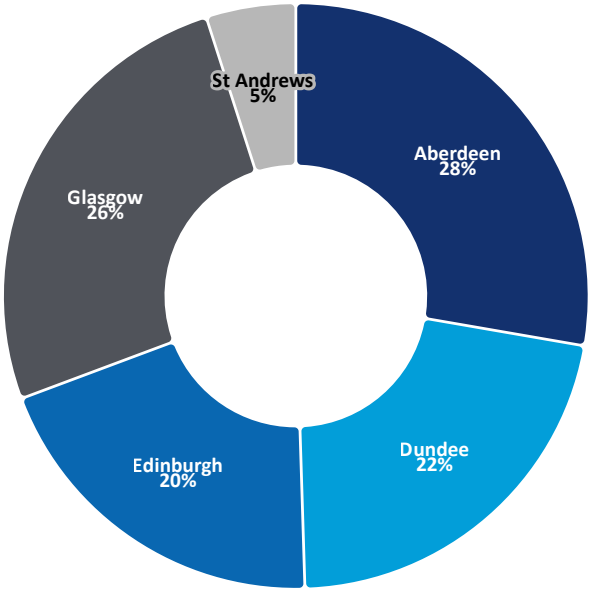
...and from all five medical schools.



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Respondents reflected the range of routes into medicine in Scotland, including standard and graduate entry programmes, intercalated study, and widening access pathways. Most respondents were Scottish domiciled, with representation from rest of UK and international students. As with any voluntary survey, there is some degree of self-selection, and responses are weighted slightly towards students in later years who have greater exposure to clinical environments. However, the breadth of participation across schools, years, and programmes, alongside the consistency of responses across multiple questions, provides important insights into the student experience.

Taken together, the scale, distribution, and internal consistency of responses indicate that these concerns are present across multiple institutions and year groups. The dataset provides a clear indication of the strength of feeling across the current intake levels across Scotland.

3. Impact of Expansion on Education and Clinical Training Capacity

The rapid expansion of medical student numbers is perceived by students to be placing significant pressure on teaching staff, physical infrastructure, and the clinical placement system. Students report widespread loss of access to teaching, degraded supervision, and instances where scheduled education is not delivered as planned, alongside overcrowded and oversubscribed placements that no longer provide reliable supervised learning. Taken together, these findings indicate perceived strain within training environments.

(i) Teaching capacity, supervision, and academic workforce constraints

Access to teaching and learning resources

Reduced access to teaching and learning resources is one of the most consistently student reported impacts of expansion. More than three quarters of respondents stated that increased student numbers have resulted in less access to teaching and educational resources. This loss of access is borne out by direct experience. Nearly two thirds of respondents reported being denied teaching they were scheduled to receive, most commonly because clinical staff were too busy or because there were too many students present at the same time. These findings indicate that students report that access to some core learning opportunities is not being delivered.

"Not everyone gets a turn [at clinical skills sessions] because there are too many people."

Year 3 student, University of Aberdeen

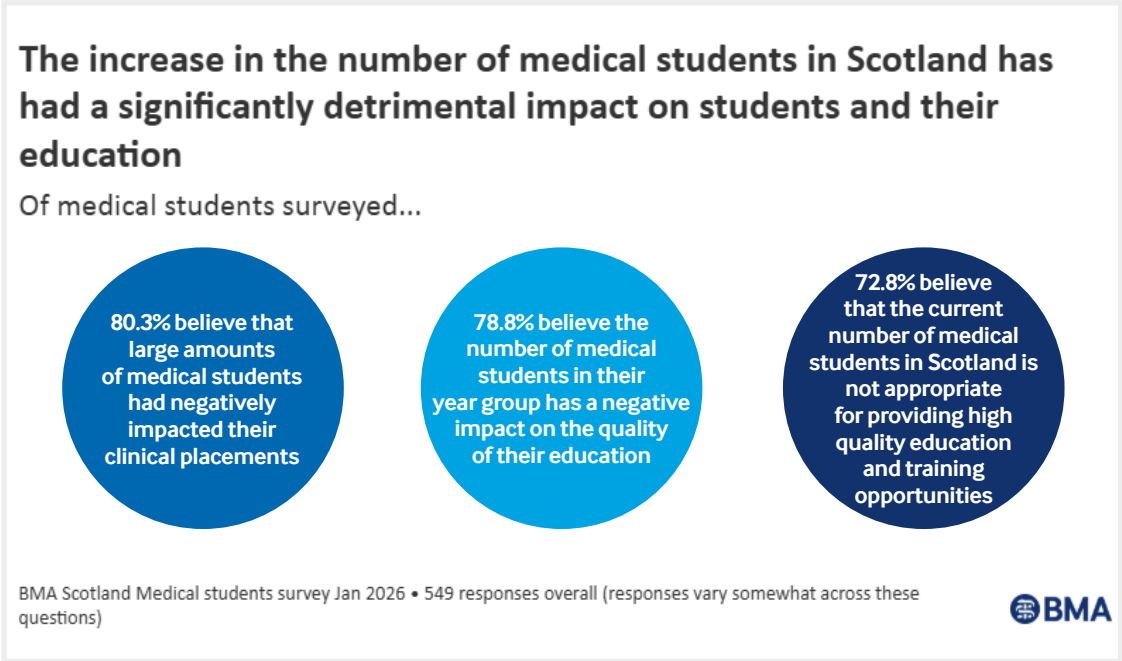
Cohort size and quality of education

The impact of cohort size on education quality is pronounced. Among students who had noticed an increase in numbers, almost four in five reported that the size of their year group had a negative effect on the quality of their education. Importantly, this effect is not evenly distributed. A substantial proportion of respondents describe the impact as very negative, indicating a perception of substantial impact on the learning experience by students.

These concerns extend beyond individual cohorts. More than seven in ten students reported that the overall number of medical students across their medical school had a negative impact on their own education. This reflects systemic pressure on shared teaching, supervision, and learning environments, rather than isolated problems within particular year groups.

Clinical placements and supervised learning

Clinical placements are particularly affected by increased student numbers. More than four in five respondents reported that large numbers of students had negatively impacted their clinical placements. Over six in ten students said they had been turned away from a scheduled placement, most often because staff were too busy or because excessive numbers of students were already present. These placements represent essential components of medical training.



"Sometimes people have to sit on the floor in lectures, there have sometimes been upwards of 8-12 students on one ward at a time"

Final year student, University of Dundee

Capacity, continuity, and educational support

Pressures arising from expansion are also evident in supervision, continuity, and the wider learning environment. More than four in five students reported that their medical school does not have adequate infrastructure for the current number of students, including lecture theatres, anatomy facilities, and clinical skills spaces. Over nine in ten reported that increased student numbers had reduced staff ability to supervise, observe, and provide feedback, weakening core training functions.

Academic capacity and the medical education workforce

Medical student numbers in Scotland have risen sharply, but the medical academic workforce has not. National data show that the number of medical academics has remained broadly unchanged for around two decades, leaving Scotland with similar academic staffing levels to those seen in the mid-2000s, despite a substantially larger student population.

This mismatch was perceived to place additional pressure on education delivery. Medical academics play a central role in teaching, supervision, curriculum leadership, and the integration of research into clinical practice. A failure to fund the expansion of the academic workforce, combined with an ageing workforce and approaching retirements, further constrains the system's ability to absorb larger cohorts safely and effectively.

Without urgent action to rebuild and sustain the medical academic workforce, expansion in student numbers risks further weakening teaching capacity, reducing exposure to academic medicine, and posing challenges for sustaining Scotland's ambitions for high quality education, research, and evidence based clinical practice.

These pressures do not imply that the Scottish system is producing lower quality graduates and should not raise questions on their fitness to practise. They highlight the extent to which high quality training is being sustained despite increasingly stretched environments – and the risks of allowing this to go unaddressed

Overall, the evidence demonstrates that increased medical student numbers are already exceeding educational capacity. Students report a negative impact on training quality, readiness for practice, and concern over their prospective progression beyond graduation.

(ii) Oversubscribed Clinical Placements

Clinical placements are where the consequences of increased medical student numbers are most clearly and consistently felt. The survey findings show that pressures on placements are widespread across medical schools and clinical settings, rather than being confined to locations or specialties. For many students, placements no longer provide reliable access to supervised learning, and in some cases do not take place at all.

Overcrowding and reduced learning opportunities

More than four in five respondents reported that large numbers of medical students had negatively affected their clinical placements. Students described overcrowded wards and clinics, competition for limited learning opportunities, and reduced chances to engage meaningfully in clinical activity. Being present on placement does not necessarily translate into participation, supervision, or feedback.

Students consistently linked increased numbers to diluted learning experiences. Rather than structured teaching and hands on exposure, placements were often described as observational, fragmented, or dominated by waiting for opportunities to arise. Students report adapting by avoiding high pressure sites, chasing peripheral placements, or disengaging from placements perceived as low value. These coping strategies are rational responses to congestion but they risk widening inequity, undermining consistent educational standards.

(iii) Impact on patients and the learning environment

Students also raised concerns about the impact of overcrowding on patients. Respondents described situations in which large groups of students were present for consultations or ward rounds, making patients uncomfortable and limiting opportunities for sensitive discussion. In some cases, patients declined to engage, reducing learning opportunities while also raising concerns about fairness and consent.

Competition for basic clinical experiences, such as procedures or patient assessments, was also repeatedly reported. Students described environments where the need to secure sign offs took precedence over patient centred learning, creating experiences that were unsatisfactory for both patients and learners.

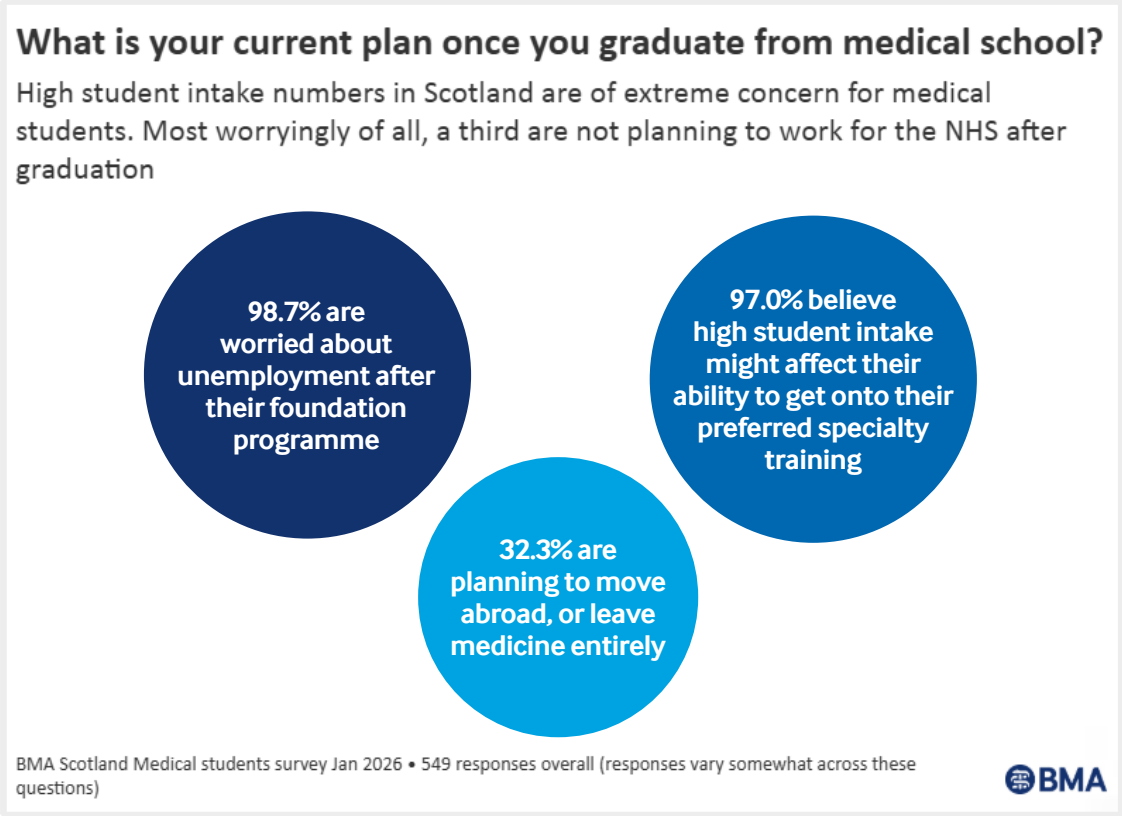
"I think it's terrible for patient wellbeing when they have a massive group of medical students there"

Year 3 student, University of Aberdeen

The survey findings clearly show that increased medical student numbers are putting the delivery of clinical education at risk. Placements are overcrowded, teaching is routinely cancelled or curtailed, supervision is stretched, and patient experience is affected. These are not isolated incidents but recurring features of the current training environment, highlighting the significant capacity pressures within the current systems.

4. Future Workforce and Career Impact

The findings set out in this report point to a clear risk for Scotland's future medical workforce. Students report progressing through medical school in increasingly constrained learning environments, while simultaneously facing profound uncertainty about training progression and employment. The result is a cohort entering the workforce less confident, more anxious, and increasingly unsure whether there is a viable future for them within Scotland's health system.

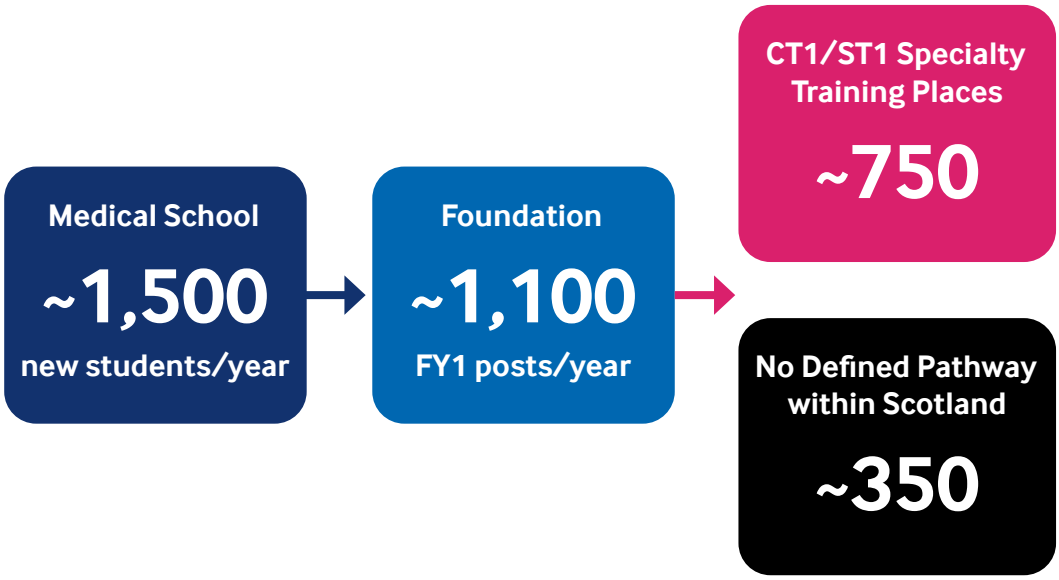


Preparedness for clinical years and foundation training

40 per cent of final-year respondents are unsure, or actively do not feel they are adequately prepared for their foundation training. This aligns with earlier findings of missed teaching opportunities and oversubscribed placements, indicating that scale is eroding the volume and quality of clinical exposure required for readiness. This has implications for confidence, supervision needs, and early career support as doctors enter practice.

Expansion has also altered the training environment for foundation doctors. As student numbers rise, foundation doctors increasingly absorb clinical opportunities and responsibilities that previously supported undergraduate learning. This intensifies competition for experience at both levels, reduces protected training time for foundation doctors, and contributes to wider dissatisfaction across the early postgraduate workforce.

These concerns reflect a structural mismatch within the training pathway. While medical school intakes and foundation posts have expanded, the number of available specialty training posts has not kept pace. Each stage of progression narrows sharply, leaving a growing cohort without a clear or supported route into further training. For students, this is experienced not as abstract workforce planning failure, but as a foreseeable and unavoidable bottleneck.



Medical career pathway for students graduating in Scotland. Source: Office for Students intake 2024, UKFPO 2025, and NES fill rates 2025 respectively. Note: Foundation places scale with graduating class sizes.

Anxiety about unemployment after foundation

Concern about future employment amongst respondents is near universal and represents the most extreme finding in the survey. 98.7 per cent of respondents reported being worried about unemployment following completion of the foundation programme. This is one of the strongest findings in the survey and reflects a profound loss of confidence in the training pipeline.

For many students, the prospect of completing medical school and foundation training without access to further employment or training represents a fundamental breach of expectations. This anxiety is already shaping career planning and decision making well before graduation. Free text responses also show loss of trust in workforce planning. Students describe a sense of having been misled about realistic training pathways and job security. This perceived breach of expectations is contributing to disillusionment and accelerating decisions to leave.

"I am petrified of my future security. I feel we have all been mis-sold a dream of job security despite making sacrifices to our personal lives and finances."

Final year student, University of Glasgow

Proposed legislation on graduate prioritisation

The Medical Prioritisation Act (2026) introduces legislation prioritising doctors who trained in the UK for NHS posts indicate growing recognition of the severity of the medical employment crisis. Importantly, prioritisation alone does not create additional training or employment posts. Without substantial expansion in foundation, specialty training, and substantive roles, the underlying imbalance between the number of medical graduates and available opportunities will remain. The findings in this report therefore highlight risks that cannot be addressed by prioritisation measures alone and underline the need for wider, system-level workforce planning.

Access to specialty training

Concerns intensify when students consider progression beyond foundation. 97 per cent of respondents believed that current student intake levels would significantly or moderately impact their ability to access their preferred specialty training. This reflects widespread awareness of training bottlenecks and stagnant numbers of specialty posts, set against rapidly expanding student cohorts.

Students described a system in which competition is increasing while opportunities are not, leading to prolonged periods in non-training roles, repeated application cycles, or forced changes in career direction. This is already undermining confidence in long term workforce planning and retention.

"[It] feels like we are setting up future doctors for failure if we don't have enough specialty training posts for them on the other side"

Final year student, University of Edinburgh

Intentions to leave the UK or medicine

These pressures are translating into tangible intentions to leave. Almost one third of respondents reported plans to move abroad to practise medicine or to leave

medicine entirely, either before or after foundation training. Among those planning to leave, 94.3 per cent said that the current recruitment crisis had contributed to their decision.

This represents a serious warning signal. Expansion of medical school places is intended to strengthen the workforce, yet current conditions are actively driving future doctors away from Scotland and, in some cases, from the profession altogether.

"All my family are from Scotland and I'm worried I'm going to have to leave the UK just so I can have a job."

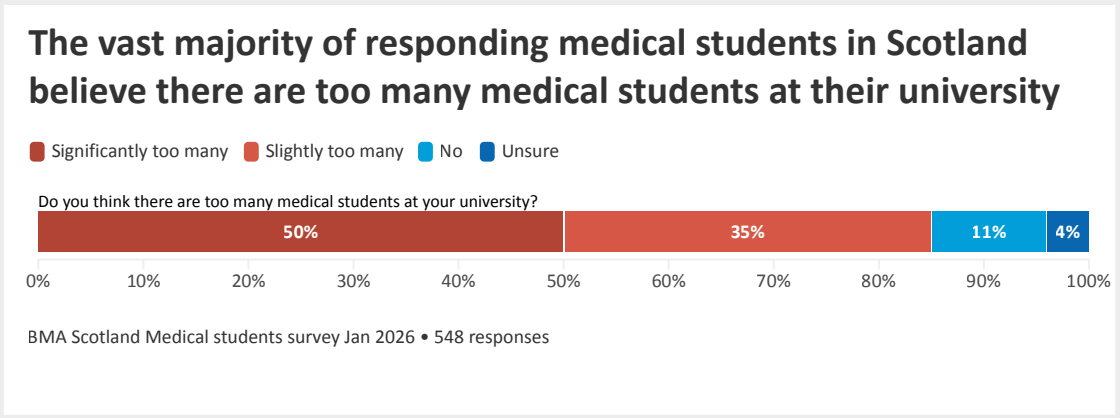
Second year student, University of Glasgow

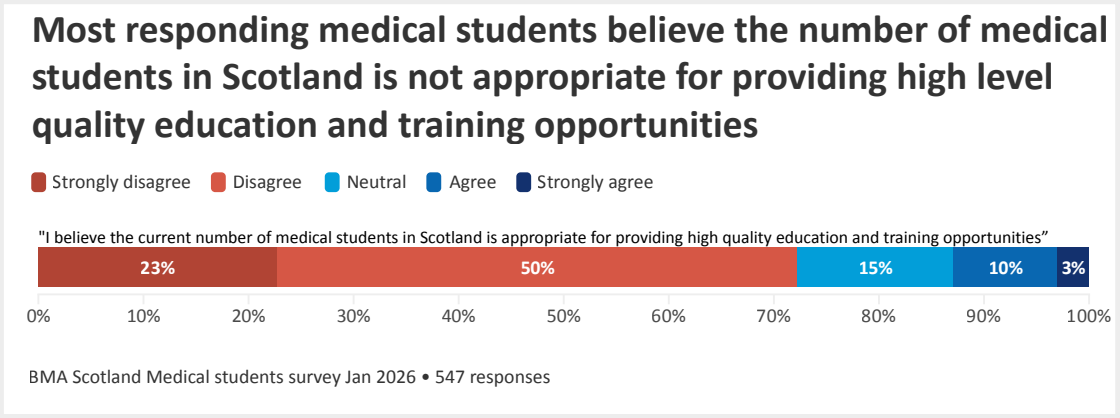
Taken together, these findings show a training pipeline under severe strain. Students report reduced preparedness, overwhelming anxiety about employment, limited access to specialty training, and growing intentions to leave the system entirely. These are not abstract risks. They are already shaping behaviour and career decisions.

Without urgent action to align student numbers with training capacity, employment opportunities, and workforce demand, Scotland risks investing heavily in medical education while losing the doctors it trains. The consequences for workforce sustainability, patient care, and public trust are significant and foreseeable.

5. Perceptions of Student Numbers and Capacity

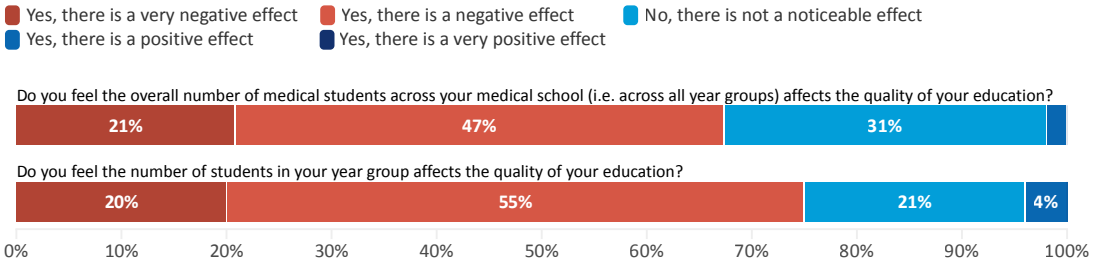
The survey shows overwhelming agreement among medical students who responded that current intake levels exceed system capacity. 85 per cent of respondents believe there are too many medical students at their university, with almost half describing the situation as significantly overcrowded. This is not a marginal concern. It reflects a strong and consistent assessment across institutions and year groups that expansion has moved beyond manageable limits.





This view is reinforced at a national level. Nearly three quarters of respondents disagree that the current number of medical students in Scotland is appropriate for delivering high quality education and training. Students are therefore not only responding to local pressures, but expressing a clear judgement that the overall scale of expansion is incompatible with educational quality.

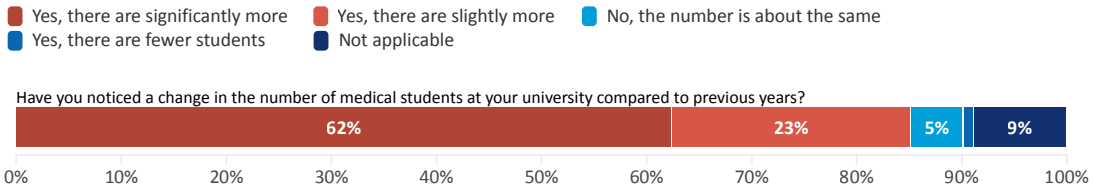
Responding medical students in Scotland feel the increase in the number of students has negatively affected their education



BMA Scotland Medical students survey Jan 2026 • 546 responses The figure for those who said to the second question that 'yes, there is a positive effect' is 2%

Students' views are grounded in observed change. More than eight in ten respondents reported noticing an increase in medical student numbers compared to previous years, with almost two thirds describing the increase as significant. Among those who had noticed rising numbers, almost four in five reported a negative or very negative effect on the quality of education within their own year group, and over seven in ten reported similar impacts across their medical school as a whole. These perceptions are closely linked to reduced access to teaching, learning opportunities, and clinical exposure.

The vast majority of responding medical students have noticed there are more medical students in their university compared to previous years



BMA Scotland Medical students survey Jan 2026 • 548 responses The figure for those who

These concerns translate into a clear position on future intake. Over 80 per cent of respondents believe current intake levels should be reconsidered in light of teaching and training capacity.

Notably, when asked to identify the single most important issue arising from increased student numbers, responses were split between concerns about future employment and the quality of education during medical school, indicating that students experience the impact of expansion as both immediate and future facing.

"We're often told at placement there are too many of us... and it significantly hampers learning opportunities"

Final year student, University of Glasgow

Taken together, these findings demonstrate a clear consensus that current medical student numbers have exceeded educational capacity.

Conclusion

This report presents evidence showing medical student's concerns that the expansion of medical student numbers in Scotland has moved beyond the capacity of the education and training system to support it. Drawing on experiences from students across all Scottish medical schools and all stages of training, the findings demonstrate that growth in student numbers has not been matched by the investment required to sustain high quality teaching, clinical placements, supervision, or workforce progression.

The impacts described are not speculative or future facing. They are already embedded in the delivery of medical education. Overcrowded learning environments, routine loss of scheduled teaching, constrained clinical exposure, and reduced supervision are now common features of training. These failures are reported consistently across institutions and cohorts. The evidence indicates that medical student numbers in Scotland have reached, and in some cases exceeded, the point at which further expansion can be absorbed without harm.

The consequences are increasingly visible in students' confidence about the future. Medical students report feeling less prepared for clinical practice, deeply anxious about unemployment after foundation training, and pessimistic about access to specialty training. For many, these pressures are already shaping career decisions, including intentions to leave Scotland or medicine entirely. This directly contradicts the stated aim of expansion, which is to strengthen and stabilise the medical workforce.

The findings of the survey and this report constitute a clear warning. Expanding or even maintaining current medical student numbers without parallel investment across education, training, and employment risks degrading training quality, worsening retention, and undermining trust in workforce planning. Scotland is making a substantial investment in training future doctors. Without urgent action to align student numbers with system capacity, that investment risks being squandered, to the detriment of patients, professionals, and the long-term sustainability of the NHS.

Next Steps and Recommendations

The evidence in this report is stark. Medical student numbers in Scotland have increased beyond the capacity of the education and training system to support them safely or effectively. Incremental adjustments will not be sufficient. Meaningful action is now required to support the sustainability of training environments in educational quality, workforce confidence, and long-term retention.

Reassess medical student intake levels

A full and urgent review of medical school intake levels is required, grounded in realistic assessment of teaching capacity, placement availability, supervision, and training progression. The survey finding reports the negative impact the current numbers are having on students. Reassessment of intake must now be considered a necessary corrective measure where capacity has not been expanded appropriately, rather than an extreme or last resort option. The choice is simple, policy makers must plan for and invest in providing the high-quality education medical students need, or reduce the numbers in training to levels the system can effectively cope with

Align education and training to workforce planning and future employment

Medical student expansion must be explicitly linked to foundation, specialty training, and future consultant/GP numbers. Failure to do so simply displaces pressure along the pathway, creating unemployment, prolonged non training roles, and avoidable attrition. Workforce planning must operate as a single, integrated system, with clear responsibility for outcomes at each stage. Every medical student should have a reasonable chance of becoming the consultant or GP of the future.

Safeguard educational quality and clinical placements

Loss of scheduled teaching, overcrowded placements, and limited supervision were frequently reported. This raises concerns about sustainability of educational delivery and patient comfort during teaching encounters. Robust monitoring of placement capacity and educational delivery is required, with defined thresholds that trigger action where standards are no longer met. Investment across pre-clinical and clinical education is essential, including expanding the medical academic workforce, to ensure we can properly train the next generation of doctors.

Embed medical student experience evidence in workforce planning

Medical students experience system-level challenges first. Their experience evidences an early and reliable indicator of workforce risk and must be formally embedded via BMA student representation in planning and decision making at national and institutional level.

If current trends continue, Scotland risks investing heavily in medical education while actively undermining the conditions required to retain and develop the doctors it trains. The consequences are already visible in student experience, preparedness, and career intentions. This report provides a clear and credible evidence base that the system is under significant and increasing pressure. The choice now is whether to act decisively to restore balance, or to allow further erosion of education quality, workforce confidence, and public trust.

Appendix 1
Concentration calculations

Per the most recent ONS data of population estimates of the UK and its constituent nations, there are 58,620,101 individuals in England, and 5,546,900 in Scotland in mid-2024.

The total amount of medical students in England currently studying is not publicly available information currently. However, by totalling the intakes (per previously noted OfS figures) of the previous 5 years (as this is the usual length of medical school), we can roughly infer the number of students. The number of medical students studying in Scotland may be on the NES website, found here.

With these calculations, we can find that in 2024, there were approximately 68.9 medical students per 100,000 people in England, and 119.3 per 100,000 in Scotland. This represents approximately 70 per cent more medical students in Scotland than England, per head of population.

This is not a precise number and should not be taken as such. It merely gives an idea to the large difference in medical student relative headcount between England and Scotland.

Appendix 2
Survey Questions

Section 1: Demographic Information

1. What is your current year of study?

- ☐ Year 1
- ☐ Year 2
- ☐ Year 3
- ☐ Intercalated year
- ☐ Penultimate year of study
- ☐ Final year of study

2. Which medical school do you attend?

- ☐ Aberdeen
- ☐ Dundee
- ☐ Edinburgh
- ☐ Glasgow
- ☐ St Andrews

3. What type of programme are you currently studying?

- ☐ Standard MBChB
- ☐ Graduate-entry MBChB
- ☐ Intercalated degree
- ☐ ScotGEM (St Andrews)
- ☐ ScotCOM (St Andrews)
- ☐ ScotGEM (Dundee)

Section 2: Experience with Student Numbers

4. Do you think there are too many medical students at your university?

- ☐ Yes, significantly too many
- ☐ Yes, slightly too many
- ☐ No
- ☐ Unsure

5. To what extent do you agree with the following statement: "I believe the current number of medical students in Scotland is appropriate for providing high quality education and training opportunities"

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

6. Have you noticed a change in the number of medical students at your university compared to previous years?

- ☐ Yes, there are significantly more
- ☐ Yes, there are slightly more
- ☐ No, the number is about the same
- ☐ Yes, there are fewer students
- ☐ Not applicable

7. Do you feel the number of students in your year group affects the quality of your education?

- ☐ Yes, there is a very positive effect
- ☐ Yes, there is a positive effect
- ☐ No, there is not a noticeable effect
- ☐ Yes, there is a negative effect
- ☐ Yes, there is a very negative effect

8. Do you feel the overall number of medical students across your medical school (i.e. across all year groups) affects the quality of your education?

- ☐ Yes, there is a very positive effect
- ☐ Yes, there is a positive effect
- ☐ No, there is no noticeable effect
- ☐ Yes, there is a negative effect
- ☐ Yes, there is a very negative effect

9. Do you believe an increase in student numbers, or the overall number of students, has impacted your access to teaching and resources?

- ☐ Yes, there is more access to teaching/resources
- ☐ Yes, there is less access to teaching/resources
- ☐ I feel there is no impact on access to teaching/resources from increased student numbers
- ☐ Not sure

10. Have large amounts of medical students impacted your clinical placements? (e.g. access to theatre or on-ward learning opportunities)

- ☐ Yes, positively
- ☐ Yes, negatively
- ☐ No noticeable effect

11. To you, what is the biggest issue relating to increased student numbers?

- ☐ Reduced opportunities during clinical placements
- ☐ Reduced learning opportunities in dedicated teaching sessions
- ☐ Overcrowded study spaces or facilities (such as lecture theatres, or anatomy labs)
- ☐ Fewer opportunities for individual support
- ☐ Future unemployment
- ☐ I don't think there is an issue with increased student numbers

12. Have you ever been turned away from a scheduled clinical placement? (tick all that apply)

- ☐ Yes, due to excessive numbers of students on the placement
- ☐ Yes, due to clinical staff being too busy
- ☐ Yes, for another reason (please specify below)
- ☐ I have never been turned away from a scheduled clinical placement

13. If you answered 'Yes, for another reason' to question 15, please specify:

_____

14. If you answered yes to question 15, how frequently, on average?

- ☐ 1-2 times per week
- ☐ 3-5 times per week
- ☐ Monthly
- ☐ Does not happen

15. Have you ever been denied teaching that you were scheduled to receive? (tick all that apply)

- ☐ Yes, due to excessive student numbers
- ☐ Yes, due to clinical staff being too busy
- ☐ Yes, for another reason (see below to enter)
- ☐ I have never been denied teaching

16. If you answered 'Yes, for another reason' to question 18, please specify:

_____

17. How frequently, on average? (if yes to question 18)

- ☐ 1-2 times per week
- ☐ 3-5 times per week
- ☐ Monthly
- ☐ Does not happen

18. Do you feel that increased student numbers have reduced opportunities for staff to get to know you? (e.g. advisors of studies, personal tutors, teaching staff)

- ☐ Yes, significantly
- ☐ Yes, slightly
- ☐ No, there is no noticeable impact
- ☐ Not sure

19. Do you feel that your medical school has adequate infrastructure for the current quantity of students? (e.g. lecture hall capacity, anatomy lab space, locker facilities, etc)

- ☐ Yes, more than enough
- ☐ Yes, sufficient space
- ☐ No, just not enough
- ☐ No, nowhere near enough

20. Has the number of students, or increasing student numbers, affected your stress levels or wellbeing? (e.g., due to impacts on future employment)

- ☐ Yes, negatively
- ☐ Yes, positively
- ☐ No noticeable effect

21. Have increased student numbers affected your ability to access student support or welfare services?

- ☐ Yes, significantly
- ☐ Yes, slightly
- ☐ No, there is noticeable impact
- ☐ Not sure

Section 3: Future Planning

22. Do you feel adequately prepared for your clinical years (if pre-clinical) or foundation training (if clinical)?

- ☐ Yes
- ☐ No
- ☐ Not sure

23. Do you feel current student intake levels might impact your ability to access your preferred specialty training?

- ☐ Yes, significantly
- ☐ Yes, moderately
- ☐ No difference

24. Do you think intakes to your medical school should increase, reduce, or stay the same?

- ☐ Significantly increase
- ☐ Increase
- ☐ No changes needed
- ☐ Decrease
- ☐ Significantly decrease

25. What is your current plan once you graduate from medical school?

- ☐ Complete foundation years, and enter speciality training within the UK
- ☐ Complete foundation years, and change careers from practicing medicine
- ☐ Move abroad to practice medicine (before or after foundation years)
- ☐ Leave medicine completely, without completing foundation years
- ☐ Other

26. If you answered 'other' to question 25, please specify:

_____

27. If you are planning to leave the UK or medicine permanently, has the current recruitment crisis contributed to this?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ I plan to stay in the UK

28. Are you currently worried about unemployment following completion of the foundation programme?

- ☐ Yes, very worried
- ☐ Yes, somewhat worried
- ☐ I am not worried about post-FY2 unemployment

29. Any additional comments about your experiences or thoughts around increased student numbers?

- ☐ Please feel free to share specific examples. (e.g. experience of congestion on placements, impact on teaching/wellbeing/ future planning)

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