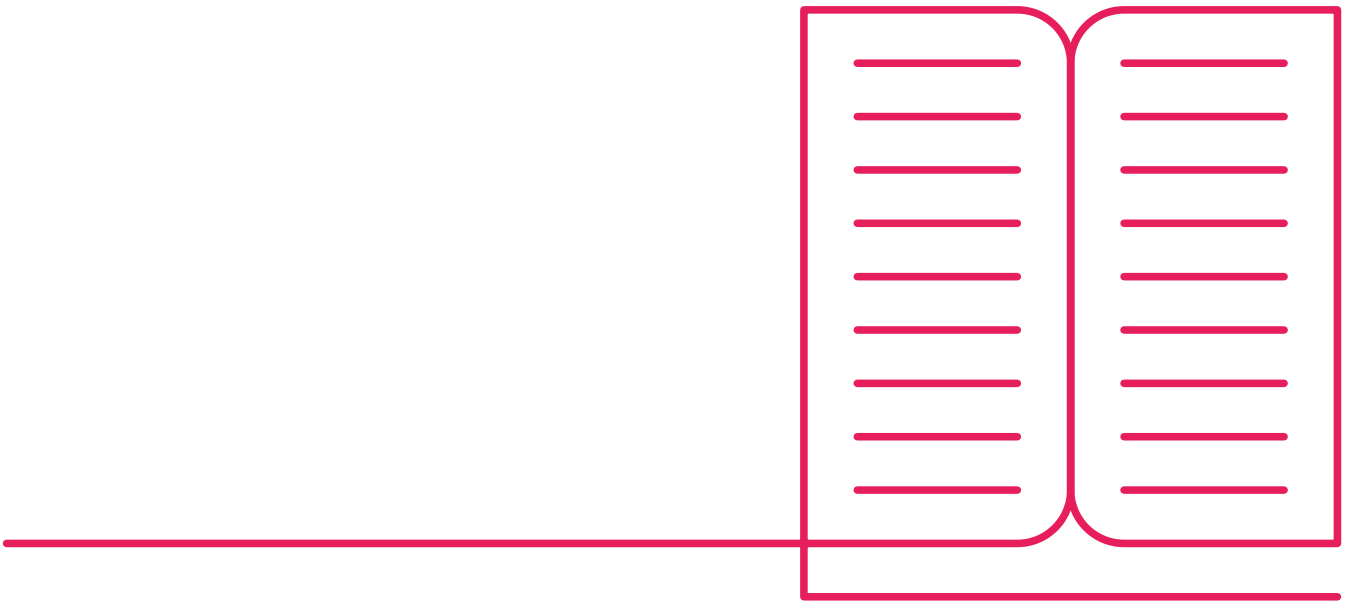
Workforce



Workforce

What's the problem?

It is increasingly recognised that workforce issues are the key challenge facing the NHS across the whole of the UK.

There are significant workforce shortages across the health and social care systems in the UK, which Colleges have been concerned about for a number of years. Most specialities in medicine face staff shortages, the exact number of which changes from year to year. This problem is exacerbated by two factors. First, a general lack of 'boots on the ground', such as nurses and other allied healthcare professionals and second, the impact Brexit may have on the EU workforce.

Listed below are examples of some of the shortages facing the medical profession:

- At present (October 2017) 29% of advertised consultant posts in emergency medicine remain unfilled
- The Royal College of General Practitioners found in February 2017 that 38% of surveyed GPs said that they had at least one vacancy for more than three months
- The Royal College of Psychiatrists is seeking inclusion on the National Shortage Occupations list as only 69% of training posts in psychiatry were filled in August 2017
- The Royal College of Physicians of London Census 2016/17 found that 1,542 consultant jobs were advertised, but only 853 certificates of completion of training were awarded with the largest number of failed appointments due to lack of applicants in acute internal medicine, geriatric medicine and gastroenterology/hepatology
- Royal College of Radiologists Clinical Oncology Workforce Census 2016 showed that the vacancy rate in their speciality has increased from 3% in 2015 to 5% in 2016 and 1 in 5 clinical oncology trainee posts went unfilled in 2016

What can be done to resolve these issues?

The workforce crisis can be addressed by increasing supply, improving multi-disciplinary working and increasing efforts to retain the current staff. These solutions apply equally across the UK but may need to be implemented in different ways according to local need.

a) Supply

While the Academy welcomes the increase in places at medical school, there is a significant time-lag before these doctors are fully qualified. More interim measures should be put in place such as including more medical specialities in the national shortage occupation list and increasing the number of visas available to the Medical Training Initiative, a scheme which allows doctors from across the world, particularly Department for International development priority countries to work and train in the UK for up to 2 years.

In addition, consultants, high grade trainees and SAS doctors choose where they work. This often leaves rural and remote health services significantly understaffed. Future allocation must be based on geographical service needs.

The Government must urgently guarantee EU nationals currently working in health and social care the right to remain in the UK post Brexit.

b) Multi-professional work and changing roles

As well as increasing the number of doctors, there needs to be more imaginative use of other clinical staff working with doctors. Trained doctors, which are an expensive resource, should do the work that only they can do. Better and increased use of Physician Associates, advanced care practitioners or similar roles is required.

Better team working is not simply about addressing workforce shortages but will deliver better care for patients.

c) Retention – Supporting the workforce

It is essential that greater efforts are made to retain the current workforce alongside moves to increase overall workforce numbers. Current workload pressure caused by staff shortages and increased demand and general low morale amongst the workforce are leading to increased numbers of staff leaving or considering leaving the NHS.

In terms of the medical workforce this is about both making improvements for doctors in training so they remain committed to the NHS and also making it easier for doctors at the later stages of their career to stay on at work. Both these require a greater flexibility in the approach to working patterns and practice.

We must create a supportive and enabling environment for NHS employees. This need not cost a large amount of money, but rather is more dependent upon good leadership and a change in culture and behaviour, not strategy, which can be encouraged by education and training.

The Academy is leading on a national programme of work entitled Creating Supportive Environments, This brings together a wide range of stakeholders to ensure staff are supported, satisfied and ultimately retained. It aims to deliver a range of resources, tools and examples of good practice to allow for local providers to assess and improve staff morale and the environment in which staff operate.