

Blogpost:

Workforce, workforce, workforce!



It is no secret that, despite the NHS employing 1.7 million people in the UK and being the 5th largest employer in the world (after giants such as China's People's Liberation Army and Walmart), there is a human resource gap affecting both clinical staff and the broader workforce. While there has been continual growth in all clinical professional groups since 2010 this has simply not kept pace with rising demand. Having enough staff with the

correct skillset is currently recognised as the most pressing challenge for the delivery of safe, quality care. The safety element has been emphasised – among other issues – in the recent, well publicised case of gross negligence manslaughter where staff shortages meant that a doctor was covering more than one role because of inadequate staff numbers.

The Colleges have long recognised and stressed the lack of sufficient doctors to fill training programmes (even previously competitive specialties are having difficulty attracting a full complement of trainees) and consultant positions (approximately 40% of all consultant appointments remained unfilled last year due to a lack of suitably trained applicants). The resulting rota gaps in acute care and the need for increased waiting list 'initiatives' for elective work, while performance targets remain unmet, reflect a workforce under pressure.

Others are taking notice and recent publications by the General Medical Council, Health Education England, NHS Providers, the Royal College of Nursing and Parliament highlight the lack of personnel of all types across the NHS. Vacancy rates differ by specialty and geographical area. For both nursing and medicine the specialties at most risk of low staffing are mental health and community services – exemplified by the closure of GP surgeries and nearly a 50% reduction in district nurses over the past decade. Interestingly, the geographical variation demonstrates opposite patterns of vacancies in the two professions with the highest rates for nursing being in London and lowest in the North East and conversely, the lowest vacancies for medicine being in London with the highest in the North East. This needs to be recognised and different solutions offered for different areas to optimise and develop roles. Finding methods to attract professionals to and support them in various locations is imperative.

HEE estimate that if there is no change in patient demand or the way services are delivered, 190,000 more clinicians will be required in the next decade. The 25% increases in both medical and nursing students are welcome but will take a considerable time to result in useful clinical activity.

The NHS currently relies heavily on overseas staff – nearly 30% of doctors and 15% of nurses were trained outside the UK. Confirmation for the 60,000 EU staff working in the NHS of the right to remain is welcome, but it is also essential that the means to recruit from the EU and beyond continue at pace if adequate staffing is to be realized.

The GMC describes the medical profession as being at a ‘crunch point’. The workforce is the NHS’s greatest asset but every member needs to feel recognised and valued. There is no quick fix, especially for highly trained staff, but some areas can be dealt with now –

- **attract and recruit** staff from overseas. This needs to be done in an ethical way, of course. But, the process should aim to fill the staffing shortfall in the short to medium term. This can be delivered using schemes such as the Medical Training Initiative (MTI) where the UK’s internationally regarded medical training is coupled with delivery of care, or welcoming much needed trained staff who remain in senior positions.
- **optimise the role** of every staff member. Clinicians are highly trained and should be working to the top of their expertise and abilities. It has been too easy to dispense with the administrative and clerical staff who support efficient services and permit doctors to concentrate on managing patients. No clinician should be carrying out work that does not require their expert skills and knowledge. There should be a review of skill mix by every employer in the NHS and the appropriate staff recruited.
- **value** current staff – **retention** of experienced staff and those with future potential is a priority. Increasing **flexibility** and improving staff development opportunities have been identified as important ways to prevent loss of all staff at all career stages.
- change service delivery models to make better use of all **expanded roles** and **technology** – services should be reviewed to reduce variation and improve efficiency. This team approach needs to be bespoke for different specialties and geographical areas.

It is no secret that the service is at or close to breaking point at many points across the system. The sad case of Dr Bawa-Garba, if nothing else, illustrates this point. As leaders of the profession, it’s our job to say so, and keep on saying so until the issues are addressed once and for all.