Academy of Medical Royal Colleges

Medical careers:
A flexible approach in later years

April 2018

Contents

Foreword:

Accurate workforce planning is essential to support the provision of services in healthcare systems across the UK. Yet, as pressure on those services grows and budgets remain broadly static it is the workforce itself which looks set to be relentlessly stretched.

To date the lack of workforce planning for a 'mixed age' staff structure has led to a widespread failure to initiate moves that could go some way towards meeting the challenges that lie ahead. With the planned increase in the retirement age too there considerable implications for those working across the healthcare systems of standards and quality of care are to be maintained.

This report provides a comprehensive picture of the views from across the medical and dental workforce and sets out their views on how they would like to structure their later careers. By identifying the specific needs of older employees, it sets out clear and practical initiatives to support and sustain them towards the end of their careers. The recommendations that follow should facilitate job planning discussions to ensure retention and appropriate utilisation of these valuable colleagues while maintaining patient safety.

I am grateful to Dr Elaine Griffiths, who led the work on this report and to her colleagues on the Academy's Flexible Careers Committee for their thorough analysis of the threats to and opportunities for those in the later stages of their medical careers. You can read more about the findings on Elaine Griffiths' guest blogpost on the Academy's website.

Professor Carrie MacEwen, Chair, Academy of Medical Royal Colleges

Later careers survey:

1 Executive Summary

Introduction

1.1 By any measure healthcare provision across the UK is facing a series of serious challenges. As budgets struggle to keep pace with increasing demand; primary, secondary and social care are under pressure as never before.

The Academy of Medical Royal Colleges' Flexible Careers Committee has long recognised that as pressures on clinicians in the workplace increase, there is a potential risk to service provision arising from the increasing number of older employees in the medical workforce who may leave the healthcare system prematurely. This would, in turn, create even greater pressure both on the system and the doctors that remain.

In the spring of 2017 following extensive anecdotal evidence of the challenges facing consultants towards the end of their careers, the committee launched an analysis of the situation. Its primary purpose being to assess the potential risks to service provision and patient care and to propose a series of recommendations to mitigate those risks by encouraging doctors who are in the later part of the careers to remain in the service.

Methodology

1.2 A survey was developed with specialty specific input from all colleges and faculties. All responses were anonymous and none of the questions were compulsory. The final survey was distributed to all colleges and faculties in the summer of 2017 with respondents given five months to complete the online audit. The aim of the survey was to identify the key challenges faced by clinicians as they approach the end of their professional careers, ranging from the impact of age on health and ability, to maintaining fitness to practice and planning for retirement.

Key findings

1.4

- Most (61%) said they still enjoy clinical work, but a significant minority (30%) reported a diminution in their enjoyment and around one in ten (9%) said they found work a good deal less enjoyable than they have done in the past.

- Older respondents almost universally, felt that their wisdom, experience and knowledge gave them credibility. This led to better decision-making, increased ability to see patterns and thus predict better in both clinical and non-clinical situations. It reduced unnecessary investigations, aided quicker diagnoses and commencement of the correct treatment.

- Just over half (52%) of respondents said they plan to retire between the ages of 56 and 60.

- A significant majority (63%) also said the transition to 7-day service would also influence their decision about when to retire.

- Frustration with the amount of non-clinical work, such as administration was reported by 70% of respondents.

- A large majority of respondents highlighted an inability to reduce sessions and hours, come off on-call rotas or work flexibly, contributed to their view that their current job plan is unsustainable and would likely be a significant factor in their decision to retire early. Just under half (48%) cited an adequate pension provision as further contributing to this decision.

- Older respondents were asked about their 'ability to perform adequately in their role'. Some 28% expressed no concerns, 47% a little concern; 18% moderate concern and 7% a great deal of concern. Also, 35% reported being worried about new the assimilation of new techniques and information and 11% noted a decline in their manual dexterity.

'Many individual patients are delightful, but the increased pressure on clinical services, by both numbers and expectations, backed up by almost daily additional demands from management, have taken the joy out of the job…'

Lead Clinician, Specialty Tutor
General Medicine

Key recommendations

1.5

Politicians, policy makers and health service planners should:

1. Urgently explore ways to offer older doctors greater opportunities for flexible working.
2. Ensure equity of provision of the 'retire and return' pension options for all clinicians.
3. Invest in a modern and integrated IT system to reduce time spent on non-clinical administration by highly paid, highly skilled clinicians.

Employers should:

1. Ensure clinicians' caseloads and activity in the workplace matches their ability more appropriately and capitalise on the experience of older doctors more effectively.
2. Include future career planning, including retirement intentions, at appraisals for clinicians over the age of 55 years.
3. Review on call commitments for all older clinicians, particularly those over 60 years of age, allowing a degree of flexibility and including options such as day-time on-call only.
4. Look positively on requests for less than full time working and job sharing, in line with modern working practices.
5. Be mindful of the need to provide good occupational health and make reasonable adjustments to mitigate the risk of disability in older workers, particularly from musculoskeletal injuries. NHS Employers provides good *advice* on this matter.
6. Work hard at maintaining good communication with clinical staff. It is well known that closer alignment between senior management and clinicians drives up quality of care and for the most part, improves outcomes. It also improves everyone's working environment.

Clinicians should:

1. Understand their rights to request flexible working and managers' obligations to consider it within a reasonable timeframe.
2. Enable bi-directional mentoring so that experienced and newer clinicians work together - taking advantage of the competencies of both cohorts. Include mentoring time in job plans Supporting Professional Activity (SPA) time.
3. Be open and honest about their or their colleagues' abilities to perform effectively.
4. Be strongly advised to participate in peer supported continuing medical education and quality improvement, in addition to time spent on individual CPD.

It is worth noting that many respondents pointed to the need for greater public awareness of what is and what is not deliverable within the resource constraints of the current models of service. Others argued that the wider public should take more responsibility for their own health and fitness by exercising and following an appropriate diet.

> '…Most patients are really grateful for what we do, but a small number, especially younger patients, have ridiculously unrealistic expectations. I would like to see patients take responsibility for their own health instead of expecting the NHS to bail them out constantly…'
>
> Consultant Anaesthetist

2. Survey responses:

Sampling:

2.1 A total of 2427 responses were received. Only members of the Faculty of Pharmaceutical Medicine did not respond at all and only 4% of respondents were General Practitioners. Most respondents (84%) were consultants. All other grades, including Foundation, Core Training and SAS were represented, but it should be noted that the response rate in these groups was low.

The largest number of responses, 25%, were from the surgical specialties. Physicians provided 17% and anaesthetists 17%. Only 4% of general practitioners and 4% of paediatricians responded.

Whilst all ethnicities were represented, 80% were white, 8% were Indian and 2% Pakistani. All other ethnicities had small numbers of representatives but 3% chose not to declare an ethnicity.

62% were male; 37% were female; 0.1% other and 0.2% preferred not to say.

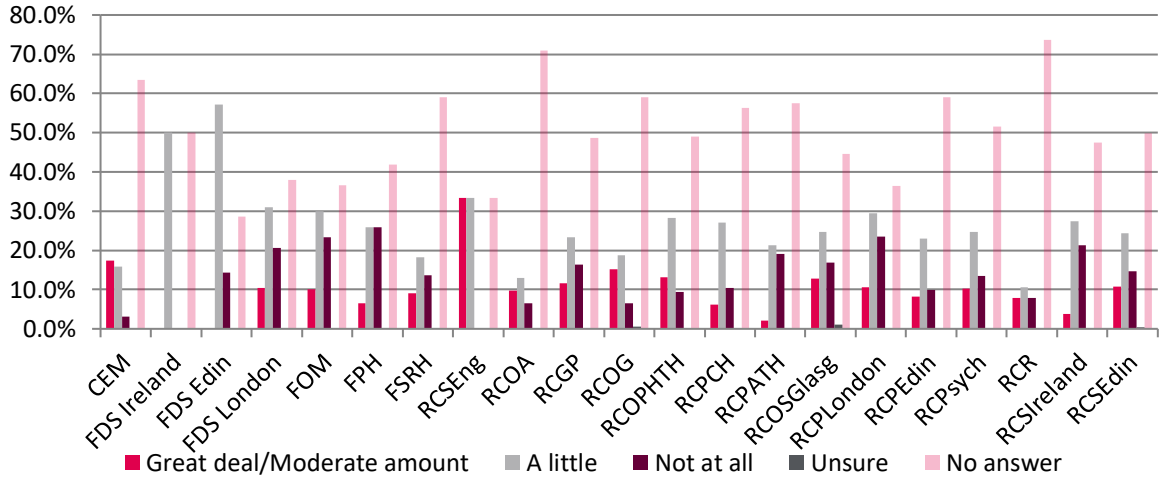
Responses were received from all grades but most respondents were consultants 84% with 5% being SAS or specialty doctors and 4% GP's. There were nine responses from core trainees, 3% of respondents were specialist training grades and 3% Locum or LATS doctors and there was a single response from a Foundation doctor.

All countries from across the UK were represented.

2.2 – Health and age related concerns:

Respondents were asked if they had any concerns about the potential impact of ageing on their capacity for work. For the sake of clarity, the categories 'moderate amount' and 'a great deal' have been amalgamated. Up to 10% of respondents in most specialities showed moderate or a great deal of concern but this rose to over 30% for respondents from the English RCS. (Is recognised that there may be some self-selection bias as this chart is based on those who responded to the question. It may be the case that some of those who did not complete the question may have the same undeclared concerns).

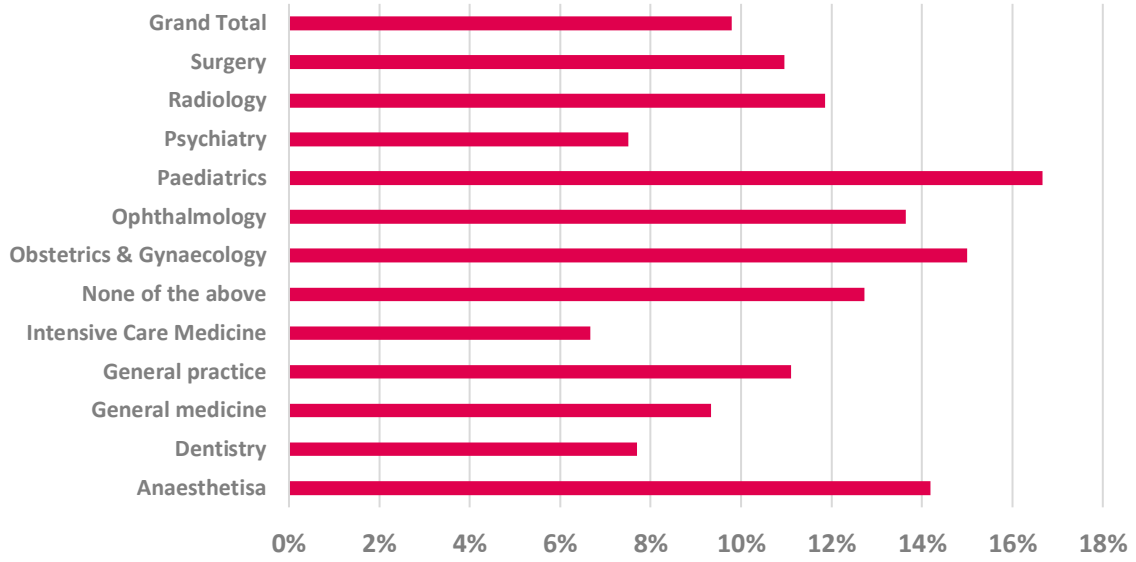
Figure 2: Age related concerns



2.3 Long-term Medical Conditions (Fig 2)

Most respondents, 82%, did not report any long term medical illness. However, overall 10% did report a long term medical illness with the highest prevalence in paediatrics at nearly 17%.

Figure 2: Reported long-term conditions by Speciality



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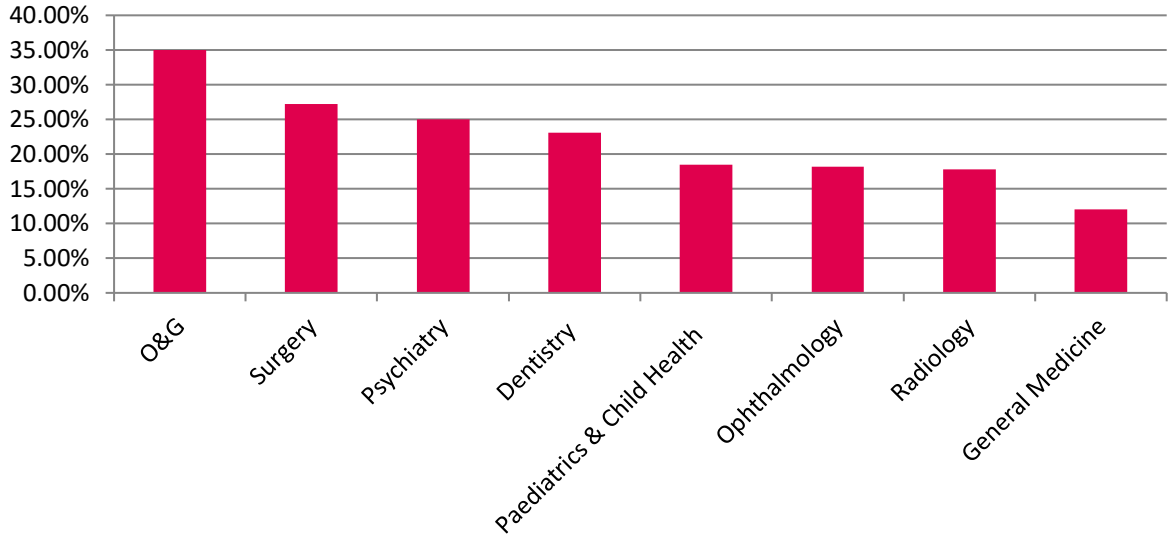
2.4 Musculoskeletal Problems

Overall 21% reported a problem particularly back pain (Fig 7) ranging from just over 10% for general medicine up to 35% for obstetrics and gynaecology.

Figure 3: Incidence of reported back pain by specialty



2.5 Retirement plans:

The main factors reported as influencing retirement planning were adequate pension provision (48%) on-call commitments (18%) and specialty considerations (12%). However, 23% cited other reasons (94 choose not to answer). In specialties with higher on call commitments (Fig 5) continuing throughout a career, on call commitments are the next reason cited after pension provision as a reason to retire. The specialties without any obvious significant on call commitments impacting on quality of life such as dentistry and occupational medicine do not list this as a retirement influence.

Figure 4: Main influences on retirement

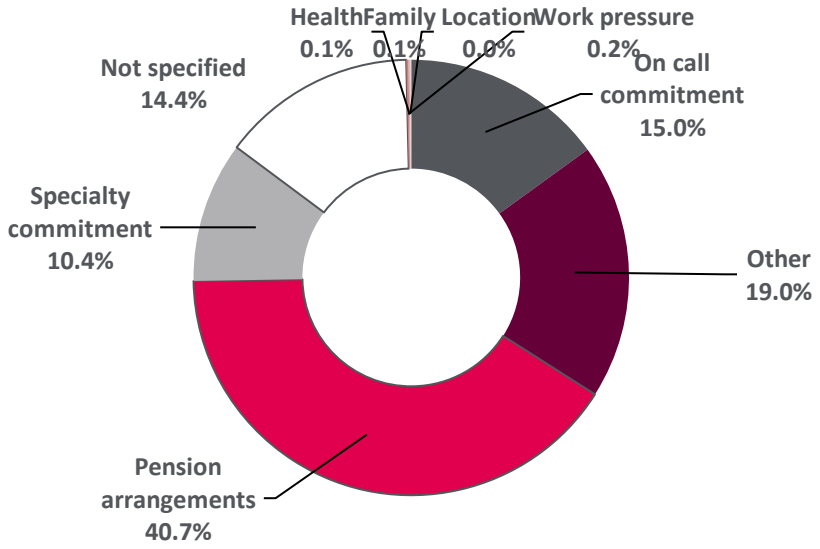


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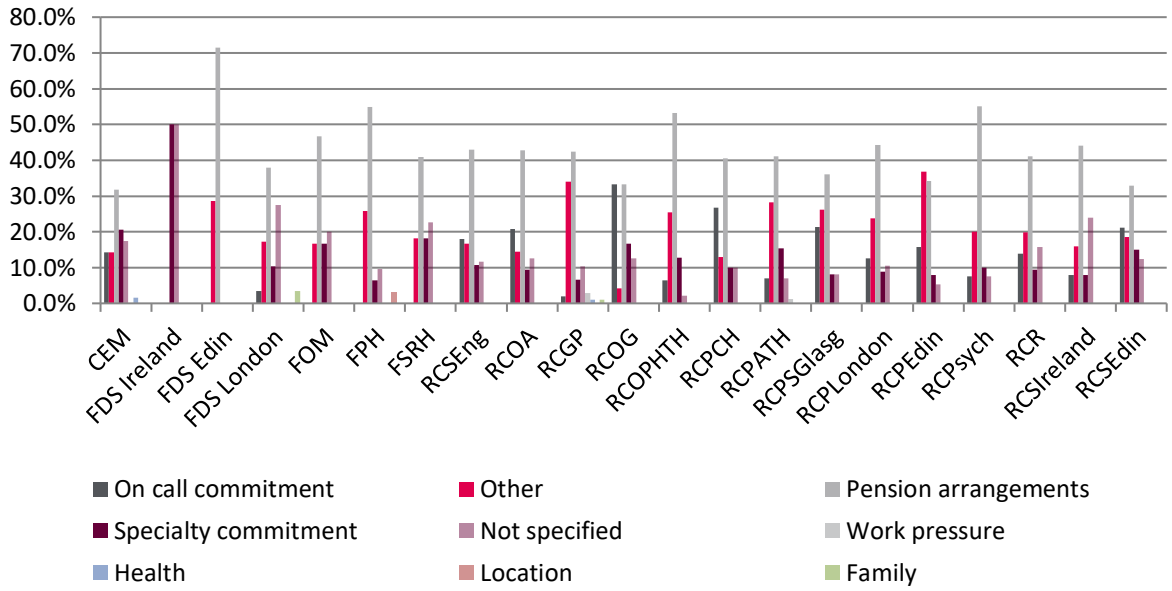
Figure 5: Main influences on retirement plans by College/Faculty



'The intensity of working in my role is likely to cause me to retire early (or drop dead). I cannot imagine working like this until I am 57, never mind to my actual pensionable age which is 67. The only thing that will keep me working is the financial implications of leaving early otherwise I would not stay beyond 55…'

Consultant, Emergency Medicine

2.6 Coming off on-call rotas

The survey asked, “At what age do you think it is appropriate to consider coming off the emergency on call rota?” Fig 6 shows the overall response rate, which, as stated above, only really applies to front line specialties. Even so, 64% felt that 50-59 would be the right age and only 36% opting for 60 plus. When analysed by specialty, (Fig7), the range was similar with the majority an almost all specialties opting for 50-59 as the preferred age.

Figure 6: Coming of on-call rota by age

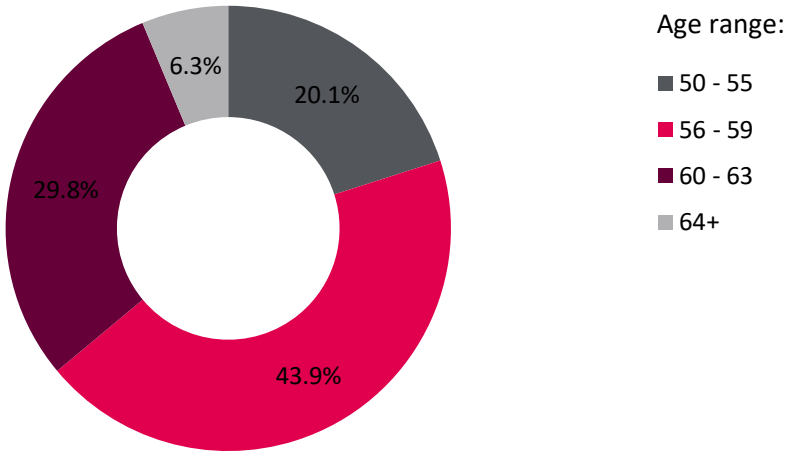
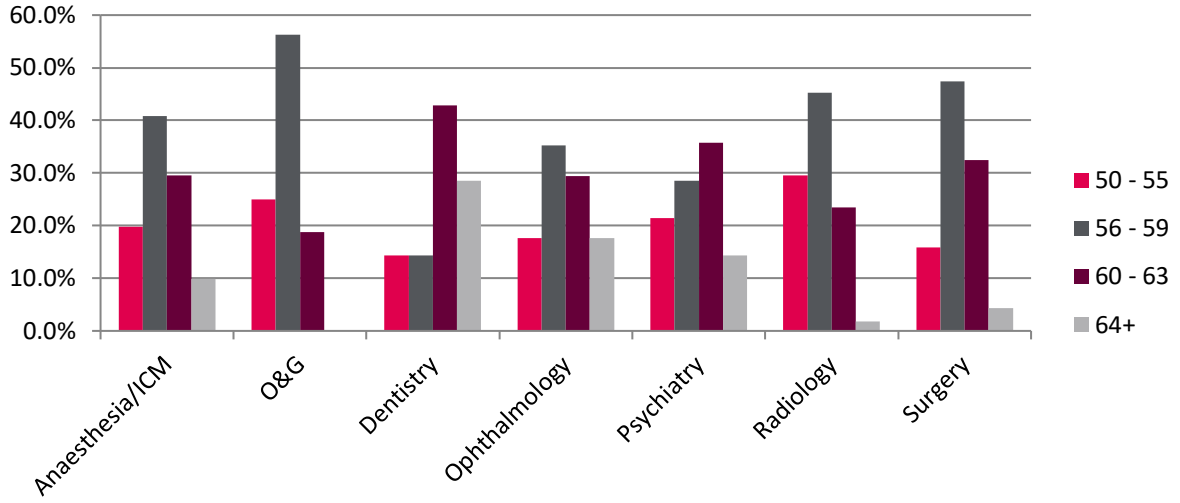


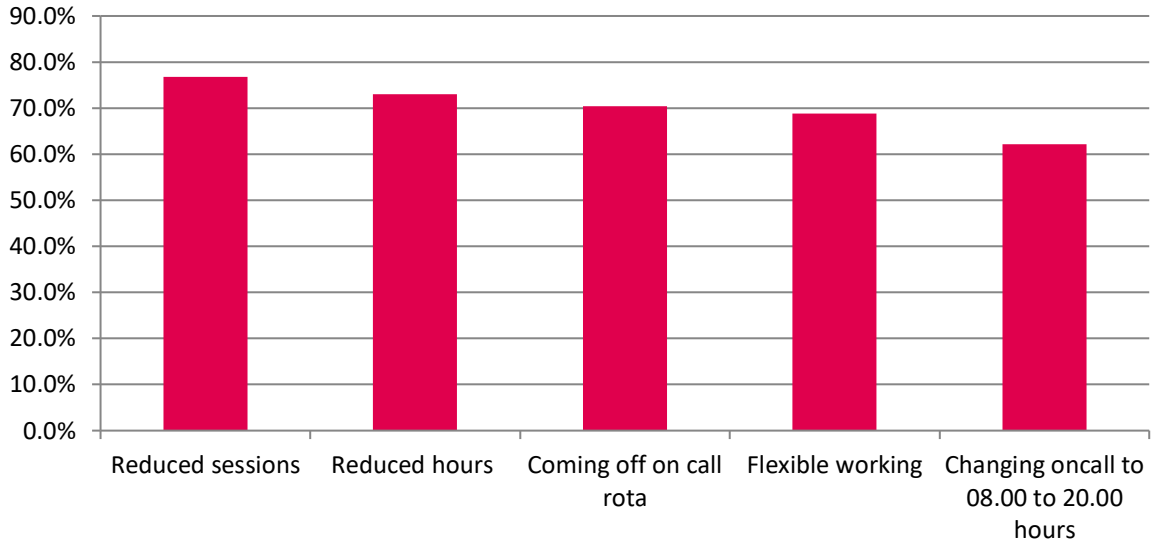
Figure 7: Specialty specific coming of on-call rota


60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Anaesthesia/ICM
O&G
Dentistry
Ophthalmology
Psychiatry
Radiology
Surgery
50 - 55
56 - 59
60 - 63
64+

2.7 Sustainability of current job plan

Of the 2175 respondents who answered the question about the sustainability of their current job plan, only 21% felt theirs were sustainable into the future. Of the 76% who replied otherwise, 45% believed it was not sustainable and 31% it might possibly be sustainable. When we asked those, who answered not sustainable, what options would make their job sustainable (Fig 8), all were measures to reduce work intensity and respondents opted for several solutions. Some 77% said reduced sessions, 73% reduced hours/part-time, 70% said coming off the on-call rota, 69% flexible working and 62% changing to on-call between the hours of 08.00am to 20.00 hours only.

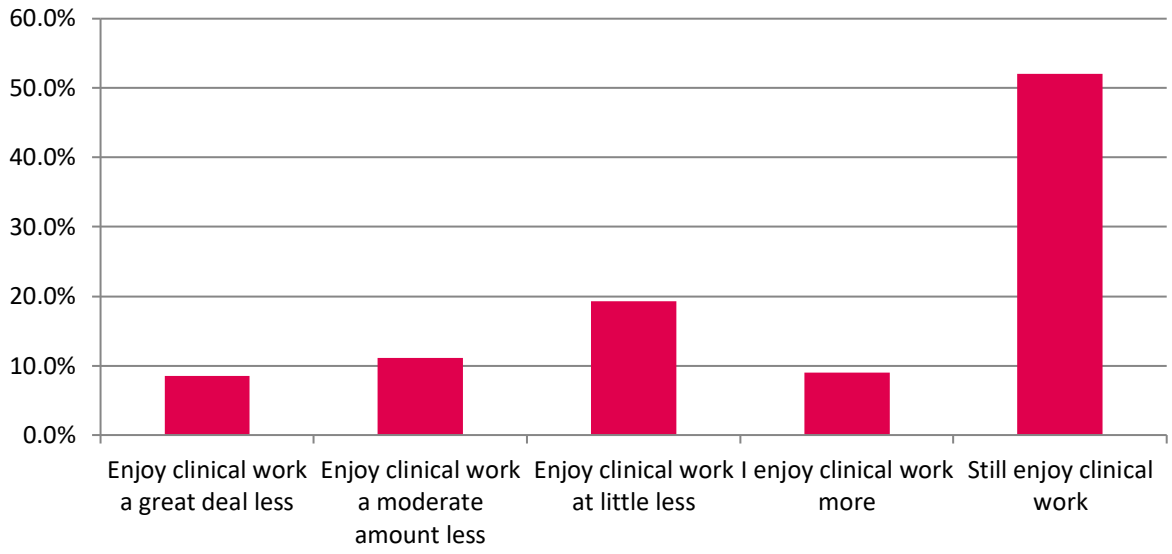
Figure 8: What would make your job more sustainable?



2.8 Satisfaction with clinical work over the past few years

In response to a question about the satisfaction with clinical work, 61% still enjoy it with nearly 10% enjoying it more. In contrast, 30% reported a diminution in their enjoyment of clinical work of whom 9% reported finding it a great deal less enjoyable.

Figure 9: How do you feel about your clinical work over the years?

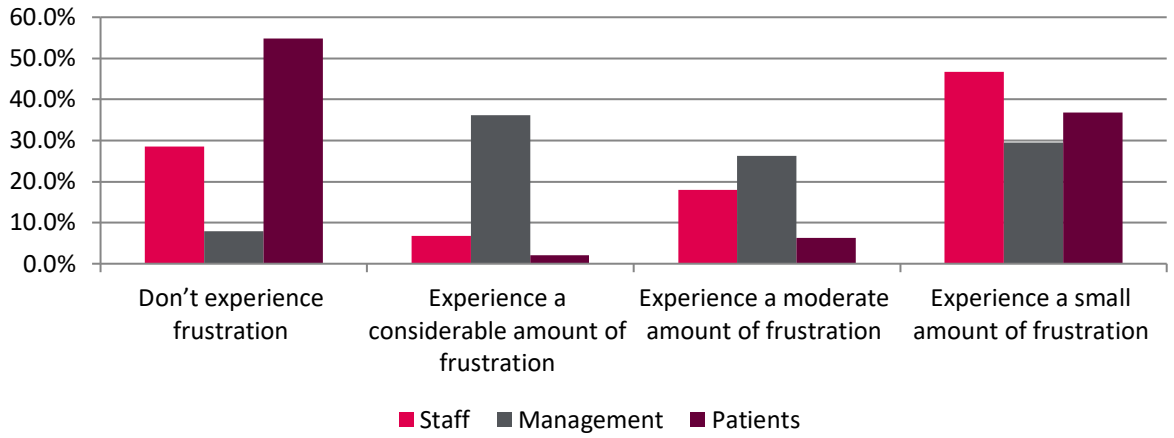


> 'Expectations are increased, workload particularly paperwork hugely increased, meaning it is not possible to deliver what we would like and indeed what patients would like, so set up to fail however hard you try. You are left feeling what you do is never good enough.'
>
> GP Principal

2.9 Satisfaction with other work place relationships related to clinical work

It became clear that, just as most still enjoyed clinical work, most, 55%, still enjoyed patient contact. For 37% of respondents' frustration with patients had increase slightly cases, for 6%; moderately but only 2% reported a considerable amount of frustration with patients. Relations with most other healthcare staff were also good with 29% feeling no frustration and 47% experiencing only slight frustration. However, some 25% had experienced moderate to serious frustration in recent years.

Figure 10: How do you feel about staff, management and patients over the years?



'Work is a lot more intense. [There is] constant pressure due to staff shortages. Never have a free moment. However - great colleagues, good relationship with managers and I love operating.'

Consultant Surgeon

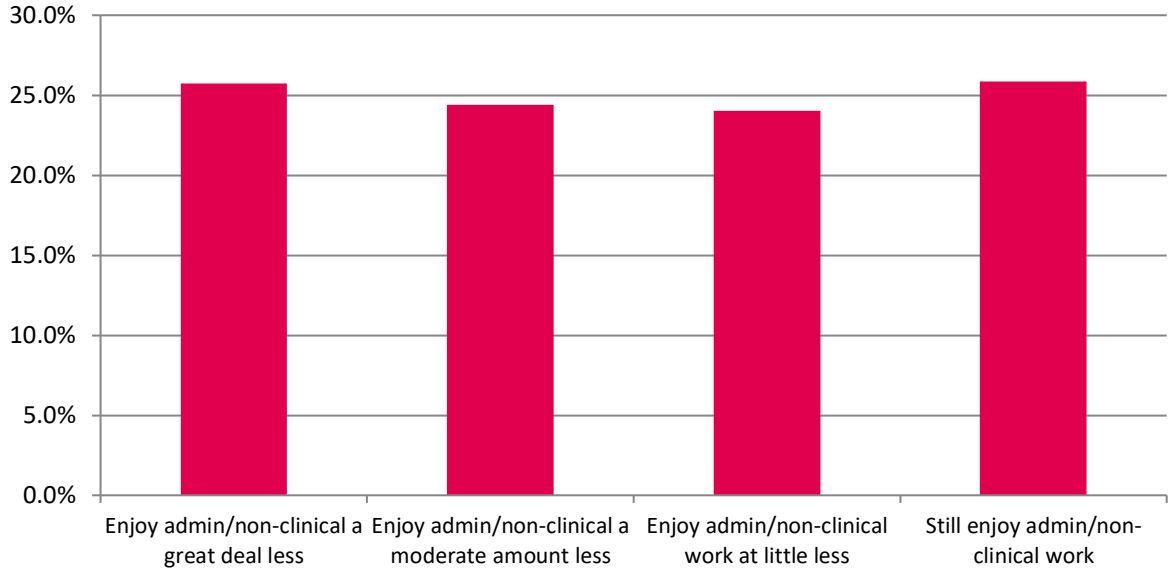
'The increasing bureaucracy, form filling and mundane tasks that interfere with patient care is unsustainable. I do not have enough time to do the job in the way I want to or that I feel patients need, therefore my job satisfaction has plummeted. I wake up at night anxious about rushed decisions that have been made and workload pressures anticipated the following day. I feel current practice is becoming unsafe due to time pressures and fear a major complaint.'

GP Principal

2.10 Satisfaction with non-clinical work

Feelings regarding non-clinical work were split with about half still enjoying it or enjoying it only a little less (26% no problems, 24% a little problem). Similarly, there was an even split between enjoying it moderately less and a great deal less.

Figure 11: Attitude to your administrative/non-clinical duties over the years?

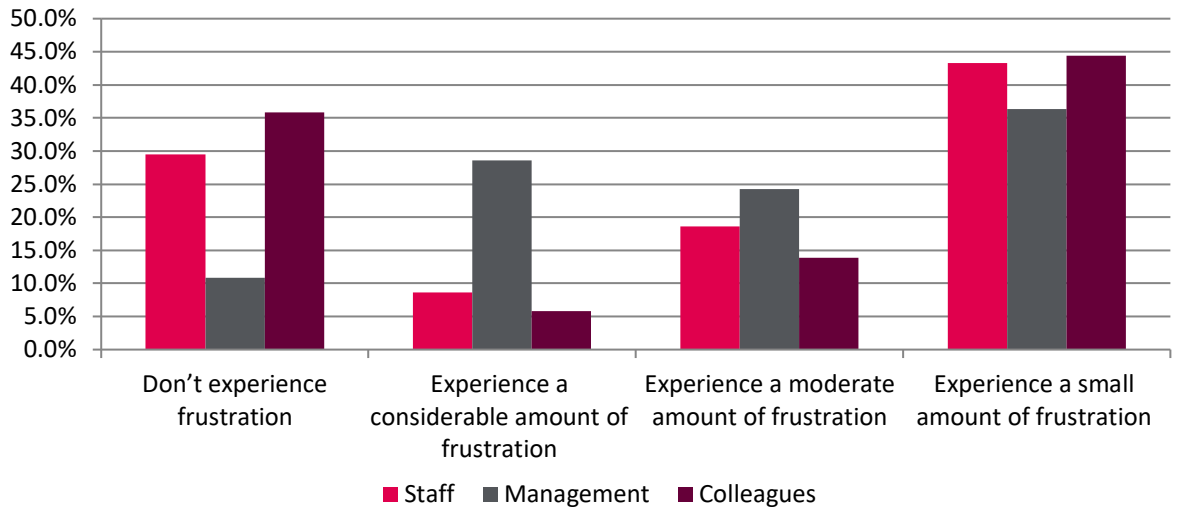


2.11 Satisfaction with other work place relationships for non-clinical work

Respondents were asked about their levels of frustration with colleagues, other healthcare staff and management in relation to their non-clinical work.

Other colleagues came out best with 81% experiencing little or no frustration. Other healthcare staff also scored well with 73% experiencing little or no frustration. 89% said they had experienced some frustration with their managers.

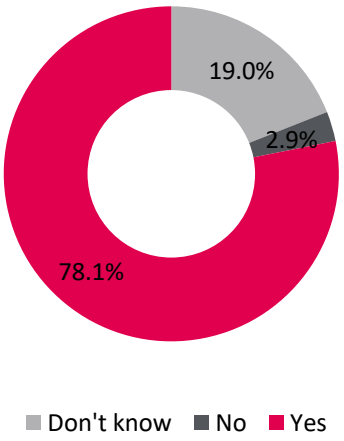
Figure 12: How do you feel about staff, your managers and colleagues when working on administrative/non-clinical tasks over the years?



2.12 Colleague's performance

The survey asked, 'If a colleague's performance appeared to be deteriorating (whether age related or otherwise) and they may be in danger of making a serious error, would you tell them in a constructive way?' Almost four fifths (78%) or respondents said they would.

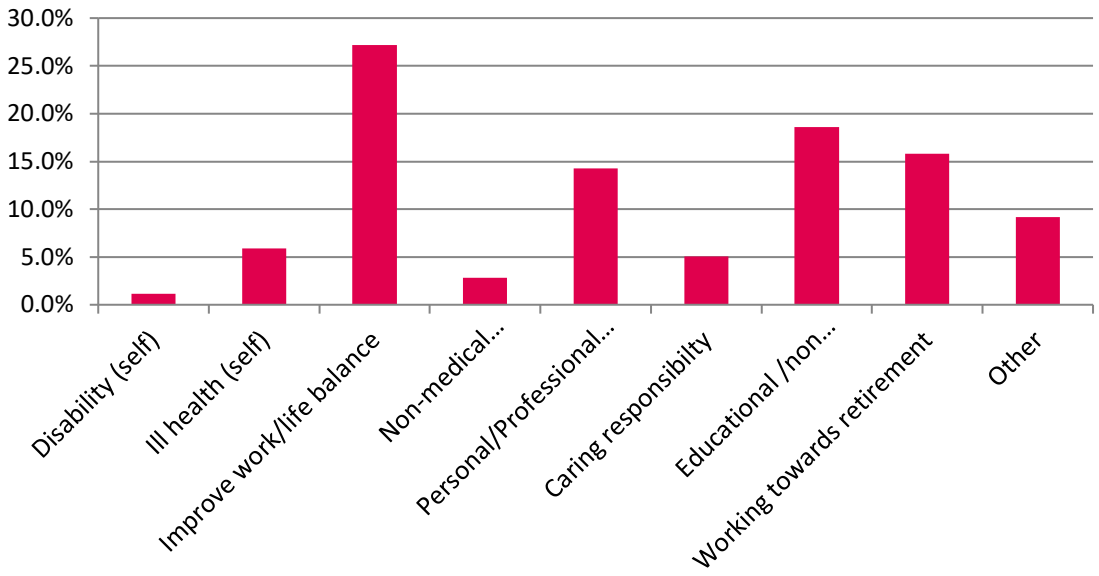
Figure 13: Colleague's performance



2.13 Contract changes to current post

Respondents were asked if they had negotiated, or tried to negotiate, changes to their current contract and if so, for what reasons and what resources, if any, they had used. Respondents were also asked if they had any difficulties and how were they resolved. Some 37% of respondents reported negotiating changes to their contract for their current post (63% had not). The reasons for seeking the change are set out in Fig 15a with just over 25% citing work/life balance and some 16% working towards retirement. Only 6% cited ill health.

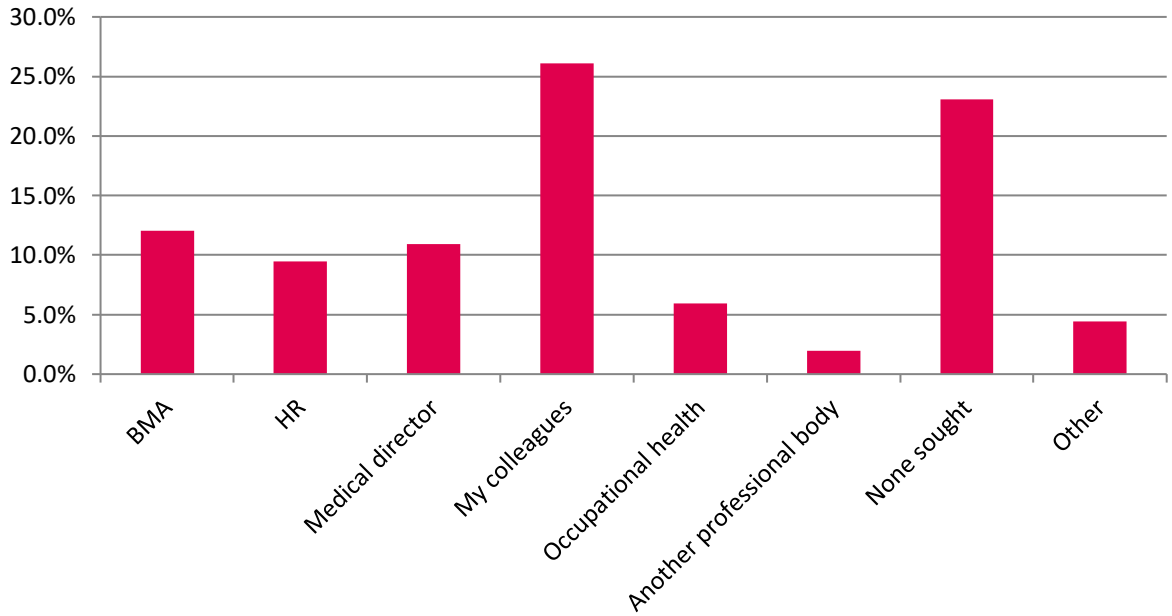
Figure 14: Reasons for renegotiating current contract



2.14 Help and support provided to renegotiate contract

Those respondents who sought help with the negotiation did so from a variety of sources (Fig. 15). The Medical Director or other colleagues was the most frequently used resource but the BMA helped over 10% of cases.

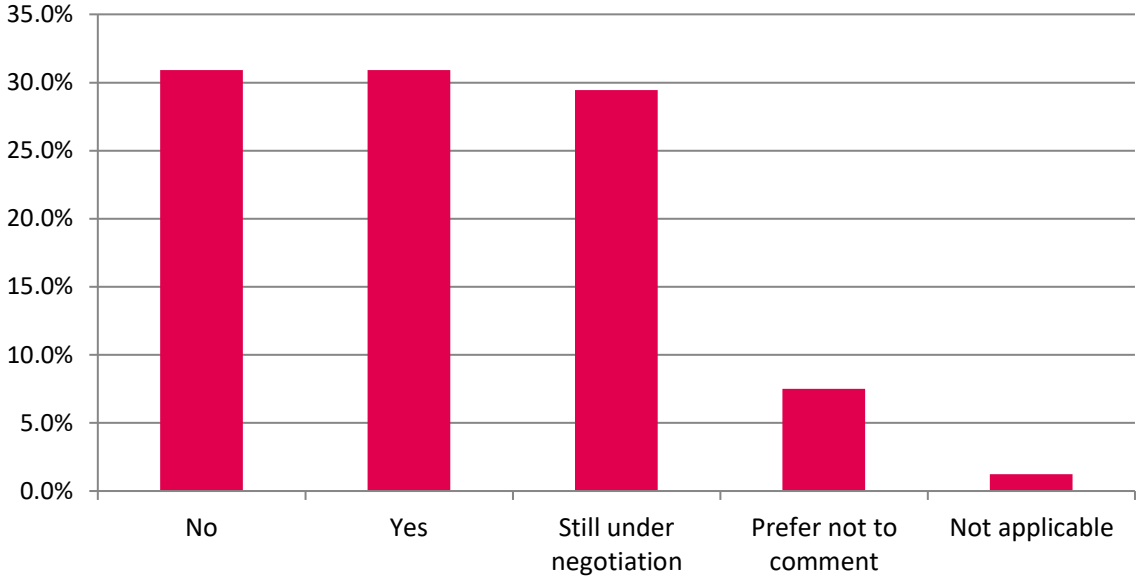
Figure 15: Help and support with contract renegotiation



2.15 Challenges faced when renegotiating contract

Just under a third had no difficulty renegotiating their contract. Of those experiencing difficulties, 31% said they were still unresolved.

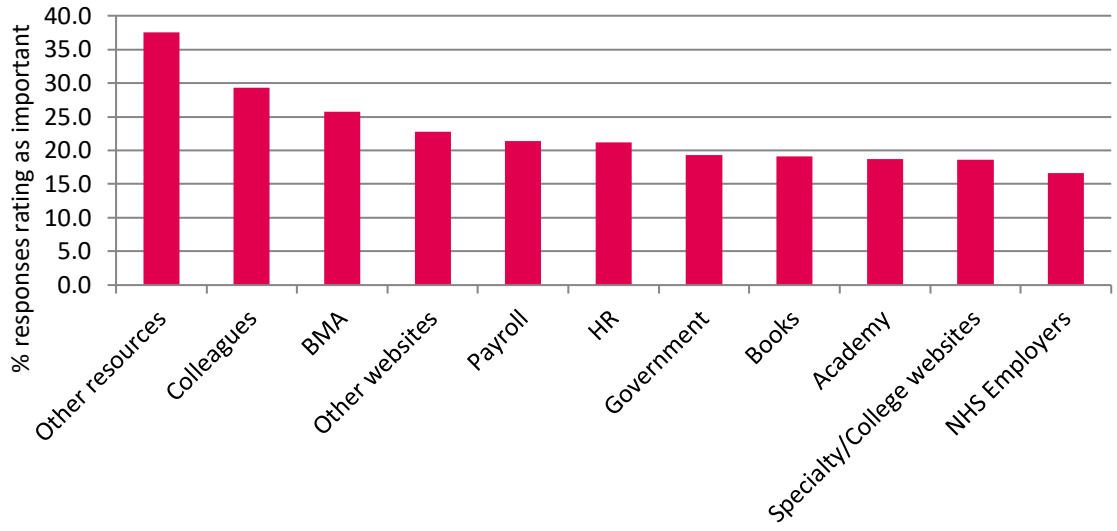
Figure 16: Resolving challenges to contract renegotiation



2.16 Resources for later career planning

When planning for their later career, only 17% of respondents reported having used any resources to help. Of the wide variety of resources available there was an even spread across the various options. However, in general, respondents turned to colleagues and the BMA rather than professional bodies, HR or their NHS Employers.

Figure17: Resources for later career planning

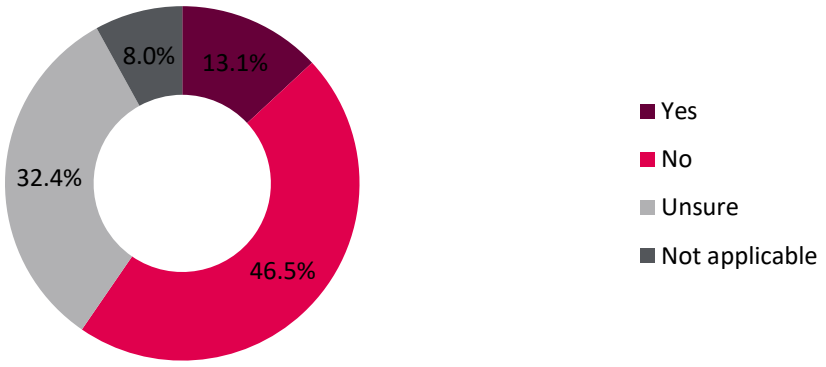


2.17 Unit specific outcomes (performance data)

The survey asked if the publication of unit specific outcomes (performance data) would influence the respondent's decision to retire. The majority, 44%, did not work in units which published unit specific outcomes although 38% did. 18% of respondents did not know if they worked in a unit which published unit specific outcomes.

The influence on publication of unit specific outcomes on retirement choices was not a deciding factor for 47% of respondents, 33% were unsure of its impact and 13% said yes it would be an influencing factor. It was not applicable for 8%.

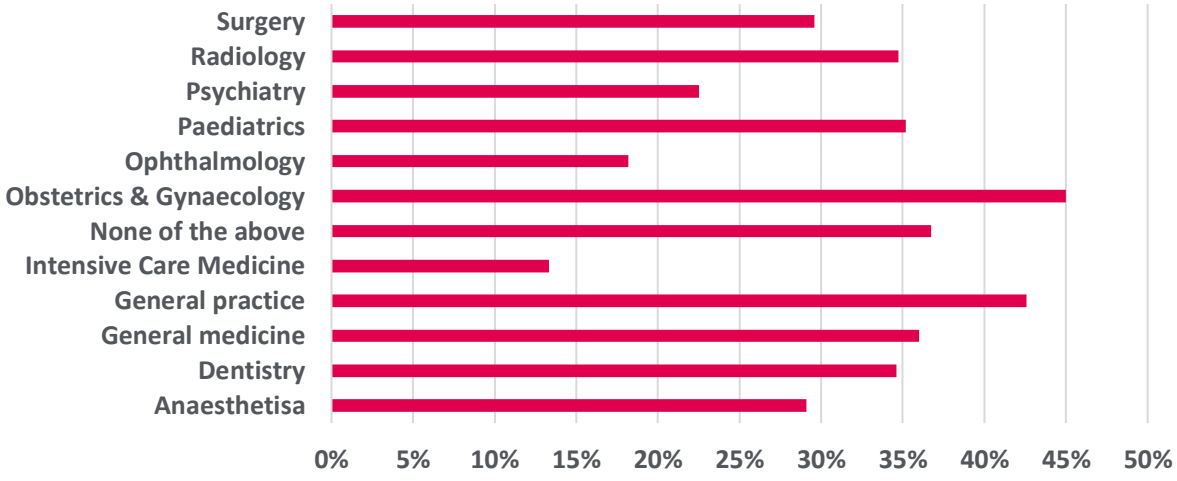
Figure 18: Would the publication of unit specific outcomes influence your decision to retire?



2.18 Work-related stress

Just over half (52%) of those surveyed responded to a question on work related stress, so the results below must be treated with caution and cannot be interpreted as an indication of a wider picture.

Figure 19: Have you suffered from work-related stress or similar?



'In the twenty years, I have been a Consultant I have seen my professional autonomy reduced and my ability to use discretion, when treating my patients, has been increasingly fettered by rules and regulations imposed by others. My Consultant responsibility, however, feels as onerous as ever. This imbalance between autonomy, influence and responsibility is at the core of why I find my job much less rewarding than before and why I plan to retire as soon as financially possible.'

2.19 Health screening

When asked, 'Do you believe if you were over 60 when eye sight and hearing tests are free, and the test results could not be used to influence your employment status, would you object to being asked to provide documentary evidence of the results of these tests under the health section of your appraisal?' 61% said they would be happy to have an eye test as part of their enhanced appraisal. The over forties, who may have to pay for such tests, were split when asked whether they would provide one test every five years with 52% against and 48% happy to do so.

2.19.1 When questioned about reaction time testing, 54% were unwilling to undergo such testing (46% would agree to such an assessment). Of those who would agree to testing, just over a third (37%) thought this should only start after the age of sixty (37%). There was a range of other views about the right age some (19%) believed it should start in the age range 40-45. Others included 5% for 46-50, 20% for 51-55 and 19% for 51-60.

2.19.2 When doctors in high-stress specialties, if they would you agree to undergo an ECG once every 5-years. Some 61% said they would, the remainder would not. Those in favour had a wide range of views about the appropriate age range to start. A third (35.3) favoured the 51-55 range. Other views were 25% for 40-45, 14% for 46-50, 14% for 51-60 and 12% for over 60.

3 Conclusion

The aim of the survey was to identify the key challenges faced by doctors and dentists as they approach the end of their professional careers, ranging from the impact of age on health and ability, to maintaining fitness to practice and planning for retirement. The survey has collected a great deal of information from the 2,427 respondents much of which has been analysed to gain insights into the effectiveness or otherwise of the suggested interventions.

The ‘snapshot audit’ it provides, albeit from a self-selecting cohort, suggests there is serious cause for concern over the shape and demographic of the medical workforce in the years ahead.

If respondents do carry out the intentions suggested by this survey, planners and policy makers and managers should be focusing their attention now on the risks to the service caused by the potential exodus of highly skilled and experienced clinicians.

And while we recognise that intention is often different from ‘actuality’ when it comes to retirement, the simple solutions around flexible working and a non-binary approach by employers must be taken up with some urgency.

Lessons can and should be drawn from other professions which, by and large, look to capitalise on the additional attributes their older staff bring to the workplace, rather than take the blunt, mechanistic and somewhat anachronistic approach to the way doctors are employed; an approach which seems to have changed little in the last 70 years.

Dr Elaine Griffiths
Chair – Flexible Careers Committee, Academy of Medical Royal Colleges

April 2018

Acknowledgements:

Elaine Griffiths, Chair of the Academy of Medical Royal Colleges' Flexible Careers Committee led this work and wrote much of the content. Belinda Stanley, John Boylan and Nina Newbery analysed the data and prepared the tables.

Thanks must also go to the Academy for its assistance in carrying out this work and to the many people who took time to complete the survey.