



# A dozen things the NHS could do tomorrow to help the medical workforce crisis

The Academy recognises that the current workforce shortages and service pressures require long-term investment and action. This list proposes a set of more immediate actions that might be undertaken to help ameliorate problems in the short term.

These solutions are applicable across the UK, although how they would be implemented would differ across the four nations.

1. Improve **staff wellbeing** by ensuring employers '**get the basics right**'. This includes providing facilities for rest (e.g. after night shifts), spaces to carry out non-clinical work, and easily accessible hot food and drink so staff can keep refreshed during their shifts. Progress implementation of a fully funded occupational health service and ramp up efforts to stamp out bullying and incivility.
2. Alleviate pressures on NHS staff and delays for patients by supporting **social care** to help reduce hospital admissions and speed up discharges, ensuring appropriate use and support of **locum** colleagues, and facilitating training in the **independent sector**.
3. Ensure job planning at all levels facilitates **flexible** training and working, and recognises and rewards **professional activities** such as education and training, clinical leadership, quality improvement, and governance.
4. **Recognise and value the contributions of trainees**, including through improved communications [e.g. on recruitment and rotations] and promoting greater flexibility in training pathways (including Out of Programme Pauses (OOPP)).

System-wide acceptance of the paradigm shift to **outcome-based**, rather than time-based, training and actions to enable this to become a reality.

5. **Value international colleagues** by making sure that the health and care worker visa is open to all social care staff and ensuring that MTI doctors do not pay the NHS surcharge alongside other International Medical Graduates.
6. Support the **optimisation of multi-professional teams** through valuing the contributions of colleagues in nursing, pharmacy and the allied health professions (among other groups), accelerating steps for the regulation and recruitment of Physician and Anaesthesia Associates, and considering the expansion and regulation of other roles such as Surgical Care Practitioners and sonographers.
7. **Reduce administrative burdens** on staff by streamlining mandatory training processes (including for trainees on rotation and those who retire and return), improving the use of the lead employer model and introducing digital passports, and simplifying appraisal and revalidation. Speed up legislative changes for expansion of who can sign off fit notes.
8. Support the development and improve the experiences of **final year medical students** by formalising the FY1 programme and/or offering them a bursary to undertake responsibilities working as Junior doctor assistants.
9. Facilitate improved **work-life balance** through helping clinical employees access flexible, affordable **childcare** and school holiday play schemes, and ensuring staff have the ability to take time off for **significant life events**, enabling the right to a planned private life.
10. Improve **retire and return arrangements** by ensuring clearer and more consistent policies, and facilitating flexible approaches including through access to remote working and portfolio job plans. Make the GMC's COVID-19 return to practice registration easements permanent.
11. Utilise **'stay'** (not just exit) **interviews** to identify staff at risk of leaving (from trainee attrition to early retirement) and devise solutions which might encourage them to stay (e.g. careers mentoring, reduction in out of hours).
12. Urgently address the problems of the **pension tax arrangements**, and, in the meantime, promote ameliorative actions such as salary replacement schemes and facilitating and funding access to independent financial advice and guidance on pensions for experienced, senior doctors, to enable them to make informed choices about retirement dates and the options available for those who wish to remain in service.