



Retention and flexibility principles for senior doctors (GPs, Consultants and SAS)

Academy Workforce Committee

Improving the retention of the medical workforce is vital in ensuring that the health system has the doctors it requires. Empathetic understanding and consideration of doctors' working lives will help ensure that healthcare systems treat doctors in a dignified way.

In this paper we list the general principles that the healthcare systems should have at the forefront when exploring ways to retain 'senior' doctors, so not to duplicate the work already being undertaken by the [Academy Trainee Doctors' Committee](#).

These principles will need to be applied and considered across both primary and secondary and community healthcare settings to reflect the varied healthcare environments in which senior doctors work.

General retention principles [for senior doctors]

- There should be clear and defined career progression paths with scheduled conversation points to establish mutually agreed plans for individual doctors.
- There should be a fair, balanced, and equal SPA/non-clinical time allowance across the four nations.
- Senior doctors should have the time, in addition to their supervision responsibilities, to take on other roles including teaching, acting as examiners for postgraduate and undergraduate exams, undertaking appraisal, undertaking research, undertaking recruitment, and acting as mentors.
- Senior doctors need to feel, and should be, valued in an organisation.
- Appropriate access to occupational support is essential to maintain a healthy workforce.
- Appropriate access to mental health support is essential to maintain a healthy workforce.

- As doctors become more senior, they should be supported (if they wish) to have less burdensome daytime and on-call commitments.
- Addressing the day-to-day problems that senior doctors face (from IT issues to challenges with having sufficient administrative support) will allow for more patient facing time and reduce the frustration that senior doctors have with non-clinical issues.
- There needs to be more clarity on and explanation for the reasons doctors leave the workforce, to understand and tackle the underlying issues. Having consistent exit interviews will assist with this.
- There should be equal provisions of state-backed indemnity for senior doctors in all healthcare settings across the four nations.

Flexibility principles [for senior doctors]

Flexible working facilitates a healthy work-life balance, thus enabling doctors to maximise their full potential within healthcare settings. This in turn can help reduce burnout and increase retention.

- Flexibility at all career stages must be seen as a business-as-usual way of working, rather than exceptional. For example (and non-exhaustive); term time contracts, job share agreements, time shifting of work etc, should be embraced.
- Retirees should be offered and welcomed to return to teach, undertake research and examine (for as long as this remains appropriate), as the sharing of their rich experience would be of great benefit.
- Retirees who wish to continue to offer these services should have easy access to a Responsible Officer.
- Those who retire and return, should be welcomed back and offered at least some of their existing job plan.
- Retire and return should be standardised across the UK.
- Formal succession plans for retirees are essential for the adequate handover of patients and smooth transfer of responsibilities, to minimise disruption.