# The Royal College of Physicians and Surgeons of Glasgow

## This is what we stand for

# Overview by Professor Jackie Taylor, President of the Royal College

The Royal College of Physicians and Surgeons of Glasgow while based in Glasgow has 15,000 Members and Fellows across the UK and internationally.

Established in 1599, the College was and remains today, the only Royal College in the UK that brings together physicians, surgeons and other health professionals.

We listen to our membership and support their commitment to deliver the best outcomes for their patients and inspire the next generation of healthcare professionals.

The events of the past year have placed a huge burden on our health service and all those who work in it. While the COVID-19 pandemic continues to generate enormous challenges, we are proud of the vital part our membership has played in providing excellent patient care.

Our Fellows and Members have shown leadership, flexibility and professionalism, ensuring that health services across England and Wales were able to adapt at a breath-taking pace to meet the challenges of the pandemic.

We have seen that speed of decision making, innovative thinking and breaking through bureaucracy has served us well. The same approach will be needed to create the shape of our workforce going forward. We need to maintain its morale, resilience and to achieve adequate staffing levels.

Although the pandemic brought the best out of our NHS and its staff, it has also highlighted and exacerbated the ongoing challenges that we have faced over the past few years.

There are key issues that need to be addressed urgently which are outlined below.

Professor Jackie Taylor, President



#### Workforce

We need to address our workforce crisis by increasing the supply of medical professionals, and taking action to retain those who already work in the NHS. We need to learn from COVID-19.

It is well known that even before COVID, NHS services in England and Wales were overstretched due to unfilled consultant posts, rising demand for services, and shortages of staff in all grades of medical and nursing staff. We were aware that many vacant consultant posts were not advertised or when they were advertised there were no suitable applicants.

There is an urgent need to address this. We need more medical students and to widen access to increase the numbers entering into the profession. We also require to improve the experience of doctors in training and once qualified, we should value, teach and retain them.

It is also necessary to take a long and potentially uncomfortable look at some of the reasons why our medical talent is leaving the NHS. This includes listening when they say they have no time to train when burdened with 9:1 contracts or that as they grow more senior, they have the right to expect more flexibility to keep people with experience and wisdom in the workforce.

To be able to do this, we need to show the innovation which has been so apparent during the past year where solutions were found quickly and innovation broke through layers of bureaucracy.

We believe that the following need to be accomplished urgently:

- Increase the number of medical school programmes, including for those on graduate entry programmes.
  - This should include a commitment to further increase the numbers of students from areas of multiple deprivation and from non-traditional backgrounds who choose to pursue medicine as a career
  - This commitment to expansion of medical school places should also incorporate a commitment to provide consultants with sufficient time for the additional teaching pressures that this change will entail. Employers and government must recognise the importance of ensuring that medical students and trainees are properly supported through their vital period of training within the NHS
- Retain medical staff at all stages of their career: identify and resolve the key issues which
  are driving doctors to leave the profession
- Work with the UK Government to ensure that we can recruit additional staff from outside the UK by:
  - o Increasing in the number of places available through the Medical Training Initiative
  - Reinstating permit free training
  - Ensuring that health and social care workers from EU member states do not face additional barriers to come and work in the UK after Brexit
- Rapidly develop the roles of and training capacity for Physician Assistant, Anaesthetic Assistant, Surgical Care practitioners and other enhanced roles to maximise the workforce.

#### Wellbeing

There is an urgent need to address workforce shortages in the NHS and to provide the existing workforce with adequate time to heal from the pandemic before we start to ramp up activity to start on bringing waiting lists down. We fully endorse the recommendations of the report "Caring for Doctors, Caring for Patients" rcp.sg/caringfordoctors

Over the past year, Professor Taylor has expressed her deep concern about the profound effect of the pandemic on healthcare professionals. We have witnessed a lot of sadness, with people losing loved ones. There have been a lot of deaths. Bearing witness to this, and trying to bring people through that is hard and when it is happening day in and day out, it takes its toll.

Many are exhausted, suffering stress, psychological and physical health problems. Staff really do need time to rest, heal and recover but at the same time, we are all acutely aware of the backlog of patient cases that is building up and of the need for patients to receive the procedures and care that they need.

It is vital to learn from the COVID-19 pandemic and take positive action to move forward as we remobilise the health service. It is vital to ensure the health and wellbeing of the healthcare workforce is at the forefront of decision-making around the renewal and remobilisation programme.

- Going forward this means providing peer support, psychological support and specialist mental health services. All new support given must be sustainable - as we are likely to see the impact of COVID for years to come
- We need to ensure that basic facilities such as hot food, and somewhere to sit and have a break are available 24 hours a day
- Workloads must be realistic-hence the need for workforce planning. The major reason for poor wellbeing is chronic excessive workload

We call on the next English and Welsh elected representatives including elected Mayors and the Senedd Cymru to urgently address these issues which the College believes are so pressing, they threaten the future viability of the NHS.

### Inclusivity

Despite the advancement of previously under-represented groups in the wider NHS workforce, more work requires to be done to ensure that those in leadership roles within the Health Service are representative of the wider workforce and general population. The next English and Welsh administrations should work with employers to increase the proportion of under-represented demographic groups represented within leadership roles by:

- The newly elected administrations should build on this progress, and increase the support available to school students from areas of multiple deprivation and from nontraditional backgrounds to help them choose a career in medicine
- Building on this work, additional funding must be made available to medical schools and
  other organisations in order to provide additional financial and pastoral support for these
  new medical school students. It is vital that we ensure that they are able to receive the
  appropriate support required in order to support them to complete their medical
  education.

#### **Equality and diversity**

- Ensuring that everyone has income at a level that supports healthy living, through policies such as progressive taxation and guaranteed minimum income.
- Ensuring that everyone has access to a high-quality education and that any barriers to higher educational attainment is removed for all groups
- Improving access to active transport
- Taking bold action to address the societal damage of drug and alcohol misuse
- A mandatory health impact assessment integrated into policy making in all government departments

In addition, it's vital that we ensure that we:

- Promote equal access to the health service for all
- Ensure health and wellbeing for all through proactive public health measures such as promoting a healthy diet
- Take into account the needs of minority groups, for example, assessing and addressing the additional health risks faced by people from a BAME background

#### **Summary**

The issues outlined above are relevant to all four nations which make up the United Kingdom.

At the same time, our membership in England and Wales has reported that they are under more pressure than ever before, and this stress is taking its toll on their ability to carry out their jobs and their life outside work.

This is why we've put together this manifesto for the elections on 6 May 2021 in England and Wales and we urge the new administrations to address these issues as a matter of urgency.

#### **Question your candidates**

Up and down the country candidates are working hard to appeal for your support. Now is the #TimeToSpeakUp for our membership.

You can play your part! Make sure that candidates and their activists are aware of the urgency of these issues by asking one of these questions when you get the opportunity:

- 1. Will you commit to or support increasing the number of places in medical schools in order to increase the supply of doctors to the NHS?
- 2. Will you commit to improve the flexibility offered to NHS staff at all levels to ensure that everyone has an opportunity to work flexibly or less than full time?
- 3. Will you work to ensure that all staff contracts contain a healthy balance between direct clinical care and time required to teach, train junior doctors and undertake CPD?
- 4. Will you commit to working with NHS Trusts or Boards to retain and embed the good practice that has emerged from work within the NHS throughout the COVID-19 pandemic?
- 5. Will you commit to supporting Public Health investment and Local or National Level (in Wales) to provide support for NHS services and planning to reduce the burden of disease and tackle issues of Health inequalities?

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