



The Scottish Medical Workforce

Planning, Supply and Retention solutions to meet the medical workforce challenges in NHS Scotland



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

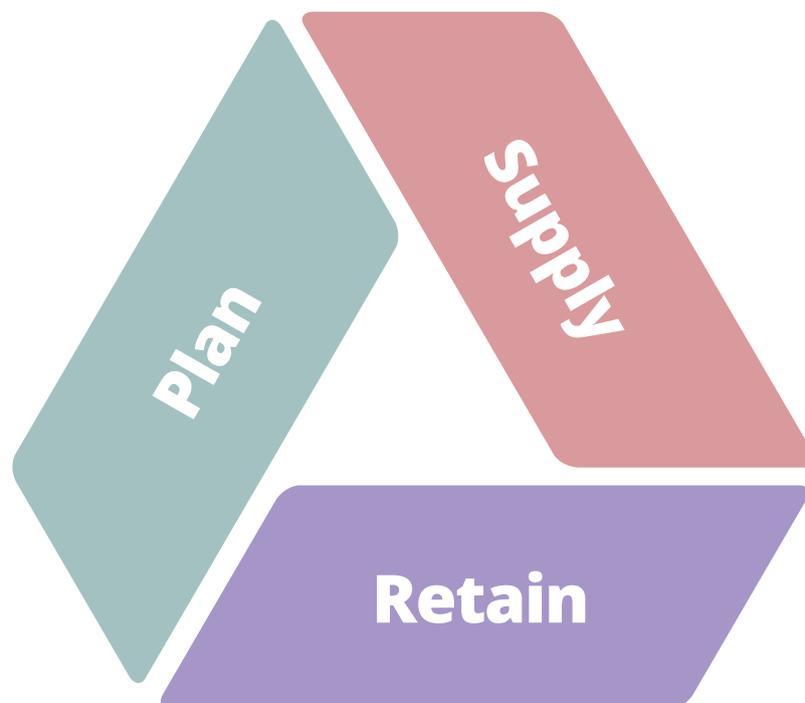
Overview

There is currently an imbalance of workload and workforce in the Scottish health service. Put simply, there is not enough staff to meet the needs of our patients. This is evident across multiple areas of the healthcare workforce and needs a coordinated, focused and realistic approach to address the challenges and protect our health service, our workforce and our patients.

The challenges of workforce shortages and excessive workload are not new. They existed long before the pandemic and have deteriorated since. The workforce is in crisis and the urgency of need to address this cannot be overstated.

In this report, we outline what we believe are meaningful, realistic and achievable solutions to addressing the current imbalance between workforce and workload that will deliver solutions that ultimately will lead to a healthier health service.

Our recommendations fall within the three interlinked areas of workforce planning, workforce supply and workforce retention. There are challenges and solutions that can be adapted within each of these areas to ensure an adequately resourced workforce is available and evolving.



Plan



Improve the accuracy of data and create a single group for workforce planning to ensure the sustainability of the workforce over time by:

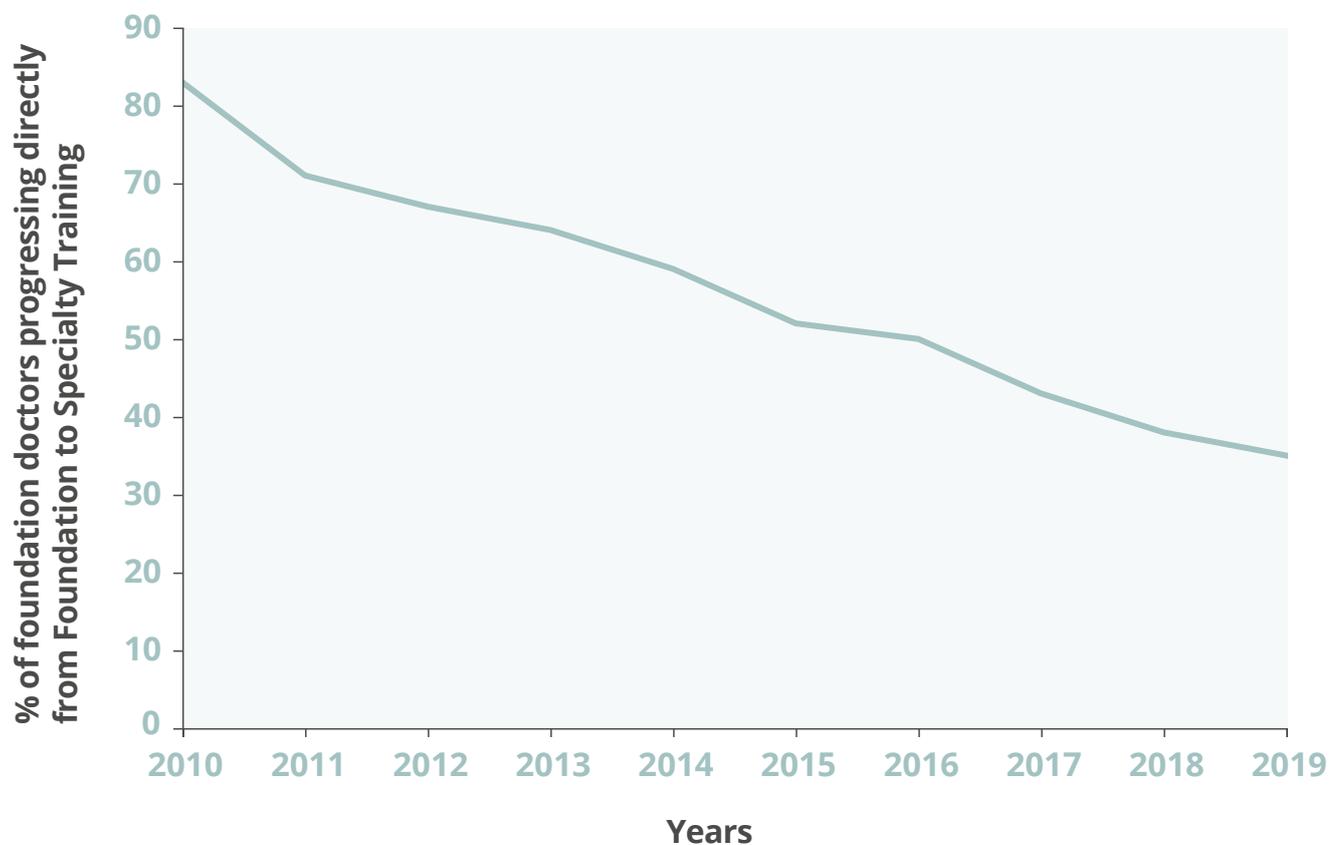
- > Establishing a single planning group to advise on and oversee medical workforce planning in Scotland
- > Ensuring workforce planning takes into account the number of Foundation Training doctors who do not progress directly to Specialty Training (65%)
- > Greater recognition of transferrable competencies, skills and knowledge for trainees who work between specialties and take time out from training
- > Ensuring modelling for workforce planning takes account of official vacancy data (including 'hidden' vacancies) and terms of contract (professional versus supporting professional activities)
- > Ensuring options for less than full time working, time supporting professional activities, and flexible training conditions are incorporated into workforce planning

"A paradigm shift is urgently required to ensure that relevant organisations collaborate effectively and honestly to ensure workforce planning is undertaken in a comprehensive and transparent way. This endeavour must be backed up by national commitments to resourcing such a workforce both now and in the future."

Academy of Medical Royal Colleges, March 2021



Progression to specialty training



The number of junior doctors progressing to specialty training has dropped dramatically over the last decade. Surveys indicate that this choice is driven by:

- The belief that non-training posts offer better work-life balance
- A perceived lack of flexibility in the training structure
- The uncertainty about specialty choice

Source: <https://foundationprogramme.nhs.uk/resources/reports/>

Supply



Increase the number of full time staff to fill vacancies, alleviate chronic excessive workloads and meet the increasing demand for services – both short and long term solutions are needed.

- > Delivering the government's commitment to increase the number of medical school places for Scottish domiciled students and students from widening access backgrounds
- > Making less than full time working and flexible training more accessible to ensure equality, diversity and inclusion of all to achieve a work-life balance, and make the workplace more attractive
- > Expanding the MTI programme with an improved matching process developed and implemented
- > Ethical international recruitment and ensuring international medical graduates in Scotland are supported appropriately
- > Upskilling of healthcare professionals including development of the Physician Assistant, Surgical Care Practitioners, Anaesthetic Associates, Optometrists, Pharmacists, and other skilled roles.

Flexibility

Access to less than full time working and flexible training is likely to have a large impact on both recruitment and retention of staff who may be unable or not wanting to work in a full time capacity for various reasons. Female consultants are more likely than male consultants to work less than full time (42% versus 12%), and the proportion of women in the workforce is growing. Increases in less than full time working and further flexibility within and between training programmes are factors that present problems for workforce planning and need to be considered and incorporated as part of modelling.

Retain



Improve and protect workforce wellbeing by providing suitable working conditions, contracts, flexibility and support. This will have an impact on both retention and re-joining.

- > Workplans and contracts must provide sufficient time for consultants to deliver training and supervision and other professional duties
- > A more efficient and straightforward process for GMC registration, appraisal and revalidation to match appropriate jobs should be developed to facilitate consultants to retire and return
- > Enforcing a culture of compassionate leadership with zero tolerance for bullying and poor professional behaviour
- > Access to basic facilities such as a place to rest and eat during working hours, 24 hours a day
- > Continuing progress to deliver peer and psychological support and the National Wellbeing Hub
- > Lobbying the UK government to address the punitive pension tax regime of disproportionate tax charges due to the annual allowance and lifetime allowance for pensions

Wellbeing

Since 2019, the Scottish Government and others have produced resources and support for staff with a focused attention on wellbeing. This includes the National Wellbeing Hub, the Workforce Wellbeing Champions Network and the Workforce Specialist Service. Further financial investment for staff wellbeing and support was detailed in the NHS Scotland Recovery Plan 2021-26 and in the 2021-22 Winter Plan. These initiatives and commitment are very welcome.

Efforts to address wellbeing must be ongoing and sustainable, and cannot be a replacement for addressing the drivers of poor wellbeing in staff. Chronic excessive workload is the primary reason behind burnout, physical and psychological ill-health in the medical workforce, exacerbated by the effects of significant staff vacancies, unprecedented demand and waiting lists, and the Covid-19 response and backlog.



Early voluntary retirement

More than
1 in 5 consultants
are leaving NHS Scotland in their mid- to late 50s

Reasons given for early retirement:



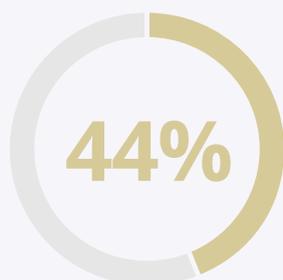
Source: <https://www.bma.org.uk/media/3840/bma-scotland-consultants-retention-report-feb-2021.pdf>



of doctors feel burnt out to a high or very high degree



of trainee doctors are always or often worn out at the end of their working day



of trainee doctors feel their work is emotionally exhausting to a high or very high degree

Source: GMC National Training Survey, 2021

Taking action

The recommendations outlined in this report will deliver solutions that address the current imbalance between workforce and workload in the Scottish medical workforce.

Plan

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Supply

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Retain

Improve and protect workforce wellbeing by providing suitable working conditions, contracts, flexibility and support.



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