

Flexible workforce solutions

June 28th

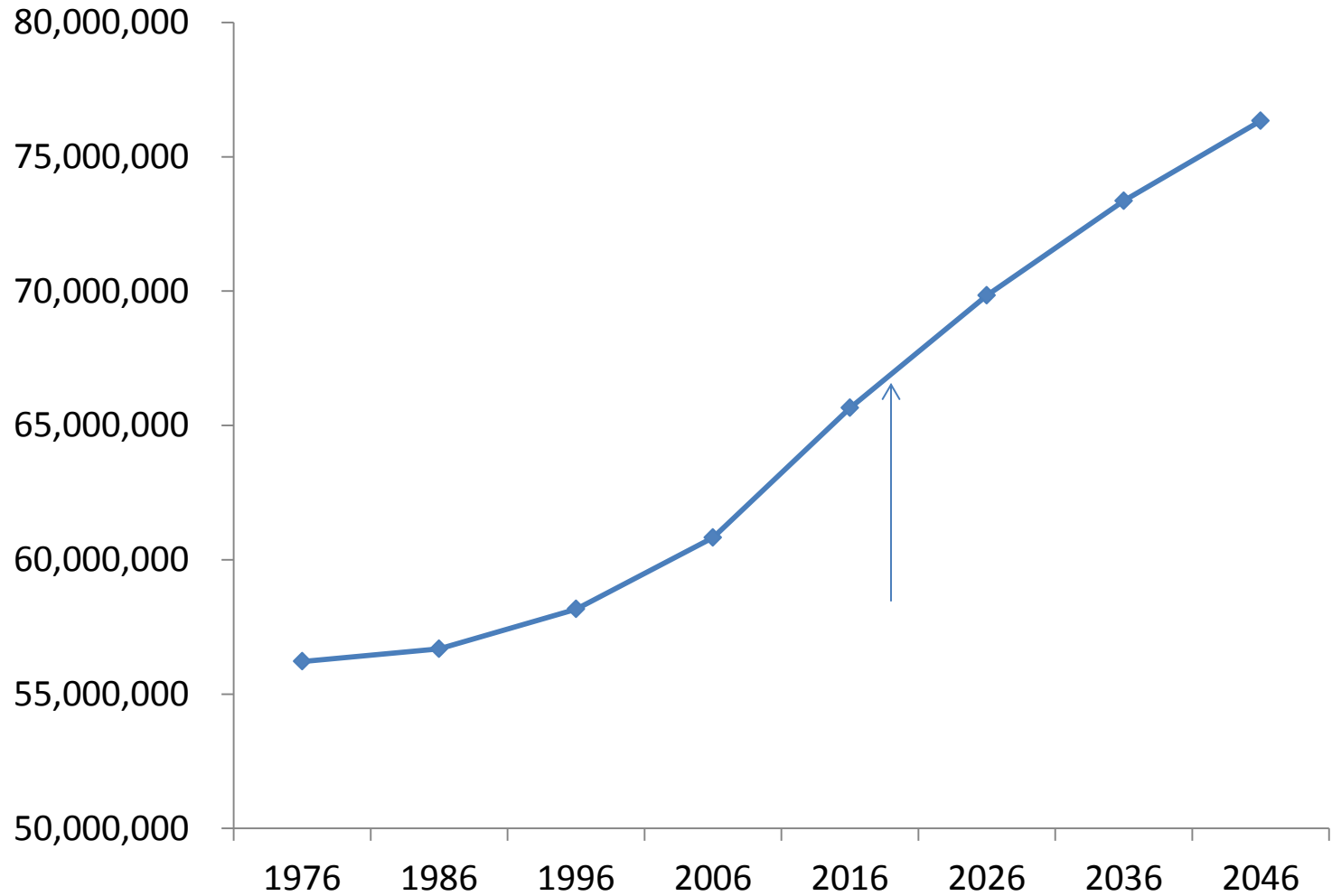
C4WW

- What are the problems?
- What are the solutions?
- What is being done?

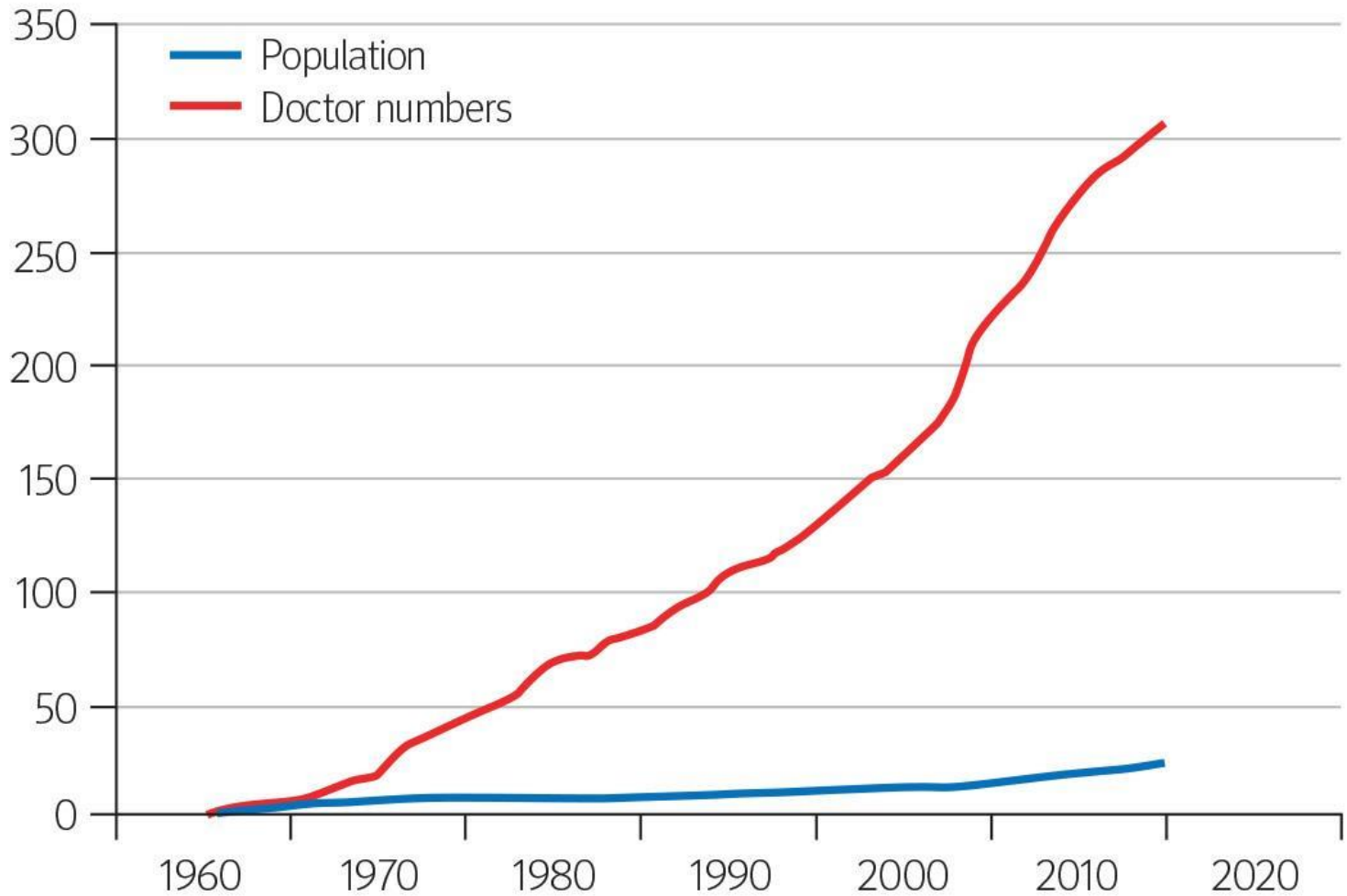
Workforce background

- NHS 5th largest world employer
- Half staff are clinical
 - 150,000 doctors
 - 320,000 nurses/midwives

Population 1976-2046



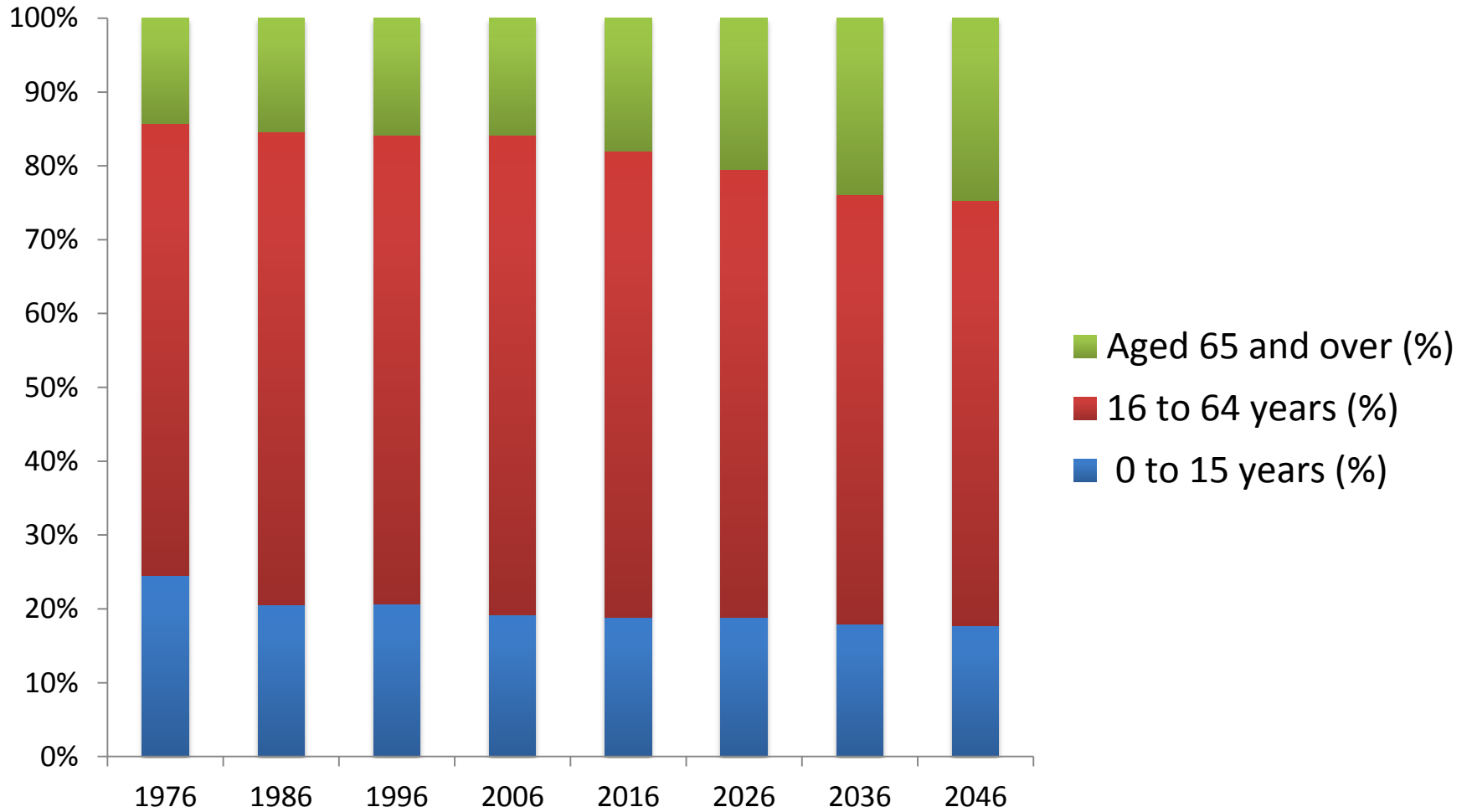
Total population



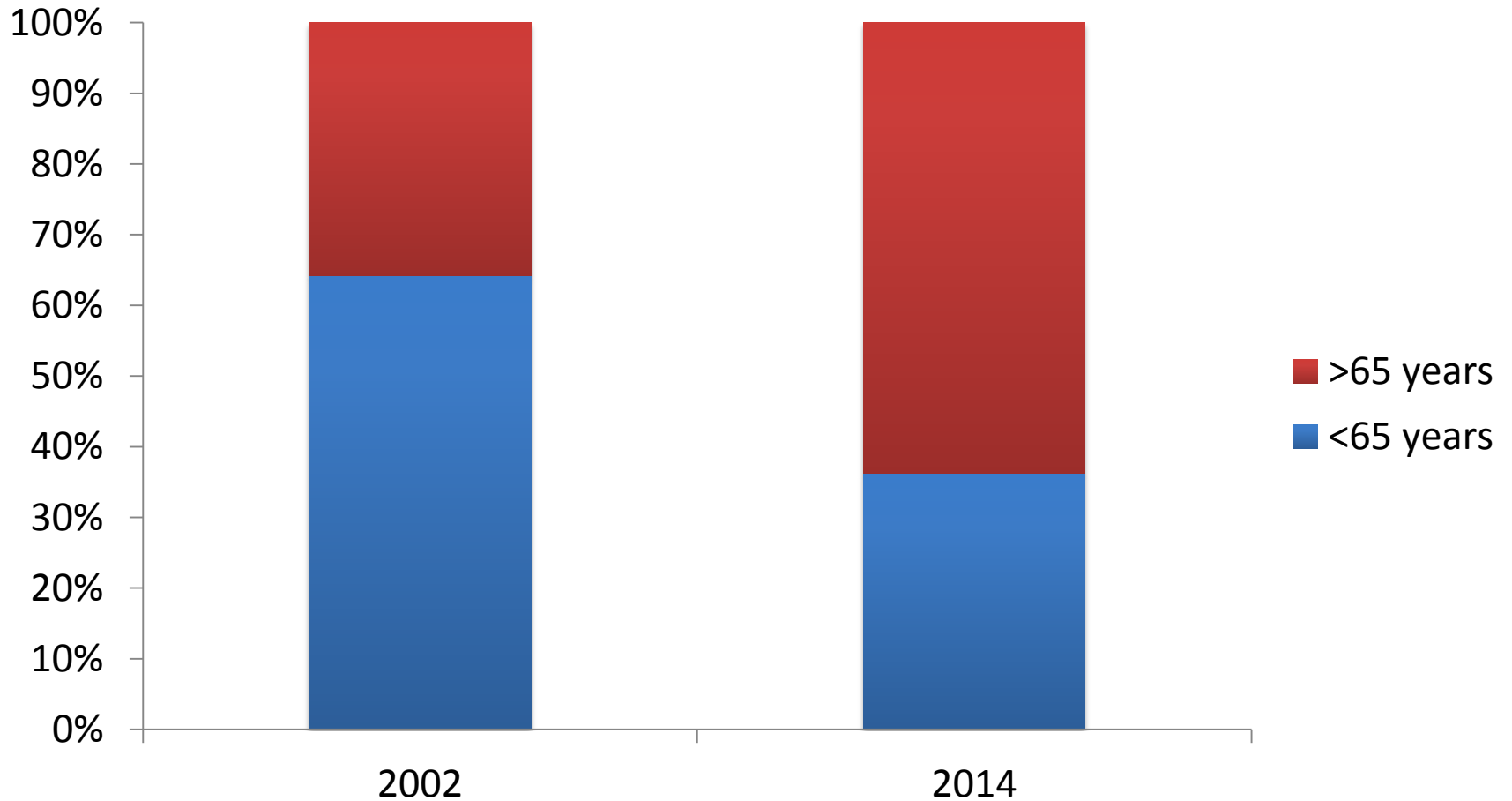
Growth in staff

Is it enough?

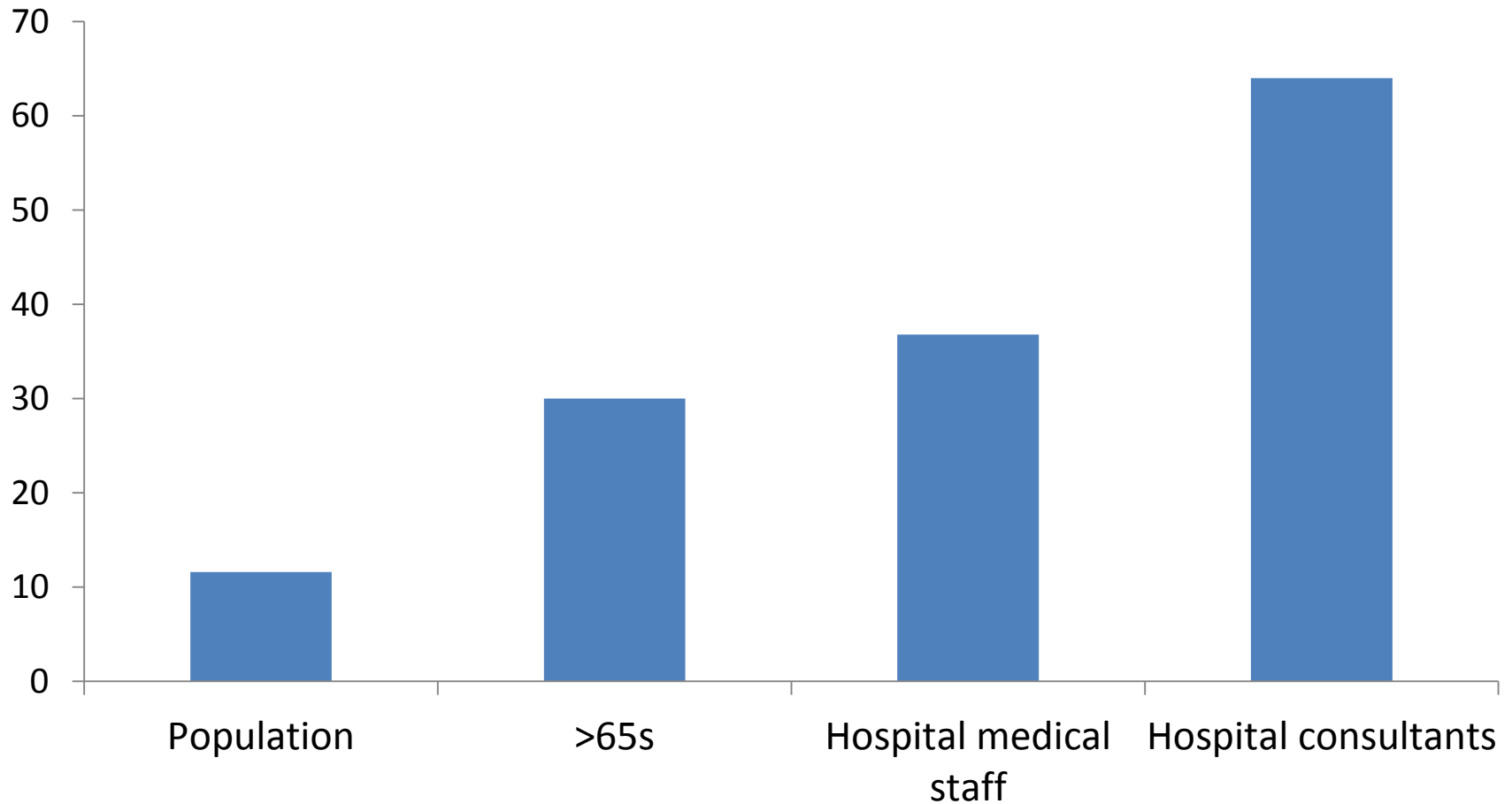
UK population



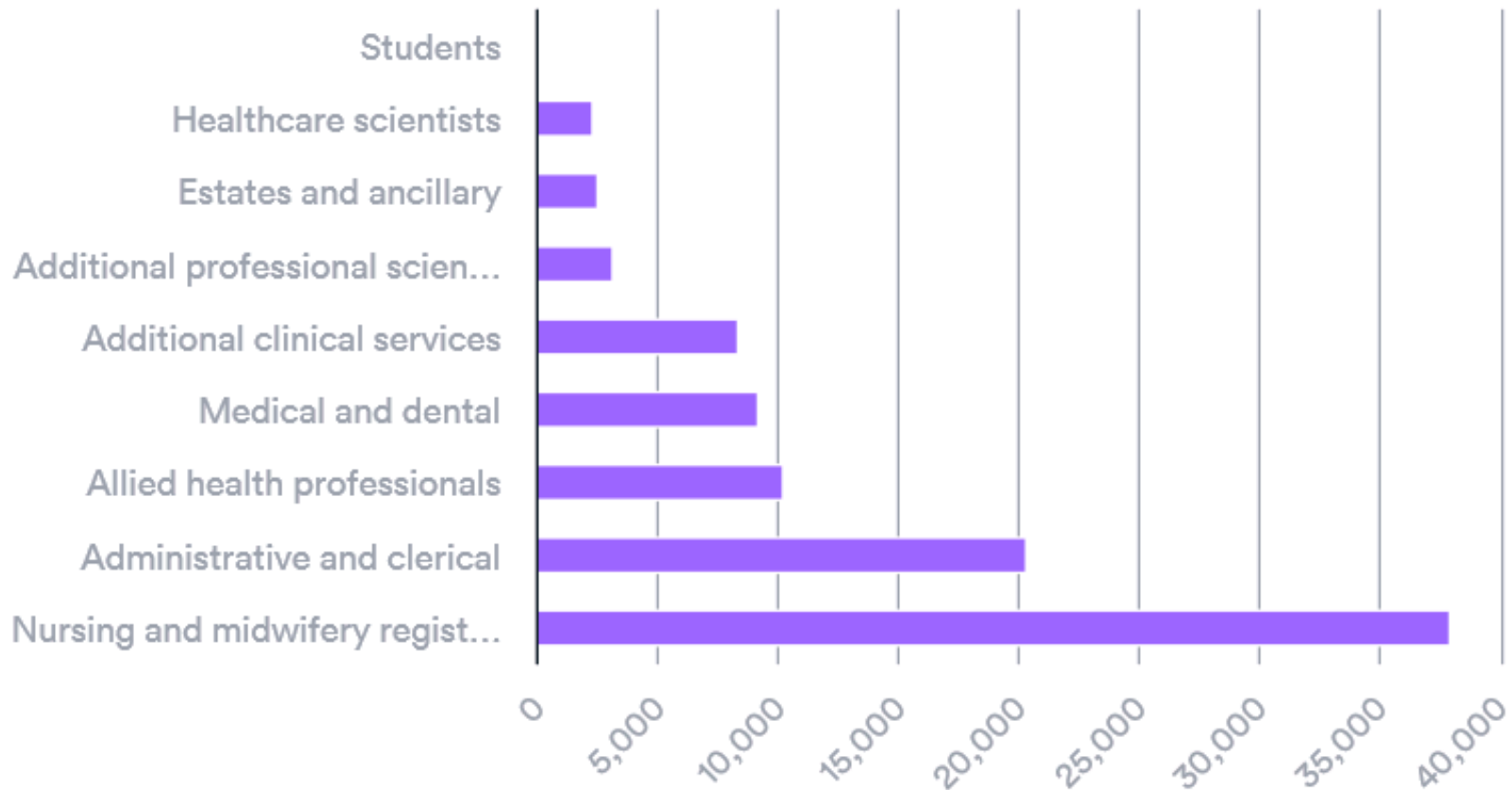
Hospital admissions to NHS



% increase in population and staff 2004-19

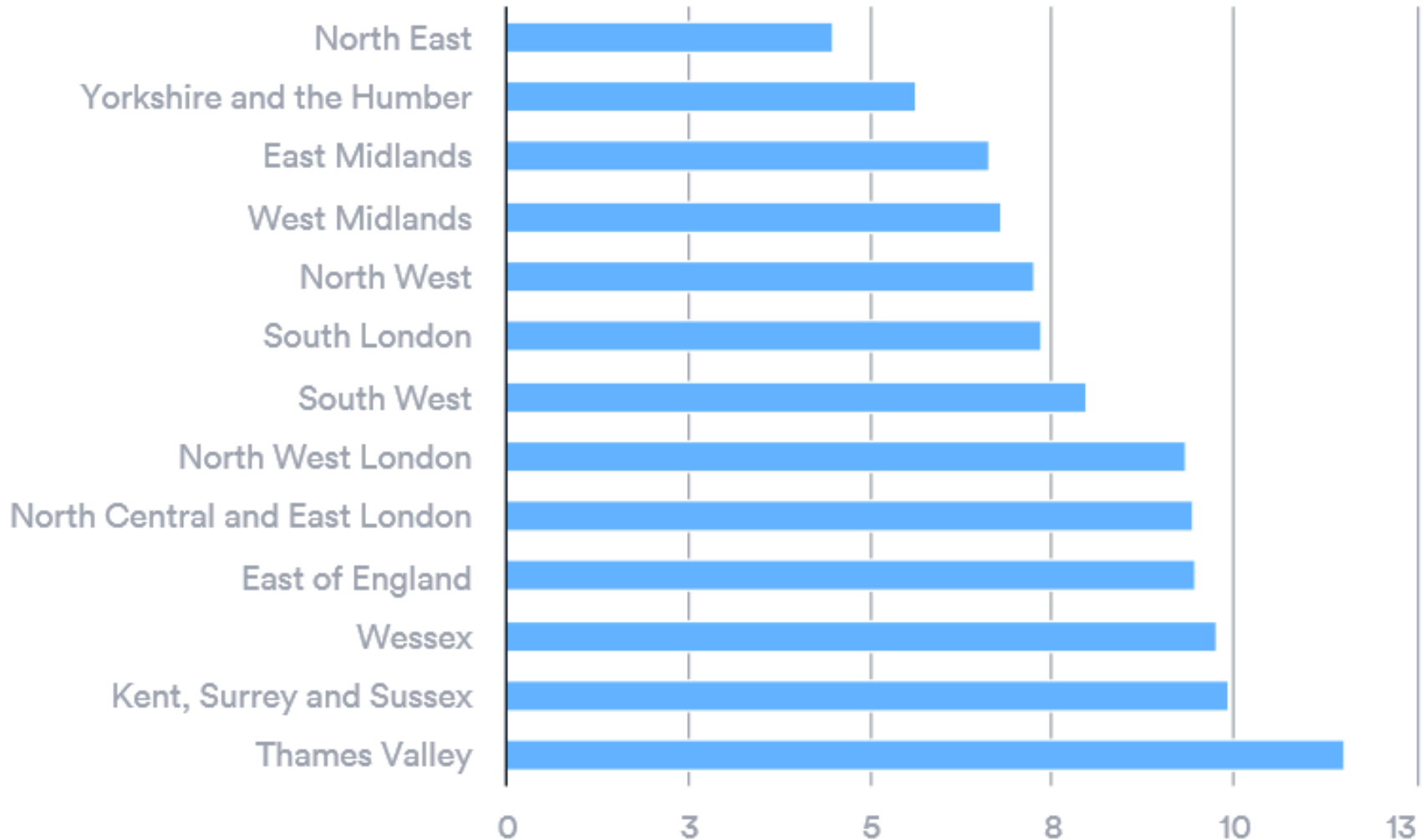


NHS clinical staff shortages by group

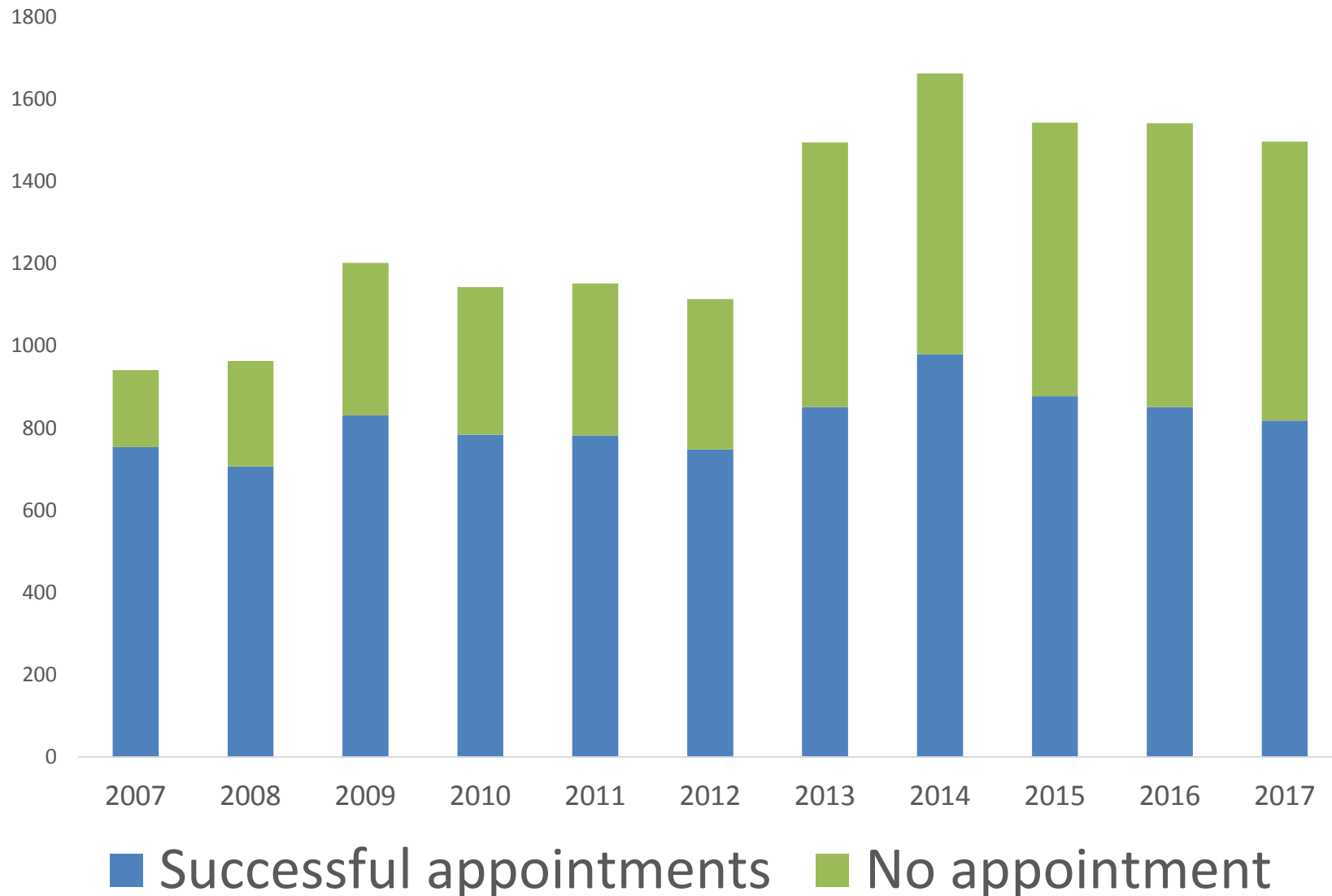


Number of advertised vacancy FTEs in England by National Workforce Data Set Staff Groups, July 2018 - September 2018

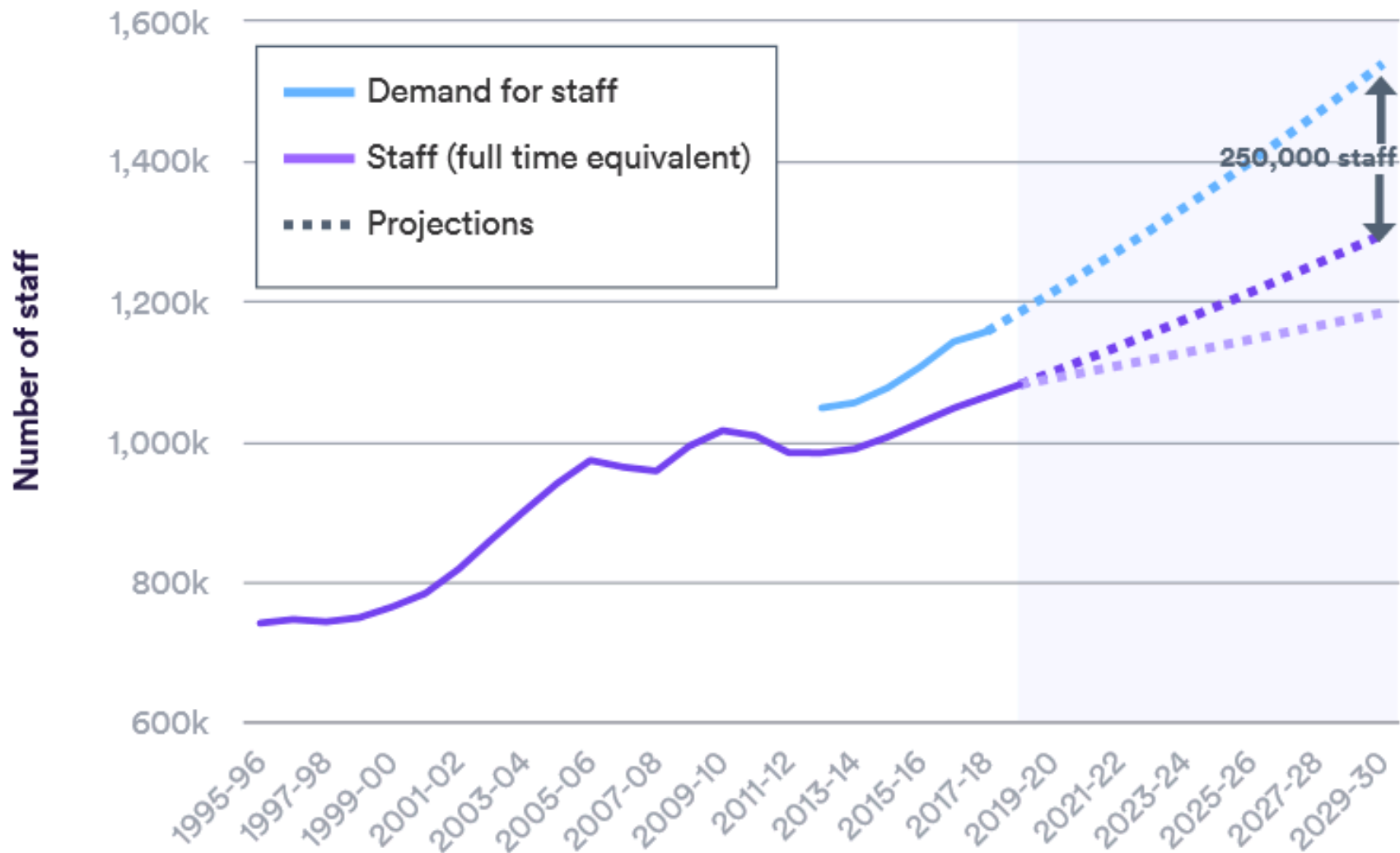
NHS clinical staff % vacancy rate by region



Appointment success consultant physicians



Demand and supply NHS staff

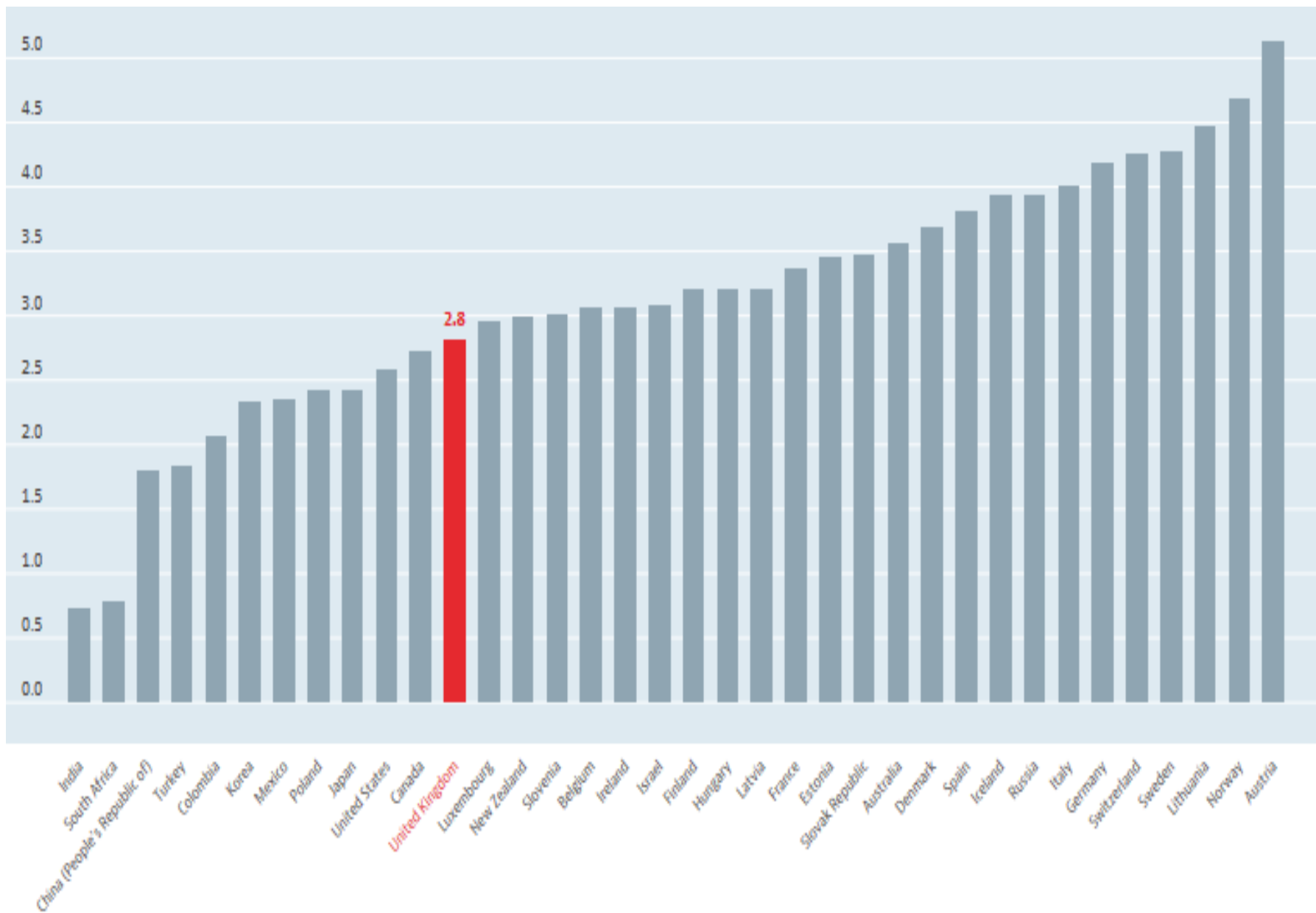


Growth in staff

Is it enough?

NO!

Doctors/1,000 population OECD countries 2017



Consequences

- Acting down
- Rota gaps
- Poor morale
- Retire early
- Plus pension issues

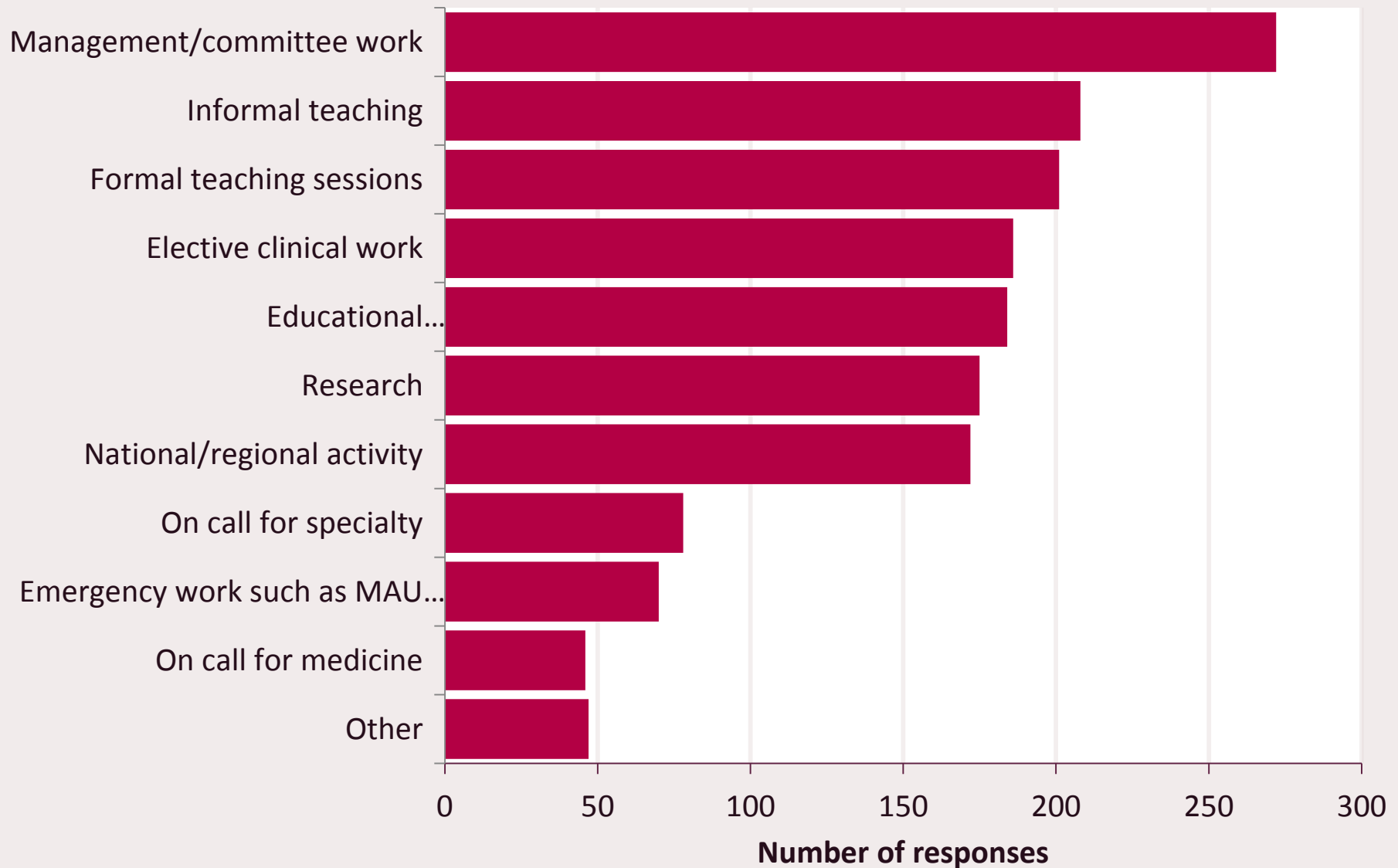
Frequent/often gaps in trainees rotas

- 22% significant problems in patient safety
- 75% potential problems but a workaround solution
- 1% other problems
- 2% no impact on patient safety

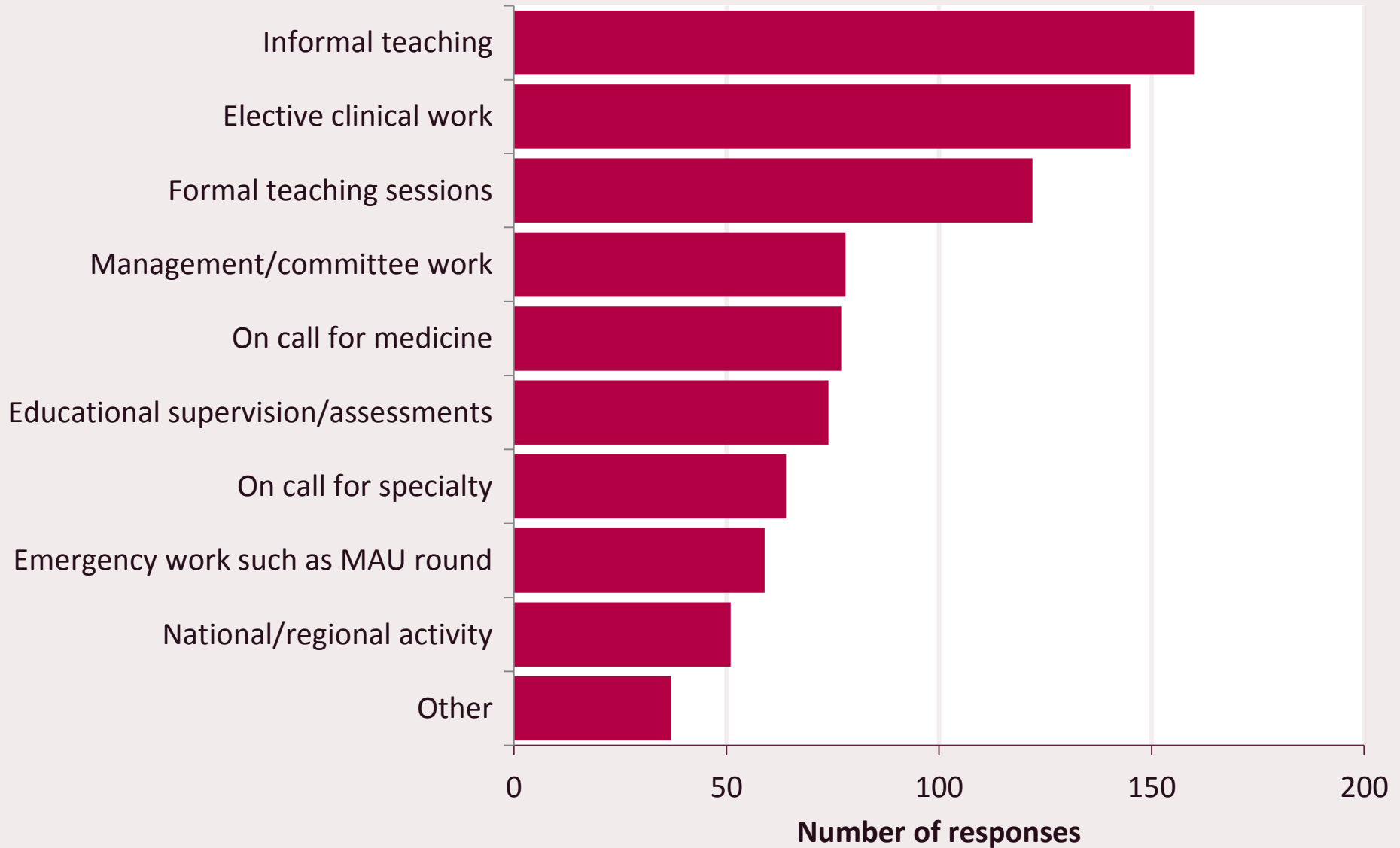
Consultants acting down

- 6% regularly
- 23% one off
- 70% no

Work not being undertaken due to consultant vacancies



Work not being undertaken due to HST vacancies



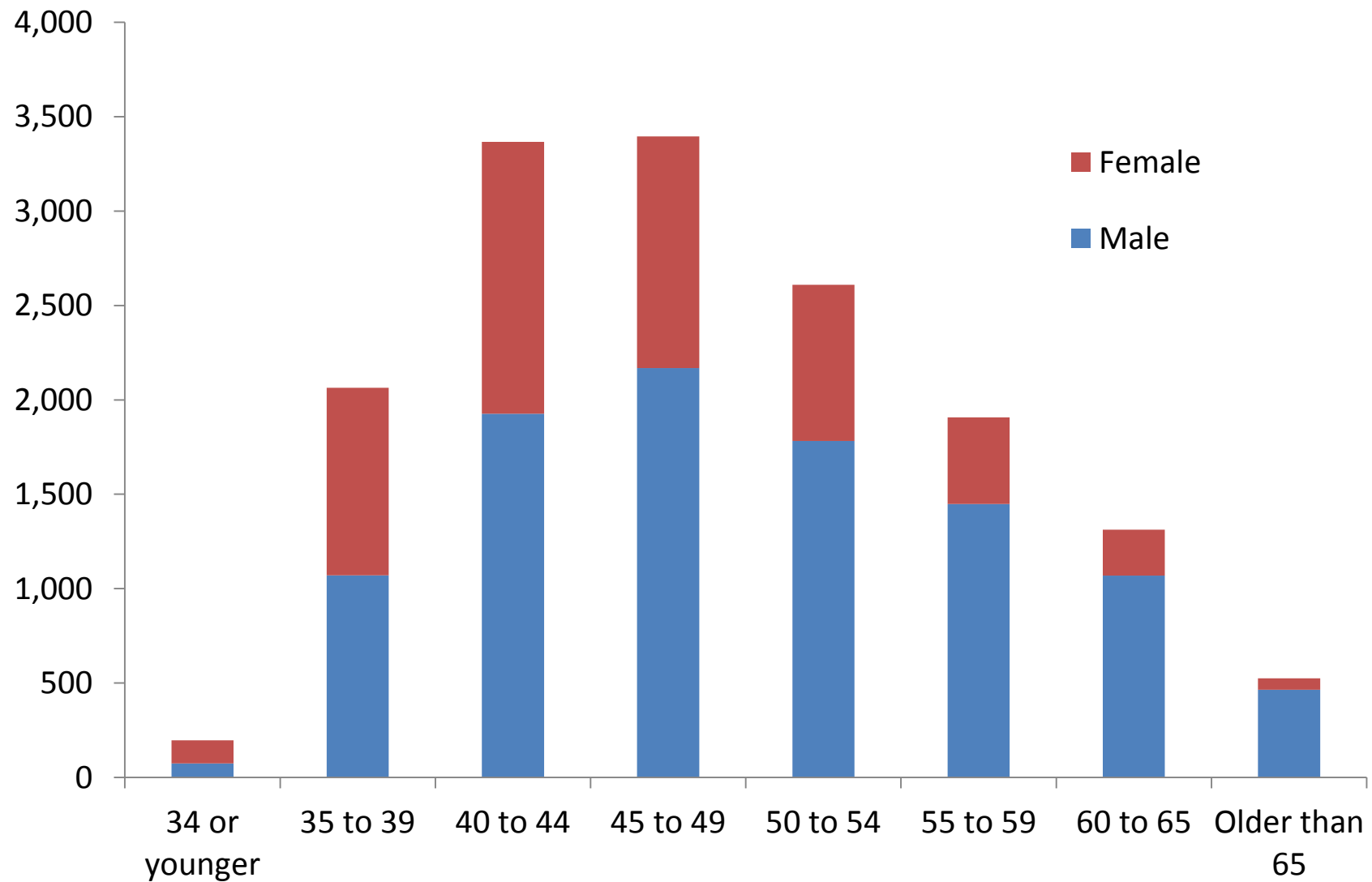
Solutions

- More staff
 - Medical students, 1,500/year, 5 new medical schools
 - Physician Associates
 - Immigration rules
- Retirement
- Improve staff wellbeing

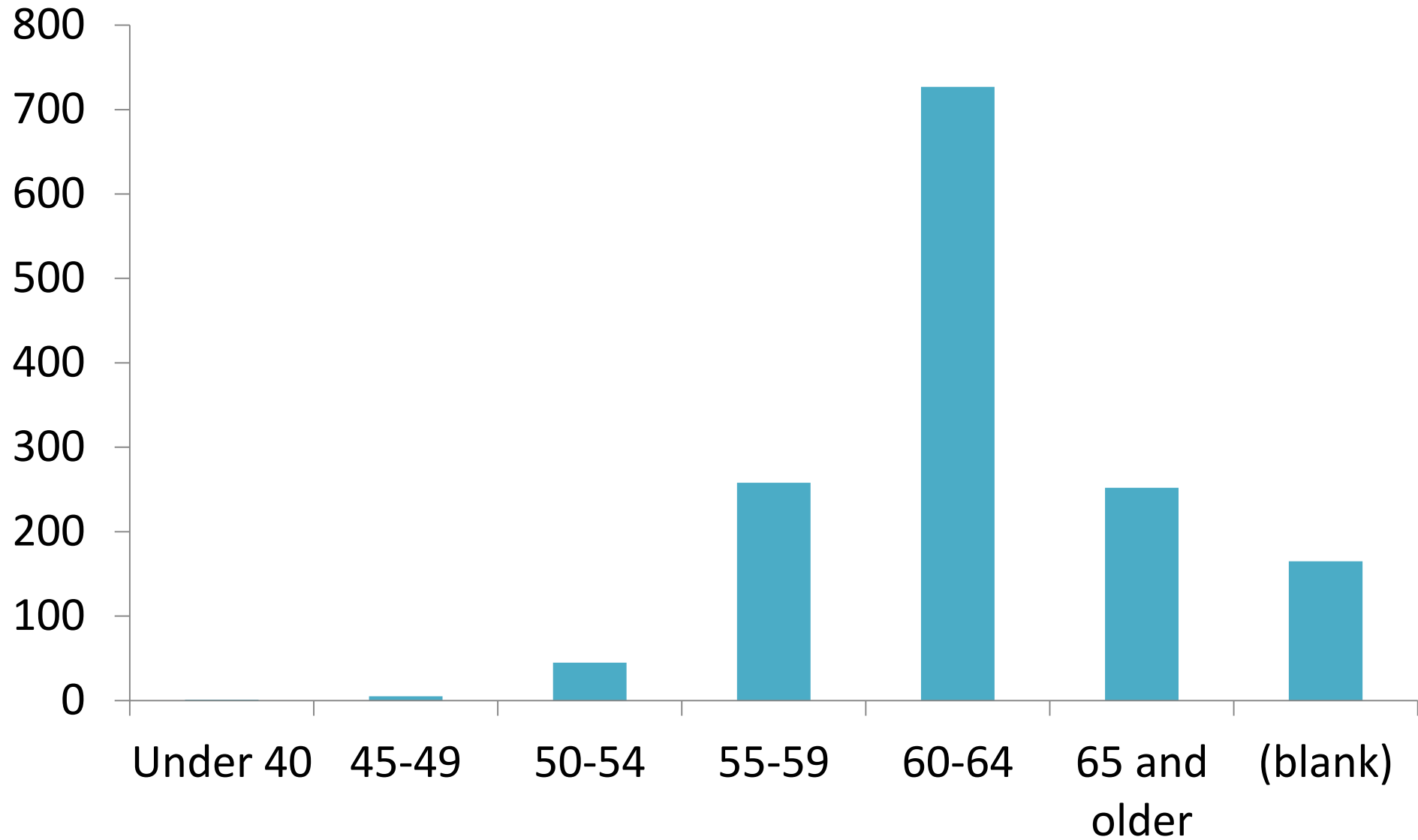
Retirements

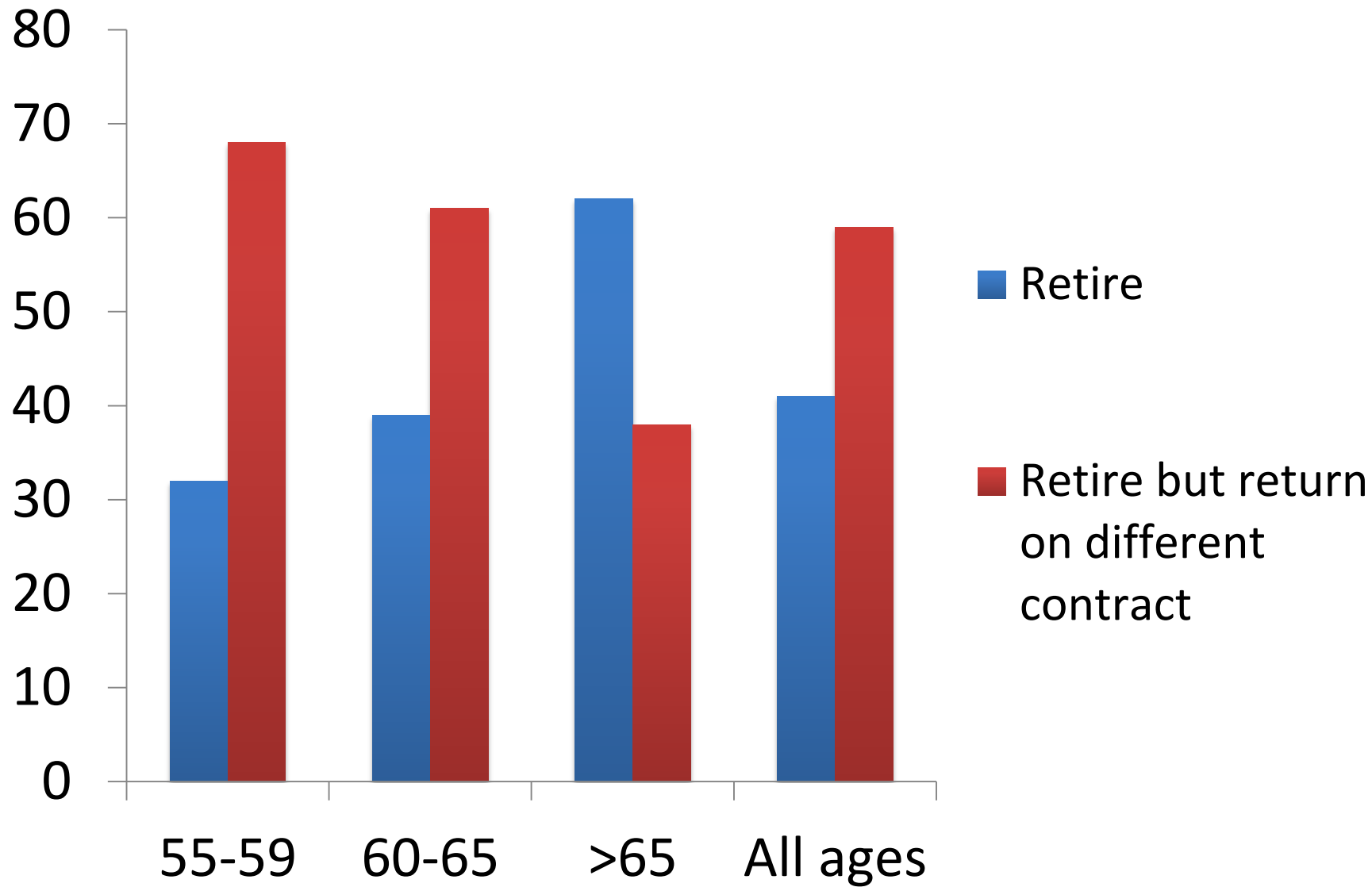
- Around 500 physician retirements /year
- Current ages of workforce
 - 525 >65 years (3%)
 - 1312 60-65 years (8%)
- 47% over 60's LTFT

Ages of consultants



Age would like to retire





Options approaching retirement

- **Wind down:** working fewer days
- **Step down:** less demanding role with fewer responsibilities
- **Draw down:** staff at minimum pensionable age take between 20% and 80% of their pension while continuing as NHS employees
- **Retire and Return:** retire, claim pension benefits and then return to work.

NHS Working Longer Group

Benefits to continued working

- Financial
- Benefits to health from the physical activity, maintaining routines and obligations
- Increased psychological wellbeing by maintaining professional identities and meeting challenges
- Continuing personal development
- Social affirmation and friendships at work

Personal reasons for working

- Fulfillment
- Really enjoy what they do
- Wanting to work, but not as previously
- Retire fully, but then what?
- Money not prime motivator

- *I believe my experience makes me quicker in clinic (they rarely over-run), and I perform fewer and more targeted investigations*
- *I did a variety of clinical, advisory and standard-setting jobs after formally retiring until ten years later. The work was largely enjoyable and was essential to me as a wind down. Similar opportunities should be offered routinely to those coming to the end of their formal careers but within their existing contracts.*

*As you know, there is a desperate shortage of experienced A&E staff. I would love to work in A&E on an ad hoc basis (“zero hours contract”) but the GMC regulations regarding **revalidation** make this completely impossible. I have been in contact with the GMC on a number of occasions but am repeatedly told that I will need to perform an audit, which is, of course, entirely impossible.*

At the age of 60 I reduced my hours to the equivalent of “normal full-time”, avoiding late evening or night work. I also gave up most of the management responsibility

3 years later I took my pension - and I returned to working 2 days a week.

This is a good way of keeping me in post instead of forcing me into an unwanted complete retirement which would leave the department even more short-staffed than it already is.

*I have asked a number of trusted colleagues to “give me the nod” when they feel that **I am no longer of any use**. That way I’ll be able to retire fully before my formal appraisal suggests that I should.*

Problems

- Revalidation
- Appraisal
- Pension
- Department dynamics, 'cherry picking'
- Concerns about performance competency
- 6% all consultants have a LTC which may necessitate time off work



Medical careers: A flexible approach in later years

23/04/2018



Later careers:

Stemming the
drain of expertise
and skills from
the profession



ATTRACT & RECRUIT

RETENTION & STAFF
EXPERIENCE

PAY, PENSIONS &
REWARD

ENGAGEMENT &
NETWORKS

EVENTS &
RESOURCES

Home / Retention and staff experience / Supporting older workers

BMA

Supporting older workers

30/03/2017 00:00:00

The Working Longer Group (WLG) was established to review the implications of the NHS workforce working to a later, raised retirement age. It was a partnership group of national recognised NHS trade unions, NHS employers and health department representatives. The Working Longer steering group reported directly to the NHS Staff Council and its executive.

Please note: The NHS Staff Council has agreed the NHS Working Longer Group has fulfilled its purpose and has therefore formally ended the



Supporting an ageing medical workforce

Benefits of retaining senior doctors

- Retain experience!
- Make flexible or part-time working options available to senior doctors where possible.
- Mentoring of newly appointed or trainees should be included in a senior doctor's job plan.

Less-than-full-time working

- Senior doctors and clinical leads should begin a discussion at age 55 about intentions for the next 10 years.
- Departmental Job planning, complementary roles
- Succession planning
- 60+ opt into on-call
- Job sharing?

Revalidation and appraisal

- Appraisal of senior doctors should be sensitive and proportionate to their working arrangements.
- Investment in IT systems or administrative support
- Mandatory training should be appropriate to the clinical role

Revalidation mythbusters RCP



Mythbusters: addressing common misunderstandings about appraisal and revalidation

- <https://www.rcplondon.ac.uk/education-practice/advice/mythbusters-appraisal-revalidation>
- AoMRC
- RCGP

Workforce wellbeing!



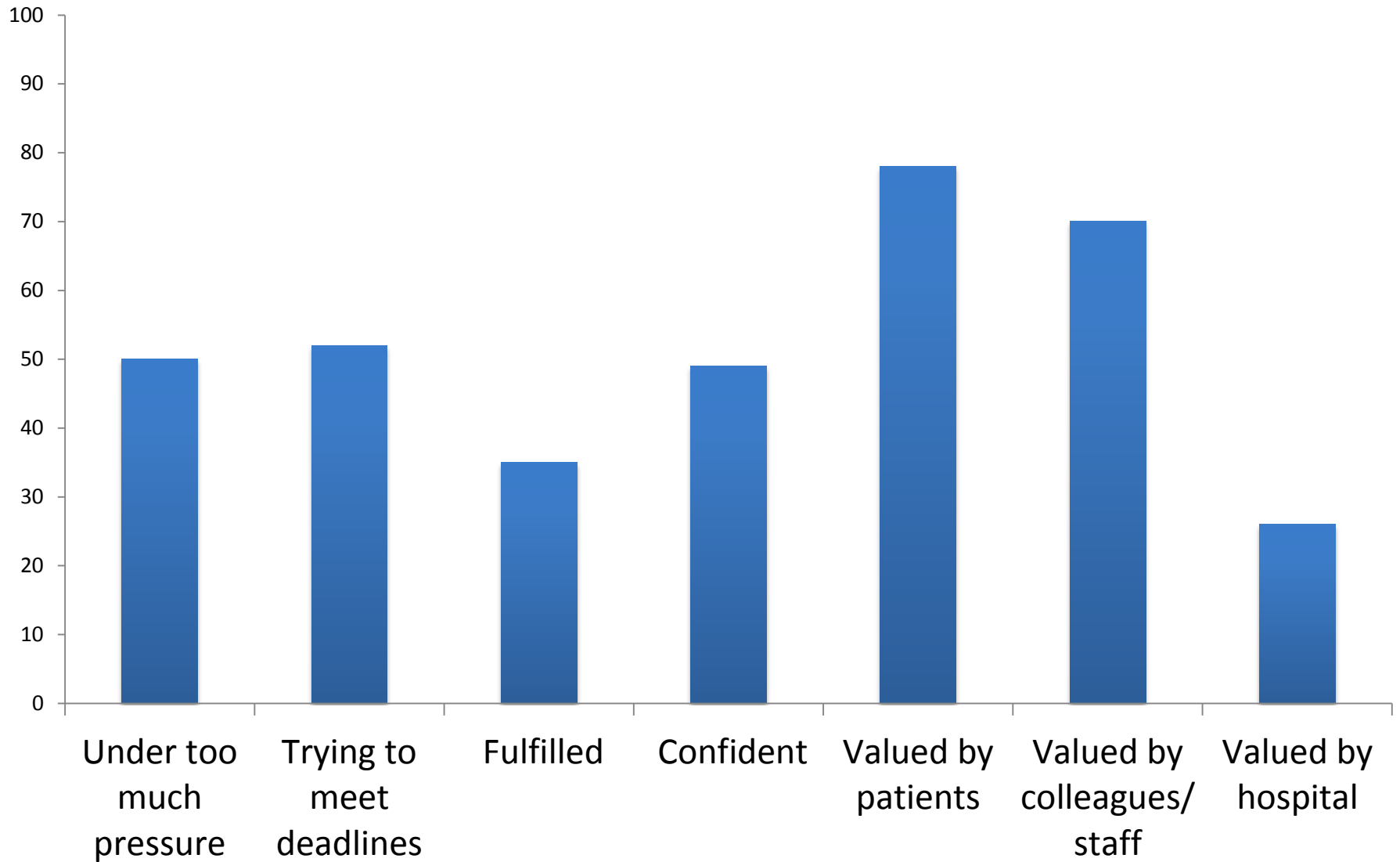
HEE NHS Staff and Learners' Mental Wellbeing Commission Report Feb 2019

'An NHS where staff and learners are happy and feel fulfilled in their work, where they look forward to going to work and are proud of the care that they provide to their patients. There is good evidence that happy staff are more compassionate and provide safer care '

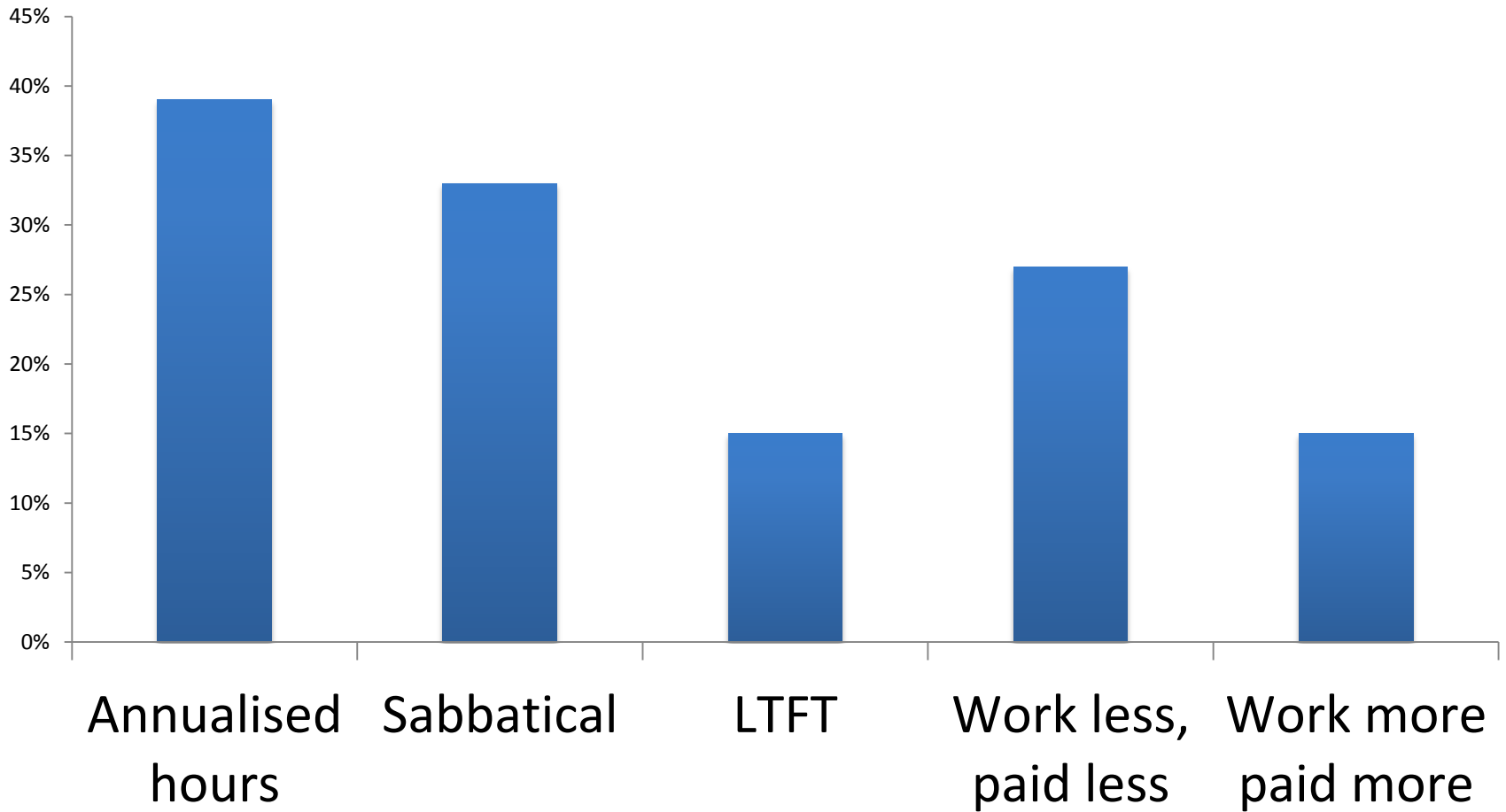
Interim NHS People Plan

- The culture of the NHS is being negatively impacted by the fact that our people are overstretched
- We understand that we need more people, but this alone will not be enough.
- Focus on workload, work-life balance, clear and timely rotas, flexible working

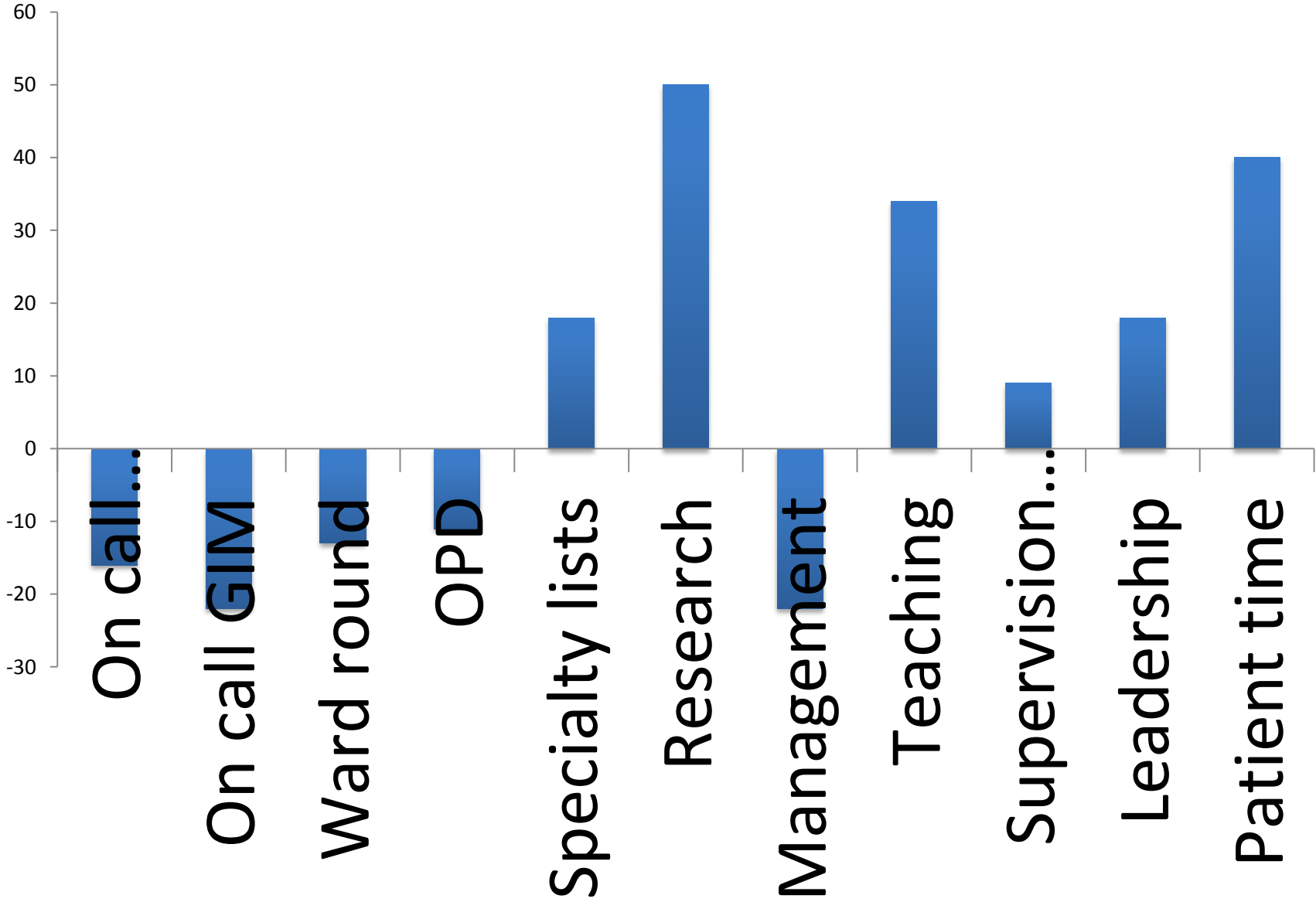
RCP wellbeing survey 2017



RCP wellbeing survey



Dream Job Plan



RCP initiative

- Sabbaticals
- Pre-earned leave
- Career exchanges

Sabbaticals

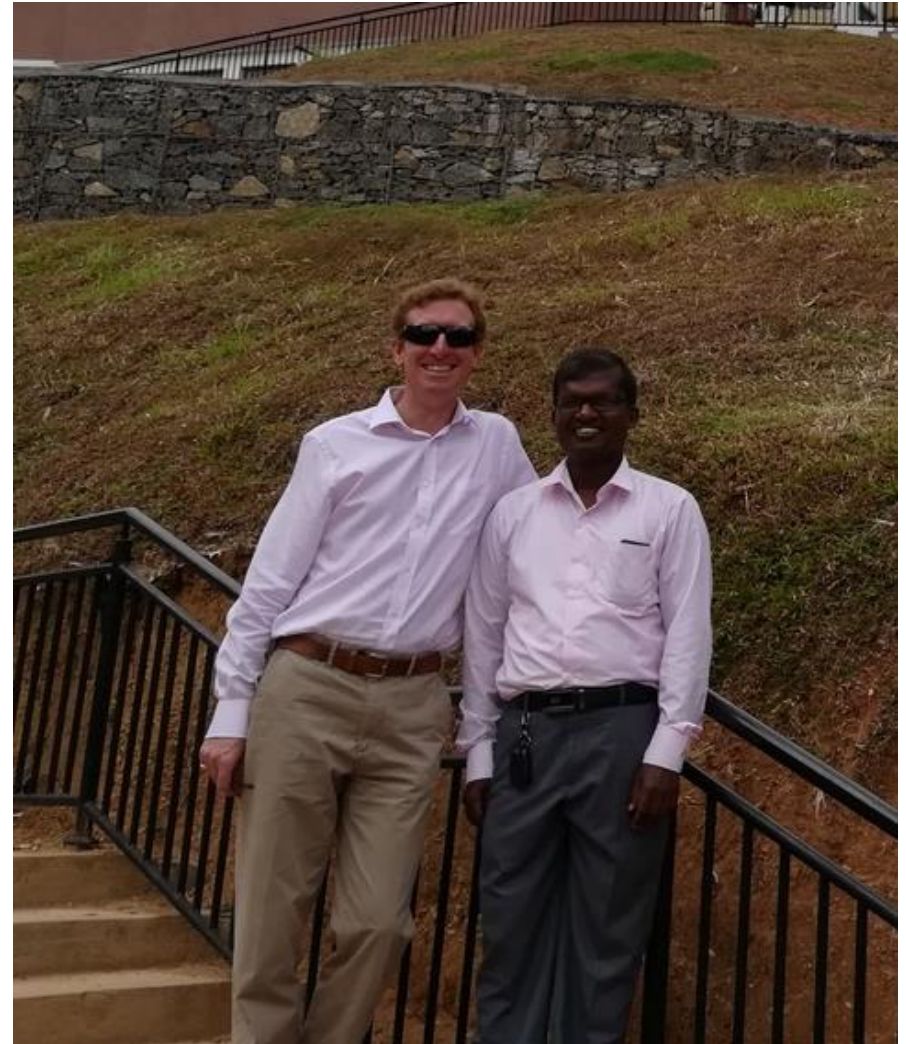
NHS options available

- Employment break
 - unpaid
 - 3 months -5 years
 - Aims to retain employees who would otherwise leave permanently
- Sabbatical leave ‘to reinvigorate career’

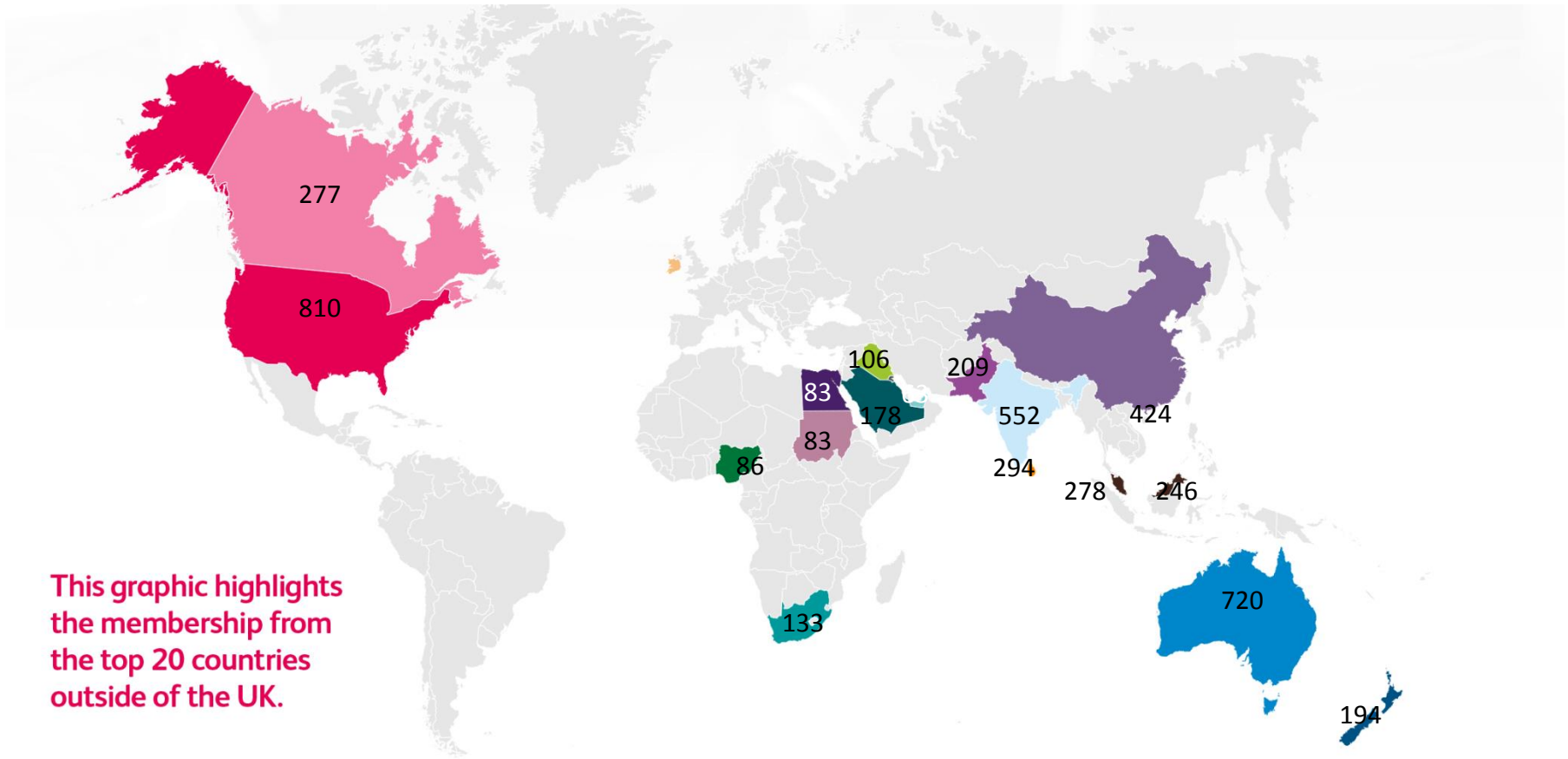
Pre-earned leave

- 1 extra DCC/month for 5 years
- Then 8 weeks off
- HHFT:
 - Anaesthetics
 - Radiology

Career exchanges



RCP membership 119 countries outside UK



This graphic highlights the membership from the top 20 countries outside of the UK.

Location		Number of members	
USA	810	Singapore	278
Australia	720	Canada	277
India	552	Malaysia	246
Hong Kong (China)	424	Saudi Arabia	178
Sri Lanka	294	Egypt	83
		Nigeria	86
		South Africa	133
		Sudan	83
		Ireland	231
		Pakistan	209
		Iraq	106
		Kuwait	63
		United Arab Emirates	197
		New Zealand	194
		Malta	102

Grand total: **5,266**

NHS People Plan: medical workforce

- Sustainable supply of doctors: additional trainees
- Improved retention
 - Improved working lives
 - Flexible training options
 - Rewarding careers and conditions

Recommendations

- The NHS Workforce Wellbeing Guardian
- The NHS Workplace Wellbeing Leader
- Spaces for staff to eat, relax and talk

National guidance for Trusts

- NHS wellbeing champions
- NHS flexible working champion: one in each Trust under new juniors contract
 - 64% of Trusts

Summary

- Not enough workforce
- Likely to need even more in future
- Need to relook at how we work
- Flexible options
- Professional initiatives

RCP London 16.9.19



When and where

16 September 2019

11 St Andrews Place, Regent's Park,
London, NW1 4LE

[View on Google Maps](#)

Stopping the exodus: solutions to the medical retention crisis

This 1-day conference will demonstrate the opportunities and benefits to both the individual and the workforce from flexible working and other opportunities throughout a medical career and into retirement.

CPD

CPD credits: 5

Details

> [Price options](#)

Early bird fees until: