Royal College of Physicians of Edinburgh

National Assembly for Wales: Health, Social Care and Sport Committee
Inquiry into medical recruitment

The Royal College of Physicians of Edinburgh ("the College") was founded in 1681. We support and educate doctors in the hospital sector throughout the UK and the world with over 12,000 Fellows and Members in 91 countries, covering 30 medical specialties. We welcome the opportunity to submit evidence to the Health, Social Care and Sport Committee on the *Inquiry into medical recruitment*.

1. The medical workforce faces a number of challenges and the College recognises the need for safe and sustainable staffing levels throughout the NHS. We need to ensure that we continue to recruit and retain a world class workforce to deliver the best possible patient care[i]. The College is committed to working with the Welsh Government and other allied organisations to address issues around recruitment and retention such as consultant vacancies, rota gaps and trainee attrition rates, as a matter of priority. We are also committed to working with partner organisations to promote innovative ways of working in the NHS. The roles of Physician Associates, Advanced Nurse Practitioners and other examples of physician extenders should be further examined to create a workforce fit for the future.

2. Wales, particularly in the North and the West, has significant recruitment issues in many specialties and at all levels of seniority. There are unfilled consultant and more junior posts in many hospitals, and competition for posts which do arise is often limited. General Practice is also under stress and the GP workforce is ageing. Some aspects of the problems relating to medical recruitment have themes common to other parts of the UK (e.g. shortage specialties, dependence on non-UK/EU medical graduates to fulfil rota requirements). However, there are other aspects specific to Wales that require consideration and appropriate planning.

3. In the experience of College Fellows, many posts are filled by non-UK/EU trained doctors and some by EU trained doctors. There is concern that if Brexit results in greater barriers for non-UK trained doctors moving to the UK, the NHS workforce in Wales will be at a disadvantage. The current NHS delivery of care includes provision of acute medical and surgical services by a number of smaller hospitals in Mid, West and North Wales. The training environment in some of these centres may not always be appropriate for junior recruitment and exposure to a multidisciplinary working culture may be suboptimal. This impacts on both consultant recruitment (being perceived as posts that are not properly supported or valued), as well as the support teams and trainees. This is only likely to be compounded by current rota gaps, the workforce uncertainties in relation to the EU and changes in training.

4. The attraction of living and working in major cities or teaching hospitals is strong for some potential recruits and the opportunities in Wales are limited in this regard. Given Welsh geography, most hospitals

are 'genuine' DGHs, often with limited connections to larger medical institutions. There is a perception that, if a doctor does not train in Wales, it may be difficult to imagine moving to Wales to work.

5. Bearing in mind local population sensitivities in Wales with regard to access to urgent and timely healthcare, the Welsh Government is urged to consider a pro-active approach to address these issues. Some interventions that may help to partly address some of the specific problems might include:

a) A strong emphasis on regionalisation of specialised services beyond the perceived health board boundaries to help attract recruitment of high calibre staff to these services.
b) Consideration of greater flexibility in consultant job plans to incorporate rotation between sites and across health board boundaries, to help with the posts being "valued" as equivalent to those across some other parts of the UK.
c) Consideration of incentives for both consultant and junior recruitment that involve not just financial packages but also specific support towards CPD events; study leave; memberships of appropriate societies and organisations.
d) A bold and widely advertised initiative linking support for medical research, training and teaching and offering specific support for these along with HEI partners (Cardiff University, Swansea University and Bangor University), over and above general opportunities in the UK.
e) Exploring partnership opportunities with other world leading institutions and specific consultant and trainee developmental opportunities, in conjunction with the same organisations and with government support and advertising these in job descriptions for recruitment of consultant, nurse and junior staff.
f) Embedding a greater use of IT infrastructure and state of the art telemedicine and video conferencing networks for both patients and professionals, and looking at innovative methods of healthcare delivery in a local environment with access to world class expertise. Advertising this widely would also assist with recruitment and retention and have a positive impact on job satisfaction.

6. In summary, we urge the Health, Social Care and Sport Committee to consider a bold and innovative approach to ensure that Wales is perceived as an attractive place to work in the NHS. We also caution against any complacency regarding junior doctor contracts in England and its perceived impact on recruitment in Wales, as this reactive approach may not be an adequate or indeed optimal long term strategy.

Further copies of this response are available from Lesley Lockhart (tel: 0131 225 7324 ext 608 or email: l.lockhart@rcpe.ac.uk)

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[i] Academy of Medical Royal Colleges and Faculties in Scotland (Scottish Academy). Learning from Serious Failings in Care. May 2015. http://www.scottishacademy.org.uk/documents/final-learning-from-serious-failings-in-care-exec-summary-290615.pdf