Scottish Labour NHS and Social Care Workforce Commission call for views
Response from the Royal College of Physicians of Edinburgh

The Royal College of Physicians of Edinburgh ("the College") is an independent clinical standard-setting body and professional membership organisation, which aims to improve and maintain the quality of patient care. Founded in 1681, we support and educate doctors in the hospital sector throughout Scotland and the world with over 12,000 Fellows and Members in 91 countries, covering 30 medical specialties. The College is pleased to respond to this call for views from the Scottish Labour NHS and Social Care Workforce Commission.

1. It became clear from the earliest discussions among Commissioners that consideration on how best to decide the appropriate number of training places for health and social care workers was a crucial issue. We would, therefore, welcome your views, among other issues, on training place numbers and, particularly, how you believe the number of training places should be decided.

While increasing the number of medical school places will assist with future workforce planning, it will not address the more immediate – and significant - challenges faced by the NHS and all those working within it. It is important that we begin to look at how we create a workforce with the capacity to meet the needs of the NHS both now and in the future.

This College maintains that more positive measures need to be pursued to ensure that the NHS is an attractive environment in which to pursue a career. It is important to achieve a change in culture where medical students and trainees feel a valued part of the NHS otherwise we risk alienating the future generation of doctors. The College challenges the assumption that increasing undergraduate places alone will actually address the underlying problem, which is that significant numbers of graduates leave the NHS within a few years of qualifying. Workforce planning needs a clear strategic direction to address recruitment and retention issues, including investment in our current and future workforce to create a culture where colleagues have the time to care, time to train, and time to research. We must retain high quality training programmes and value our junior doctors to ensure the UK remains an attractive place to train and work.

Widening participation in the medical profession is a key element in addressing the future challenges of the NHS. We must ensure that a career in medicine is open to all those with ability and not restricted by factors such as socioeconomic status. The College provides information and lectures for secondary school pupils and we welcome the Scottish Government taking steps to help them prepare for medical education. We are pleased that the number of medical student places will be increased but hope this will continue to grow in future years to ensure that school leavers have increased opportunities to undertake undergraduate training at Scottish universities. An ongoing focus on recruitment and retention is essential to ensuring we

attract more medical students from all backgrounds and enable them to make the transition to post graduate careers in Scotland.

2. We believe there are a number of barriers in the way of attracting and retaining health and social care staff. These include pay, in light of the pay cap, and a lack of clear career pathways. We would therefore welcome your views on what you consider are the barriers to a successful recruitment and retention strategy.

The College supports improved medical workforce planning in Scotland to recruit and retain the highest quality doctors. There are workforce shortages across the country with rota gaps creating additional pressures in an already difficult environment. There is a pressing need to value healthcare professionals at every stage in their careers, to ensure that medicine remains an attractive career choice and offers support for medical professionals as they progress throughout their careers.

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. The College is committed to working with 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.

The College supports the development and implementation of safe staffing levels for all professions within hospital settings, based upon best evidence, along with improved workforce planning which reassesses the size and structure of the consultant workforce taking account of such changes as the rise of part-time working, extended working, and the needs of an ageing population.

Further investment is required in the NHS – not just financially but in the culture and systems that our workforce operate within. We must ensure that the workforce feels valued so we are able to recruit and retain the workforce for the future with the capacity to meet the demands placed upon it. We also need make the UK an attractive a place as possible to train and remain in a career in medicine – for both doctors trained in the UK and those coming from overseas. We support calls for the Medical Training Initiative to be expanded. Doctors and other healthcare professionals from around Europe and overseas have long made a significant contribution to our NHS and to the delivery of safe patient care. This is not only welcome but is part of the continuous exchange of knowledge in healthcare and should be strongly encouraged.

Distinction Awards continue to be frozen in Scotland with no increase in the value of awards, no new awards and no progression through the award scheme. In England, the Advisory Committee on Clinical Excellence Awards has opened the equivalent 2018 Clinical Excellence Awards round for applications for new national awards and for renewals. It is therefore a priority to ensure that there is an equitable playing field to help drive the best possible standards of patient care across the whole of the UK and ensure we recruit and retain a world class medical workforce.

The College notes with concern that since 2010, Consultants in NHS Scotland have not received the same opportunities for recognition for outstanding professional work as their colleagues in NHS England and other parts of the UK. College Fellows believe that this has added to recruitment pressures for senior clinical and academic posts in Scotland, where there is a critical situation, with many Health Boards forced to repeat recruitment due to no applicants or no suitable applicants for posts. Spending on locum doctors to address the workforce shortage is larger (£s) and rising as Health Boards strive to maintain services against gaps at all levels. Improving the status of working as a consultant in Scotland will recognise excellence and support recruitment. The College recognises the limitations of the scheme currently frozen and would be keen to contribute to work to develop an alternative scheme.

3. Supporting students entering a career in the Health or Social Care is, we believe, important to the recruitment of students. We would welcome your views on funding models, for example, what can be done to better support students to ensure that they are able to finish their studies.

The College has no specific comments on this issue which other expert organisations are better placed to address.

4. Recent figures reveal an increase in the public sector's reliance on agency staff. There is clear evidence of significant financial payments being made to private agency staff, well in excess of what an equivalent NHS worker would receive. We do not believe this is best use of limited resources.
We are seeking your view on this issue and what reform, if any, is needed to reduce costs going to private agencies.

The College's focus remains on high quality of care and clinical standards and we are aware of significant media coverage on the cost of locum medical and nursing staff. It is estimated that across the UK almost £4 billion is being spent on health care locums per year. This reflects the large number of rota gaps that exist and funding alone will not resolve this problem. The College supports the Medical Training Initiative programme and other international training opportunities as a way of UK health being part of a global clinical network.

Using the money spent on agency staff more effectively in the current financial climate would be of major value and require Senior Health managers and clinicians to develop a more proactive approach to planning recruitment and retention. At a time of challenging budgets, resources could be invested in full time dedicated staff providing a sustainable solution for the future medical workforce which places less reliance on locums and builds stability. This highlights issues around workforce planning, recruitment and retention that this College and others continue to raise at a Governmental level.

5. Demographic changes are going to have an impact on future workforce requirements. We are seeking your views on this issue and whether the current workforce planning arrangements take this sufficiently into account and what more could be done to plan for this.

Doctors and other healthcare staff have an important role to play in making decisions about workforce planning and focus should be given to profiling future demand on population health needs. The number of

people aged 75 and over in Scotland is projected to increasing by 85%, from 0.43 million in 2014 to 0.80 million in 2039[i], and a significant problem faced by older people is frailty. Frailty is progressive and impacts adversely on life experience. It is vital there is a continuation of exploring new models of approaching patients with frailty, which will assist in routinely identifying those living with frailty and signpost them to the most appropriate support, including self-management or care in a community setting.

The frequency of almost all chronic or long term illnesses increase with advancing age, and many co-exist in older people. The latter makes the course of the illnesses more complex, and increases sharply the demands and costs of both the investigations and management in those patients. Given the ageing population, increasing training and experience in all aspects of the care of the complex frail older population will be vital.

Managing patients with long-term or chronic conditions is one of the biggest challenges facing the NHS and collaboration between health and social care has great potential in this regard. It is important that, where appropriate, patients are treated in a community setting and are empowered to be active participants in their own care where possible, and that patients fit for hospital discharge can do so without delay. It is important to ensure that consultants and other members of multidisciplinary teams have adequate time for patients with long-term or chronic conditions to promote patients' understanding of their own care, and for patients to have improved access to specialist nursing care.

There should be realism about what the NHS can offer, and further discussion around the roles played by both family and the state in providing care. There is currently a lack of balance between the demands on social services and their ability to deliver, which is one of the major reasons for the high pressures on hospital beds in the UK.

6. We are keen to understand what you consider could be additional frameworks, regulations or legislation that would best support the health and social care workforce.

As previously mentioned, the College supports the development and implementation of safe staffing levels for all professions within hospital settings, based upon best evidence, along with improved workforce planning which reassesses the size and structure of the consultant workforce taking account of such changes as the rise of part-time working, extended working, and the needs of an ageing population.

Doctors from countries around the world play a vital and significant role in our NHS and in the delivery of safe patient care. This is not only welcome but is part of the continuous exchange of knowledge in healthcare and should be strongly encouraged. They make an invaluable contribution to the NHS and should be recognised for the positive contribution that they make to the functioning of our NHS and should be a central part of our future workforce planning. The College supports the Medical Training Initiative programme and other international training opportunities as a way of UK health being part of a global clinical network.

Much remains to be clarified about the impact of Brexit on issues such as our NHS workforce; research; freedom of movement; medicines; and implications for public health. Given the current shortfalls being experienced in staffing in both the health and social care sectors, the government must clarify its intentions on the ability of EU nationals to work in health and social care roles in the UK. Specifically this needs to be addressed so that EU staff who are currently working in the NHS feel valued for their significant contribution and do not decide to leave to work in other countries. It is essential that the voice of all medical professionals is recognised by policy makers at the heart of the Brexit negotiations. The UK imports more healthcare professionals from the EU than it exports, and should a points based system be introduced for immigration there would be the opportunity to prioritise healthcare workers.

[i] Page 6, Scotland's Population - The Registrar General's Annual Review of Demographic Trends (August 2017) https://www.nrscotland.gov.uk/files/statistics/rgar/16/16rgar.pdf