Royal College of Surgeons of Edinburgh – Written evidence (FFF0002)

Written submission to the House of Lords Public Services Committee inquiry into designing a public services workforce fit for the future.

Executive summary.

- Workforce issue a major problem, short and long term.
- Increase in medical school places welcome.
- Training integrated, time and space to do it. Important that both trainees and senior clinicians providing training have scope to do so within shifts.
- Endorse Commons Select Committee proposal for an independent auditor. Powers must include training oversight as well as pure numbers, to ensure time and space allowed for training and to protect training places and ensure they are strategically spread around the country.
- Must be independent and take long term view – produce 5-, 10- and 15-year forecasts.
- Auditor should liaise with devolved administrations to ensure a joined-up approach to training, workforce needs and workforce planning.

Introduction to the RCSEd.

1. The Royal College of Surgeons of Edinburgh (RCSEd) is the oldest of the medical Royal Colleges. First incorporated as the Barber Surgeons of Edinburgh in 1505, the College is now one of the world's largest surgical bodies, with almost 30,000 members and fellows in over 100 countries worldwide.

2. Despite our Scottish roots and international reach, around half of our members and fellows are based in England. We therefore support the professional development of a significant part of NHS England's surgical, dental surgical and perioperative capacity.

3. The sole focus of RCSEd is patient care, so we actively engage with policy makers and influencers to improve outcomes for clinicians and patients, providing valuable clinical expertise and frontline experience alike. This forms the basis for our response below. Given

our remit as a College we focus predominantly on staff within the NHS.

Background information.

4. There are multiple long-term issues in the supply, training, availability, and distribution of the clinical and support workforce in the NHS. There is currently a perfect storm of workforce shortages. This has developed from a concatenation of chronic underinvestment, a lack of hospital beds and clinical staff, long and growing elective waiting lists – three quarters of which predate the onset of Covid-19 - overwhelmed A&E departments, widespread staff burnout, a toxic and high-stress environment, short termism, constant re-organisation, a target culture, overly complex educational, job planning and appraisal systems, misplaced pension 'reforms' and increasing bureaucracy. Each of these factors is of long-standing but has been exacerbated severely by the stress test of the pandemic.

5. The NHS employs 1.3million people, making it one of the largest employers in the world. Paradoxically however, it is short of health care workers. With our aging population, it is likely that the clinical staffing situation will continue to deteriorate as medical care needs increase. In addition, obesity, diabetes, and other chronic diseases associated with the Western lifestyle are likely to increase demands on the system. In consequence The Health Foundation estimates that by 2030/31 an extra 488,000 health care staff will be required, a 40% increase in the current workforce.

6. The medical and nursing workforce is ageing. Approximately 30% of nurses are expected to retire in the next 10 years, with around one in ten leaving per year. In 2021, there were 43,590 unfilled nursing vacancies in NHS trusts, relating to a 10.5% vacancy rate for Registered nursing staff in England. This is an underestimate, as when a role has been unfilled for two years it is removed from the statistics.

7. The doctor to population ratio in the UK is one of the lowest in Europe with 2.8 doctors per 1000 people (OECD). 6000 more GPs were pledged by 2024/25 in the Conservative manifesto for the last General Election, but this is highly unlikely to be achieved. The average age at which doctors are retiring has fallen from 61 years old in 2007/8 to 59 years old in 2020/21.

8. Hospital Trusts are large organisations employing thousands of people. Many of the clinical and managerial posts are extremely stressful. There are potentially serious problems amongst staff, such as alcohol/drug abuse, severe psychological illnesses (including suicide) and stress related diseases such as hypertension, cardiac diseases and other chronic disease secondary to high pressure, shift work and long working hours. As the workforce crisis mounts a perverse cycle perpetuates which ramps up pressure on remaining staff, leading to further stress, burnout and staff leaving the NHS.
9. The urgent priority for the NHS is to retain its existing staff and reinforce the workforce as much as is possible. However, the health service is suffering from workforce planning errors from a decade ago. We therefore cannot afford not to also concentrate on planning for the coming decade. Given the nature of this inquiry this submission of evidence will focus on potential long-term workforce solutions.

Workforce planning.

10. The increase in the number of medical school places is welcome, but it needs to be guided by better data. The amendment to the Health and Care Bill from the Chair of the House of Commons Health and Social Care Select Committee to create an independent body or auditor which could take a long-term view of workforce requirements and produce 5-, 10- and 15- year forecasts would have been a positive step and it is a shame it was not accepted by the government. That should be revisited and implemented. Given the length of time it takes to train a consultant doctor without long-term workforce planning the NHS is always playing catch-up.

11. The powers available to the independent auditor must include training oversight as well as forecasts of workforce numbers. It is necessary for an auditor to be able to ensure that time and space is created or allowed for training. Training needs to be integrated, so that both trainees and senior clinicians who providing training have the time, space and scope to undertake training during shifts.

12. The auditor should also be empowered to protect and direct the number of training places for different specialties and to ensure they are strategically spread around the country.

13. There is an assumption that there will always be an unlimited supply of people wanting to train to be a doctor or nurse. This is not a given. Support packages do need to be in place to encourage and enable people to undertake medical training. This is particularly the case to support those from less affluent socio-economic backgrounds and to support inclusion from underrepresented communities, in particular Black communities and British-Bangladeshi communities.

14. The auditor should also be empowered to liaise with devolved administrations to ensure a joined-up approach to training, workforce needs and workforce planning across the United Kingdom. Clinicians frequently move between the four nations of the UK for work and it is vital that the training and workforce planning regimes line up across those borders.

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