

## About the BMA

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding healthcare and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

## 1. Planning for the workforce

**Government commitment: Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs.**

1.1 Was the commitment met overall? or (in the case of a commitment whose deadline has not yet been reached) Is the commitment on track to be met?

The commitment has not been met, or currently on course to be met. As of December 2021, more than 110,000 posts in secondary care are vacant, almost 8,200 of which are medical posts. There is a critical shortage of nurses, doctors, and midwives among other colleagues.<sup>1</sup>

The lack of official, publicly available workforce planning makes it difficult to quantify the full extent of medical shortages. In absence of this, recent BMA research has used the number of doctors per 1,000 people in OECD EU nations as a baseline to estimate the size of the gap. In comparison to other nations, England has a very low proportion of doctors relative to the population. The average number of doctors per 1,000 people in OECD EU nations is 3.7, but England has just 2.9. Germany, by comparison, has 4.3.<sup>2</sup>

England would need the equivalent of an additional 46,300 full time doctors simply to put us on an equivalent standard with today's OECD EU average of 3.7 doctors per 1,000 people.

Not a single region in the country meets the OECD EU nation average of 3.7 doctors per 1,000 people, and excluding London, regions of the country with a large population do not have a proportionate number of doctors: 3.5 million more people live in the Midlands than the North West, but they have 4,000 fewer doctors to treat them.

The NHS has also long carried a stubbornly high number of unfilled vacancies, a problem that far predates the pandemic. The greatest proportion of vacancies is in nursing, with almost 39,700 unfilled posts. High vacancies create a vicious cycle: shortages produce environments of chronic stress, which increases pressure on existing staff, and in turn encourages higher turnover and absence.

In February 2020, in a bid to reverse the stasis in GP workforce numbers, the Government announced a drive to recruit an additional 6,000 GPs by 2024. Yet despite these promises, as of March 2022 (latest data) we actually now have the equivalent of 1,595 fewer fully qualified full-time GPs compared to 2015. In the year between March 2021 and March 2022 alone, the NHS lost 686 GPs (330 GP Partners and 356 salaried and locum GPs). In FTE terms of 37.5 hours per week, this equates to a loss of the equivalent of 369 full time fully qualified GPs in the year between March 2021 and March 2022.<sup>3</sup>

The secondary care medical workforce has seen some growth (in December 2021 there are the equivalent of over 4,317 more full-time secondary care doctors working in NHS hospital and community services than in December 2020) but in the absence of official public workforce planning it is not clear that this rate of growth is sufficient to cope with rising demand and work through backlogs of care.

---

<sup>1</sup> <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/nhs-medical-staffing-data-analysis>

<sup>2</sup> *ibid*

<sup>3</sup> <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice-data-analysis>

### 1.1.1 Does the commitment have a deadline for implementation?

The Government has not provided a deadline for its implementation and not provided an adequate long-term strategy to achieve the target.

The BMA and a coalition of more than 100 organisations<sup>4</sup> supported the Lords' workforce amendment to the Health & Care Bill, championed by Jeremy Hunt in the Commons and Baroness Cumberlege in the Lords. The Government rejected the amendment<sup>5</sup>, despite overwhelming consensus that it was needed from the sector as well as former NHS leaders (i.e., Sir Simon Stevens, Baroness Harding); therefore, it was not passed by the House of Commons. The amendment would have required the Secretary of State for Health and Social Care to publish independent assessments of current and future workforce numbers every two or three years, consistent with Office of Budget Responsibility projections. We believe these assessments are necessary to inform strategic decisions about the funding, workforce planning, regional distribution, and skill mix needed to meet demand. This amendment would have provided a pathway to a transparent long-term workforce strategy to meet the commitment. The forthcoming Government-commissioned workforce strategy must include a tangible plan to increase the size of the workforce, including regular projections based on current and future demand and demographic factors.

### 1.1.2 Are there any mitigating factors or conflicting policy decisions that may have led to the commitment not being met or not being on track to be met? How significant are these? Was appropriate action taken to account for any mitigating factors?

There are no compelling mitigating factors to not adequately staff the NHS or to avoid legislation that would hold Government's to account on safe staffing of the NHS.

### 1.1.3 To what extent has the Covid-19 response affected progress on targets?

The Covid-19 response has only exacerbated existing workforce shortages, with more staff considering early retirement and put added stresses on an already overworked and burnt-out workforce. 43% of respondents to the BMA's September 2021 Viewpoint survey said they were now more likely to take early retirement, while half reported being more likely to reduce their hours. The poor wellbeing of the healthcare workforce is a significant barrier to the retention of staff. 35% respondents to a November BMA survey said they were experiencing poor psychological health, which had worsened in the last month. This compares to 27% in the previous survey in September.<sup>6</sup> Furthermore, it may take some time for staff to realise the impact of the COVID-19 crisis on their mental wellbeing.

Staff burnout was significant prior to the pandemic, and this has only been heightened; a recent BMA survey (Nov 2021) found that over six in ten doctors were suffering from stress and work-related anxiety.<sup>7</sup> Mental health issues are consistently the highest single category of sickness absence in secondary care staff. Steps must be taken by governments and employers to protect staff physical and emotional wellbeing through protecting staff from abuse, catering for their physical needs, and ensuring staff have access to occupational and psychological health services. The Government must also challenge and correct political and media rhetoric regarding the dedication of NHS staff, as we have seen recently with regard to face-to-face primary care services: their efforts deserve to be duly recognised and failing to do so risks both further undermining staff morale, which in turn can affect patient safety and present a false picture to the public.

### 1.1.4 Does data show achievement against the target (if applicable)?

The lack of official, publicly available workforce planning makes it difficult to quantify the full extent of medical shortages and therefore to assess progress against the commitment. In absence of this, recent BMA research<sup>8</sup>

<sup>4</sup> [bma.org.uk/media/5133/bma-workforce-planning-coalition-briefing-for-report-stage\\_march-2022.pdf](https://www.bma.org.uk/media/5133/bma-workforce-planning-coalition-briefing-for-report-stage_march-2022.pdf)

<sup>5</sup> [https://www.bma.org.uk/media/5133/bma-workforce-planning-coalition-briefing-for-report-stage\\_march-2022.pdf](https://www.bma.org.uk/media/5133/bma-workforce-planning-coalition-briefing-for-report-stage_march-2022.pdf)

<sup>6</sup> <https://www.bma.org.uk/what-we-do/viewpoint-surveys>

<sup>7</sup> <https://www.bma.org.uk/what-we-do/viewpoint-surveys>

has used the number of doctors per 1,000 people in OECD EU nations as a baseline to estimate the size of the gap.

Targets to increase the number of general practitioners have clearly not been met - despite an announcement in February 2020 of a drive to recruit an additional 6,000 GPs by 2024, the number of fully qualified GPs is in decline, with the number of GP Partners having experienced acute contraction over the past seven years.

### 1.2 Was the commitment effectively funded (or resourced)?

The Government is providing the NHS with an increase in funding, funded by the Health and Social Care Levy. This funding has been welcomed by the BMA. However, this funding has not been adequately allocated to support the workforce and does not constitute a fully funded workforce plan. The BMA have called on the Government to provide a publicly available fully funded workforce plan to address the workforce crisis in the NHS. Within this the BMA has also called for:

- A £1bn welfare and wellbeing fund for staff
- An enhanced remuneration package including an above inflationary pay award and a solution for punitive pension tax rules
- The expansion of medical school places by up to 11,000 medical graduates per annum on average over the next three years (£2.7bn per year by 2024/25)

### 1.3 Was it an appropriate commitment?

The commitment is appropriate, England has too few doctors when compared to comparable EU neighbours and there are clear shortages in other clinical roles within the NHS. However, the commitment's lack of specificity makes it difficult to hold Government to account.

#### 1.3.1 Was (or is) the commitment likely to achieve meaningful improvement for health and social care staff and/or the health and care system as a whole?

The commitment is of course welcome and if it were to be met would provide a positive impact for staff, patients, and service users. However, little progress has been made against the commitment in the short and long term. The workforce crisis both causes and worsens rising stress, fatigue and burnout among NHS staff, as well as poor wellbeing and mental health – all of which impact retention, creating a vicious cycle.

#### 1.3.2 Is the commitment specific enough?

No, the commitment is generic and demonstrates the Government's unwillingness to publish long-term accurate workforce data projections which would allow the commitment to better held to account.

## 2. Building a skilled workforce

### Government commitments:

1. Help the million and more NHS clinicians and support staff develop the skills they need and the NHS requires in the decades ahead.

#### 2.1 Was the commitment met overall? or (in the case of a commitment whose deadline has not yet been reached) Is the commitment on track to be met?

The commitment to help NHS clinicians and support staff develop the skills is difficult to assess partly because of the impact of currently high workloads and increased demand. These have had the knock-on impact of

---

<sup>8</sup> <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/nhs-medical-staffing-data-analysis#>

reducing time which doctors can either devote to their own further development, or to spend supporting colleagues in their training.

To change this NHS England and the Government need to consider how healthcare staff can receive more support, so they are better supported to undertake training and help others in training.

NHS England and the Government should look at ways to expand the range of clinical services that an individual, a department or an organisation can offer, this benefits both the individual and the provider, particularly if tailored towards services that have not formerly been offered before. The available training and development should be widely known, and there should be an expectation for staff to make use of such offers. Staff should also be supported to undertake leadership training courses, e.g., those offered by the BMA and medical royal colleges, and university diplomas and degrees, as well as certificates from or membership of organisations. As doctors progress through training to become much needed general practitioners, consultants, and senior clinicians, it is vital that the health service and medical education and training system is adequately funded and resourced to support their development and career aspirations. Adequate specialty and GP training posts (with the necessary supervision) must also be funded to allow the next generation of doctors to pursue their chosen career while meeting the needs of the NHS.

### 3. Wellbeing at work

#### Government commitments:

1. Introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services.
2. Reduce bullying rates in the NHS which are far too high.
- 3.1 **Was the commitment met overall? or (in the case of a commitment whose deadline has not yet been reached) Is the commitment on track to be met?**

#### *Mental Health Services*

Employers have a responsibility to provide a safe working environment for all staff and to make reasonable adjustments to meet the specific needs of individuals. It is vital that they take preventative action to protect staff from developing poor health and wellbeing in the first place.

Apart from their legal obligations for health and safety, employers should also be proactive in developing a supportive culture. The stigma associated with mental health means that doctors are often hesitant to disclose any problems and suffer in silence. Every employer should lead by example and encourage staff to speak up about any mental health issues.

It is often difficult for medical professionals to access support via their employer. In the BMA's COVID Tracker survey, over half of respondents (56%) told us that, during the pandemic, they had not had access to NHS wellbeing support services, provided by their employer or a third party.

A recent BMA survey (Nov 2021) found that over 6 in 10 doctors were suffering from stress and work-related anxiety. In our September survey, 1 in 5 BMA members told us they planned to leave the NHS altogether, and more than 2 in 5 planning to retire early. The impact on staff mental health worsened as the pandemic progressed. In April 2021, one year into the pandemic, half of the respondents to our COVID tracker survey said their mental health suffered because of their work or study. By November 2021, the percentage of respondents suffering from a work or study-related mental health condition had grown to 64%. The increase in the number of doctors suffering from stress and work-related anxiety since the pandemic shows that the increase is driven by delivering care amid persistent staff shortages and increased workloads, due to the backlog and the pandemic.

Mental health issues are also consistently the highest single category of sickness absence – more than two million FTE days were lost in Aug 2021 across all staff groups due to sickness, and more than 566,000 FTE days

were due to anxiety, stress, depression or another psychiatric illness. Mental health issues are the highest reported cause of sickness absence in secondary care.<sup>9</sup>

The backlog and pandemic have created an environment of chronic stress. Excessive workloads have been normalised by continuously requiring overstretched staff to fill gaps that should not exist. The physical and emotional toll includes rising prevalence of stress, fatigue and burnout.

In March 2022 in a letter to the Chancellor the BMA called a £1bn welfare and wellbeing fund to ensure that NHS staff can access the support services they need as they tackle the backlog of care.<sup>10</sup>

Occupational health services for NHS staff ensure that staff can access specialist advice on improving and maintaining health in the workplace, preventing and managing any work-related ill health and support staff to return to work following any period of sickness absence. However, occupational health services have been underfunded and under-resourced for too long.

In April 2021, 12% of respondents to our COVID tracker survey said they didn't know how to access occupational health/wellbeing services, and 4% said they did not know what services existed. This represents a significant number of doctors who could have been benefiting from occupational health provision.

### *Bullying rates*

Bullying rates are persistently high and not have consistently and substantially fallen, therefore the commitment has not been met. According to the latest NHS Staff Survey (Autumn 2021), 11.6% of staff reported that they were bullied, harassed or abused at work by managers and 28.7% reported being bullied, harassed or abused by colleagues. This is higher than the number of staff reporting being bullied, harassed or abused by colleagues in 2017, 2018, 2019 and 2020.

In 2017 24.4% reported being bullied, harassed or abused by colleagues, in 2018 25.5% reported being bullied, harassed or abused by colleagues<sup>11</sup>, in 2019 19.0% reported being bullied, harassed or abused by colleagues<sup>12</sup>, and in 2020 26.9% reported being bullied, harassed or abused by colleagues.<sup>13</sup>

In September 2018 the BMA conducted a survey of 8,000 members. The survey concluded that a significant proportion of doctors feel bullying, harassment or undermining is an issue in their main place of work. Two-fifths of doctors agreed that it was sometimes (29%) or often (10%) a problem.<sup>14</sup>

The underlying environmental factors that are likely to fuel such behaviour in the NHS must be addressed. It is unsurprising that a system with such a strong focus on finance and targets translates into pressures on staff and bullying down the line.

#### 3.1.1 Does data show achievement against the target (if applicable)?

NHS Staff Survey's show no achievement against the target, as previously outlined the percentage of staff that reported being bullied, harassed or abused by colleagues has risen year on year, apart from 2019, since 2017.

#### 3.1.2 What category of staff, patients and service users have benefitted? And why?

---

<sup>9</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>

<sup>10</sup> <https://www.bma.org.uk/media/5424/bma-letter-to-the-chancellor-re-2022-spring-statement.pdf>

<sup>11</sup> <https://www.peoplemanagement.co.uk/article/1744840/quarter-national-health-service-staff-experienced-bullying-survey-finds>

<sup>12</sup> <https://www.kingsfund.org.uk/blog/2020/02/2019-nhs-staff-survey-are-staff-needs-being-met>

<sup>13</sup> <https://www.ouh.nhs.uk/about/trust-board/2021/may/documents/TB2021.33-staff-survey-2020.pdf>

<sup>14</sup> <https://www.bma.org.uk/media/2035/bma-caring-supportive-collaborative-survey-report-sept-2018.pdf>

The BMA has found clear differences in how people from ethnic minority groups and people from non-ethnic minority backgrounds experience bullying. The BMA's caring, supportive, collaborative survey in 2018 found that doctors from ethnic minority backgrounds are more than twice as likely to say that there is often a problem with bullying, undermining or harassment in their main place of work (18% vs 7%).<sup>15</sup>

Furthermore, interim findings from the BMA's 'Anti-Racism in Medicine survey' published in February this year outline the high level of racist incidences occurring within the health service:

- 75.6% of the doctors surveyed experienced racism at least once in the last two years, with 17.4% experiencing these racist incidents on a regular basis.
- The survey also shows a low-level of reporting for racist incidents, with 71% of doctors who experienced racism choosing not to report it to anyone due to a lack of confidence that the incident would be addressed or, and a fear they would be labelled 'troublemakers'.

Clearly, doctors from ethnic minority backgrounds are still experiencing racism while working in the NHS and are more likely to say bullying is a problem in their main place of work. So, doctors from ethnic minority background could benefit most from work to reduce bullying rates in the NHS.

---

<sup>15</sup> <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/the-future/caring-supportive-collaborative-a-future-vision-for-the-nhs>