

Written evidence submitted by The Royal College of Physicians of Edinburgh (WBR0037)

The Royal College of Physicians of Edinburgh is a professional membership organisation that sets clinical standards and aims to improve the quality of patient care. Founded in 1681, we support and educate doctors in the hospital sector throughout the UK and around the world with over 13,000 Fellows and Members in over 90 countries, covering 54 medical specialties and interests. The College enables a worldwide community of physicians and their teams to advance the health of our global population for the long-term benefit of society acting as the voice of our membership, engaging in health policy and promoting equality and human rights.

- **How resilient was the NHS and social care workforce under pre-COVID-19 operating conditions, and how might that resilience be strengthened in the future?**

Over some years, pressure on space and time has led to the erosion of staff spaces / rest rooms etc and there has been a consequent erosion of community within the NHS. Whereas community happened spontaneously previously, it now needs actively pursuing.

The lack of expansion in the medical workforce, in line with not only the number of patients and increasing complexity of patients but what can be achieved for each individual, has had a damaging effect upon resilience. 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. Rotas have become strained with no flex to accommodate illness and annual/study leave easily and potentially the impact of COVID-19 and requirement to isolate. This leads to a tired and disengaged workforce, unable to respond as well to stressors on the system. The morale of the healthcare workforce must remain a priority in the short term as well as being a central part of future workforce planning.

Hospitals should be incentivised further to invest in rest spaces for all staff. In this regard, a review is needed of the amenities and services available to the workforce in terms of suitable rest facilities, provision of adequate fluids, nutritious food and opportunities for exercise and relaxation in hospital settings as well as access to services to support those with mental health

and wellbeing concerns, building on the recent *NHS Staff and Learners' Mental Wellbeing Commission*.

This is all the more so in areas outside major cities, where the doctor/patient ratio is often more stretched and therefore amplifying the situation. Further stress is applied to the system due to reduction in available hours per doctor, eg less than full time training or maternity/paternity leave, which results in less hours despite the same number of staff.

Consideration should be given to expansion of numbers on all medical rotas via increased recruitment to allow for inevitable reduction in available staffing, such as less than full time training / maternity and paternity leave / increasing time for supporting activities at all grades and critically time for high quality training. Going forward, attention should be paid to staff / patients ratios endeavouring to equalise ratios, so providing equity.

The educationalist Colin Coles wrote of successful training environments, that there were three things in common they all possessed: Community – they acted as a community; Collegiality – all in the community were treated as colleagues and Criticality – criticism was accepted and used positively. College Fellows have suggested that there is much to be said for these same principles being part of what provides resilience.

- **What has the impact of the COVID-19 pandemic been on resilience, levels of workforce stress, and burnout across the NHS and social care sectors?**

College Fellows have found that colleagues working in the NHS have experienced a number of additional stressors during the pandemic thus far, including:

- Anxieties around training and assessment
 - Completing curriculum requirements
 - Progression in training
 - Obtaining adequate assessment
 - Exams required for progression

- Anxieties about self and possible illness, and the potential impact on close family members
- Anxieties about their patients in multiple ways, including
 - Stopping routine work too soon
 - Not restarting routine work soon enough
 - Making difficult decisions regarding admission / discharge / escalation of care
 - Managing in new ways eg virtual consultations, new areas of work
- Anxieties around contractual issues
 - Being able to take leave
 - Being remunerated for additional work
 - Being revalidated (despite GMC reassurances)

These anxieties have undoubtedly led to increased stress over the past six months, which has further strained resilience and added to the burnout felt by colleagues.

- **What are the impacts of workforce burnout on service delivery, staff, patients and service users across the NHS and social care sectors?**

Burnout has a negative impact on all these areas. Fellows have highlighted that burnout will have a major impact on satisfactory recovery of the health and care sectors (as this will require supranormal work levels for some time) in the face of ongoing background COVID-19. Staff wellbeing is now widely recognised as being crucial to safe and effective patient care. Low morale and burnout will only exacerbate pre-existing low levels of resilience that have been pushed to their limits by COVID-19.

The population health costs of stopping routine health and social care, including dental care, for the pandemic need to be analysed as a priority. The Academy of Medical Royal Colleges and Faculties in Scotland have published a [document](#) which sets out the system challenges, principles, and priorities for services within the NHS as we move past the first surge of the disease, when a second surge remains possible, and health and social care must be delivered with COVID-19 as a new endemic disease.

- **What further measures will be required to tackle and mitigate the causes of workforce stress and burnout, and what should be put in place to achieve parity for the social care workforce?**

The Royal Colleges of Physicians' release [annual census results](#) of physicians in the United Kingdom. The most recent census reveals the continuing pressures on the medical workforce and NHS systems. These pressures are demonstrated by ongoing problems with rota gaps, unfilled posts and high levels of reported sickness absence. Once again, the census shows that the number of posts needed across the system significantly outnumbers the supply of physicians. This was well before the pandemic and the situation has only worsened. The supply of physicians is not keeping up with demand and this needs to be addressed urgently if the UK is to continue to recruit and retain a world class workforce to deliver the best possible patient care.

It is vital now, more than ever, that we have effective workforce plans and policies in place to cope with demand on the NHS using data from this census to inform future plans. It is time to value our medical workforce and support their wellbeing to retain the experience, skills and knowledge of doctors at every level, from trainees to senior consultants. We need to ensure an increased number of medical school places, sufficient time for training, and maximise international training fellowships. Similarly, repurposing the current NHS spend on locum and agency staff into permanent posts staff would be a more effective use of this money.

As mentioned previously, hospitals should be incentivised further to invest in rest spaces for all staff. Suitable rest facilities, provision of adequate fluids, nutritious food and opportunities for exercise and relaxation in hospital settings as well as access to services to support those with mental health and wellbeing concerns should be considered a priority by all NHS employers.

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