

RCP briefing for Westminster Hall debate on NHS Staffing levels | 22

November 2022

There are currently 7.1 million people waiting for NHS treatment and over 132,000 full-time equivalent NHS vacancies. Workforce is the biggest barrier to bringing down waiting lists and delivering care in the long run. [According to the latest RCP census](#), **over half (52%) of advertised consultant physician posts went unfilled in 2021 – the highest rate of unfilled posts since records began**. Of the 52%, 74% went unfilled due to a lack of any applicants at all.

The same RCP census found that **44% of current consultant physicians will reach retirement age in the next 10 years** (taking an average retirement age of 62–63 years). This means that the workforce will be further depleted at a time when demand for care will be increasing – the Office for National Statistics (ONS) estimates that, by 2040, there will be 17 million people in the UK over the age of 65.

The RCP strongly welcomed the commitment from the Chancellor in his Autumn Statement to publish a long-term workforce plan next year with independently verified forecasts for the number of doctors, nurses, and other professionals that the health service will need in 5, 10, and 15 years' time. The RCP was one of over 100 health and care organisations to call for these independent projections of staff numbers [in an open letter to the Chancellor ahead of the Autumn Statement](#). **It is vital that the workforce plan, when it is published, comes with an explicit commitment to deliver the necessary funding. We would welcome clarity on the exact timeframe for publication in 2023.** It must include a range of short-, medium- and long-term solutions to increase recruitment and improve retention – the RCP recently [recommended a range of measures](#) from affordable childcare and flexible working to overseas recruitment and a new 'retire and return' deal.

While we await the publication of that plan, our sights must be on the current challenges faced by doctors, particularly trainees, and other healthcare professionals. Retaining the hardworking staff we already have is crucial to ensuring the NHS has the right staff levels to meet demand. Staff across the entire system are working incredibly hard to manage the fallout from COVID-19 and tackle the backlog. It is vital they feel supported and valued, including by improving their working conditions.

Short to medium-term workforce solutions

A long-term plan for increasing staffing numbers, including expanding medical school places, is sorely needed to put the NHS workforce back on a sustainable footing. But given the urgency of the situation, the RCP has set out a range of short- and medium-term solutions to make a difference now, from affordable childcare and flexible working to overseas recruitment, a long-term solution on pension tax charges and a new 'retire and return' deal for consultants.

A key part of the immediate-term solution is an increased focus on staff retention. As a result of the intense pressure that those working in the health and care system are currently experiencing, some staff are choosing to leave the profession and there is a risk we will lose more. The NHS Staff Survey 2021 found 31% said they often thought about

leaving. [According to the 2021 RCP census](#), 45% of consultants said they work excessive hours or have an excessive workload ‘almost always’ or ‘most of the time’.

Measures to increase job satisfaction and retention of current staff [recommended in the RCP’s recent paper](#) include:

- Getting the basics right - access to hot food and drink and rest facilities at all hours of the day
- Flexible working and flexible training
- Affordable childcare and time off for significant life events
- Targeted assistance to help people get ‘up to speed’ after time out of practice
- Remote working where suitable, including providing the right equipment
- Tackling discrimination, violence, harassment and bullying of health and care staff

Recruitment is central to ensuring NHS staffing levels keep pace with demand – but these efforts must be complemented by reducing attrition to ensure we retain the skilled staff we already have. The NHS long-term workforce plan due next year must include a range of solutions to reduce burnout and improve retention.

Long-term workforce planning

The [RCP’s census](#) revealed that last year **52% of advertised physician posts went unfilled**, largely because of a lack of any applicants. These pressures are only set to worsen. The same RCP census found that **44% of current consultant physicians will reach retirement age in the next decade** (taking an average retirement age of 62–63 years). At the same time, more physicians are training and working less than full time. In a July 2021 member survey, 56% of trainees said that they were interested in working less than full time, meaning the NHS will need a higher headcount in future.

We strongly welcome the Chancellor’s commitment to publish a comprehensive workforce plan with independently verified forecasts for the number of doctors, nurses and other professionals that will be needed in 5, 10 and 15 years’ time to meet patients’ needs. The RCP was one of over 100 health and care organisations as part of the ‘Strength In Numbers’ coalition that [came together during the passage of the Health and Care Act](#) to campaign for public workforce projections. The coalition [wrote to the Chancellor in advance of the Autumn Statement](#) in support of including staffing forecasts in the long-term workforce plan. It is welcome that the workforce plan will be published next year. It is vital that it comes with the necessary multi-year funding. **We would welcome a more detailed timeline for publication.**

We hope the long-term plan will include a commitment to increase the number of medical school places. [The RCP has long advocated for this](#). While we firmly believe the NHS must be open and welcoming to international colleagues who want to work here, we should not become overly reliant on recruiting already qualified doctors from other countries as the solution to the UK’s workforce issues. We should be aiming to train more staff in the UK.

The RCP’s 2021 blueprint [Double or quits estimated](#) that expanding medical school places to 15,000 would cost £1.85bn annually, including clinical placements during medical school and the two year foundation programme. That is [less than a third of what hospitals spent on agency and bank staff in 2019/20](#). An expansion will require more clinical academics and more clinical educators and an increased number of training places underpinned by multi-year funding to support places through to completion of training. But an expansion would also be an opportunity to widen participation in medicine and ensure there are more doctors in the places that need them the most. It takes time to train a doctor, so to feel the benefit in 7 or so years’ time, we need to expand places now. Without gradually increasing the number of people in the system, we will continue to struggle to meet patient demand.

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