



Royal College  
of Physicians

# RCP view on the NHS workforce: short- and medium- term solutions

RCP view | October 2022



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- 1** The Royal College of Physicians (RCP), the Royal College of Physicians of Edinburgh (RCPE) and the Royal College of Physicians and Surgeons of Glasgow (RCPSG) have long argued for a significant expansion in the medical and wider healthcare workforce. Staffing shortages are the biggest barrier to meeting the increasing demand in healthcare in a safe and sustainable way.
- 2** Demand for healthcare is at an all-time high, with 7 million people on waiting lists for treatment in [August 2022](#). Workforce shortages are also high: the 2021 physician census found that a record 52% of advertised consultant physician posts went unfilled in 2021, mostly due to a lack of any applicants at all. 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 and restore timely access to care.
- 3** Throughout 2021 and early 2022, we were part of a coalition of over 100 health and care organisations calling for the Health and Care Act 2022 to include a legal duty for the government to publish assessments of how many healthcare staff would be needed to keep pace with demand. It is disappointing this was not accepted. We continue to believe that regular assessments would provide a strong foundation to support more strategic workforce planning.
- 4** During the passage of the Health and Care Act, the Department of Health and Social Care commissioned a long-term workforce strategy from NHS England (NHSE). In June 2022 the then secretary of state for health and social care, Rt Hon Sajid Javid MP, [told the Health and Social Care Committee](#) that the strategy would include projections of the number of staff that are and will be needed in each profession, but that the decision to publish these numbers and the analysis underpinning them would be subject to cross-government agreement.
- 5** In September 2022 the new secretary of state, Rt Hon Dr Thérèse Coffey MP, confirmed that a long-term workforce plan is forthcoming. We urge the government to publish this by the end of 2022 as originally planned. It should set out a range of short- and long-term solutions to grow, train and retain a healthcare workforce that can meet current and future demand. It must be based as far as possible on what we know about current actual and future likely demand and supply across all professions. It must take into account the impact of increased flexibility in working arrangements and the growing number of physicians wanting and needing to work less than full time.
- 6** Ultimately, nothing will be as effective as significant multi-year investment to expand the NHS and care workforce at all levels. But in lieu of such a funding settlement from government – and we understand that the NHS workforce strategy will not come with new funding – a range of things should be implemented quickly that would make a tangible impact to conditions on the ground. This is an issue that must be grasped urgently as, unless we take action to increase the workforce, the NHS will be unable to deliver high-quality care to all those who need it.

## Rising demand, falling supply

- 7** As we emerge from the first pandemic of the digital age, the NHS is facing unprecedented challenges. While we now have tools that may enable us to tackle some of these challenges in new ways – such as digital consultations and artificial intelligence (AI) diagnostics – the main solutions continue to be traditional: meet the demand for care and at the same time try to drive it down.
- 8** Demand for health and care services continues to increase and shows no sign of abating. Workforce shortages are putting increasing pressure on NHS staff and making patients wait longer for care. The longer that someone waits, the worse their condition may become or they may develop complications, further adding to their ill health and the workload of the NHS.
- 9** A record 7 million people were on waiting lists for treatment in August 2022, including those waiting for an investigational or diagnostic procedure. The number of people waiting for more than two years was 2,646 – a decrease from 2,885 the previous month – as hospital teams and clinicians worked above and beyond normal hours, as they have done since the pandemic began. It is true that the waiting list backlog grew significantly during the pandemic, but in February 2020 (the month before the first national lockdown) there were already 4.42 million people on waiting lists.
- 10** We also went into the pandemic with 43 % of advertised consultant physician posts in England and Wales unfilled. The RCP, RCPE and RCPSG jointly conduct an annual census of consultant physicians in the UK, who work in over 30 medical specialties across acute and elective care. The latest findings show that the staffing position has deteriorated further since the start of the pandemic, with 52 % of advertised consultant physician posts unfilled in 2021 – of these, 74 % were unfilled due to a lack of any applicants at all. This is the highest rate of unfilled posts since 2008 when current records began, and is at a time when there are also significant shortages in many other parts of the health workforce, including nursing and general practice. According to latest NHS vacancy statistics there were 132,139 full time equivalent vacancies in England at the end of June 2022, equivalent to 9.7 % of the NHS workforce.

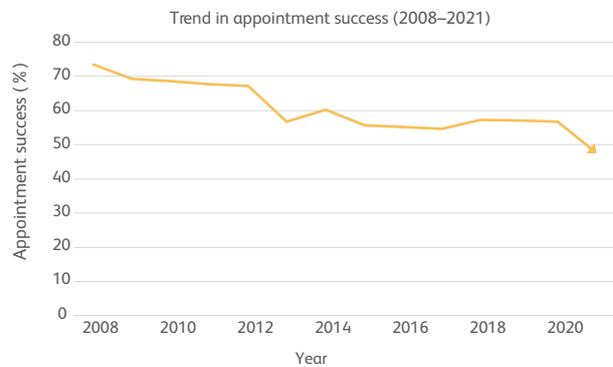
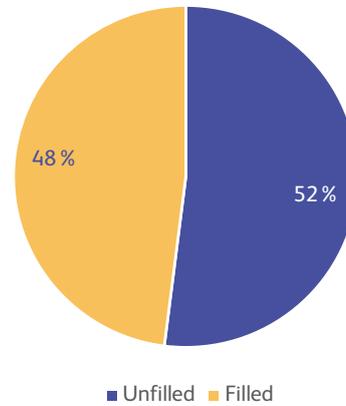


**11** The latest physician census also found that on average full-time consultants work 10% more than they are contracted to. Those who work less than full time work 20% more than they are contracted to. 45% of consultant physicians say that they work excessive hours or have an excessive workload ‘almost always’ or ‘most of the time’. This mirrors findings from the [NHS Staff Survey 2021](#): when asked whether they faced unrealistic time pressures, just 23.5% of NHS staff said that this was never or rarely the case.

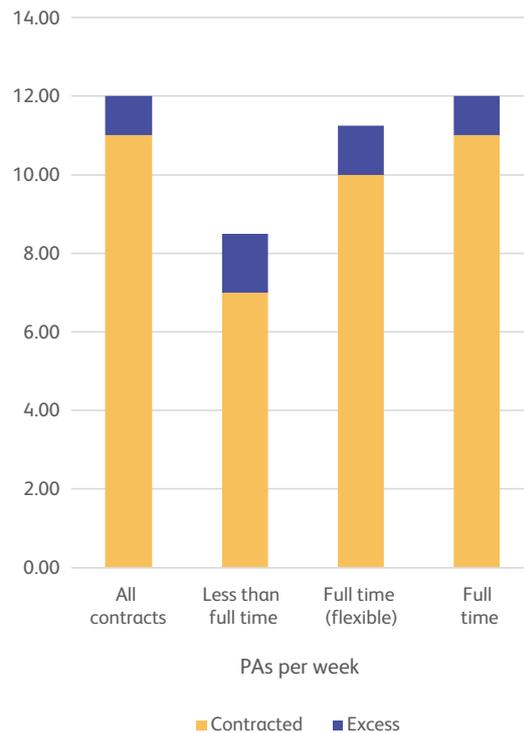
**12** More staff are retiring, with [the number of NHS workers awarded pension benefits in April 2022 increasing by 28% compared with a year earlier](#). Our census data suggest that 44% of current consultant physicians will reach average retirement age in the next 10 years. This means that the workforce 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](#).

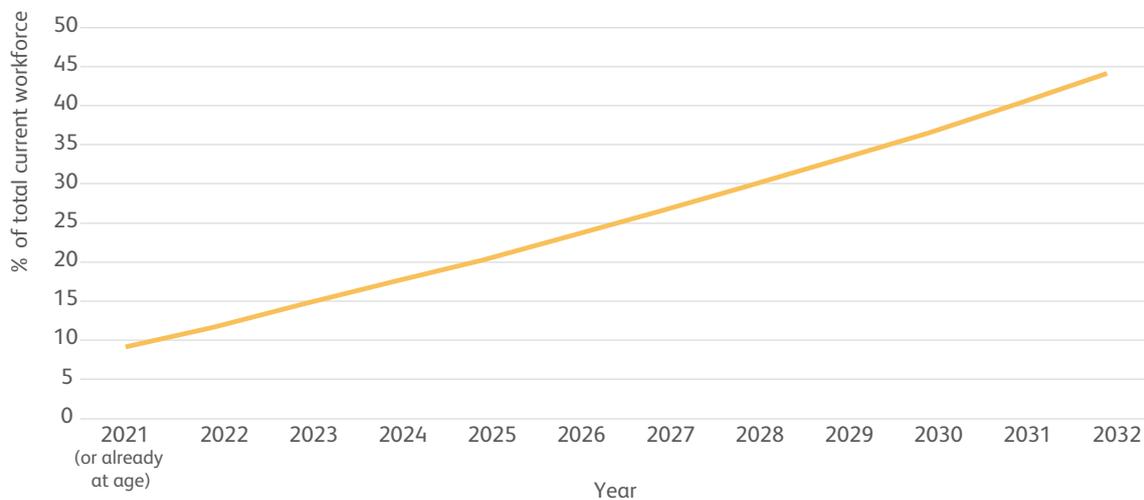
**13** As the population ages, there will be a rise in multiple long-term health conditions, and the demand for certain skills in the health and care workforce will increase at a similar rate. Forecasts suggest that [there will be an increase in the number of people over 65 with complex care needs in the next 20 years](#), and with the public health challenges of smoking, obesity and air pollution – which we know are particularly prevalent in areas of high deprivation – demand for all medical specialties will grow, from oncology, acute and geriatric medicine to palliative and respiratory medicine. These are challenges that we know are coming and can choose now to prepare for.

**Fig 1: Advertised consultant physician posts unfilled in 2021**



**Fig 2: Excess programmed activities (PAs) worked per week in 2021**



**Fig 3: Expected retirements of current consultant physicians over the next 10 years**

**14** Significant demographic changes in the workforce are also coming. More physicians are training and working less than full time. According to the latest physician census, 62% of trainees want to work less than full time; this has significant implications for workforce planning in the long run. We also know that the number of women consultants is steadily

increasing, with the latest census data indicating that women make up 39% of the overall consultant physician workforce. While a large majority of both men and women work full time until their mid-30s, the trends then diverge, with 42% of women aged 35–44 working less than full time compared with 6% of men.

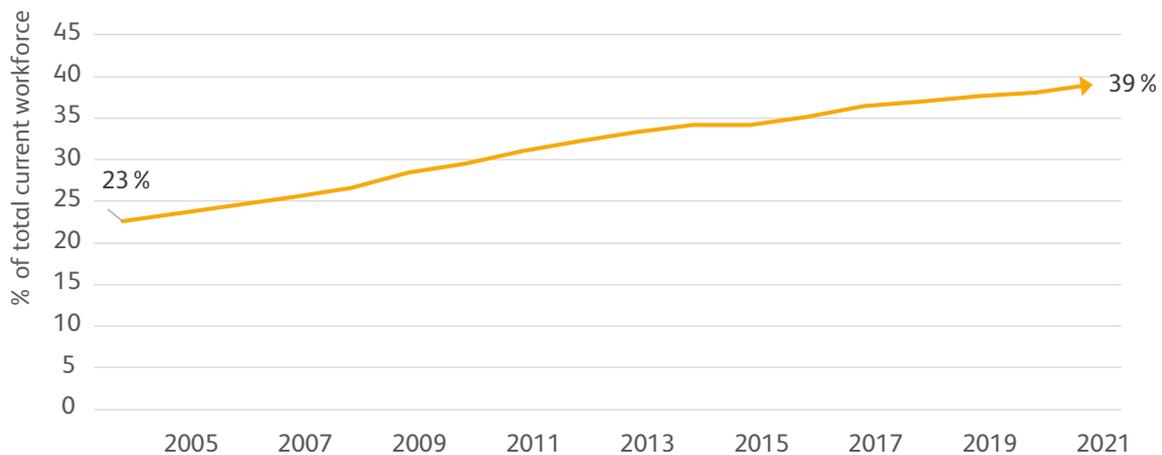
**‘ I have always worked flexibly as a consultant (for more than 20 years), which has been fantastic – I would highly recommend it and it has been essential for sustainability and maintaining wellbeing. ’**

**15** The growing desire or necessity to work less than full time means that we need a higher headcount in the future. Clinicians may work less than full time for a number of reasons, including personal choice, childcare responsibilities or to provide care for other relatives and older dependents, something that is likely to be a particular issue for consultants in the later stages of their career. The ONS [has said](#) that unpaid caring is becoming increasingly common as the population ages, with the demand for care from spouses or adult children expected to double between 2011 and 2041.

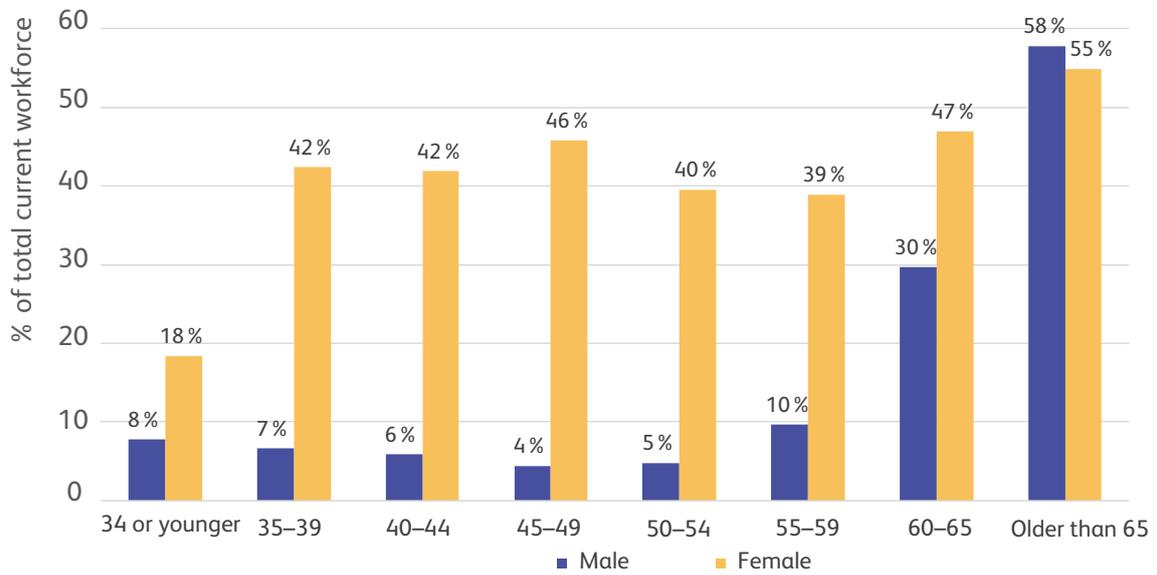
## Workforce shortages

**16** While it is true that, in the simplest terms, there are more doctors, nurses and allied health professionals working in the NHS than ever before, the evidence shows that this is not sufficient to meet the demand for care. The [NHS Staff Survey 2021](#) found that only 27% of people working in the health service said that there were enough staff at their organisation for them to do their job properly, which is a significant fall from 38% the previous year. 52% of respondents to the survey either disagreed or strongly disagreed with this statement.

**Fig 4: Female consultants as a proportion of the overall consultant physician workforce**



**Fig 5: Less-than-full-time workforce by gender and age in 2021**



**17** An [NHS England letter to system leaders in May 2022](#) on enabling the workforce for elective recovery highlights the lengths to which the NHS is having to go to deliver care with too few staff: increasing contracted hours through bank shifts, encouraging those who have recently retired to return to work and discouraging those planning to take early retirement from doing so. Of course we must look for interim ways to increase workforce capacity and reduce waiting lists, but the NHS should not be reduced to cajoling tired, hard-working people to put in even more hours. The workforce shortage is a result of historic lack of long-term workforce planning by government and government can reverse it if it wants to.

**18** To tackle workforce shortages and the impact these have on care, we need to:

- ▶ increase the number of staff in the health and care system
- ▶ improve the retention of those who are considering leaving
- ▶ support those approaching retirement age to continue working in a way that is appropriate for them.



## NHS England’s long-term workforce strategy

**19** The essential first step in workforce planning is knowing how many staff we need to meet demand now and in the future. The RCP was disappointed that, despite the support of over 100 organisations, an amendment to the Health and Care Act for regular, independent projections of required supply was not accepted. While this would not have solved the problem on its own, it would have provided a strong foundation to begin putting the workforce back on a sustainable footing and support more strategic spending decisions.

**20** We now await the publication of the long-term workforce strategy that the Department of Health and Social Care commissioned NHS England to produce by the end of 2022. In the absence of legislative commitments to produce public workforce requirement projections, the new workforce strategy must:

- ▶ include numbers of how many staff will be needed to keep pace with demand
- ▶ be based as far as possible on what we know about actual current and predicted future supply and demand, including the impact of increased flexible working
- ▶ cover both the health and social care workforce, taking into account multidisciplinary team working and the drive towards more integration
- ▶ include a range of short-, medium- and long-term solutions to increase recruitment and improve retention
- ▶ commit to a review and refresh at least once within the lifetime of the existing strategy, and be regularly reviewed by the Department of Health and Social Care and NHS England – taking account of the experiences of staff and patients – to monitor progress and update workforce plans.

## Increasing the number of health and care staff

- 21** Unavoidably, we will need to recruit additional staff. The RCP has long called for the expansion of medical school places – there are simply too few doctors to meet growing demand. Our blueprint *Double or quits* estimated that on the basis of 2019–20 costs, doubling the number of medical school places from 7,500 to 15,000 would cost £1.85bn annually – less than one-third of the £6.2bn that hospitals spent on agency and bank staff that year (latest figures show that in 2020–21, hospitals spent £7.1bn on agency and bank staff).
- 22** Improved workforce planning is vital for social care as well as the NHS. According to Skills for Care’s *The state of the adult social care sector and workforce in England 2021*, the staff turnover rate in the adult social care sector was 29% in 2022. It was estimated that nearly 11% of adult social care roles were vacant in 2021–22, up from 7% last year.
- 23** Skills for Care suggests that an increase in the vacancy rate combined with a decrease in filled posts ‘points towards a supply and demand mismatch, with employers unable to find the staff they need to meet the demand for services’. Building capacity within the social care system would make a major contribution to easing pressure on the NHS by helping to reduce hospital admissions and speed up discharges. We must ensure that social care roles at all levels are attractive and competitive in order to retain existing staff and increase the size of the workforce.
- 24** Given the amount of time that it takes to train new doctors, we cannot just wait for new medical students to qualify and begin practising. There are several additional measures that should also be taken to increase the number of available medical professionals in the short and medium term:
- ▶ ensure that health and care staff from overseas who wish to come to the UK and work in the NHS have the opportunities and support to do so
  - ▶ regulate physician associates (PAs) by mid-2024 and ensure they have prescribing rights in 2025 – this includes consulting by the end of 2022 on the draft legislative order that will bring PAs into regulation and keeping the period between regulation and granting prescribing rights as short as possible
  - ▶ develop staff, associate specialist and specialty (SAS) doctors as specialists, and reform the Certificate of Eligibility for Specialist Registration (CESR) system so that it is simpler and faster for eligible SAS doctors to become consultants
  - ▶ formalise the foundation interim year 1 (FiY1) programme, established during the pandemic to fast-track final-year medical students to direct patient care, which would simultaneously improve the experience of final-year medical students and support the NHS
  - ▶ explore greater use of skilled administrative support roles, as exemplified when medical students and physician associates were deployed as ‘doctors’ assistants’ during the pandemic.

- 25** Recruiting from other countries should not be seen as a primary solution. But without significant investment in training more people in the UK, it is clear that overseas recruitment will have to be part of the solution in the short and medium term. The NHS must be open and welcoming to all international colleagues who want to work here, and the transition to UK life for doctors and their families should be made as easy as possible.
- 26** In 2020 the RCP called for all international NHS and social care staff who worked during the pandemic – and their spouses and dependants – to be given indefinite leave to remain. The RCP, RCPE and RCPSG support proposals made by the Migration Advisory Committee in April 2022 to make care workers permanently eligible for the Health and Care Worker visa, and that care workers should be retained on the shortage occupation list until there is a significant improvement in the pressure on the social care workforce.
- 27** Ultimately, increasing the UK's homegrown health and care workforce is key. We should not continue to rely indefinitely on overseas recruitment to make up the shortfall caused by our inability to train a sufficient workforce, not least because of the ethical concerns of recruiting professionals from other countries which may be experiencing their own workforce shortages. The recent announcement that the UK government has signed a memorandum of understanding to allow managed recruitment of health workers from Nepal – a country on the Code of Practice for International Recruitment red list as the number of domestic health professionals is below the global average – is a marker of the failure of our current approach to workforce planning. Our historical lack of workforce planning means international recruitment will have to be a short- to medium-term solution until we are able to staff the NHS largely through domestic recruitment. But healthcare shortages are a global issue. Recruiting overseas colleagues is not a viable long-term solution.
- 28** The RCP has hosted the Faculty of Physician Associates (FPA) since 2015. Since then PA numbers have increased 10-fold, with 2,475 PAs on the Physician Associate Managed Voluntary Register (PAMVR) in September 2021. PAs are the fastest-growing section of the healthcare workforce, often bringing new people to the NHS who have not transferred from another healthcare role.
- 29** The latest FPA census for England shows that the majority of PAs (61 %) are employed by an NHS trust in secondary care, and 38 % are employed by either a general practice or a primary care network. PAs work across a wide range of medical specialties with particularly high numbers in acute medicine (10 %) and emergency medicine (9 %), and 2021 saw the first PA in interventional radiology. PAs see undifferentiated patients and undertake a range of tasks including examinations, taking medical histories and managing acute and chronic conditions – but they are currently unable to prescribe medicine or order X-rays, which is significantly holding the profession back.
- 30** The Department of Health and Social Care consultation Regulating healthcare professionals, protecting the public originally committed to consult on draft legislation that would make PAs a regulated profession and protect the title of 'physician associate' by the autumn of 2021. After a series of delays, in July

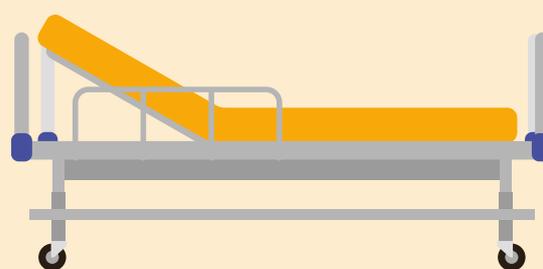
2022 the Department of Health and Social Care set out a revised timetable indicating that DHSC intend to consult on draft legislation in autumn 2022. The legislation will then be laid before parliament in the second half of 2023, with a view to commencing regulation of PAs in the second half of 2024.

- 31** The RCP and FPA welcomed government setting out this revised timetable. It is vital that the government keeps to it and ensures that the period between commencing regulation and granting PAs prescribing rights is as short as possible. In a recent survey of 337 PAs, 92 % said their inability to prescribe was having an impact on their team's ability to provide care and work through caseloads efficiently. PAs contribute a huge amount to the multidisciplinary team (MDT), but their full potential will continue to be limited until they are regulated.

## Improving retention

- 32** 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. We are aware that many clinicians are considering early retirement, which is all the more concerning given we are already expecting 44 % of the current consultant workforce to retire in the next 10 years. The NHS Staff Survey 2021 found that one-third (34 %) of staff reported feeling burnt out because of their work and a similar number (31 %) said they often thought about leaving.

‘ **Not being able to prescribe significantly impacts my team's ability to discharge patients. I am able to complete discharge paperwork in a timely fashion, but the prescriptions are delayed, which often leads to a patient staying an unnecessary extra night in hospital – this is distressing to the patient and also adding to bed pressures.** ’



**33** To increase job satisfaction and therefore retention of current staff, all NHS organisations should:

- ▶ get the basics right, including ensuring that staff can access hot food and drink and rest facilities at all hours of the day
- ▶ help employees to access flexible, affordable childcare
- ▶ reduce the administrative burden on clinicians
- ▶ simplify mandatory training as well as appraisal and revalidation processes
- ▶ embrace flexibility, including in training – the RCP has developed a toolkit on working flexibly, which includes tips for those at different stages of their career and advice on discussing flexible working with employers
- ▶ enable staff to work remotely for suitable activity – make sure that every member of staff who needs it has the right equipment to join online meetings at work and to work remotely, and has received any training they might need
- ▶ review job plans to ensure they make the most of available people – job plans should be as flexible as possible, provide a variety of professional activities and help staff balance work and life
- ▶ address the impact of current pension tax rules, which are already leading to the loss of highly skilled clinicians – discussed in further detail in the next section
- ▶ allow everyone to have time off for significant life events
- ▶ provide targeted assistance to help doctors get back ‘up to speed’ when they return to work after time out of practice

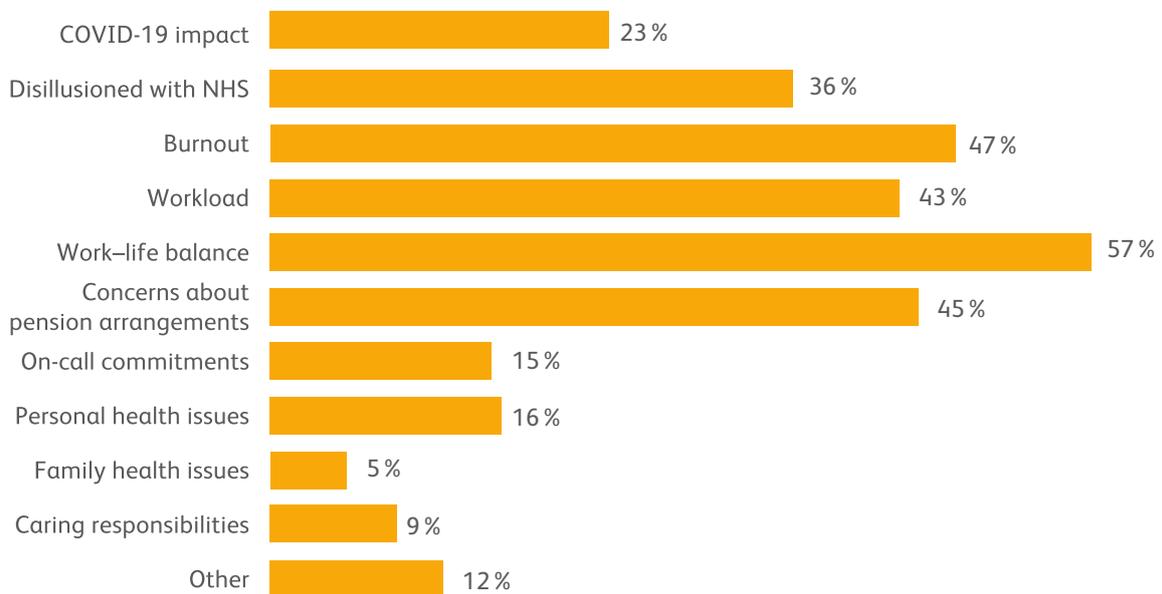
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**‘The importance of allowing staff to take time off for important life events cannot be overstated. The reason I elected to [take a break before progressing my training] was because I had missed so many events that were important to me: birthdays, weddings, family holidays, funerals. I wanted control of my life back; to be able to select which anti-social hours I worked and to be able to feel like part of my family and my community again. Taking time out of training was the only way for me to do that. ’**

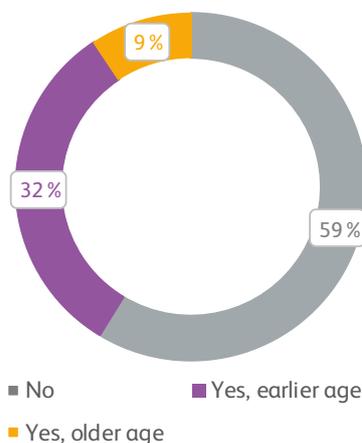
- ▶ make sure that social care roles at all levels are attractive and competitive to increase that workforce so we can reduce hospital admissions and speed up discharges
- ▶ ensure that there is a continual focus on tackling violence, harassment and bullying of health and care staff, which is unacceptable in any setting including social media.

**34** Data from our latest physician census show that 39% of consultants are women, with the number of women in the consultant workforce increasing by 101% over the past 10 years. We know that women consultants are more likely to work less than full time due to caring responsibilities. Access to affordable childcare would be a hugely beneficial ‘pull’ factor for doctors with childcare responsibilities who – more often than not – are women.

**Fig 6: Reasons for intended early retirement and changes in intended retirement age**



Has your intended retirement age changed in the last year?



- 35** Providing more opportunities for flexible working is something which many doctors would welcome and that can improve wellbeing. In June 2021 we asked our members about how their working patterns had changed as a result of the pandemic – 57% said that they were now working from home at least some of the time, with over two-thirds (67%) saying this had improved their work–life balance. The latest physician census indicates that 76% of consultant physicians are now undertaking some work remotely.
- 36** The RCP has highlighted that flexible working is something that we need to make a reality, and that recognition of this by clinical leads is crucial to having open conversations about what ‘new normal’ working patterns look like. Leaders and managers in NHS organisations have a key role in facilitating that understanding and the response to it. Equally, action to address workforce shortages is also a key enabler of flexible working. Of those who wanted to work more flexibly, over one-third (36%) thought this would be difficult or impossible, with over three-quarters (79%) of them citing ‘not enough medical staff’ as a factor.
- 37** Tackling discrimination, violence, harassment and bullying of health and care staff is another vital part of improving retention. The NHS Staff Survey 2021 found that 14% of NHS staff had experienced violence from patients, service users or the public in the preceding 12 months. Over a quarter (27.5%) of NHS staff had experienced harassment, bullying and abuse from patients, service users or the public, and 11.5% had experienced it from managers and 19% from other colleagues. As the Academy of Medical Royal Colleges has highlighted, violence against NHS staff has sadly been part of the health landscape for too long.
- 38** The British Medical Association’s Racism in medicine report found that three-quarters (76%) of the doctors surveyed had experienced racism at least once in the past 2 years. Almost 1 in 10 doctors (9%) had left their job due to racial discrimination and a further 23% said they had considered leaving. Nobody should come to work and face discrimination. Ultimately, change will come from increasing the diversity of those who lead and work in the NHS. That is why the RCP has called for a focus on widening participation in medical schools.

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**‘ Lots of doctors are married to other doctors and healthcare workers. We work the most unsociable hours and weekends. We always struggle to find anyone to look after our children and so the family suffer. We are both so close to quitting medicine and so desperate that we have written to our MP. We need help fast or the NHS will lose more consultants. ’**

## Supporting those approaching retirement

- 39** It is vital that we support experienced staff who are approaching retirement to continue working for as long as they want to, in a way that suits their circumstances. The RCP has developed [guidance](#) to support flexible working for senior clinicians and ensure that less-than-full-time working arrangements can be appropriately planned.
- 40** Pension taxation continues to be a significant reason why experienced physicians reduce their hours or retire altogether earlier than they may have planned. [A joint survey](#) between the RCP, the RCPE and RCPSG revealed in 2019 that 45% of doctors surveyed had decided to retire at a younger age than previously planned, with 86% citing pension concerns as one of the reasons for their decision. It also found that, in the preceding 2 years, 38% of clinicians aged between 50 and 65 had an annual pension allowance tax charge due to exceeding their pension threshold. As a consequence, 62% of senior clinicians said they avoided extra paid work, 25% had reduced the number of programmed activities they worked and 22% reported that they had stepped down from a leadership or other role with extra remuneration.

- 41** The NHS introduced [short-term measures](#) in 2019–20 which meant that anyone facing a charge in that tax year would have it paid by the NHS Pension Scheme, and would be fully compensated in retirement by their employer for the effect of the deduction on their income. Separately, [temporary measures](#) were introduced during the pandemic to allow retired staff to return to work without having their pension benefits abated or suspended, which have subsequently been extended to 2024. While these measures were welcome, a long-term solution on pensions taxation is urgently required to ensure that senior clinicians are not penalised for taking on extra work.

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**‘Despite being a consultant in my early 50s I have twice reduced my contracted hours. I now work 25% less time because of pension tax costs and would never work additional sessions. I’m already over my lifetime pension allowance so expect to reduce hours further and retire early. If this was the intention of the pension tax changes they seem particularly short-sighted.’**

**42** A number of other immediate measures should also be taken to encourage clinicians near retirement to continue working. NHS England should

- ▶ standardise ‘retire and return’ procedures
- ▶ explain to its organisations that many doctors want to ‘retire and return’ on a substantive contract, but allow flexibility on contracts
- ▶ support its organisations to encourage and facilitate ‘retire and return’, including by using portfolio job plans that maximise the benefits of returners’ professional experience
- ▶ support its organisations to provide a tailored and focused induction for doctors who want to ‘retire and return’ – this should include reducing the burden of mandatory training on irrelevant topics

and NHS organisations should

- ▶ work with doctors in their early 50s to minimise burnout by reviewing their job plans and considering their out-of-hours commitments
- ▶ make sure that doctors who want to ‘retire and return’ are able to work virtually where preferred and possible, providing them with the equipment and training they need.

## Conclusion

**43** The pandemic has had an enormous impact on the NHS and its staff, who have consistently gone above and beyond in the most difficult of circumstances over the past 2 and a half years. The health service now faces a series of overlapping challenges, including bringing down record waiting lists, recovering services across all parts of the health system and meeting the care needs of an ageing population.

**44** Increasing the health and care workforce is fundamental to our hopes of meeting each of these challenges. Until it is addressed, the difficulties the NHS faces will continue to grow.

**45** Importantly, though, dealing with this is not beyond us – the measures set out in this paper could all make a contribution to improving the situation in the short, medium and long term. But we must act swiftly and decisively to ensure that the NHS will remain there for everyone who needs it.

*Note: Charts shown in this paper are based on data taken from the 2021 physician census. Quotes have been provided by respondents to RCP surveys and members of RCP committees.*

## Summary of recommendations

We urge the government to publish the forthcoming long-term workforce strategy by the end of 2022. This should:

- ▶ be based as far as possible on what we know about actual current and predicted future supply and demand, including the impact of increased flexible working
- ▶ cover both the health and social care workforce, taking into account multidisciplinary team working and the drive towards more integration
- ▶ include numbers of how many staff will be needed to keep pace with demand
- ▶ include a range of short-, medium- and long-term solutions to increase recruitment and improve retention
- ▶ commit to a review and refresh at least once within the lifetime of the existing strategy, and be regularly reviewed by the Department of Health and Social Care and NHS England – taking account of the experiences of staff and patients – to monitor progress and update workforce plans.

There are several additional measures that should also be taken in the short and medium term – action must be taken in the following key areas.

### **Increase the number of health and care staff**

- ▶ Ensure that health and care staff from overseas who wish to come to the UK and work in the NHS have the opportunities and support to do so.
- ▶ Regulate physician associates (PAs) by mid-2024 and ensure they have prescribing rights in 2025 – this includes consulting by the end of 2022 on the draft legislative order that will bring PAs into regulation and keeping the period between regulation and granting prescribing rights as short as possible.
- ▶ Develop staff, associate specialist and specialty (SAS) doctors as specialists, and reform the Certificate of Eligibility for Specialist Registration (CESR) system so that it is simpler and faster for eligible SAS doctors to become consultants.
- ▶ Formalise the foundation interim year 1 (FiY1) programme, established during the pandemic to fast-track final-year medical students to direct patient care, which would simultaneously improve the experience of final-year medical students and support the NHS.
- ▶ Explore greater use of skilled administrative support roles, as exemplified when medical students and physician associates were deployed as ‘doctors’ assistants’ during the pandemic.

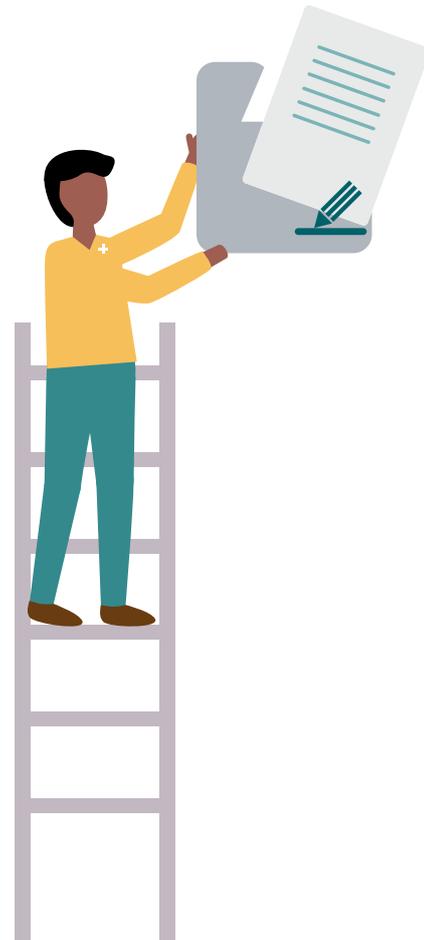
## Improve retention

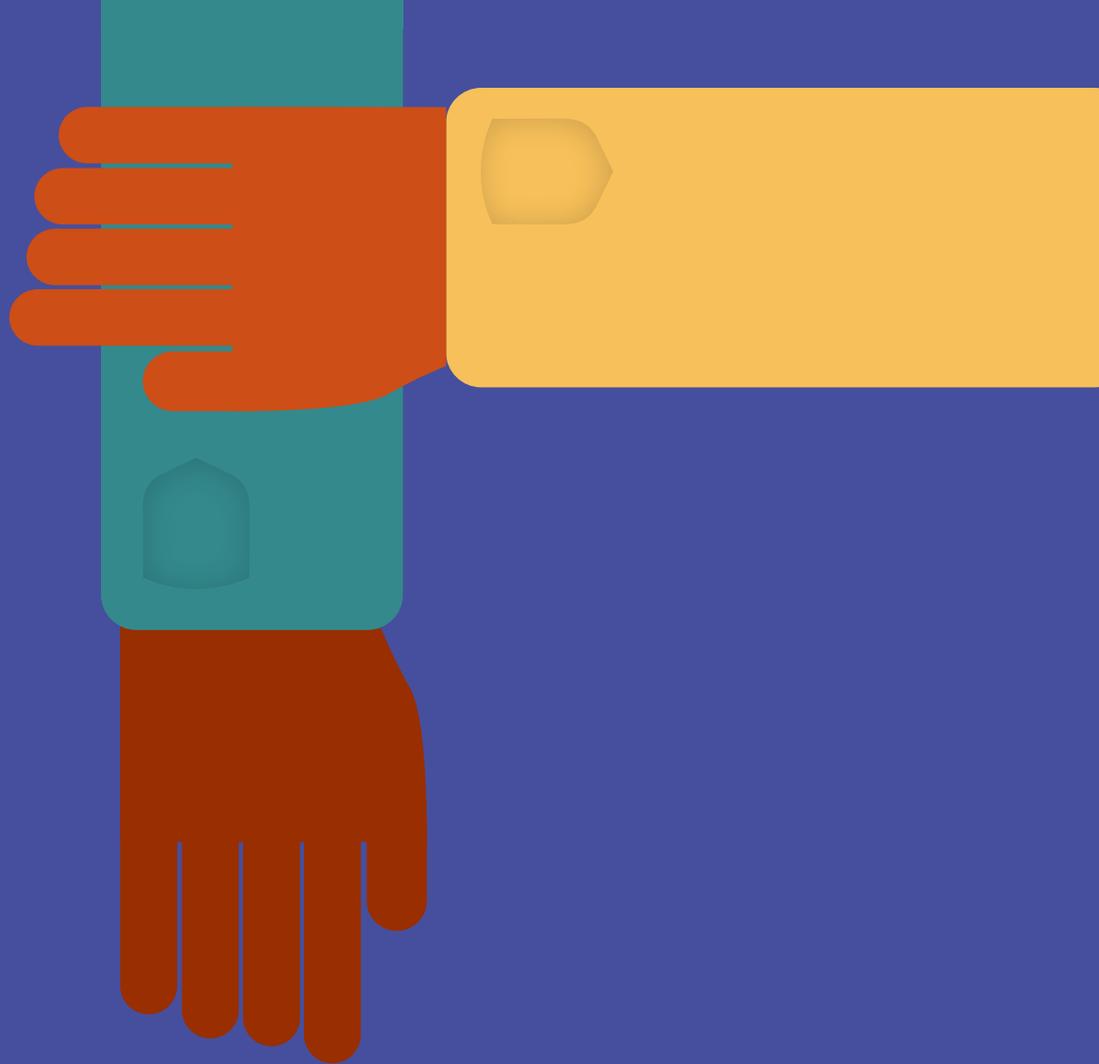
- ▶ Get the basics right, including ensuring that staff can access hot food and drink and rest facilities at all hours of the day.
  - ▶ Help employees to access flexible, affordable childcare.
  - ▶ Reduce the administrative burden on clinicians.
  - ▶ Simplify mandatory training as well as appraisal and revalidation processes.
  - ▶ Embrace flexibility, including in training – the RCP has developed a toolkit on working flexibly, which includes tips for those at different stages of their career and advice on discussing flexible working with employers.
  - ▶ Enable staff to work remotely for suitable activity – make sure that every member of staff who needs it has the right equipment to join online meetings at work and to work remotely, and has received any training they might need.
  - ▶ Review job plans to ensure they make the most of available people – job plans should be as flexible as possible, provide a variety of professional activities and help staff balance work and life.
- ▶ Address the impact of current pension tax rules, which are already leading to the loss of highly skilled clinicians.
  - ▶ Allow everyone to have time off for significant life events.
  - ▶ Provide targeted assistance to help doctors get back ‘up to speed’ when they return to work after time out of practice.
  - ▶ Make sure that social care roles at all levels are attractive and competitive to increase that workforce so we can reduce hospital admissions and speed up discharges.
  - ▶ Ensure that there is a continual focus on tackling violence, harassment and bullying of health and care staff, which is unacceptable in any setting including social media.



## Support those approaching retirement

- ▶ The government should urgently introduce a long-term solution on pension tax charges to ensure that senior clinicians are not penalised for taking on extra work.
- ▶ NHS organisations should work with doctors in their early 50s to minimise burnout by reviewing their job plan and considering their out-of-hours commitments.
- ▶ NHS England should standardise ‘retire and return’ procedures.
- ▶ NHS England should explain to its organisations that many doctors want to ‘retire and return’ on a substantive contract, but allow flexibility on contracts.
- ▶ NHS England should support its organisations to encourage and facilitate ‘retire and return’, including by using portfolio job plans that maximise the benefits of returners’ professional experience.
- ▶ NHS England should support its organisations to provide a tailored and focused induction for doctors who want to ‘retire and return’ – this should include reducing the burden of mandatory training on irrelevant topics.
- ▶ NHS organisations should make sure that doctors who want to ‘retire and return’ are able to work virtually where preferred and possible, providing them with the equipment and training they need.





## Contact us

If you would like to discuss anything set out in this statement, please contact us via [policy@rcp.ac.uk](mailto:policy@rcp.ac.uk)

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