Pre-ARM briefing 2019: Ageing medical workforce

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Pre-ARM briefing 2019: Ageing medical workforce

This briefing explores the changes in the age profile of the medical workforce and the implications of these changes. It highlights the value of retaining older doctors in the workforce, identifies the factors affecting their retirement decisions and sets out questions for consideration when thinking about what needs to change. It is intended as background to inform discussion at the BMA’s 2019 Annual Representative Meeting.

Definition
For the purposes of this briefing, the term retirement (in relation to doctors) is defined as retiring from clinical practice (work involving the care of patients), recognising that many doctors will continue to work in different forms after leaving clinical practice.

1. Introduction
The NHS’s workforce is ageing – 47% of NHS staff in the UK are now aged 45 or over and the average age is 43. This is predicted to rise over the coming years.

The medical workforce is also ageing, with 6 in 10 Consultants and SAS doctors over the age of 45 and nearly 1 in every 2 GPs over the age of 45. In the future older doctors will constitute a growing proportion of the medical workforce. With this in mind, we need to consider in what ways this will alter the way doctors work and how best we can support doctors up to and beyond retirement age.

The graphs below show the current age profile of the medical workforce across the UK. A significant proportion of the profession will be approaching retirement age in the coming decade, with clear implications for the NHS.

Chart 1. Age profile of the UK Secondary Care Medical Workforce 2018

Source: NHS Digital, Information Services Division Scotland, Department for Health (NI)

This chart has been calculated using data from England, Scotland and Northern Ireland there is no data available on age of the secondary care medical workforce in Wales.
2. Importance of older doctors in the medical workforce

Older doctors bring invaluable skills and management expertise

Older doctors are some of the most experienced and senior members of the NHS workforce and have much to offer to the health service in terms of skill, expertise and knowledge. Outside their day to day clinical work, many of them have experience of working in managerial, advisory and supervisory roles. Doctors in these posts commonly plan, direct, coordinate, supervise and influence the delivery of healthcare be it at a local, departmental or national level. Many older doctors are following this career path alongside clinical practice and retaining this knowledge and expertise is vital for the NHS.

They act as role models, supervisors and appraisers

Older doctors act as role models to the health and care workforce and take part in the supervision of trainee doctors, medical students and other health professionals. This is not only beneficial for the NHS, it is also beneficial for the career development of trainees. Multigenerational workforces are highly beneficial for employers as different age groups can create a wide range of dynamic skills and experience.

Many older doctors also take part in the appraisals of their colleagues. This role is incredibly important as it ensures that medical staff are up to date and fit to practise within their own area of expertise. Many doctors apply to undertake this work in addition to their day-to-day clinical jobs, although doctors can continue to act as appraisers after retirement.

They help ensure the NHS reflects the communities it serves

Alongside this, some older patients place unique value in being treated by an older doctor, one who may have a more comprehensive understanding and experience of what it is like to grow old. This can strengthen the relationship between the patient and the doctor. Similarly, older GPs who have been working at a specific practice for an extended amount of time will be able to provide valuable continuity of care to their patients. A recent study published in the BMJ in 2018, found that increased continuity of care by doctors is also associated with lower mortality rates amongst patients.7

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b This chart has been calculated using only England, Wales and Scotland data. There is no data on the age of the General Practice Workforce in Northern Ireland.
3. However, more doctors are retiring early

It is clear that the NHS cannot afford to lose the valuable contribution of older doctors. However, many doctors find working in today’s NHS too taxing on their work-life balance, health and wellbeing, particularly as they age, causing many to seek early retirement. A 2014 BMJ study into retirement ages of the medical graduates of 1974 and 1977 found the average retirement age was 59.6 years, a relatively young age. More GPs among this cohort were fully retired than doctors working in other specialties, and more women than men.

The BMJ recently reported that the numbers of hospital doctors who are claiming their NHS pension on voluntary early retirement grounds has been increasing, from 164 in 2008 to 397 in 2018. What is most worrying is that over this period the numbers of doctors retiring on the grounds of ill health has been increasing with only one 1% stating this in 2008 to 5% in 2018. These statistics illustrate the impact of pressures on the health of hospital doctors.

The number of GPs seeking early retirement has been increasing over the past 10 years. In 2007, 198 GPs claimed their pension on voluntary early retirement grounds compared to 721 in 2016-17. This trend is often linked to the increased workload pressures in general practice and the changes to pension taxation rules, especially to the Annual Allowance. The average age of retirement for GPs has fallen to 58.

The situation is more acute in some specialties

There are some specialties where the trend of early retirement has been prevalent for some time. One example is psychiatry where the Mental Health Officer (MHO) status led to a wave of early retirement. This was a type of status within the 1995 NHS pension scheme which allowed for faster accrual of service and allowed members of the scheme to retire at 55 with a full pension after 20 years of MHO membership. Alongside the trend of early retirement in psychiatry there continue to be problems with recruitment and retention leading to increases in the number of vacant or unfilled consultant posts in the specialty across the UK (this rose from 7% in 2015 to 9% in 2017).

Another example is general practice where, as highlighted earlier, there is an increasing trend of early retirement. The findings from a Pulse survey in 2015 found that only 6% of 1,000 GPs surveyed in the UK planned to work until the age of 65. It is likely that this is a result of the increased workload pressures in general practice.

These specialties are already struggling to recruit and retain medical staff. It is therefore important that we understand not just how to support older doctors in general but also in these particular specialties to stay working when they wish to do so, as they will constitute an increasingly significant part of the medical workforce.

Pension inflexibilities and indemnity costs make it un-attractive to stay in the workforce or return to work after retirement

BMA members have consistently raised concerns about remaining in service and the pension scheme. Many doctors face tax penalties as a result of breaching their Annual Allowance and Lifetime Allowance and it can be more cost-effective for them to reduce their workload to avoid the tapering of the Annual Allowance or to leave the pension scheme altogether. Many doctors simply choose to retire or retire and return, claim their pension and avoid the tax bills they would otherwise face. However, it is important to note that returning to work is not guaranteed and many doctors raise concerns that they may not be offered substantive employment. This increasingly has the potential to have a significant impact on the availability of doctors in the NHS.

Indemnity costs also make it un-attractive for GPs to return to the workforce in retirement. This is because the cost of indemnity cover can exceed the income from working a few sessions a week meaning that, overall, GPs end up financially disadvantaged from doing this additional work in retirement. However, the introduction of a state backed indemnity scheme in England and Wales from April 2019 should vastly reduce this issue for GPs who retire and return.

Indemnity costs are not presently a huge factor in Scotland
Older doctors are also worried about their health and wellbeing
The BMA asked a sample of doctors about factors that affect their retirement decisions and found that:

- When considering retirement health and wellbeing (85%) was the most important factor followed by workload (66%) and burnout (61%).

- In actually making the decision to retire, job satisfaction (60%) and working patterns (57%) also play a significant role.

- The most important factors that would influence a decision to work past the retirement age are the ability to work flexibly (65%), job satisfaction (57%), having time to practice the most enjoyable aspects of medicine (50%) and support with workload (44%).
4. Retaining the medical workforce has become increasingly important
As the challenges above persist, it will become even more important to understand how best to retain and support the growing older medical workforce. The NHS needs to understand how best we can support doctors in their lead up to retirement and what motivates them to stay working, as there will necessarily need to be an increased focus on retaining this important part of the medical workforce.

Below is a summary of the work done so far by NHS organisations across the nations to respond to the challenges of an ageing health and care workforce.

Recent policy developments on the ageing NHS workforce

In the UK, in 2014 NHS employers and the Department of Health and Social Care established a ‘working longer group’ to review the implications of staff working to a raised retirement age. Following the review, NHS England has been working with partner organisations to develop a range of resources to help employers better understand the challenges of an ageing workforce. NHS Scotland also produced a range of resources to support employers with their ageing workforce.

In England, in 2017, NHS Improvement published: Retaining your clinical staff: a practical improvement resource which suggested a range of flexible retirement options for staff in the NHS such as the option to ‘wind down’ which is to work fewer days a week and ‘step down’ which is to move into a less demanding role with fewer responsibilities. HEE have also made a commitment in their workforce strategy to improve flexible working offers for staff nearing retirement.

In Wales, a compilation of data which focused on the age of the NHS workforce was published in 2015. The report was developed to improve population-based workforce planning to help plan services and their workforce more effectively. Additionally, after the publication of the long-term plan for NHS Wales, the Welsh Government has commissioned Health Education and Improvement Wales (the recently established education and training body) and Social Care Wales to develop a long-term workforce strategy that will include a focus on retention and increased multidisciplinary working. This strategy will likely be published by May 2019.

In Scotland, the BMA worked with the Scottish Government and NHS Scotland employers to develop guidance to promote the retention of established consultants. The guidance looks at how NHS Scotland can effectively job plan, succession plan and continue the contribution of consultants beyond retirement. In addition to this, The Scottish Government’s workforce plan, published in 2017, acknowledged the need to plan for the potential impact of an ageing workforce and retirement patterns. For GPs, NHS Education Scotland have developed a staying in practice scheme.

In Northern Ireland, the recent Health and Social Care Workforce Strategy 2026: Delivering for our people sets out a set of actions with regards to an ageing health and care workforce. It acknowledges the need for job plans and roles which reflect an ageing workforce in response to increases in state pension age and the desire of individuals to work longer. The strategy also sets out an action to establish a health and social care careers service by December 2020 to provide opportunities for health and care staff to return to work from retirement. The strategy also makes a commitment to improving its ability to analyse and predict workforce trends by the end of 2019.
5. Points to consider

In light of the factors listed above, we would like to encourage the representative body to make proposals and set out views on how doctors can be better supported as they age. Below are some questions to consider:

- What are the challenges of working in the NHS in later life?
- What needs to be done to help doctors remain working when they wish to do so? For example, how can we help older doctors to work flexibly? Achieve job satisfaction? Have time to practice the most enjoyable aspects of medicine? Reduce workload? And improve their health and well-being?
- What barriers are there to working in the NHS past retirement age and how can we overcome these?
- What financial barriers are there to working in the NHS past retirement age and how can we overcome these?
- What support is needed from employers/government/the BMA to support older doctors in the workforce?
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