Recruitment and retention issues facing the NHS workforce in Scotland

BMA Scotland written evidence
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Introduction
The British Medical Association is a politically neutral registered trade union and professional association representing doctors from all branches of medicine. The BMA has a total membership of over 154,000, which continues to grow each year. In Scotland, the BMA represents over 16,000 members.

Recruiting, retaining and valuing doctors

Consultants and GP vacancies are at high levels, trainee and specialist posts are going unfilled. Every position that goes unfilled increases the burden on existing medical staff, adding to already unsustainable workloads.

Doctors are dealing with rising demand, unmanageable workloads and increasing pressure in a service that is clearly struggling to cope with shortages. This situation is not sustainable and doctors in Scotland are working under significant pressure and increasingly having to cover gaps in the face of rising vacancies. There are a number of actions which could be taken by government to address disincentives for doctors to work in Scotland including removing unnecessary hurdles which stand in the way of doctors returning to work and addressing the problem of health boards not adhering to nationally agreed contracts.

GP vacancies

The increasing intensity and complexity of GP workload, the shift of more specialist care from hospitals into local communities and extended access initiatives mean that general practice has reached saturation point. Without additional resources and capacity, it will be impossible for general practice to respond to the rising demand of an ageing population.

The BMA is working with the Scottish Government to develop a new GP contract for 2017 that once again makes becoming a GP an attractive career option, but until then the priority must be ensuring that GPs in communities across Scotland have the support they need to provide the care patients rely on.

A recent BMA survey\(^1\) found high vacancy rates in GP practices in Scotland, which are leaving practices struggling to cope. 28% of the practices who responded had at least one GP vacancy.

Scotland is facing significant GP recruitment problems which are being further exacerbated by difficulties in securing locum cover. An ever increasing workload, combined with falling resources, has led fewer doctors choosing to train as GPs, while senior GPs are choosing to retire early or work abroad for a better work-life balance. A high vacancy rate translates into a decline in the number of available appointments - reducing access to general practice at a time when we are trying to treat more people in their communities.

Consultant numbers and vacancies

National figures suggest that there are around 5115 WTE consultants working in the NHS in Scotland.\(^2\) The data also shows that there were 355 WTE consultant vacancies in March 2016, a total vacancy rate of around 6.5%. Of these vacant posts, 166 WTE had been vacant for more than six months.

Vacancies not filled through the recruitment process and posts that are not yet cleared for advert are generally not included in the official figures. Moreover ISD figures do not fully reflect the heavy reliance on locum doctors that boards are using to cover vacant consultant posts. The use of locums is a temporary solution and does not provide long term sustainability. It is therefore vital that these posts are included in vacancy data to enable proper workforce planning.

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\(^1\) BMA survey of GP practice vacancies, 19 June 2016
\(^2\) ISD Workforce report, June 2016 http://www.isdscotland.org/Health-Topics/Workforce/Publications/index.asp#1662
Vacant posts place immense pressure on the service. When NHS boards cannot fill a post other doctors within the team have to cover the workload or the service provided may be reduced. Staff are asked to work increasingly longer hours and more intensely to fill the gaps. Audit Scotland reported\(^3\) that vacancy rates, staff turnover rates and sickness absence levels all increased during 2014/15. Recruitment and retention of staff on permanent contracts remains a significant problem for many boards. As a result boards are now hiring more temporary staff to help keep services running. This is not a viable long term solution.

**Trainee posts**

Unfilled trainee posts are a further source of pressure on the health service that can leave services struggling to cope with gaps in healthcare teams. This problem is particularly pronounced around certain training specialties.

For example, this year only 68% of GP trainee vacancies were filled. Mental health specialties have faced particular problems in filling trainee vacancies for a number of years, with a fill rate of just 69% this year\(^4\).

Ensuring that trainees are attracted to work in Scotland needs to remain a priority. The Scottish Government’s announcement that it will not unilaterally impose a new contract on junior doctors in Scotland is a positive step in this direction and may have been an important factor in the increased number of graduating doctors who have chosen Scotland as their first choice for foundation year posts this year.

**Staff and Associate Specialist doctors (SAS)**

SAS doctors can play a potentially significant role in addressing medical workforce pressures in the NHS however the absence of any opportunity for career progression to Associate Specialist since the closure of the grade in 2008 has served to make being a specialty doctor in Scotland less attractive than previously. As ISD do not collect vacancy data on SAS posts, it is impossible to quantify the scale of the problem across Scotland. However, we repeatedly hear anecdotal reports of unfilled posts across a number of specialties and locations across Scotland, leaving some departments under considerable pressure, and resulting in expensive over-reliance on short-term locums.

The BMA’s Scottish Staff and Associate Specialist Committee (SSASC) continue to make representations to the Scottish Government and NHS Scotland employers seeking support for proposals for the re-opening of the Associate Specialist grade in Scotland. This would offer an attractive career progression pathway for SAS doctors, and have a positive impact to ease recruitment and retention issues in NHS Scotland.

**Adhering to nationally agreed contracts**

Consultants have always been leaders in developing and improving the delivery of patient care. Since 2004, a clear and specific amount of time has been allocated in consultants’ job plans to recognise this work, which is called SPA time (Supporting Professional Activities). SPAs are at the heart of what it means to be a consultant and exemplify the added value that consultants bring to the NHS. It is during the time made available through SPAs that consultants are able to improve and hone their skills through auditing their practice, research and innovation, teaching medical students and junior doctors, developing new techniques and building new services. Such activities are essential to the long term maintenance and improvement of the quality of the service provided to patients alongside more readily recognisable direct, hands-on patient care.

The consultant contract sets out the standard number of supporting professional activities, 2.5 per week on average or 10 hours (paragraph 4.2.2\(^5\)), that should be made available to a full time consultant, with variation from this standard being subject to agreement between the employer and the individual consultant.

However, SPA time is being eroded all across the country, and many consultants are on contracts with fewer than 2.5 SPAs a week, such as a split of 8.5 to 1.5 or even 9:1. The driver for this is to ‘get more hands-on time’

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\(^4\) NHS Education Scotland

\(^5\) 4.2.2 Unless otherwise agreed, a full-time consultant will devote 7.5 programmed activities per week to direct clinical care, and 2.5 programmed activities to supporting professional activities. Part-time consultants will require an allocation for supporting professional activities that is higher than the pro-rata allocation.
from a consultant. The logic of this falls down if we want a health service which continues to excel and develop with the next generation of doctors properly trained.

SPAs are vital in allowing consultants the time and space to develop their skills, train junior staff and maintain and improve services and techniques which directly benefit patient care and safety.

SPAs form a key part of the job plan and the BMA is clear on the issue - any deviation from 2.5 SPAs should be questioned by the consultant concerned and the consequences fully understood. By maintaining appropriate SPA levels the BMA seeks to defend the quality and safety of care that patients receive.

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