

Present and future strength of the reserves British Armed Forces

House of Commons – question for short debate
Thursday 22 October

The British Medical Association (BMA) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 154,000, which continues to grow each year.

The medical branches of the armed forces and the reserve armed forces are represented by the BMA's Armed Forces Committee (AFC).

Key points

- The BMA has concerns about the chronic under-manning of the Defence Medical Services (DMS) and the impact this has on the morale, motivation and retention of army doctors.
- This under-manning has led to a reliance on reserve forces which are also under recruited.
- Shortages continue to exist within medical specialities crucial to supporting military personnel in the operating theatre and in the UK.

Background

DMS (Defence Medical Service) doctors make a strong commitment to the UK armed forces; delivering high quality care to their military colleagues both in the operational theatre and in the UK. The DMS has continued to provide high quality medical healthcare at a time of high operational tempo despite considerable personnel shortages in the DMS that are affecting motivation and morale as well as increasing workload.

Under-manning

The BMA is concerned about the chronic under-manning in the DMS and the effect that this has on morale, motivation and retention. We believe that DMS provision should reflect the number of personnel that the Armed Forces can potentially deploy and that under-manning should be addressed as a matter of urgency. MOD provided staffing figures in July 2014¹ showing Medical and Dental Officer (MODO) staffing was at 86 per cent (795) of trained requirement (924). The 2014 figures also showed that there was a deficit in trained Medical Officers of 16 per cent against requirement compared with 20 per cent a year earlier.

The under-manning of the DMS and recent operational tempo has led to a reliance on reservists. Medical reservists will make up to 50 per cent of the DMS manning provision in the future, with some specialties, such as neurology and urology being provided entirely by the reserve forces. The reserve forces are also under recruited and shortages continue to exist in secondary care within specialties crucial to supporting military personnel in the operational theatre and the UK. The current medical reserves manning against the existing establishment baseline is not being met, with a shortfall of approximately 68 per cent. There appears to be little evidence or prospect of substantial change to the chronic manning shortfall across the service.

Reserve forces and time commitments



A considerable range of practice exists in the NHS regarding the ease that reserve doctors are allowed leave from their NHS jobs to meet their reserve training commitments. There is also a growing concern that Trusts are becoming more reluctant to employ those in the Reserve Forces due to the perceived disruption to the Trust when doctors take time out for training and deployment. Whilst some trusts allow two weeks paid leave to undertake training, others provide none and doctors have to take time out of their annual leave entitlement or take unpaid leave to meet their training commitments. Over a full reserve career of 30 years, the cumulative effect of taking unpaid leave can have a significant effect on a doctor's pension and seniority.

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References

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417151/48392_Cm_9045_Armed_Forces_Pay_accessible.pdf