

## BMA response to the review of the shortage occupation list

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BMA Policy directorate

4 January 2019



**Annex B: Evidence of shortages within sectors**

MAC Review of the Shortage Occupation List

This form is for anyone providing evidence of current sector/wider recruitment shortages, evidence provided on behalf of members, or from academic institutions, and think tanks. Please use this form to gather evidence for completion of the online form.

Your evidence

1. Please indicate from which of these industries are you providing evidence? (Please select all that apply).

All sectors

Agriculture, Forestry and Fishing

Mining and Quarrying Activities

Manufacturing

Energy

Water supply, sewerage, waste management

Construction

Wholesale and Retail Trade

Transport

Warehousing

Accommodation and Hospitality

Media and Communications

IT

Financial and Insurance

Professional Services

Administrative and Support Service Activities

Public Administration

Education

**Health**

Residential and Social Care

Creative Arts and Entertainment

Other (please specify):

2. If you wish, you can provide details of individual jobs titles you/your members have found hard to fill in the boxes below (maximum of 10). **Please help us by matching the job titles you have provided with the closest standardised ONS job title and associated 4-digit occupation (SOC) code using the Office for National Statistics (ONS) Occupation Tool – [https://onsdigital.github.io/dp-classificationtools/standard-occupational-classification/ONS\\_SOC\\_occupation\\_coding\\_tool.html](https://onsdigital.github.io/dp-classificationtools/standard-occupational-classification/ONS_SOC_occupation_coding_tool.html)**

There is also space to list the sector(s) where shortages of candidates to fill these job titles has been most acute. If providing this information, please refer to the list in question 24.

Job title	Closest ONS job title	Sector most affected
General Practitioner	Medical Practitioners	Health
Psychiatry	Medical Practitioners	Health
Emergency medicine	Medical Practitioners	Health
Radiology	Medical Practitioners	Health
Paediatrics	Medical Practitioners	Health
General (Internal) Medicine - Geriatric Medicine	Medical Practitioners	Health
Clinical Pharmacology and Therapeutics	Medical Practitioners	Health
Haematology	Medical Practitioners	Health
Allergy	Medical Practitioners	Health

If there are more than 10 jobs in shortage, please use this space to provide the job titles, closest ONS job title, ONS occupation code and sector most affected as above. There are huge shortages of doctors across the profession as a whole (see also question 3), which will only be exacerbated by Brexit – between 7-10% of doctors working in the UK are from the EU.<sup>i</sup> The BMA therefore recommends that the MAC monitors the situation in the health sector as a whole closely over the coming months. In the short term, the BMA recommends that the MAC gives attention to the posts listed above where shortages are currently most acute.

This list is based on feedback from BMA members and our own research.

**General practice**

The workforce shortages in general practice across the UK are well documented. An [annual survey done by Pulse in 2018](#) found that out of 658 GPs in England, 15.3% of GP positions were empty in 2018, up from 12.2% in 2017, and 11.7% in 2016. In 2017, a [BMA Scotland survey](#) also found that more than one in four of Scotland’s GP practices are reporting at least one GP vacancy..

**Psychiatry**

According to the Royal College of Psychiatrists there continues to be an increase in the reported number of vacant or unfilled consultant posts in psychiatry across the UK - this has risen from 5% in 2013 to 9% in 2017.<sup>ii</sup>

**Emergency medicine**

Shortages in the medical emergency medicine workforce are again well documented and continue to

persist. According to Health Education England's workforce strategy emergency medicine has a vacancy rate of 15.6% in England, higher than any other hospital specialty.<sup>iii</sup>

#### **Paediatrics**

Results from the 2015 workforce census by the Royal College of Paediatrics and Child Health found that there are 241 career grade vacancies (consultant, SAS doctors and other non-training grades) in paediatrics across the UK.<sup>iv</sup>

#### **Geriatric medicine**

According to the RCP, general medical specialties such as geriatric medicine have advertised the largest number of consultant posts but have also had the largest number of failed appointments due to a lack of applicants.<sup>v</sup> Changes in population (see response to question 3) show the need for a well-staffed geriatric workforce to meet the expected rise in the number of older patients in our population.

#### **Radiology**

The Royal College of Radiology reported in their most recent workforce census that the vacancy rates rose from 8.5% in 2016 to 10.5% in 2017. More specifically, 386 consultant clinical radiologist posts remained vacant and 7 in 10 had been unfilled for over a year.<sup>vi</sup>

#### **State of medical recruitment**

Shortages in the specialties listed above are likely to get worse as our report on the [state of medical recruitment](#) clearly shows that there are year-on-year shortages of trainee doctors in general practice, emergency medicine, psychiatry and paediatrics.

The report also shows that smaller specialties are also finding it difficult to recruit enough trainees including clinical pharmacology and therapeutics (ST3), haematology (ST3) and allergy (ST3). All of which are specialties which have been unable to fill all available training posts for several years.

### **3. What do you think are the main reasons for job shortages (answered in the question above), and or wider shortages in the sector(s)? (Not to exceed 500 words).**

The BMA has consistently raised concerns about the workforce crisis in the NHS and the pressure under which our healthcare system is currently operating. Below are the main reasons why we believe there are job shortages in the sector.

#### **Changes in the population have increased patient demand resulting in busier hospitals and GP practices**

Job shortages in the health and care sector, specifically doctor shortages, can be attributed to numerous factors, one being that the demographics of the UK population are changing in such a way that we need more doctors. The UK population is growing, and the age structure of the population is changing as more and more people are living longer than they used to. The NHS is therefore caring for an ever-growing number of older people, with the added complexities of chronic and multiple long-term conditions. Hospitals and GP practices across the UK have been getting busier as this expected rise in patient demand and complexity has not been matched by sufficient increases in the available clinical workforce. The mismatch can be partly attributed to the fact that in the past there has been little medical workforce planning meaning that the current supply of doctors simply does not match exacerbating job shortages.

#### **Doctor's workloads have increased, impacting recruitment and retention**

As explained earlier, there are not enough doctors and health and social care services are dealing

with increasing numbers of older people with multiple long-term conditions. These complex and long-term health care needs are placing new demands on the NHS that doctors must respond to against a backdrop of diminishing resources. As a result, many doctors are reporting low morale and high levels of burnout resulting in poor retention rates and recruitment into medicine. According to [Health Education England's workforce strategy](#) there are currently 45,000 clinical vacancies across the NHS. These vacancies are directly impacting doctors across the UK who consistently report that their workload is increasing in intensity and complexity.

In general practice the recruitment and retention problems experienced have exacerbated workload to such a degree that there is now an impression that general practice is not a good place to work. This situation presents the possibility of a vicious cycle.

As mentioned earlier, recruitment into medicine as a whole is declining. Although medicine remains highly competitive, applications to UK medical schools have decreased for the third year in a row in 2017. The number of people applying to UK medical schools from England has decreased by more than 15% since 2013.<sup>vii</sup> This will not be helped by the fact that since 2010, doctors have also faced reduced remuneration. This has had a significant effect on morale, thus impacting recruitment and retention of the medical workforce.

#### 4. Please explain what measures have been taken to reduce shortages in the sector as informed by your members and or research. (Not to exceed 500 words).

Although there has been some effort to reduce the shortages of doctors described in this response, it is not enough. Efforts to boost the medical workforce are not having enough effect on frontline staff as demand continues at a faster rate than growth of the clinical workforce - more needs to be done. Below are some of the initiatives that have been put in place to reduce shortages:

##### **Increase in medical school places (England)**

The government's proposal to increase medical school places by 1,500 was welcome, but it will take a decade to translate into more doctors. The NHS needs more doctors today and this measure will tackle neither the current shortage of doctors nor reduce the NHS's continued need to recruit highly skilled staff from overseas.

##### **GP workforce initiatives (UK Wide)**

The BMA has been working with key stakeholders on a range of initiatives to improve recruitment and retention across the GP Workforce. These include:

- GP Retention Scheme ([England](#), [Scotland](#), [Northern Ireland](#), [Wales](#))
- the induction and refresher Scheme ([England](#) [Scotland](#), [Northern Ireland](#), [Wales](#))
- national and international campaign - [This is Wales: Train, Work, Live](#)
- international GP recruitment scheme ([England](#))
- [targeted enhanced recruitment scheme](#) (England, Scotland and Wales).

However despite these initiatives, the number of GPs continues to decline, and it is apparent that the Government will not be able to reach their target of 5,000 more GPs by 2020/21 in England.

##### **Royal college of emergency medicine (RCEM) (England)**

We are aware that the RCEM has been working with NHS improvement, Health Education England and NHS England to secure the [future workforce of the emergency departments](#). This strategy looks

at tackling the shortages that exist within the emergency medicine workforce by setting out a range of new recruitment and retention initiatives.

### **International Recruitment Initiatives**

Below are a number of international recruitment initiatives we are aware of which facilitate short- and medium-term recruitment of doctors into medical specialties.

- ***The Medical Training Initiative (MTI)***  
The MTI allows qualified overseas postgraduate medical specialists to undertake a fixed period of training in the UK before returning to their home country. The initiative is designed to appoint doctors from low-income countries outside of the EU. We welcome this both from a global healthcare development perspective and because it helps to fill much needed vacancies within the health service in the UK.
- ***International Fellowship Programme***  
This programme launched in 2018 and was developed by the DHSC with input from the British Association of Physicians of Indian Origin (BAPIO). It provides Indian doctors with training and experience in the UK to enable them to obtain a post-graduate qualification, before returning to their home country, better equipped to care for their patients and educate their colleagues.
- ***International Medical Training Fellowship***  
This allows doctors to work under the supervision of experienced trainers within NHS Scotland in key clinical areas, providing a chance to gain experience and develop specialist interests following the completion of formal training.

### **5. Have these measures worked, if not why? (Not to exceed 500 words).**

We welcome the measures taken to grow the medical workforce and acknowledge that some of the results will not be apparent instantly. However, the NHS still needs more doctors today, particularly in the shortage specialties listed above. Alongside this the BMA would like to see improved workforce planning across the system so that shortages are easier to identify and plan for.

**The initiatives listed above are having little effect on hospitals** as there continue to be high numbers of medical and clinical vacancies across the UK. Rota gaps continue to be a key issue in hospitals, in 2017 around [two-thirds of hospital doctors in the UK](#) reported that they experienced rota gaps in the last 12 months. According to the 2017/18 Royal College of Physician's Census, 45% of advertised consultant posts in the UK could not be filled.<sup>viii</sup> A recent FOI request by [BMA Scotland](#) [found that there is a 13.9% consultant vacancy rate](#) in Scotland, almost double the rate that was being reported by official statistics. A recent survey of our consultant members in Northern Ireland showed that 59.5% of respondents stated that there are more vacancies in their specialty than there were 5 years ago. There is also a general lack of recruitment and retention initiatives in the shortage specialties we have identified. As a result, more needs to be done in the shortage specialties to ensure safe staffing across hospitals in the UK, including ensuring these specialties are able to draw on staff from overseas.

**Initiatives in General Practice have also been unsuccessful** in increasing the numbers of full time equivalent GPs. Official figures show that the number of full-time equivalent GPs continues to decline, meaning that despite the various schemes across the UK and the expanding numbers of training places for GPs, there is still a shortage of GPs. Addressing this by ensuring GP is on the SOL is

important as shortages of GPs impact every other specialty as access to GPs can be the key to dealing with pressure on the NHS.

**Some programmes are also struggling to attract doctors to the UK.** For example, despite the efforts made to recruit and support doctors through the International GP Recruitment programme, progress is slow.<sup>1</sup> The fact that the UK is competing with other countries to attract GPs from across the EU and beyond may be a factor. As is the uncertainty around the UK's decision to leave the EU, both in terms of citizens' rights and the continued mutual recognition of professional qualifications post Brexit. This uncertainty may impact on the attractiveness of the UK as a destination for doctors of all branches of practice and their families to relocate.

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<sup>1</sup> As of August 2018, only 3% of the recruitment target of 2000 doctors had been recruited onto the programme

6. Are the jobs that you have said are in shortage, open to eligible workers from the Tier 2 points-based visa system?

Yes

7. If known, how many workers from outside of the UK have been recruited using the Tier 2 points-based visa system in the past 12 months, stating the job titles. **(Not to exceed 500 words).**

(No Data)

8. If you have supporting evidence such as survey results from members please attach here. Please remember to omit sensitive details before attaching. (500 words)

### **Key survey results from the BMA**

#### **EU Survey 2018 results**

In 2018 we asked EU doctors how they feel following the UK's decision to leave the EU and found that of 1,500 EU doctors working in the UK, less than a quarter have faith in the Prime Minister's commitment to protect their rights in the event of a no-deal Brexit, with over a third making plans to move abroad following Brexit.

We know that EU doctors make up a significant proportion of the NHS workforce. A third of EU doctors considering leaving the UK, with Brexit being an overriding factor, presents a risk to the NHS workforce and its ability to provide safe care for patients.

#### **Key findings**

- 78 percent of EU doctors working in the UK are not reassured by the Prime Minister's commitment to protect the rights of EU citizens in the UK in the event of a no-deal Brexit.
- 37 percent of EU doctors are not aware of the Government's 'settled status' scheme for EU nationals
- The top four reasons to leave the UK are all Brexit related:
  - the UK's decision to leave the EU
  - the current negative attitude toward EU workers in the UK
  - uncertainty over personal immigration status in the future
  - the way the UK government treats EU workers
- More than 35 percent of EU doctors are considering moving abroad. When asked where, 18 percent of those who responded to that question are thinking about leaving Europe entirely.
- 66 percent of EU doctors are committed to working in the UK.

### **Rota gaps (England)**

In 2018, we surveyed our members to get a better understanding of the problems caused by rota gaps:

- more than 80% of respondents said that individuals are encouraged to take on the workload of multiple staff
- over 68% of respondents had been asked to act up into more senior roles or cover for more junior colleagues
- 65% of respondents said medical trainees are pressurised to take on extra shifts
- more than a third (34.6%) of respondents reported that their employers had re-designed rotas to include fewer doctors, thereby obscuring the rota gap problem.

### **Caring, supportive, collaborative: Doctors' views on working in the NHS**

In June 2018, doctors across the UK were invited to share their views on a range of issues affecting their working lives, below are results on workforce issues:

- 9 in 10 doctors say staffing levels are inadequate to support quality patient care
- 74% of doctors say staffing levels have worsened over the past 12 months
- almost a quarter of doctors say that their hospital/practice cannot usually provide cover for absences or unfilled vacancies
- just over half of working doctors say that they work significantly beyond their contracted hours
- pressure to attend multiple tasks (68%), lack of time to attend to patients (63%) and a shortage of doctors (62%) are the top factors affecting the ability to deliver safe patient care.

9. If you have any other information that might be useful for our call for evidence please use the space below to explain (**Not to exceed 500 words**)

Below is some additional evidence on workload and workforce pressures for doctors in the UK and links to references we have mentioned above:

#### **Workload and wellbeing survey results**

We keep track of doctors' workload and wellbeing with the BMA quarterly survey. Below are results about how vacancies, job shortages and increasing workload are impacting upon the medical workforce:

#### **Key findings:**

- 65% of hospital specialty respondents reported that there are medical doctor vacancies in their departments with 78% of these saying that at least one of those vacancies have not been filled for 6 months or more.
- 73% of general practice respondents reporting vacancies said that at least one of those vacancies had not been filled for 6 months or more, indicating a relatively high prevalence of longer-term GP vacancies.
- 57% of respondents report a decline in applications for positions in their departments from non-UK nationals, since the 2016 vote to leave the European Union.
- 42% of respondents described their morale as being low or very low, compared to only 22% of respondents who described morale as being high or very high.
- GPs remain the most likely to report working outside their regular hours "very often".

### Consultant and Junior doctor survey in Northern Ireland

In 2017 BMA Northern Ireland, ran surveys of both our consultants and junior doctors.

The consultant survey found that:

- 59.5% of respondents stated that there are more vacancies in their specialty than there were 5 years ago (or since they became a consultant)
- 61% of respondents felt it was now more difficult to recruit to their specialty than it was 5 years ago (or since they became a consultant)
- 65.7%, almost 2 out of every 3 respondents, felt that NI was now a less attractive place for consultants to work compared to 5 years ago
- 26% of respondents said their workload was “consistently unmanageable”
- On average consultants in NI work 6.3 hours per week in addition to their contracted hours.

The junior doctor survey found:

- 43.1% of respondents reported gaps in their rota
- 53% of junior doctors “mostly” or “always” work beyond their rostered hours.

### GMC report on the state of medical education and practice in the UK

Research commissioned by the General Medical Council (GMC) for its 2018 [The state of medical education and practice in the UK](#) report paints a stark picture of unabated pressure on health services. In light of the results, the GMC have called for UK-wide workforce planning to avert an NHS staffing crisis.

### Additional evidence

1. EU survey results 2018 <https://www.bma.org.uk/collective-voice/influence/europe/brexit/eu-survey-2018>
2. Workload and wellbeing surveys <https://www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/quarterly-survey/quarterly-survey-results>
3. Medical rota gaps report <https://www.bma.org.uk/collective-voice/influence/key-negotiations/training-and-workforce/medical-rota-gaps-report>
4. Northern Ireland Junior doctor survey <https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/jdc/nijdc-survey-results-main-22aug2018.pdf?la=en>

## References

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- <sup>i</sup> BMA, 2017, Home Affairs committee enquiry on 'Home Office Delivery of Brexit': <https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/influence/europe/bma-evidence-on-home-office-delivery-of-brex-it-immigration.pdf?la=en>
- <sup>ii</sup> The Royal College of Psychiatrists, 2017, Workforce census: <https://www.rcpsych.ac.uk/improving-care/workforce/our-workforce-census>
- <sup>iii</sup> Health Education England, 2017, Facing the facts shaping the future: a draft health and care workforce strategy for England to 2027: <https://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%2C%20Shaping%20the%20Future%20%E2%80%93%20a%20draft%20health%20and%20care%20workforce%20strategy%20for%20England%20to%202027.pdf>
- <sup>iv</sup> Royal College of Paediatrics and Child Health, 2017, Workforce Census: [https://www.rcpch.ac.uk/sites/default/files/2018-03/2015\\_rcpch\\_workforce\\_census\\_v1.1.pdf](https://www.rcpch.ac.uk/sites/default/files/2018-03/2015_rcpch_workforce_census_v1.1.pdf)
- <sup>v</sup> Royal College of Physicians, 2017, Migration Advisory Committee: response to the call for evidence from the RCP: <https://www.rcplondon.ac.uk/guidelines-policy/migration-advisory-committee-response-call-evidence-rcp>
- <sup>vi</sup> Royal College of Radiologists, workforce census: [https://www.rcr.ac.uk/system/files/publication/field\\_publication\\_files/bfcr185\\_cr\\_census\\_2017.pdf](https://www.rcr.ac.uk/system/files/publication/field_publication_files/bfcr185_cr_census_2017.pdf)
- <sup>vii</sup> BMA, 2017, State of medical recruitment <https://www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/state-of-medical-recruitment>
- <sup>viii</sup> Royal College of Physicians, 2017-18 census: <https://www.rcplondon.ac.uk/projects/outputs/focus-physicians-2017-18-census-uk-consultants-and-higher-specialty-trainees>