
Supporting an ageing medical workforce



Executive summary

The UK workforce is ageing and so are NHS staff

The UK's ageing population is growing, and this demographic shift is shaping the UK labour market. As older workers will constitute a growing proportion of the available workforce, employers must adapt to accommodate their needs. As the fifth largest employer in the world, the NHS's workforce is also ageing.¹ Forty seven percent of NHS staff are now aged 45 or over and the average age is 43. This is predicted to rise over the coming years.²

Across the UK employers are starting to realise the opportunities that an older workforce can offer

One of the reasons there are more and more older people working across the economy is not just the abolition of the default retirement age, but also the recognition among employers that an ageing workforce has many benefits. Some employers were quick to recognise these benefits and have been utilising the experience of older people for some years. Staying economically active can also be hugely beneficial for the individual concerned as there are numerous health and social benefits to remaining active at work.

Maximising the contribution of older doctors will benefit the UK's health service

Older doctors are some of the most experienced 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. They also act as role models to other parts of the workforce and take part in the supervision of trainee doctors, medical students and other health professionals. 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.

The NHS needs to understand why doctors retire and what motivates them to stay working

We surveyed a small sample of doctors of all grades working in different settings across the UK to better understand retirement motivations and how employers can support their staff who are approaching retirement. We found that when considering retirement, health and wellbeing was the most important factor followed by workload and burnout. Job satisfaction and working patterns also play a significant role in the decision to retire. The most important factors that would influence a decision to work past retirement age are the ability to work flexibly, job satisfaction, having time to practise the most enjoyable aspects of medicine and support with workload. Providing flexible working arrangements was the most important way in which employers could support older doctors who are still in the workforce.

The BMA recommends the following steps to ensure the NHS makes the most of its ageing workforce:

Retain the skills and experience of older doctors by making it easier for them to work in the NHS

- Trusts/Health boards and practices should support, develop and promote part-time/flexible working for staff across their medical careers to ensure that older doctors who want to work part-time are able to.
- Prior to advertising a post, employers should consider whether it can be filled by someone who wishes to work part-time or whether they would consider someone who wanted to work flexibly. This may improve recruitment across the NHS but more specifically help to retain older doctors who wish to remain working but with a more flexible pattern.
- Employers should schedule ‘transition to retirement discussions’ with their staff to understand what support they might need to help them remain at work, should they wish to do so.
- To ensure they are healthy, fit and able to work, doctors alongside other NHS staff, should have access to a specialist-led occupational health service. This should be free, comprehensive and meet the individual needs and requirements of doctors working across all settings.
- Employers need to support their older doctors at work by ensuring that they are getting appropriate rest breaks during their shifts.
- Employers must also ensure that there are appropriate facilities available for rest when staff are suffering from fatigue.
- There must also be recognition across the system that the physiological changes of ageing may mean that some staff need to have their working practices tailored to suit their needs.

Make it easier for older doctors to contribute their skills in other ways to the NHS

- Employers need to consider whether it is possible to offer alternative employment opportunities allowing medical staff to focus on non-clinical duties, such as working in management, teaching, research or as appraisers.
- Many opportunities to work in local health service development or teaching require applicants to be currently engaged in clinical work. This barrier must be re-assessed so that doctors who are retired from clinical practice but who remain up to date and competent are able to take part in this work should they wish to.
- It is currently possible for retired doctors to act as appraisers, however appraisers should have a licence to practice and ideally still be in clinical practice - this should be for no more than three years post-retirement.

Ensure that doctors are not disadvantaged financially by coming back from retirement

- The UK Government should undertake a full review of the pensions tax relief system, which acknowledges the impact that the current level of annual allowance has on workforce planning and pension scheme membership.

1. Introduction

The UK's workforce is ageing and working later

The UK's ageing population is growing, with 18% of people aged 65 and over.³ This demographic shift is shaping the UK labour market with one-third of employees in the UK now over the age of 50.⁴

The abolition of the UK's default retirement age in 2011 made it unlawful to compulsorily retire an employee because of age. This means employees can now continue to work beyond their pension age if they want and are able to, drawing any occupational pension they are entitled to.⁵

This has helped force a change in attitude towards ageing and work and an increasing number of employers have been harnessing the skills of older workers in their workforce, with many working longer and taking their state pension later. However, there is still more that could be done within workplaces to eliminate myths about older workers and to promote multi-generational working.⁶ As older workers constitute a growing proportion of the available workforce, employers must adapt to accommodate their needs.⁷

NHS staff are getting older too, but many are not working later due to taxing working conditions

As the fifth largest employer in the world, the NHS's workforce is also ageing.⁸ Forty seven percent 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.⁹

While medicine remains a popular career choice, 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.¹⁰ While doctors of all ages working in a system under pressure are at risk of burnout, older doctors can have greater trouble keeping up with on-call commitments and an ever-growing workload. This means that while in workplaces across the UK many employees are choosing to defer retirement, and their employers are harnessing their skills and expertise, the NHS is seeing the opposite happen. At a time when the NHS is seriously understaffed this must be addressed. Employers and policy makers must focus on the needs of older workers in the health service and support more doctors to stay in work or return from retirement. This report explores the unique pressures facing older doctors in more detail to identify how best the NHS can support its ageing workforce.

Definition

For the purposes of this report, 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.

2. Across the UK employers are starting to realise the benefits of an older workforce

Working later in life can be beneficial for staff

Staying economically active can be hugely beneficial for the individual concerned. There are numerous health and social benefits to remaining active at work, as long as working conditions do not cause ill-health.¹¹ Some of these benefits include mental stimulation, a sense of purpose, status and social contact and friendship.¹² There are also cognitive benefits to staying in work, as an older retirement age can decrease the risk of dementia.¹³ These benefits can significantly improve quality of life and wellbeing for many people.

Employers can reap rewards from an ageing workforce

One of the reasons there are more and more older people working across the economy is not just the abolition of the default retirement age, it is also the recognition among employers that an ageing workforce has many benefits. Older staff have a significant amount of experience, expertise and skill; they act as mentors for younger staff; and may help to staff peaks in demand by working flexibly. A multigenerational workforce also possesses a wide range of dynamic skills and experience.¹⁴

B&Q realised these benefits a long time ago, when the retailer decided to abolish its default retirement age and saw increased profits, lower rates of absence and less staff turnover as a result (see case study 1).

Case study 1: How B&Q's use of older staff improved organisational effectiveness and reduced absence^{15,16}

B&Q is a chain DIY retailer who has been a long-standing champion of recruiting older people into the organisation. In 1989, the Macclesfield B&Q store trialled employing an entire team aged over 55. The trial had a positive response from both customers and the wider workforce. The University of Warwick carried out research on the Macclesfield store in 1991 and found that:

- The profits of the organisation were 18% higher
- Turnover in staff was six times lower
- The level of skills amongst the employees increased
- There were 38% less absences
- There was an improved perception of customer service

Following the successes achieved in the Macclesfield store, B&Q decided to allow employees to work past the retirement age (60 at the time) and to abolish the default retirement age policy. Now around 30% of the B&Q workforce is aged over 50.

Keeping older workers in the workforce can be important in specialist fields, like the NHS, where losing staff can be particularly costly. Case study 2 illustrates what Queen Alexandra College in Birmingham did to minimise losing a large number of ageing staff.

Case study 2: Queen Alexandra College's experience of focusing on staff retention in a specialist field¹⁷

Queen Alexandra College in Birmingham is an independent specialist college for people who have visual impairments and other disabilities. There are around 200 employees of which 10% are aged over 65. Staff retention in such a specialist field is very important.

To support their growing ageing workforce and high retention rates, the college introduced a range of flexible working and phased retirement initiatives, including offering a range of different working patterns such as flexible hours and reduced hours. Flexible working policies allow the college to cover the range of working patterns and extended hours that students may need. Older workers can take up flexible working options to support those who wish to phase in their retirement.

The college also uses the skills of older workers to develop others through mentoring and coaching schemes. Some older workers are mentoring new staff so that they can gain qualifications in speech and language therapy to ensure that there is continuity in the capacity of the service.

Case study 3 shows what West Midlands Police did to help staff a service with unsocial long hours, through flexible working initiatives that meet older worker's needs.

Case study 3: West Midlands Police showcases the importance of flexible working in retaining older staff¹⁸

Working in the police service requires unsocial, long hours which can make it difficult to balance working life with family, caring responsibilities and growing older. To address this, West Midlands Police service introduced a range of flexible working initiatives to improve retention amongst their workforce and in particular their ageing workforce, as they recognised that many older workers prefer flexible working patterns.

Flexible working options:

- **Flexible hours** – those who are not employed by shift systems can work any hours between a certain time band as long as core hours are worked. This means staff can work extra hours to accrue time off each month (if they wish to do so) and this can be taken as flexible leave.
- **Compressed hours** – working the equivalent of five days in four meaning that one day a week can be taken off.
- **Annualised hours** – working a set number of hours each year rather than every week. This was specifically aimed at older staff.
- **Flexible workplace** – providing laptops for officers so that they can work from home or a different location.

There were some concerns about the implementation of the flexible working policies. As the nature of police work is 24 hours, employers felt that the job wouldn't allow for flexibility as major incidents can happen at any time. However, following implementation and evaluation, employers noticed a range of benefits for the police service including reduced absences, higher productivity rates, greater workforce flexibility and an increase in retention in the female police workforce.

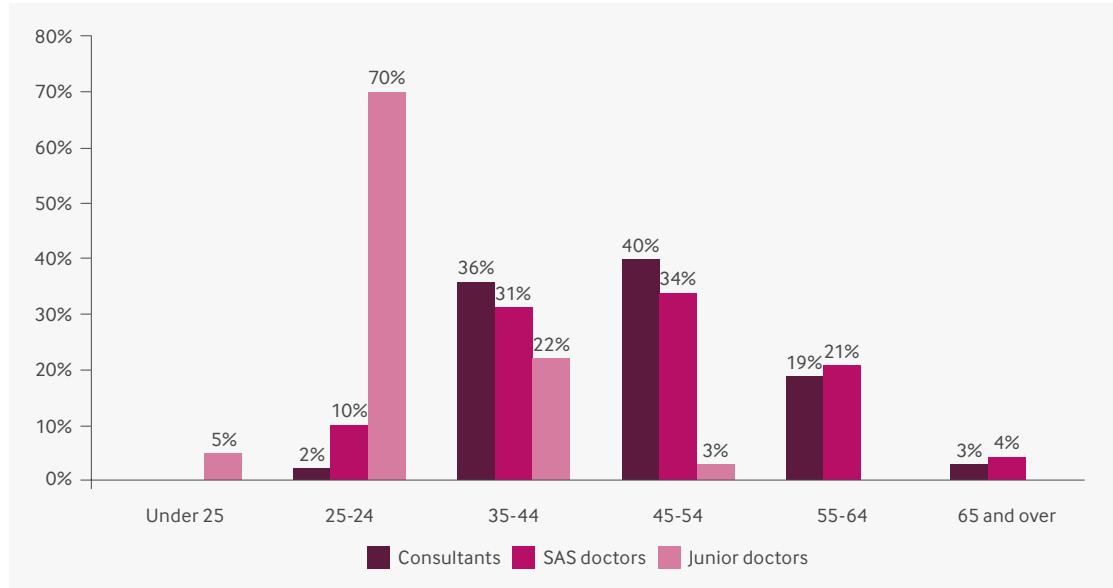
All three of these examples provide valuable lessons for the NHS.

3. The NHS would benefit from focusing on its ageing workforce

There are more older medical staff working in the UK's health services

Nearly one in every two NHS staff across the UK (47%) is aged 45 or over and the medical workforce is no exception. In secondary care across the UK, six in ten SAS doctors and Consultants are over the age of 45. A quarter of junior doctors are aged over 35. Chart 1 details the age profile of the secondary care medical workforce broken down by grades of doctors.

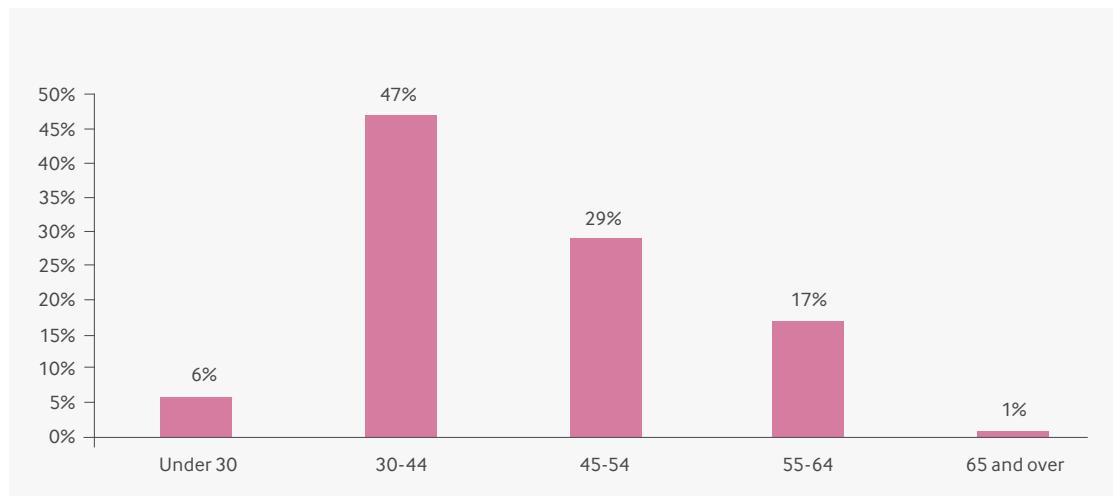
Chart 1: Age profile of the UK Secondary Care medical workforce, March 2018¹



Source: NHS Digital¹⁹, Information Services Division Scotland²⁰, Department for Health (NI)²¹

While the above data shows a significant share of the UK's secondary medical workforce is middle aged or older, the situation in general practice is even more extreme with nearly one in every two GPs in the UK aged over 45 and nearly two in every 10 GPs over the age of 55.

Chart 2: Age profile of GPs in the UK, March 2018²



Source: NHS Digital, Information Services Division Scotland, Stats Wales

1 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 – see Annex 1. For further detail.

2 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. More details on data quality can be found in the annex.

While this age profile is no surprise it is useful to be aware of the proportion of the profession approaching retirement age in the coming decade, and the implications for the NHS if older doctors opt for early retirement.

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. Success in medical management requires not only proven management skills but also knowledge of and insight into the facilities to be managed. 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.²²

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.

Doctors are choosing to leave the NHS earlier than ever before

The NHS cannot afford to lose older doctors' valuable contributions. Yet, current working conditions are taking their toll on older doctors. 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 2018.²³ 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 1% stating this in 2008 to 5% in 2018. These statistics illustrate the impact of pressures on the health of hospital doctors. The BMJ also found that the trend of early retirement is also prevalent amongst GPs²⁴ and this is most likely to be due to the increased workloads in general practice and changes to the pension taxation rules. A recent BMA survey found that the majority of doctors (92%) report that they are working over their contracted hours. This is particularly prevalent among GPs, who are more likely to say that they provide significantly more hours of work per week than they are contracted for (75% vs 43% hospital doctors). GP partners are also likely to do so (84%).²⁵

The situation is particularly acute in certain specialties

The situation is particularly acute in certain specialties where the NHS cannot afford to lose any more doctors. Three examples of this are psychiatry, academia and general practice. In **psychiatry** 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. The scheme was opened in 1976 and available to health and social care professionals caring for patients suffering mental health disorders. MHO status alongside problems recruiting to training places, mean the number of vacant or unfilled consultant posts in the specialty across the UK rose from 7% in 2015 to 9% in 2017.²⁶ In **academia** there are not just declining numbers of clinical academics in the workforce, 34.4% of them are also over the age of 54 years.²⁷ This is a risk to the future availability and quality of education for medical students and trainees. Finally, as highlighted earlier in this section the primary care age profile means **general practice** also faces some very real challenges. The findings from a 2015 **Pulse survey** also found that only 6% of 1,000 GPs surveyed in the UK planned to work until the age of 65.²⁸

Reversing the trend starts with better understanding why doctors retire and what motivates them to stay

To better understand how employers can support their employees, an understanding of why doctors decide to retire and what motivates them to stay in the workforce is required. To help do this we surveyed a small sample³ (around 1,000 doctors with 123 responses) of doctors of all grades working in the UK and found that:

- **When considering retirement health and wellbeing (85%) was the most important factor followed by workload (66%) and burnout (61%).** This is unsurprising given that being a doctor is both physically and mentally demanding and we know that an individual's age can affect how well they manage fatigue, stress and cope with different working patterns. Burnout is a risk for anyone working long-term in situations that are emotionally demanding and more specifically for doctors, as it is prevalent amongst those who work in healthcare settings.²⁹ With 19% of respondents to the BMA's **quarterly wellbeing and workload survey** saying that there were no services provided to support doctors who have physical or mental health problems where they work, older doctors may not always get the occupational health support they need to continue working.³⁰
- **In actually making the decision to retire, job satisfaction (60%) and working patterns (57%) also play a significant role.** For secondary care doctors being on call and shift work may lead to a decision to retire. Older people are less likely to adapt to shift work (particularly night shift work) without adverse consequences. **The BMA's fatigue and sleep deprivation report**³¹ found that older people (particularly older men) typically have poorer quality sleep because of sleep fragmentation and waking frequently and early. This starts between the ages of 40 and 50, so will affect a significant cohort of the current medical workforce (see section 3).³² It is therefore unsurprising that the Academy of Medical Royal Colleges found that on-call commitments were one of the main reasons that consultants wanted to retire and a survey by the Royal College of Physicians found that working on-call and the pressures of work were common drivers in considering retirement.^{33,34} For GPs, job satisfaction may be a particular area for policy makers to focus on to avoid early retirement, with the University of Manchester's eighth national GP work-life survey showing that in 2015 job satisfaction was at its lowest level since 2001.³⁵
- **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%).** Case study 4 shows that employers can support older doctors to continue working, by freeing them from on-call commitments as well as providing the opportunity to step down hours and work part-time. Case study 5 shows how reducing clinical workload helped a GP retire four years later than originally planned.

³ Further information from the survey can be found in Annex 2.

Case study 4: How part-time working and support with on-call helped this consultant work longer

'I worked as a consultant in the NHS for 25 years. I planned to retire at the age of 60. However due to the management team being unable to advertise for my successor in time I retired six months later than originally planned.'

'In the last decade of my NHS career I worked maximum part-time (nine sessions) and took part in different roles including teaching and chairing the department I was working in. In my final year before retirement, I became part-time and stopped being on-call. However, I continued to carry out all the other work I had been involved in. My department had appointed a long-term locum and he covered the on-call duties.'

'Once retired from the NHS, I continued to participate in my department's teaching sessions until removed from the medical register.'

Case study 5: How reductions in clinical commitments helped this GP partner continue to work

'I am a GP and last year I left the practice where I had been a partner for 30 years. I had always planned to retire from my practice at the age of 55 due to the fact my job was highly pressurised, and I thought this was a reasonable aim for my own wellbeing and made my financial plans accordingly. However, when it came to it, I took the opportunity to instead, at 53, reduce my clinical commitments to the practice. This has made continuing to 59 sustainable.'

'In my later years my stamina was not the same. I began to find it harder to draw on the necessary reserves of emotional energy to give top class engagement to all my patients. On the other hand, I had also reached a level of skill and insight where I could try different consultation styles and put more truly into practice shared decision making. Without the opportunity to reduce my hours in the practice I would undoubtedly have left the practice before 59.'

'I remain on the Performers List as a GP and I would like to continue to be active locally for example, in helping service design/commissioning and teaching medical students. Now I am nearly a year out of clinical practice I do not think I will return to the workforce, sadly many opportunities to work in local health service development or teaching require applicants to be currently engaged in clinical work.'

- **Providing flexible working arrangements (25%) was the most important way in which employers could support older doctors who are still in the workforce.** The RCP's consultant wellbeing survey found that 39% of respondents wanted annualised hours and 33% suggested a sabbatical to improve career satisfaction³⁶. There continue to be many barriers to working part-time/flexibly in medicine. Research from the Medical Women's Federation found factors which make working flexibly/ part-time difficult at consultant level and these included: greater responsibility, higher workload, lack of cover for specialist expertise and more administration and management³⁷. Full-time employees can obtain enhanced pay rates for working additional sessions for their employer (for example, weekend work). If a part-time employee tries to do some occasional additional sessions, they are often only paid at their standard rate until they have reached the full-time hours limit. This can make taking on occasional extra work extremely unattractive because it can be poorly remunerated even when undertaken at unsocial times. It is therefore positive that, in England, Health Education England's draft national workforce strategy outlines a commitment to improving flexible working offers for staff nearing retirement.³⁸

Pension and indemnity arrangements also play an important role in individuals' decision about whether to retire. 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.³⁹ This increasingly has the potential to have a significant impact on the availability of doctors in the NHS.⁴⁰ Case study 6 shows how the impact of pension rules, together with employer inflexibility on offering part-time hours led to early retirement.

Historically, Indemnity costs have made 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, in October 2017, the Secretary of State for Health and Social Care announced plans to introduce a state backed indemnity scheme for GPs from April 2019. This means that in the future indemnity costs should vastly reduce for GPs who retire and return, in- turn helping the recruitment and retention issues faced in general practice.

Case study 6: How pension rules and inflexible working arrangements led this consultant to retire early

'I am a consultant and retired from my previous trust a couple of years ago. I was struggling to work full-time and found that there were no opportunities for part-time working available, although I tried my best to find one. I retired earlier than I had planned from this Trust because of pension rules. Following my retirement, I gained a part-time position at another Trust where I was able to work two days a week.'

'In addition to my two days a week I contribute to the NHS by undertaking work in my own time some of which is unpaid. Below are some examples:

- teaching and examining medical students and teaching GP trainees;*
- writing for medical textbooks;*
- drafting research papers for universities.*

'Now that I am working two days week I have a much better quality of life. Despite my many years of hard full-time work at my previous trust there was no support for part-time working and I was made to feel a nuisance for asking for the opportunity to stay on part-time after retirement. I was delighted to be offered this elsewhere and my new workplace have made me very welcome.'

'I would have benefited from further support from my employer in finding a part-time position at the trust I was working at. I also attended a retirement workshop and felt that they should incorporate a tailored session to women doctors as well.'

4. Steps to ensure the NHS makes the most of its ageing workforce

The NHS is understaffed and working beyond its capacity. As HEE's draft national workforce strategy⁴¹ acknowledges 'the most cost-effective way to ensure the health and care system has the staff it needs is to keep the people we already employ'. Older doctors have a crucial part to play in any strategy to solve the NHS's staffing crisis – and as this report shows a focus on older workers offers some very tangible benefits, for the individuals concerned as well as their employers.

Some progress has already been made

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.⁴² 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, including:

- an age awareness toolkit to help organisations assess their readiness for an ageing workforce and develop a plan;
- information for HR teams to improve their understanding of the NHS pension scheme; and
- resources to help managers and staff understand the challenges and opportunities an ageing workforce presents.

In response to this review, 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*⁴³ which suggested the following flexible retirement options for staff in the NHS:

- wind down: working fewer days;
- step down: less demanding role with fewer responsibilities;
- draw down: staff at minimum pensionable age take between 20% and 80% of their pension; while continuing as NHS employees; and
- retire and return: retire, claim pension benefits and then return to work.

Alongside this, HEE's 2017 draft national workforce strategy also outlines a commitment to improving flexible working offers for staff nearing retirement.⁴⁴

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 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, also 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.⁴⁵ 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.

The BMA believes the following steps must now be taken:

There are several areas where the BMA wants to see action by employers, regulators and government now. This includes not just creating an environment in which all staff, including older staff, feel valued, but also specific measures that make it easier for ageing staff to continue to work in the NHS; measures that make it easier for staff to continue to contribute their skills to the NHS, outside of clinical practice; and finally measures that will ensure staff returning from retirement are not financially disadvantaged.

Retain the skills and experience of older doctors by making it easier for ageing staff to work in the NHS

Without older doctors the health and care system will lose a vast amount of knowledge, experience and skill. Equally, for the NHS to be sustainable there need to be sufficient numbers of doctors to accommodate the expected increased future demand and workload. Older doctors can play a vital role in this.

Recommendations

Flexible working

If the NHS is to retain the services of senior doctors there needs to be a greater recognition of work-life balance and job flexibility, as many older doctors may be carers or have other demands on them which preclude full-time work. Flexibility must include timing of work commitments, type of work scheduled (doctors' skills and abilities change with time, so this must be recognised) and total volume of work.

Below are some ways employers could facilitate improved flexible working opportunities:

- Trusts/health boards and practices should support, develop and promote part-time/flexible working for staff across their medical careers to ensure that older doctors who want to work part-time are able to.
- Prior to advertising a post, employers should consider whether it can be filled by someone who wishes to work part-time or whether they would consider someone who wanted to work flexibly. This may improve recruitment across the NHS but more specifically help to retain older doctors who wish to remain working but with a more flexible pattern.

Occupational health

The BMA's [workload and wellbeing quarterly survey](#) shows that 19% of respondents said that there were no services provided to support doctors who have physical or mental health problems where they work.

A comprehensive NHS-wide occupational health service is needed to ensure that all sections of the workforce, including senior doctors, are healthy, fit and able to work.

- To ensure they are healthy, fit and able to work, senior doctors, alongside other NHS staff, should have access to a specialist-led occupational health service. This should be free, comprehensive and meet the individual needs and requirements of doctors working across all settings.
- Employers need to support their older doctors at work by ensuring that they are getting appropriate rest breaks during their shifts.
- Employers must also ensure that there are appropriate facilities available for rest when staff are suffering from fatigue.
- There must also be recognition across the system that the physiological changes of ageing may mean that some staff need to have their working practices tailored to suit their needs.

Raise age awareness across the NHS

Health systems in the four nations must work to raise age awareness across the NHS so that employers can support their growing ageing workforces. Employers should be engaging in discussions with their staff across their medical career to ensure that they are supported in decisions they make with regards to their career. In terms of retirement this means:

- Scheduling 'transition to retirement discussions' with staff to understand what support they might need to help them remain at work, should they wish to do so.

Retain the skills and experience of older doctors by making it easier for them to contribute their skills to the NHS in other ways

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 older doctors have experience of working in managerial, advisory and supervisory roles. Older doctors act as role models to the health and care workforce and part take in the supervision of trainee doctors, medical students and other health professionals. Many older doctors also take part in the appraisals of their colleagues.

Recommendations

- Employers need to consider whether it is possible to offer alternative employment opportunities allowing medical staff to focus on non-clinical duties, such as working in management, teaching, research or as appraisers.
- Many opportunities to work in local health service development or teaching require applicants to be currently engaged in clinical work. This barrier must be re-assessed so that doctors who are retired from clinical practice but who remain up to date and competent are able to take part should they wish to.
- It is currently possible for retired doctors to act as appraisers, however appraisers should have a licence to practice and ideally still be in clinical practice - this should be for no more than three years post-retirement.

Ensure that doctors are not disadvantaged financially by coming back from retirement

Doctors who retire and return to the workforce are cheaper than doctors who remain working, as employers do not have to pay their pension contributions, CEAs (Clinical Excellence Awards) and other benefits. Many are on short-term locum contracts and at a lower pay scale than they were before they retired. This is unlikely to encourage greater numbers of senior doctors to return to the NHS. Instead of finding themselves disadvantaged, doctors who retire and return to the medical workforce must be treated fairly, have access to job plans and be properly remunerated for their efforts.

Recommendations

We ask that the UK government undertakes a full review on the pensions tax relief system which acknowledges the impact which the current level of annual allowance has on workforce planning and pension scheme membership.

Annex

1. Data quality on age of the medical workforce

This report uses data from NHS Digital, The Information Services Division (Scotland), Stats Wales and the Department for Health (Northern Ireland). We have used figures from each nation to create a UK wide picture of the age of the Medical Workforce.

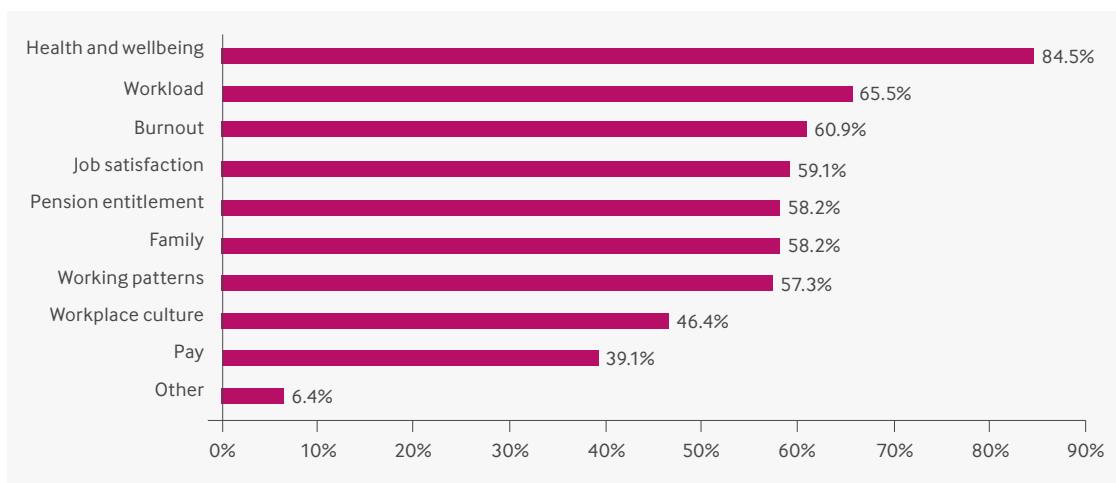
There is no data publicly available on the age of the secondary care medical workforce in Wales and no data on the age of the GP workforce in Northern Ireland.

There are significant gaps in what is collected and reported by the UK's data collection agencies – and this lack of robust data is of real concern. Adequate data is necessary, not only for the effective delivery of current care, but also for sustainable workforce planning, and in understanding the requirements for the provision of medical training. There needs to be improved availability, quality and accuracy of NHS data collection across the UK.

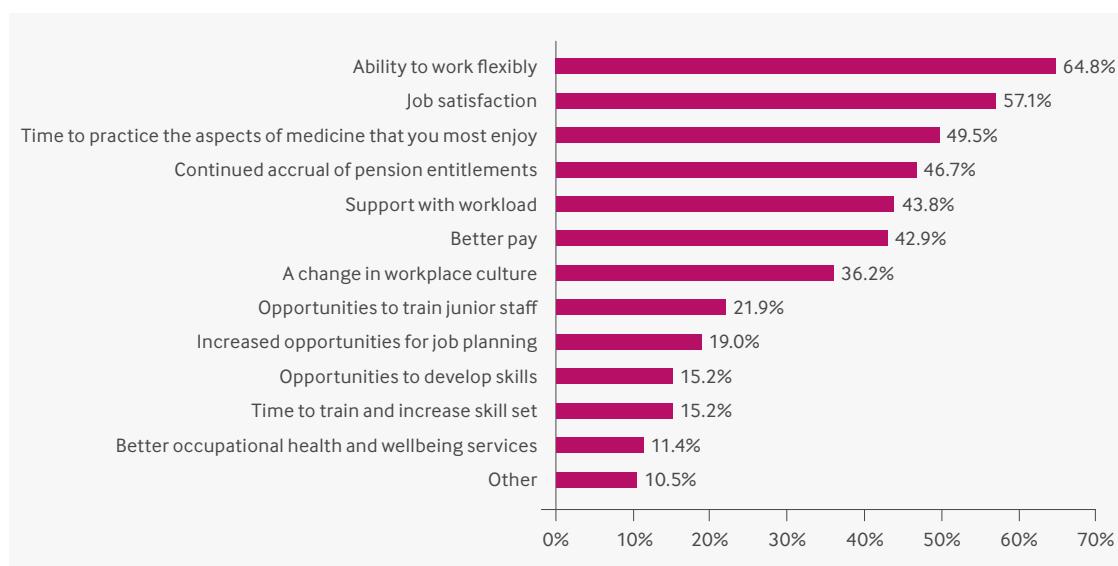
The BMA continues to work with data collection agencies across the four UK nations to improve the scope and quality of medical workforce data.

2. Survey charts

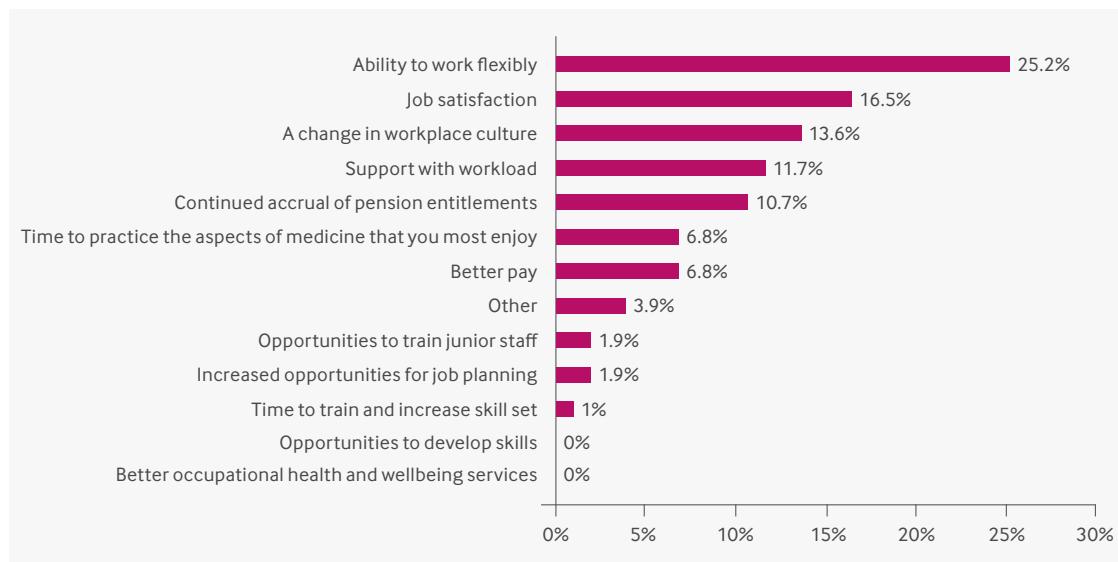
Doctors in the workforce: which of the following factors would influence your decisions to retire?



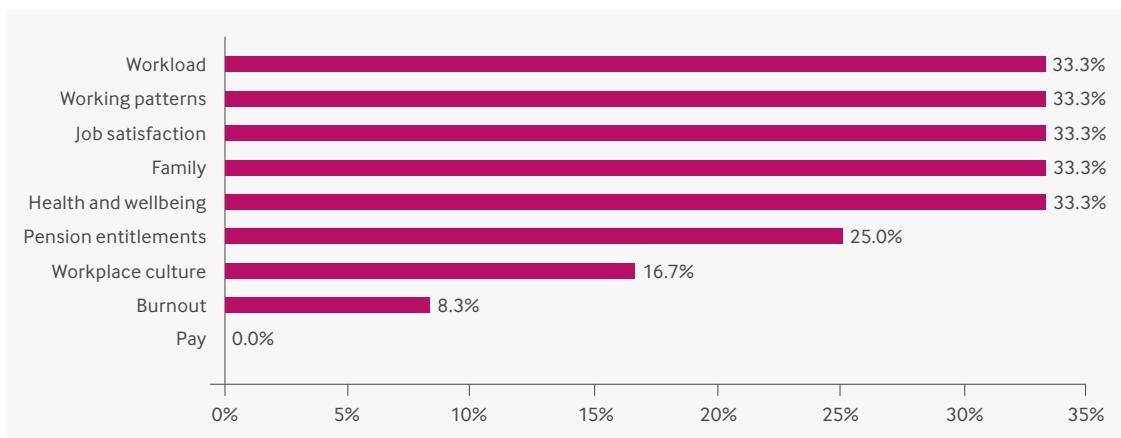
Doctors in the workforce: which of the following factors would influence your decisions to work past retirement age?



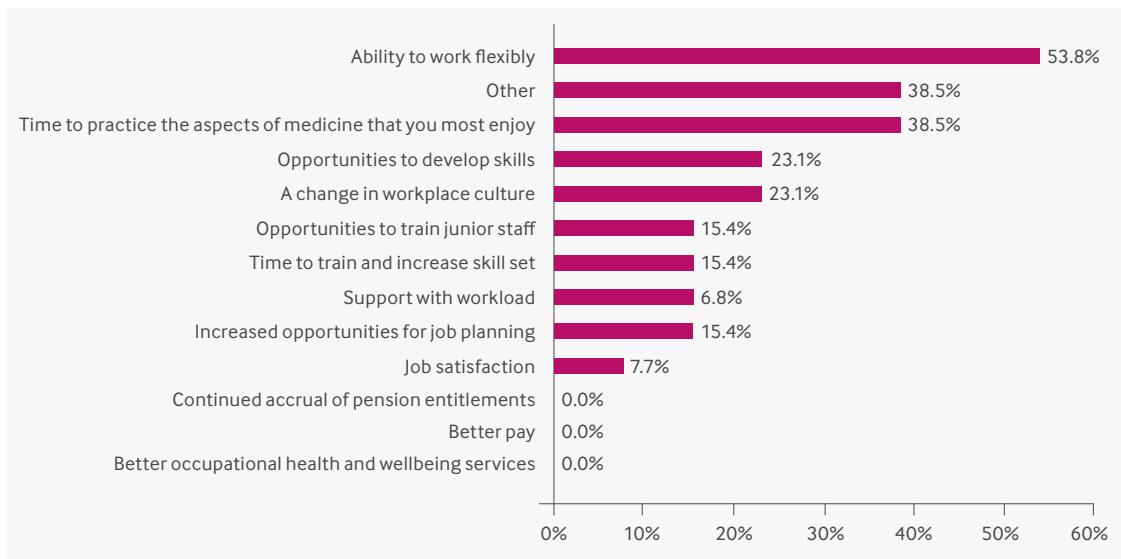
Doctors in the workforce: which factors would be the most important for employers to address?



Retired doctors: which factors influenced your decision to retire?



Retired doctors: what support would you have needed to stay in the workforce past retirement?



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