

Consultant retention in Scotland in 2021

Even before the coronavirus pandemic hit Scotland, BMA Scotland had already reported that the NHS was overstretched and under-resourced, and urgent action was needed.

Increasing demand for NHS services, the challenges presented by a growing and ageing population living with multiple long-term conditions, and shortages in the NHS workforce meant that securing a sustainable future for the NHS in Scotland was critical.

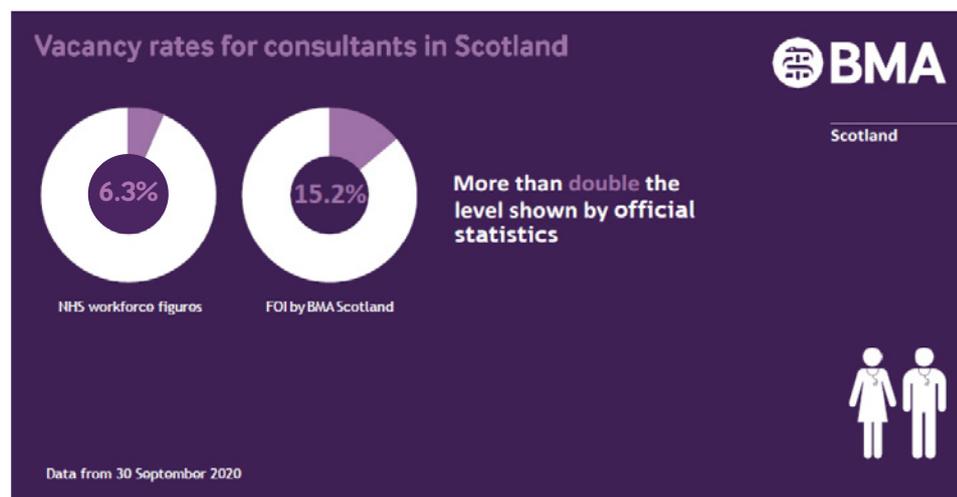
One year on since we published our **Secondary Care Matters** report calling for immediate action, the NHS in Scotland is now stretched to its limit.

We have brought together evidence to show there is a worsening crisis in the consultant workforce which demands urgent action – in particular on retaining the senior doctors we have, but also across the whole of the consultant career path.

Consultant vacancy figures

Consultants are faced both with an unremittingly increasing workload and an ever-increasing number of long-term consultant vacancies. Our most up-to-date figures obtained through an FOI (Freedom of Information) request have revealed that the consultant vacancy rate is now more than double the official government figures, and higher than when we last researched the issue two years ago. The way in which Scottish Government collects and records its vacancy figures fails to capture the true extent of consultant vacancies across the country. This means that a significant number of posts where someone has left but the advert for their replacement has not been authorised, or vacant posts which an NHS board has tried and failed to fill and are not currently being advertised, are not included. The real number of vacancies is therefore likely to be far higher than reported figures, which significantly underestimate the scale of the problem and therefore reduce the urgency to mitigate the true impact on the service.

BMA Scotland submitted an FOI request to all NHS boards in Scotland for their consultant figures as of 30 September 2020, which repeated an exercise we carried out in 2018. In 2018 we found that the consultant vacancy rate was 13.9%. We used identical questions and methodology so we could measure this against the previous results to establish the changing scale and scope of the problem over time. By doing this we have found that the overall consultant vacancy rate for Scotland has increased by almost 10% in the last two years to 15.2%.



We believe consultant vacancies are now running at more than 15%, or to put it in perspective, the equivalent of a whole, large hospital could be staffed from vacancies left out of the official figures. The [latest official figures](#) for consultant vacancies on 30 September put the vacancy rate at 6.3%. The consultant workforce is stretched more thinly than ever before, while at the same time it is facing greater challenges than ever before. Consultant staffing is getting steadily more stretched on a long-term basis, and that very closely matches what our members are telling us is happening on the ground.

The Scottish Government has previously stated rising consultant vacancy figures are largely a result of an increase in the consultant workforce establishment, ie new posts that have just been created but have not yet been filled, ignoring the significant number of long-term vacancies and posts which many boards have now given up even trying to fill. Many royal colleges have estimated that, despite some growth in the consultant workforce

over previous years, consultant numbers in post are presently inadequate in order to meet the present workload demand, for example the [recent census report](#) by the Royal College of Anaesthetists on its medical workforce. The Royal College of Radiologists report on the [Scotland Workforce 2019](#) shows a similar picture, with workforce shortages negatively affecting patient care in Scotland by delaying diagnoses and treatment of many conditions. Two thirds of the health boards in Scotland considered there are not enough consultant radiologists to deliver safe and effective patient care.

Expanding the notional consultant establishment on its own achieves nothing if all it means is more unfilled posts. The latest [Scottish Academy](#) report shows that 222 planned interview panels were cancelled in 2019, more than a third (36%) of all appointment panels held that year. 85% of the 222 cancelled panels were due to applicant related reasons (no applicants, no suitable applicants or candidates withdrew). This is not a temporary problem; in 2018 35% of all appointment panels were cancelled and again mainly for applicant related reasons.

There is no immediate solution to how these posts can be filled, but workforce shortages create a vicious cycle as outlined by the GMC in [The state of medical education and practice in the UK 2019](#). Rising pressure caused by workforce shortages are leading some doctors to become stressed and unwell. This results in sickness absences, reduced hours, or doctors leaving the profession. Ultimately, this then compounds the existing issue. We want a commitment from Scottish Government to achieve and maintain an appropriate and sustainable ratio of hospital doctors per 1,000 inhabitants, with ongoing consideration of changing and increasing patient need, an ageing population, and vacancy figures.

Early retirement

Well before the pandemic, doctors had been reporting widespread burnout and an array of workforce and workplace pressures. This, in conjunction with a punitive pension tax regime, had led many consultants to consider early retirement. Warnings of this growing trend of early retirement have been raised across a variety of forums. Both the GMC and the independent pay review body for doctors, the DDRB, have warned of major changes to the medical workforce, with increasing numbers of consultants choosing to leave the NHS earlier than ever before.

The [DDRB report in 2020](#) pointed to the worrying trend of consultants being a persistently high proportion of voluntary early retirements; indeed, there has been a sharp increase in consultant numbers choosing voluntary early retirement from 2007 onwards. While we do not have comparable figures for Scotland, NHS Education for Scotland consultant workforce data shows that if we track the numbers of consultants aged 45-49 in March 2010 and then compare that to the cohort of consultants aged 55-59 in March 2020, there is a concerning 20% loss in the consultant workforce. That suggests that more than 1 in 5 consultants are leaving the service in their mid- to late 50s, with early retirement being the most likely destination.

This is further compounded by reports of consultants still in post increasingly seeking to reduce their programmed activities – a recent census by the [Royal College of Anaesthetists](#) found that in Scotland 19.4% consultants had reduced their programmed activities.

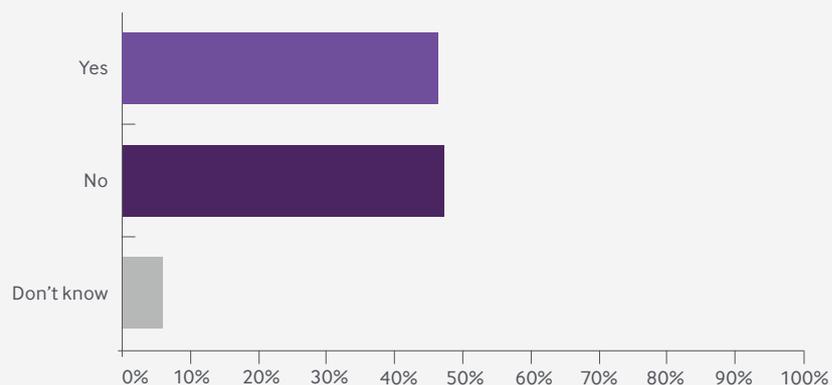
Impact of pensions

A major push towards consultants taking early retirement has been the result of a punishing pension tax regime. While significant pension taxation reforms were made in the 2020 budget, which are a first step towards resolving the ongoing crisis, nonetheless there remain serious pension tax issues that are still leading consultants to incur huge tax charges and pushing doctors to retire before they would otherwise have chosen. In particular, despite recent reforms, the annual allowance is unsuited for defined benefit pension schemes such as the one offered by the NHS, as even fairly modest pay rises in pensionable pay can result in a tax charge. There has also been no change to the LTA (lifetime allowance). Many doctors will still need to consider taking early retirement or reducing their sessional commitments as a result of these disproportionately punishing AA and LTA tax charges.

BMA Scotland survey

The pressure on the workforce which is driving people to leave, or consider leaving, is evidenced by our recent all-member staff survey, conducted in November last year. Looking specifically at consultants, this showed more than 45% of the 261 who responded are considering retiring in the next five years. Of those, more than half report that is earlier than their normal pension age. The overwhelming reasons given for this was disillusionment with the job/NHS (70%), pension tax charge issues (62%), work-life balance (57%) and personal health and wellbeing (56%). The respondents were also given a free text box to specify their reasons – with one doctor describing how they are ‘totally burnt out, the prospect of early retirement all that’s keeping me going’. Also cited were ‘excessive workload’ and ‘pressures of the job’, ‘burnout’ and ‘bullying’, all reflecting how the demands of the job in the NHS as it stands are impacting on consultants.

Q37 Are you considering retiring in the next five years?



Impact of COVID

We already know that many consultants already felt disillusioned with their work before the pandemic, felt a proper work-life balance was not achievable and issues with pensions had already forced their hand in taking early retirement. The destructive pattern of workplace shortages which were in place pre-pandemic remain: rising pressure caused by workforce shortages have led some doctors to become stressed and unwell. This results in sickness absences, reduced hours, or in some cases doctors leaving the profession through early retirement, which compounds existing issues.

The unprecedented pressures of the COVID pandemic have pushed many consultants to the limits of what they can and are willing to cope with going forward.

Although it is too early to understand its full impact on doctors, COVID will undoubtedly significantly intensify existing trends, and our members are telling us repeatedly that beyond the pandemic they are facing an unprecedented backlog of unmet need on top of the existing staff and resource shortages, with waiting lists already at record highs. They tell us they will simply be unable to go on in those circumstances and will choose to take early retirement once the pandemic is under control.

The NHS in Scotland is facing a perfect storm of consultants choosing to retire earlier than they otherwise would have, a significant proportion approaching retirement age, many consultants seeking to reduce their workload, ever rising vacancies across Scotland which are not being filled, and a year of unparalleled pressure on the service leading to stress and burnout for those who choose to remain.



Solutions

- Increasing the number of ‘home-grown’ doctors is a long process: any expansion of medical student numbers will only impact on consultant supply in 2032. We need solutions now, and we believe the best way to do this is to remove some of the ‘push factors’ that are resulting in many skilled, highly experienced doctors leaving the workforce. This is clearly evidenced by the steady decline of consultants leaving the workforce between the ages of 50 and 60. To make working in Scotland attractive to current and future doctors and the importance of being internationally competitive, it is vital that these pressures on the workforce are recognised and tackled with robust solutions.
- Estimating the demand for consultants in the short, medium and long term is one of the hardest areas of workforce planning. However, we need to make sure the consultant role in Scotland is an attractive and competitive one. Doctors are exhausted by excessive workloads, unmanageable working hours, and the pressures associated with lack of cover for absences and long-term vacancies.
- There must now be a clear, renewed and much improved focus on retaining senior doctors. Retention is crucial to the success of any plans for continuing to deliver safe patient care and catching up with existing and developing backlogs. There are many long-standing issues that must be addressed, from work-life balance, career development opportunities and flexible working, to the need to reverse years of pay decline and finally resolving pensions issues.
- One of the most important areas is addressing wellbeing. We want all our doctors to work in an NHS that recognises and values its employees as its greatest asset. The BMA is calling for workforce planning that places a clear and unambiguous focus on positive physical and mental health and wellbeing for NHS staff. Employers must prioritise doctors’ health and wellbeing and ensure that staff know where they can access support for their mental and physical health.
- While the focus must currently be on tackling the pandemic, the scale and challenge of the backlog of care accumulating is considerable. Of course, it is vital those whose treatment has been delayed get the care they need. However, this needs to be carefully managed. Pushing an exhausted workforce into trying to catch up at an unrealistic pace which does not consider staff wellbeing will only push more consultants to leave the NHS. We need a clear commitment from the Government that this will be carefully managed and staff wellbeing given proper consideration. Opposition parties need to understand and also be realistic in what they ask of the Government on this.
- There must be a full and clear workforce plan in place – that is more than just a plan for a plan. This should focus on the numbers of consultants required in the short, medium and long term. It should consider supporting consultants at all stages of their career, so when they do reach their 50s, the risk of burnout is minimised. This focus on the whole career will also help ensure there is a workforce in place to minimise gaps and help improve workloads and work-life balance for all senior doctors.

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