

Numbers of National Health Service staff after the COVID-19 pandemic

House of Lords, short debate
Thursday 4 March 2021

About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Key points

- A majority (91%) of doctors responding to BMA tracker surveys¹ have told us that the NHS does not have enough staff to deliver quality patient care, and most doctors (74%) feel this situation has worsened over the last year.
- As of November, the number of patients waiting for hospital treatment hit a 12-year high in England: 139,545 people have been waiting longer than a year. This is 107 times greater than in September 2019.¹
- Staff fatigue is rising, with 59% of doctors responding to our survey describing their current level of fatigue or exhaustion from working during the pandemic as being higher than normal. Nearly half of doctors have reported suffering from depression, anxiety, stress, burnout, emotional distress or another mental health condition.
- The NHS does not have enough staff and is relying on too few to shoulder the burden and keep services running. This is to the detriment of their own health and patient safety, which we anticipate will be magnified in the aftermath of the pandemic.
- The Government's forthcoming Health and Care Bill is an important opportunity to implement legal mechanisms to enable us to overcome these challenges.

Unsafe staffing levels

We do not have enough healthcare professionals in the UK to meet patient need. In England, there are at least 7,032 FTE (full time equivalent) unfilled medical roles¹ – with a worrying number of posts left vacant for six months or more.

[A recent report from the BMA's consultant committee](#) demonstrated that **consultant capacity is in crisis**:

- There are **at least 5,500 medical vacancies in acute care** alone across the NHS

¹ Medical vacancy rate ranging from 1.5% - 7.7% of all NHS vacancies across England. *NHS Vacancy Statistics England (April 2015 – December 2020)*, NHS Digital, (2021).



- We know that consultants are **choosing to retire earlier** – a recent BMA survey found that 6 out of 10 consultants intend to retire before or at the age of 60
- We know that a significant proportion of consultants are **approaching retirement age** – 24% of consultants are over the age of 55
- We know there is a growing trend of **young doctors stepping away from NHS careers**. [In 2018](#), only 37.7% of doctors completing Foundation Programme year two continued into run-through training programmes
- By 2030, the Nuffield Trust, Health Foundation and King’s Fund have estimated² that the **gap between supply of, and demand for, staff** employed by NHS trusts in England could reach almost 250,000 FTE posts.

The number of fully qualified FTE GPs has also reduced, by over 1,423 since September 2015³, reflecting the ongoing intensity of GP workload pressures and changing working patterns to protect against emotional exhaustion and burnout. There are now 21% less GP partners, 36% more salaried GPs, and 59% more locum GPs.

Looking at the NHS in its entirety – spanning clinical and non-clinical roles in the system – the number of overall vacancies in England, at 88,801 FTE unfilled posts (a 7% vacancy rate),⁴ is deeply concerning. Nine out of 10 doctors responding to a UK-wide BMA survey⁵ told us that current staffing levels are ‘inadequate to deliver quality patient care’. Without significant and sustained action, episodes of unsafe staffing are expected to increase rapidly, before escalating exponentially.

Workload

Vacancies are directly linked to increased staff workload. Responding to our 2018 UK-wide survey, BMA members revealed that more than half were working significantly beyond their contracted hours. Now, COVID-19 has heaped significant additional pressure on the workforce. The GMC’s *State of medical education and practice (2020)* revealed that “a relatively high proportion of doctors have witnessed situations where doctor safety (43%) or patient safety (26%) or care has been compromised”. Furthermore, we’ve heard about worrying levels of fatigue, burnout and exhaustion via our BMA tracker surveys:

- Nearly half of doctors’ have reported⁶ suffering from **depression, anxiety, stress, burnout, emotional distress** or another mental health condition
- **Fatigue is rising**, with 59% describing their current level of fatigue or exhaustion from working during the pandemic as being higher than normal
- Over 40% of doctors have either reported **not being able to take any break** at all during the pandemic response or as much of a break as they needed
- A majority of doctors (91%) have told us that the **NHS does not have enough staff** to deliver quality patient care, and most doctors (74%) feel this situation has worsened over the last year.

These findings are an obvious red flag: the NHS does not have enough staff and is relying on too few to shoulder the burden and keep services running. This is to the detriment of their own health and patient safety, which we anticipate will be magnified in the aftermath of the pandemic. The

² [The health care workforce in England: make or break?](#) The Nuffield Trust, Health Foundation and King’s Fund (2018)

³ [General Practice Workforce 31 December 2020](#), NHS Digital (February 2021)

⁴ [NHS Vacancy Statistics England April 2015 - December 2020, Experimental Statistics](#), NHS Digital (2021)

⁵ [Future vision for the NHS: all member survey](#), British Medical Association (2018)

⁶ www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/covid-19-bma-actions-and-policy/covid-19-analysing-the-impact-of-coronavirus-on-doctors

situation will likely only become worse as the current COVID-19 pressures subside and we shift to the mammoth task of dealing with the huge backlog of unmet patient need:

- As of November, the number of **patients waiting for hospital treatment hit a 12-year high in England**: 139,545 people have been waiting longer than a year. This is 107 times greater than in September 2019⁷
- The **backlog is likely to grow** unless mitigating action is taken – for example, the RCoA has warned that more than one million surgical procedures⁸ will need to be delayed every year unless anaesthetic workforce numbers are increased to meet patient demand⁹.

Government action in this parliament is essential to ensure commissioners and providers can recruit enough staff, now and for the future, to sustainably manage patient need. The forthcoming NHS Health and Care Bill is an important opportunity to implement legal mechanisms to enable us to overcome these challenges.

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⁷ www.bma.org.uk/bma-media-centre/bma-calls-for-urgent-and-comprehensive-plan-for-nhs-in-response-to-latest-performance-stats

⁸ 1,410 Consultant (1,054) and SAS (356) anaesthetists are required to fill current workforce gaps. (RCoA [Medical Workforce Census Report 2020](#), November 2020). The average anaesthetist across all grades treats 750 patients per year.

⁹ Based on anaesthetists not working above and beyond contracted hours