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Ymchwiliad i recriwtio meddygol

Inquiry into medical recruitment

Ymateb gan: Coleg Brenhinol y Llawfeddygon

Response from: Royal College of Surgeons



Royal College
of Surgeons

ADVANCING SURGICAL CARE

Health, Social Care and Sport Committee Inquiry into Medical Recruitment

Consultation Response

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The Royal College of Surgeons (RCS) is a professional body that sets the highest standards for surgical practice and training in order to deliver safe and high quality patient care. We are also one of the parent bodies for the Joint Committee on Surgical Training,

We welcome the opportunity to respond to this consultation and would be keen to appear before the Committee to discuss these important issues in further detail.

Introduction

Attracting and encouraging healthcare professionals to work in Wales is fundamental to the delivery of high quality care and patient safety and should be a top priority for Welsh Government and NHS Wales.

There are a number of factors affecting medical recruitment in Wales which are outlined below.

Recruitment and retention

In Wales, there has been concern about the ability of the health service to recruit doctors in some medical specialties such as paediatrics and general medicine.

In recent years for surgery, training posts in surgical specialties have been well subscribed and recruitment into all ten surgical specialties has seen 100% fill rates.

However, this year there has been a drop in applications to surgical training and we understand there have been difficulties recruiting to general surgery training posts. This is not a Wales specific problem and is part of a UK wide trend.

At consultant level, recruitment level has remained strong in specialties such as neurosurgery.

Rural Wales

The rural nature of many parts of Wales can create problems attracting staff, including surgical staff. Occasionally, we receive anecdotal evidence that there are issues with recruiting to individual senior posts at some hospitals, especially smaller hospitals and those in more rural areas.

Consideration could be given to ensuring that all medical students and medical trainees have the opportunity to work in rural areas. Furthermore, those who express an inclination to work in such areas should be offered tailored training equip them with the necessary skills that these particular communities require.

The implications of Brexit

The health service simply wouldn't be able to function without the enormous contribution that migrants make to our NHS. With 22% of UK registered surgeons having trained in the European

Economic Area (EEA) and a further 20% having trained in the rest of the world, surgery is disproportionately dependent on a non-UK workforce¹. The figures are similarly high in dentistry where 17% of dentists trained in the EEA and a further 11.4% trained in the rest of the world². In recent years this number has been growing. For example, 42% of dentists added to the dental register in 2014 trained outside the UK.

Maintaining and enticing staff to work here has to be a top priority and there has never been a time in the NHS' history when we have not needed to recruit staff from overseas. However, the figures also demonstrate we are not training sufficient numbers of home-grown staff. A long-term reliance on recruiting from abroad is a risk if, for whatever reason, the UK becomes less attractive as a destination for work. Furthermore, if EU mutual recognition legislation no longer applies, it may also become more complicated to work here. There is also a question about whether it is right to take qualified professionals from countries where the demand for their skills may be even greater.

Patients are also served by the thousands of technicians, porters, cleaners and other staff who have moved to the UK. Toughened migration rules often particularly affect such groups of workers and the NHS also needs to continue to attract these vital staff.

Service reconfiguration

There is a clear need for reconfiguration of services in Wales based on clinical need, particularly to address the sustainability of the current pattern of acute hospitals. Centralising complex services can save lives and make services more sustainable by concentrating expertise onto fewer sites.

This need is well recognised by Welsh Government. However, progress on service changes has been too slow and is often hindered by a lack of local political support. Prevarication on service reconfiguration in Wales has impacted recruitment at some hospitals in Wales.

As with services in England, the Welsh NHS also needs to improve outcomes for patients admitted at the weekend³. Given the current and likely future financial environment, the NHS may need to rationalise services to ensure there are sufficient senior, trained staff cover across the week and ensure the maximum use of scarce resources. This will require some services to reconfigure.

Agency and locum staff

As resources often do not allow for staffing levels that mitigate expected and unexpected periods of absence or higher demand, agency and locum staff constitute a valuable section of the surgical workforce.

¹ General Medical Council (2015) The state of medical education and practice in the UK: 2015

² General Dental Council (2014) Annual report

³ M. Longley, 'The Best Configuration of Hospital Services for Wales: A Review of the Evidence', Welsh Institute of Health and Social Care, University of Glamorgan, April 2012, page 12, http://news.glam.ac.uk/media/files/documents/2012-05-09/WIHSC_report_summary.pdf.

However, the Welsh NHS is increasingly spending more on agency staff, not just for surgery. Health Boards in Wales collectively spent £128.9m on agency doctors and nurses in 2015/16 compared to £80.5m in 2014/15⁴.

While locums are an essential part of the NHS and fulfil an important role, steps should be taken to find ways of reducing the reliance on agency staff to fill gaps in rotas.

The Extended Surgical Team

New surgical workforce models that improve patient care are being established in the NHS all the time. Extended surgical teams (EST) include consultants, doctors in training, specialty and associated doctors and non-medical practitioners. EST have evolved in response to pressures on the service.

To ensure surgical teams in Wales are configured to sustainable models in the future, recruiting and training people to these EST roles will be critical. It will be essential for Health Boards to ensure that there is sufficient funding for EST posts, not just in surgical teams, and steps are taken to ensure career pathways for such roles are sustainable.

The workforce would also benefit from the regulation of these roles. This is partly to reassure patients but also to enable such roles to undertake a wider range of tasks such as some prescribing rights. We encourage the Welsh Government to support UK-wide reform of healthcare professional regulation.

Improving Surgical Training

The education and training of healthcare professionals is fundamental to the delivery of high quality care and patient safety. However, the General Medical Council's annual survey appears to indicate that surgical trainees may be less satisfied than other medical specialties with their training⁵.

The College is working proactively with Health Education England (HEE) to consider a new approach to surgical training to offer improved and accelerated training which will hopefully be more attractive to new trainees. A new surgical training model is being piloted for general surgery in the first instance, and it is hoped there will be a positive impact on recruitment. We would welcome the opportunity to extend these conversations in Wales.

Women in Surgery

Traditionally, surgery has been a male-dominated career and figures show that surgery continues to have the lowest proportion of female doctors which includes female doctors in training⁶. Latest figures show around 57% of doctors in training are women but only 30% of surgical trainees and 11% of consultant surgeons are female. The sustainability of the surgical

⁴ <http://www.walesonline.co.uk/news/health/welsh-nhs-spending-25m-agency-12044795>

⁵ General Medical Council (2016) The state of medical education and practice in the UK: 2016

⁶ General Medical Council (2016) The state of medical education and practice in the UK: 2016

workforce is at risk if the NHS does not do more to attract women into surgery. The failure to attract sufficient and growing female trainee numbers is a factor behind why we are now attracting fewer overall candidates into surgery. Unless we can reverse that trend and encourage and support more women to access surgery as a career, we risk reducing our choice from the overall talent pool which is increasingly female.

Changing attitudes and support structures will be the key to ensuring the next generation of surgeons include a greater proportion of talented women. More should also be done to attract more women into surgery through visible role models and making the training pathways more flexible, not just for women but for all trainees.

Recommendations to the Committee:

- All medical students and medical trainees should have the opportunity to work in rural areas. Tailored training should be offered to trainees working in rural areas to equip them with the necessary skills that these particular communities require.
- We would ask the Committee to urge the UK Government to confirm at the earliest opportunity that it will protect the status or right to remain of all surgeons and dentists already residing in the UK. The NHS must continue to remain an attractive place for staff to work.
- UK training numbers should be increased as soon as possible, especially in specialties which are disproportionately dependent on overseas recruitment to fill gaps.
- Service reconfiguration should be prioritised in order to address the sustainability of the current pattern of acute and concentrate expertise onto fewer sites.
- We would urge Health Boards to ensure that there is sufficient funding for EST posts and that steps are taken to ensure career pathways for such roles are sustainable.
- Steps should be taken to find ways of reducing the reliance on agency staff to fill gaps in rotas.
- We would welcome the opportunity to extend discussions already underway in England about steps that can be taken to improve surgical training models in Wales.
- Consideration should be given to more visible female surgeon role models and making the training pathways more flexible.