



RCP briefing for opposition day debate | 6 December 2022

The RCP has long called for the expansion of medical school and training places. There are simply too few doctors to meet growing demand: [according to the latest RCP census](#), **over half (52%) of advertised consultant physician posts went unfilled in 2021 – the highest rate of unfilled posts since records began**. Of the 52%, 74% went unfilled due to a lack of any applicants at all.

A long-term plan for increasing staffing numbers, including expanding medical school and training places, is sorely needed. [The RCP strongly welcomed the commitment](#) to publish a long-term workforce plan next year with independently verified forecasts for the number of doctors, nurses, and other professionals that the health service will need in 5, 10, and 15 years' time. We hope the plan will set out steps to expand the medical workforce. The RCP was one of over 100 health and care organisations to call for independent projections of staff numbers [in the long-term workforce plan in a letter to the Chancellor ahead of the Autumn Statement](#). It is vital the workforce plan comes with an explicit commitment to the necessary funding. We would welcome clarity on the timing for publication in 2023.

While we await that plan, we must focus on the current challenges faced by doctors, particularly trainees, and other healthcare professionals. Retaining the hardworking staff we already have is crucial to ensure the NHS has the right staff levels to meet demand. Staff across the system are working incredibly hard to manage the fallout from COVID-19 and tackle the backlog. It is vital they feel supported and valued, including by improving their working conditions.

Expanding medical school places in the UK

Workforce is the biggest barrier to bringing down waiting lists and delivering care. There are currently 7.1 million people waiting for NHS treatment and over 133,000 full-time equivalent NHS vacancies. Forecasts by the Office for National Statistics suggest that by 2040, there will be 17 million people in the UK over the age of 65. This will likely mean an increase in the number of older people with complex care needs, and with the public health challenges of smoking, obesity and air pollution – which we know are particularly prevalent in areas of deprivation – demand for all medical specialties will grow, from oncology, acute and geriatric medicine to palliative and respiratory medicine.

At the same time, according to the RCP census, [44% of consultant physicians will reach retirement age](#) in the next decade (average retirement age of 62–63yrs). This means the workforce will be further depleted as demand for care is increasing. More physicians are also training and working less than full time. In a July 2021 survey, [56% of trainees said they were interested in working less than full time](#). **These are challenges we know are coming and can prepare for if we act now**. Unavoidably, we will need to recruit more staff. The pandemic underlined the importance of a well-resourced medical workforce. Staffing numbers continue to be the biggest barrier to reducing the backlog, with the [RCP census](#) showing that last year **52% of advertised physician posts went unfilled**, largely due to a lack of applicants.

There is a government cap on the number of medical school places offered every year. Before the pandemic, the cap was 7,500 places. [In 2020 and 2021 the government raised this cap](#) in response to a larger proportion than usual meeting grade requirements, but [has since returned it to ~7,571](#). The RCP welcomed that expansion and recognises government did not have to take that decision. But given the scale of the challenges we know are coming, government must go further with a funded multi-year programme to expand medical school and training places for new doctors.

The RCP's 2021 blueprint [Double or quits estimated](#) that expanding medical school places to 15,000 would cost £1.85bn annually, including clinical placements during medical school and the two year foundation programme. That is [less than a third of what hospitals spent on agency and bank staff in 2019/20](#). **An expansion will require more clinical academics and more clinical educators and an increased number of training places underpinned by multi-year funding to support places through to completion of training.** But an expansion would also be an opportunity to widen participation in medicine and ensure there are more doctors in the places that need them the most. It takes time to train a doctor, so to feel the benefit in 7 or so years' time, we need to expand places now. Without gradually increasing the number of people in the system, we will continue to struggle to meet patient demand.

The RCP [welcomed Labour's commitment to expand medical school places earlier this year](#). We hope the government will also commit to expanding the number of medical school and training places. The long-term workforce plan with independently verified forecasts for the number of doctors, nurses and other professionals that will be needed in 5, 10 and 15 years' time is an opportunity to do so. The RCP firmly believes the NHS must be open and welcoming to international colleagues who want to work here, but we cannot become reliant on recruiting already qualified doctors from other countries as the solution to the UK's workforce issues. We should be aiming to train more staff in the UK.

Ensuring we train enough staff to keep pace with demand

The RCP was one of over 100 health and care organisations as part of the 'Strength In Numbers' coalition that [wrote to the Chancellor in advance of the Autumn Statement](#) last month in support of including staffing forecasts in the long-term workforce plan. We strongly welcomed the Chancellor's commitment to publish a comprehensive workforce plan with independently verified staffing projections. **It is vital that the plan, when it is published next year, comes with the necessary multi-year funding. We would welcome a more detailed timeline for publication in 2023.** Consideration must also be given to a long-term plan for the social care workforce. Workforce planning for both health and social care is needed for the two systems to work efficiently in equal partnership.

Retaining the hardworking staff we already have

Recruitment is central to ensuring NHS staffing levels keep pace with demand – but these efforts must be complemented by reducing attrition to ensure we retain the skilled staff we already have. As a result of the intense pressure that those working in the health and care system are currently experiencing, some staff are choosing to leave the profession and there is a risk we will lose more. [The NHS Staff Survey 2021](#) found 31% said they often thought about leaving. [According to the 2021 RCP census](#), 45% of consultants said they work excessive hours or have an excessive workload 'almost always' or 'most of the time'.

The NHS long-term workforce plan due next year must include a range of solutions to reduce burnout and improve retention. The RCP recently set out a range of short- and medium-term solutions to make a difference now, from affordable childcare and flexible working to overseas recruitment, a long-term solution on pension tax charges and a new 'retire and return' deal for consultants. Measures to increase job satisfaction and retention of current staff [recommended in the RCP's recent paper](#) include:

- Getting the basics right - access to hot food and drink and rest facilities at all hours of the day
- Flexible working and flexible training
- Affordable childcare and time off for significant life events
- Targeted assistance to help people get 'up to speed' after time out of practice
- Remote working where suitable, including providing the right equipment
- Tackling discrimination, violence, harassment and bullying of health and care staff

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