# Please could you tell us why you think that this job title should be on the Shortage Occupation List (SOL)?

### **6145: CARE WORKERS AND HOME CARERS**

The UK has an ageing population where people are living longer but often with one or more long-term conditions which requires day-to-day support to help manage the complexity of their needs. Findings from NHS Digital reveal that that local authorities received 1.9 million requests for adult social care support from new clients in 2018/19 – the equivalent of 5,245 requests for support each day. This is an increase of 3.8% since 2017/18 – an extra 195 requests a day<sup>1</sup>.

Pressures on the social care sector are further exacerbated by the high turnover of staff. In 2018/19 the estimated turnover rate of directly employed staff in working in the adult social care sector was 30.8% - equivalent to approximately 440,000 leavers over the year<sup>2</sup>. In order to meet growing demand and address staff shortages it is crucial that the UK is able to attract international social care workers and why this occupation must be added to the SOL.

We remain concerned that Brexit will exacerbate shortages in the social care workforce and negatively impact on patient care. EEA migrants contribute significantly to social care services, which hospitals heavily rely on for adequate transfers to care.

We welcomed the Migration Advisory Committee's announcement last year to lower the salary threshold to £25,600 under the new immigration system. However, this will inevitably exclude a large number of entry-level applicants working in the social care sector, who often face a much lower annual average salary<sup>3</sup>. Recent findings reveal that in 2018/19, 8% (115,000 jobs) of the adult social care workforce in England had an EU nationality and 9% (134,000 jobs) a non-EU nationality<sup>4</sup>.

We understand that as of January 2021, occupations where the skills required are RQF3 (approximately A-Level/Highers or equivalent) will be included on the SOL. Yet we remain concerned that this acts as an additional barrier to attracting international social care workers to the UK, given that many roles within the sector require no formal qualifications.

## **2211: MEDICAL PRACTITIONERS**

The RCP welcomed the Migration Advisory Committee's announcement last year, to include medical practitioners on the shortage occupation list (SOL). This is a step in the right direction if we are to begin to address the current NHS workforce shortages throughout the UK. However, we remain concerned about the substantial shortages in the physician workforce, highlighted by the challenges with vacant posts across the NHS. There are a number of reasons for this, which not only stem from pressures alluding from an ageing population, but an increase in patients with complex combinations of health problems as well as a swathe of doctors nearing retirement.

 $<sup>^{1}\,\</sup>underline{\text{https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018-19}$ 

<sup>&</sup>lt;sup>2</sup> https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/State-of-Report-2019.pdf

<sup>&</sup>lt;sup>3</sup> https://nationalcareers.service.gov.uk/job-profiles/social-work-assistant

 $<sup>^{4} \, \</sup>underline{\text{https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/State-of-Report-2019.pdf}$ 

#### Workforce census

Every year the Royal College of Physicians of London (RCP) conducts a consultant and higher specialty trainee (HST) census<sup>5</sup> on behalf of the Federation of the Royal Colleges of Physicians<sup>6</sup> with the aim of providing robust data on the state of the physician workforce in the UK.

Our latest census covering 2018/19 reveals the continuing pressure on the medical workforce and the systems in which we work. Findings also demonstrate that the number of **posts needed across** the system significantly outnumbers the supply of physicians.

# Key findings:

- Close to half (43%) of advertised consultant posts with an advisory appointments committee (AAC) went unfilled due to a lack of suitable applicants
- The ratio of consultant physicians to population served varies widely across the UK and regions with fewer consultants also have the highest rates of unfilled advertised posts
- 40% of consultants and 63% of HSTs said that rota gaps occurred on a daily or weekly basis
- 36% of consultants will reach their planned retirement age in the next 10 years.

Based on these findings, we specifically ask the MAC to keep medical practitioners on the shortage occupation list for the foreseeable future.

# Appendix 1:

Table 1: Specialties with the lowest % of successful appointment rates between January 2018 and September 2019 in England, Wales and Northern Ireland

	Successful		Unsuccessful		Total Count
Specialty	Count	%	Count	%	
Acute internal medicine	62	42%	85	58%	147
Dermatology	20	48%	22	52%	42
Gastroenterology	61	54%	53	46%	114
Geriatric medicine	61	51%	59	49%	120
Medical oncology	18	53%	16	47%	34
Neurology	24	56%	19	44%	43
Respiratory medicine	62	61%	39	39%	101
Rheumatology	29	57%	22	43%	51
Stroke medicine	20	44%	25	56%	45

<sup>&</sup>lt;sup>5</sup> https://www.rcplondon.ac.uk/projects/outputs/focus-physicians-2018-19-census-uk-consultants-and-higher-specialty-trainees

<sup>&</sup>lt;sup>6</sup> The Federation of the Royal Colleges of Physicians is a partnership between the Royal College of Physicians of London, the Royal College of Physicians of Edinburgh and the Royal College of Physicians and Surgeons of Glasgow. The three Colleges are the professional membership bodies representing physicians across the UK, in addition the three Colleges are involved in the vast majority of consultant appointments in physician specialties across the UK.

Table 2: Reasons given for the cancellation of assessment panels by specialty between January 2018 and September 2019 in England, Wales and Northern Ireland

Specialty	No applicants	No suitable applicants	Trust decision	Unknown	Not cancelled but no appointment made
Acute internal medicine	69%	8%	2%	1%	19%
Cardiology	28%	33%	22%	0%	17%
Clinical genetics	38%	25%	0%	0%	38%
Clinical neurophysiology	100%	0%	0%	0%	0%
Dermatology	45%	36%	14%	0%	5%
Endocrinology and diabetes mellitus	57%	7%	11%	0%	25%
Gastroenterology	57%	19%	9%	0%	15%
General internal medicine	0%	100%	0%	0%	0%
Genitourinary medicine	20%	0%	20%	0%	60%
Geriatric medicine	68%	7%	8%	0%	17%
Neurology	26%	21%	16%	0%	37%
Nuclear medicine	20%	0%	20%	0%	60%
Paediatric cardiology	50%	0%	25%	0%	25%
Palliative medicine	69%	8%	8%	0%	15%
Rehabilitation medicine	33%	67%	0%	0%	0%
Renal medicine	33%	11%	0%	0%	56%
Respiratory medicine	41%	26%	18%	0%	15%
Rheumatology	77%	9%	9%	0%	5%
Sport and exercise medicine	100%	0%	0%	0%	0%
Stroke medicine	64%	20%	8%	0%	8%
Grand Total	56%	15%	10%	0%	19%

Table 3: Reasons given for the cancellation of assessment panels by region between January 2018 and September 2019 in England, Wales and Northern Ireland

Specialty	No applicants	No suitable applicants	Trust decision	Unknown	Not cancelled but no appointment made
<b>⊞ Crown Dependency Islands</b>	40%	0%	0%	0%	60%
<b>■</b> England	55%	15%	11%	0%	19%
⊡London	34%	27%	5%	0%	34%
London - Central and North East	42%	21%	3%	0%	33%
London - North West	0%	43%	0%	0%	57%
London - South	32%	32%	9%	0%	27%
☐ Midlands and East	62%	13%	8%	0%	17%
East Midlands	33%	8%	29%	0%	29%
East of England	60%	17%	7%	0%	17%
West Midlands	71%	13%	3%	0%	14%
⊡North	52%	13%	15%	0%	20%
North West	55%	10%	22%	0%	14%
Northern	57%	14%	0%	0%	29%
Yorkshire and the Humber	44%	19%	7%	0%	30%
∃South	59%	13%	15%	1%	12%
Kent, Surrey and Sussex	54%	11%	14%	0%	20%
South West	77%	18%	5%	0%	0%
Thames Valley	47%	13%	13%	7%	20%
Wessex	54%	8%	38%	0%	0%
<b>⊞</b> Northern Ireland	67%	17%	0%	0%	17%
⊟ Wales	74%	15%	0%	0%	12%
∃ Wales	74%	15%	0%	0%	12%
Wales - North	94%	0%	0%	0%	6%
Wales - South	56%	28%	0%	0%	17%
Grand Total	56%	15%	10%	0%	19%