Scotland’s Emergency Department Workforce and Sustainable Careers in Emergency Medicine
Introduction

NHS Scotland’s workforce is reported to be at a record high of more than 140,000 whole time equivalent (WTE) staff as at December 2017.¹

The Emergency Medicine consultant workforce alone has increased by over 50% in the space of five years in a bid to keep up with the rising demand at Emergency Departments (EDs) in Scotland.² Partly as a result of this, Scotland continues to have the best Emergency Department 4-hour performance among the UK Nations.

However, NHS Scotland still faces a significant challenge to meet the health needs of a growing and ageing population with increasingly complex conditions and healthcare needs.

Scotland’s population is projected to rise from 5.4 million in 2016 to 5.7 million in 2041. This is an increase of over 5%. Perhaps more significantly, the number of people aged 75 and over is predicted to grow by around 80% by 2041 reaching almost 0.8 million.³

The growth in attendances to Scottish Emergency Departments is also in step with the rising population. Since 2013 annual attendances in Scotland have increased by 2%, whilst in the same period Scotland’s population has risen by 1.5%.⁴

In recent years there has been a significant increase in the number of patients waiting eight, twelve or more hours in crowded Emergency Departments.⁵ This can be unsafe and undignified for patients as well as challenging and demoralising for staff.

We therefore need to ensure that our Emergency Departments, as well as the wider health and social care system, are adequately resourced and staffed to meet the health needs of Scotland’s population. We also need to ensure that the workforce feels supported and valued so that a long-term career in our health and social care services is a viable option.

² ISD Scotland, *NHS Scotland Workforce Information* (2018), Consultant staff in post (December 2012 to December 2017)
⁵ ISD Scotland, *Emergency Department Activity and Waiting Times*
1. An increasing number of clinical staff are considering leaving, or have left, the NHS because conditions on the front line are slowly deteriorating. This can be evidenced with a number of statistics, for instance Emergency Department performance and Delayed Transfers.

2. Attendances at Emergency Departments in Scotland have risen from 1,334,967 in 2013 to 1,351,953 in 2017 – an increase of 1.3%. In the same time frame, 4-hour performance improved from an average of 88.30% in 2013 to an average of 92.16% in 2017 but has fallen when compared to 2016.

3. When we look at the eight and 12-hour performance data, another picture emerges. The graph below shows that there are still a substantial number of patients left waiting in busy and crowded EDs for eight hours, 12 hours or even more. The number of over 8-hour waits have increased by almost 91% from 2013 to 2017 and the number of patients waiting over 12 hours has risen by 94% in the same timeframe. Furthermore, December 2017 saw the highest number of over 12-hour waits in Emergency Departments in Scotland on record (720 in total).⁶

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⁶ ISD, *Emergency Department Activity & Waiting Times*
4. As the Nuffield Trust suggests, longer waits in Emergency Departments are associated with the deeper issues of patient flow through the hospital, congestion in hospital wards and insufficient social care provision in the community.

5. Indeed, since 2012 Delayed Discharges have continued to be a significant problem in NHS Scotland. In December 2017, 40,464 days were spent in hospital by people whose discharge was delayed. This is a decrease of 10% compared with 45,067 days in December 2016. However, it is a 2% increase when compared to December 2012 where they saw a total of 39,821 delays.

6. Of those delayed at the December 2017 census point, 1,101 were delayed more than three days. The most common reason for delays over three days was health and social care reasons (817).  

7. Compounding this is the lack of social care provision in the community. As the below graph shows, since 2006, the total number of care homes for adults has decreased by 20% whilst occupancy levels have reached 88% in 2016.

8. What this suggests is that rates of Exit Block, Delayed Transfers and eight and 12-hour waits have steadily worsened because the resources available are insufficient to meet demand.

9. We therefore need to ensure that there is adequate resources and staff, within and without the hospital, to manage demand – demand which historically has grown and will continue to rise. As it is widely acknowledged, ED crowding and Exit Block can be unsafe and undignified for patients, but it can also be detrimental to the wellbeing of staff. At the same time, better working environments can promote the recruitment and retention of staff.

7 Nuffield Trust, Understanding patient flow in hospitals (October 2016)
8 ISD, Delayed Discharges in NHS Scotland December 2017 (published February 2018)
9 ISD, Care Home Census for Adults in Scotland 2006-2016 (published 2016)
10. The Emergency Medicine consultant workforce has increased from 146.0 WTE in December 2012 to 223.6 WTE in December 2017 - an impressive rise of 53%. Currently each ED consultant is responsible for around 7,400 attendances a year in Scotland.

11. However, if we look at ISD’s vacancy data, we can see that whilst the workforce has increased substantially, the number of unfilled posts has also risen. *11*

12. Furthermore, as of December 2017, there were a total of 415.5 WTE medical and dental consultant vacancies - representing 7.4% of the consultant workforce - and 2,540.4 WTE nursing and midwifery unfilled posts. *12*

13. Social care services in Scotland have also witnessed recruitment and retention problems. Scottish Care - which represents almost 1000 care home, care at home, housing support and day care services for older people - found that 79% of homes are struggling to recruit nurses, while a quarter are finding it hard to employ front line care staff. Furthermore, more than three quarters of the homes have vacancies and 21% have “significantly increased” their use of agency nursing staff to fill gaps. *13*

14. Workforce vacancies along with day to day pressures at work inevitably contribute to staff absences. Data obtained from an FOI request show that NHS Scotland staff took more than 312,000 days away from their jobs for anxiety, stress and mental health problems in 2016-17, a rise of almost 25% in just two years. The information shows that 11.4 million hours were lost to illness in 2014/15 rising to 13 million in 2015/16 – an increase of 14%. *14*

15. Current vacancies combined with staff sickness figures help to explain the £109 million being spent annually by NHS Boards on agency medical locum staff – an estimated £17 million of which

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*ISD Scotland, NHS Scotland Workforce Information (2018), Consultant staff in post (December 2012 to December 2017)*

*ISD Scotland, NHS Scotland Workforce Information (2018), Consultant vacancies (December 2011 to December 2017)*

*ISD, NHS Scotland Workforce Information (2018), Vacancies at 31 December 2017*

*Scottish Care, Care Home Workforce Data Report (2017)*

*FOI data obtained by The Times (December 2017)*
is being spent on locums to cover doctor and nursing staffing shortages in Emergency Departments.\textsuperscript{15}

\textbf{16.} It is often more cost effective to have additional workforce in place so that minimal costs are incurred due to planned study leave or unplanned absences. We need to ensure that there is the correct workforce to meet the demands of Scotland’s growing and ageing population which takes fluxes in workforce into consideration. This will help to minimise the amount that NHS Boards spend on expensive locums to fill gaps in rotas.

\textbf{17.} Nevertheless, increasing training posts alone will not make health and social care careers more attractive - there is no guarantee that those posts will be filled. We must ensure that systems are integrated and that sufficient health and social care resources in place to make the overall career path more attractive.

\textsuperscript{15} Data released in 2017 by \textit{Audit Scotland} showed that NHS Boards spent £109 million on agency medical locums in 2016/17. \textit{Liaison’s review of agency staff spend} shows A&E accounted for 16\% of all agency spend in England. Using the same percentage, we can estimate that the total spend of agency staff in A&E in Scotland is around £17 million.
Attracting and Retaining Staff

18. Occupational burnout and stress is a well-recognised hazard to staff in the health and social care services - particularly in the Emergency Medicine specialty - both in the UK and abroad.\(^{16}\)

19. ED staff frequently describe the excitement in the resuscitation room, the diversity of the case mix and the challenge of the generalist as some of the factors in their own choice for choosing a career in Emergency Medicine. Yet, tempering this enthusiasm is the reality of the modern ED as a busy, crowded and highly pressured environment.\(^{17}\)

20. Surveys suggest that the majority of trainees enjoy their training time in the Emergency Department but that a reducing number of them want to pursue a career in the specialty. Amongst other things, they cite poor working conditions, high workloads impacting on training, a harsh work-life balance and the lack of 24-hour support for their ED as barriers to their training\(^{18}\) and subsequently a long-term choice in Emergency Medicine.\(^{19}\)

21. As cited above, many health and social care specialties are struggling to fill training places and many full-time posts remain vacant. During June 2017, for instance, vacancy roles in nursing and midwifery in Scotland stood at 4.5% - the highest ever reported.\(^{20}\) To combat this shortfall, the Scottish Government’s National Health and Social Care Workforce Plan committed an additional 2,600 nursing and midwifery training places in Scotland. However, as the Government’s plan rightly states: ‘we must improve our efforts to recruit and retain…. that is not simply a matter of augmenting the numbers we recruit’.\(^{21}\)

22. We need to ensure that medical education and training is evolving to meet the needs of both patients and staff. For example, less than full time working is becoming a viable option for a lot of staff. However, it is more common in some specialities than in others. The GMC found that Emergency Medicine had one of the lowest proportions.\(^{22}\)

23. The GMC’s trainee survey also showed that more can be done to support trainees to take study leave. 40% of doctors training in Scotland did not feel that they had enough protected time to attend all the local/departmental teaching they needed to in their post.\(^{23}\)

24. Therefore, we need to consider how best to utilise our workforce and encourage the recruitment and retention of staff in all areas alongside increasing staffing numbers.

\(^{16}\) Berger E. Physician Burnout: Emergency Physicians see triple risk of career affliction (2013) and Basu S. et al., Occupational stress in the ED: a systematic literature review (2016)

\(^{17}\) RCEM, Creating successful, satisfying and sustainable careers in Emergency Medicine

\(^{18}\) GMC, Training environments (2017)

\(^{19}\) RCEM, Creating successful, satisfying and sustainable careers in Emergency Medicine

\(^{20}\) BBC News, Nursing and midwifery vacancy rates at record high (June 2017)

\(^{21}\) Scottish Government, National Health and Social Care Workforce Plan - Part 1 a framework for improving workforce planning across NHS Scotland (June 2017)

\(^{22}\) GMC, Training environments (2017)

\(^{23}\) Ibid.
Conclusions and Recommendations

25. NHS Scotland’s health and social care workforce needs to match and meet the demands of a growing and ageing population. It is only with adequate resourcing and staffing within and without the hospital that we can mitigate the prevailing issues of Exit Block, 12-hour Emergency Department waits and Delayed Transfers.

26. Staffing needs to be considered in the wider context of integration of services and the development of sustainable and attractive careers in health and social care, alongside the ideal makeup of each speciality.\(^{24}\)

27. We should work towards building more sustainable careers by enhancing careers, supporting multi-disciplinary learning and working, encouraging varied and flexible careers and integrating workforces. This should decrease cases of burnout, stress and career dissatisfaction.

28. The College has developed a strategy to improve the working lives of clinicians working in Emergency Departments in the UK.\(^{25}\) Key elements include:

- **Work patterns:** For Emergency Medicine doctors, work patterns need to be well structured, sustainable and satisfying.

- **Flexible careers:** Working practices in Emergency Medicine are changing. We need to allow for better work-life balance and integration as well as enhancing portfolio careers for those choosing to work less than full time.

- **Decades of clinical life:** The ways in which careers can be developed pro-actively through each decade of a clinical career to maintain satisfaction and longevity.

- **Maintaining well-being:** Creating tailored strategies to maintain well-being and embedding them into daily practice are critical to career sustainability. Equally important is the need to recognise early features of chronic stress to prevent possible burnout in colleagues.

- **Valuing trainees:** Valuing trainees and colleagues can incur very little expense and yet can have a dramatic impact on the future career paths of the young trainee.

\(^{24}\)RCEM, *Sustainable Working*

\(^{25}\)Ibid.