



The BMJ

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Cite this as: *BMJ* 2022;376:e578<http://dx.doi.org/10.1136/bmj.e578>

Published: 09 March 2022

Solving retention to support workforce recovery post-pandemic

The covid-19 pandemic has stretched healthcare staff like never before. As part of the 2022 Nuffield Trust summit, *The BMJ* hosted a roundtable discussion looking at why workers leave the NHS and how staff wellbeing and retention can be improved. **Tom Moberly** reports

Tom Moberly *UK editor*

Rammya Mathew, GP and quality improvement lead for Islington GP Federation

“Since I started as a GP—and probably over the past 10 to 15 years or so—workload has increased exponentially within primary care. And this is in terms of both the number of patient contacts and the complexity of the work. People are asking, ‘How am I going to sustain this for 10, 15, 20 years?’ Looking at a long career in general practice is difficult at the moment.

“There are some promising things taking place. There’s the GP retainer scheme. It allows people to choose either defined hours or a defined work schedule. It’s allowing us to retain people who would otherwise leave. And we have made progress in terms of recruitment. Over the past four years, we’ve had successive years of increases in the number of GP trainees that we’ve recruited. That holds some promise for the future. But we’ve got to solve the retention side of things as well, because it’s all well and good bringing new GPs in, but if we’re not keeping them, it’s not making things any better.

“The sad reality is that most of us sit in our consulting rooms and have little interaction with our colleagues. To restore that sense of wellbeing, we’ve got to have that time and space to meet together and to share what’s going on in our lives. And also to talk about patients—it’s good for them and it’s good for us.”

Danny Mortimer, chief executive of NHS Employers

“Supply is an important factor in retention. It gets harder to sustain doing extra hours and working extra shifts if you aren’t given some sense by the government—and this is a government matter, a Treasury matter—of what the plan is for the future.

“We’ve got to make a massive cultural change in terms of attitudes to flexibility. This isn’t just about flexibility for young people. It isn’t just about flexibility for people who’ve got childcare responsibilities. It’s about all of us wanting a very different relationship with how we plan our work.

“Organisations that can find more innovative and flexible ways of managing retirement can retain colleagues. That can be about offering part time working. It can be about educating people about what it is they can and can’t do in terms of accessing their pension and then working.”

Rose Penfold, National Institute for Clinical Research academic clinical fellow in geriatrics

“I asked a lot of my colleagues about the problems they face and the reasons they’ve thought about leaving, or have left, the NHS as trainee doctors. One key theme is a lack of flexibility—both geographical and around rotas and rostering, and the hours that trainees are required to work.

“One of the problems is about movement of national training numbers between regions. Historically that has been difficult to do. Not only do you have to have a statutory reason for doing it, but you also have to show detailed evidence of that. Removal of some of these barriers could enable people to move between regions and stay within the workforce when otherwise they may leave.

“E-rostering and e-rotas open up opportunities for more flexible working. A lot of my peers who are registrars in London have wanted to work less than full time or to change the hours that they work. Facilitating that would allow people to stay in the workforce more easily. It’s been piloted and shown to be successful, and should be rolled out more widely.”

Billy Palmer, senior fellow, Nuffield Trust

“A key reason for leaving is about opportunities and progression. We need to think about the extent to which we are offering the opportunity to increase your salary through progression. In terms of a policy lever, the current way in which we have pay review bodies is quite passive. They receive evidence from different bodies, but they don’t do much in the way of commissioning research to actually answer the questions that matter. How do you prioritise the different motivations for getting people to join and stay in the NHS? That should be improved, given the importance of this matter.

“An area that deserves a bit more air time is workplace culture and inequalities. We know that workplace culture is a key reason people leave. We know that one in eight NHS staff faced discrimination in the past year. We know that Bangladeshi candidates who are shortlisted are half as likely as white British people to be appointed from that shortlist. There are all sorts of matters that might be stopping people progressing and therefore they might be considering leaving. It’s complex, but there are practical things that you can do to help identify the problem to then work out evidence based solutions.”

Partha Kar, diabetes consultant and NHS England national adviser for diabetes

“We talk a lot about what the system should do differently. I don’t think we look enough at what we can do. We, as consultants within secondary care, can probably do more with trainees. That pastoral role has been lost. I don’t think it takes that long to make your trainees a cup of tea or coffee, or sit down or walk with them and say well done. I don’t think we do enough of that.

“Mentorship has become a tick box exercise. But a lot of our mentorship was also about ‘How are you doing? What’s going on? What’s happening in your life?’ That time seems to have gone. Consultants are just struck by the busyness of the system. I don’t know if any consultants wouldn’t want to help.

“On the retention side, there is massive inequality—sexism, racism—and this is not an insignificant thing. Those are the things we need to do much better. The system needs to be much more robust.”

Mark Britnell, vice chairman of KPMG UK

“There’s a clear difference between those countries that are thinking hard about their staffing levels and those that are still on the starting blocks. Over the past two or three years in the UK there have been at least one, if not two, false dawns in terms of a new workforce strategy. We need to do more and we need this workforce plan sooner rather than later.

“When you look at the supply side in terms of clinicians, you have to think about recruitment and retention. The best workforce strategies I’ve seen around the world give hope in the short term and more hope in the longer term. You need to have a plan. Where you’ve got the NHS, which is a near monopoly employer of doctors and nurses in this country, it’s important to have a signpost over the next five and 10 years for exactly how many more colleagues will be joining their ranks. And, sadly, we have failed to do that.”

Neil Greenberg, professor of defence mental health, King’s College London

“There is good evidence that making sure that teams work well to support each other makes a big difference. Making sure that all who are in a supervisory position can speak about mental health with their staff is absolutely critical.

“If you have a supervisor who feels capable of speaking about mental wellbeing with their staff, that makes a substantial difference to staff mental health and to people’s ability to perform and to stay in their role.

“The mental health of healthcare workers has been problematic for a long time, and I hope that the catalyst that covid has created does place mental health support at work front and centre because it’s good for staff. It’s also good for the output of the healthcare systems that we are hoping to have.”

Why do staff leave the NHS?

Lucina Rolewicz, researcher, Nuffield Trust

“Around one in nine hospital staff—equivalent to 140 000 people—left active service in the year to September 2020. The latest annual levels of staff leaving the NHS are generally around pre-pandemic levels, having dipped during the pandemic.

“While current leave rates are fairly typical relative to previous years, there are certainly some reasons for great concern. Firstly, we know that there is residual exhaustion and stress from the pandemic. Secondly, leaver rates have been suppressed because more staff who are at pensionable age were not retiring during the pandemic. And, thirdly, we

know that more staff than usual have taken the hard steps to leave. This includes, for example, a near doubling in the proportion of doctors contacting a recruiter or applying for training roles outside of medicine. “The administrative data on reasons for leaving is fairly limited. However, data on those leaving NHS hospital and community roles—including those migrating to different jobs within the NHS—show stark increases in people citing work-life balance and their own health as reasons.”