The BMJ
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Cite this as: *BMJ* 2023;380:p681
http://dx.doi.org/10.1136/bmj.p681
Published: 23 March 2023

Time is running out to resolve the NHS workforce crisis

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NHS staff are disheartened. Vacancies are at an all time high, morale is declining, and retention is worsening. A report from the Health Foundation has found that stress levels among UK GPs are higher than for GPs in nine other high income countries, and job satisfaction is lower.[1] The healthcare workforce crisis is a global challenge, but the chronic workforce shortages in the NHS are a result of "consistent policy failure," writes Malinga Ratwatte, a GP registrar in London.[2]

Last week, junior doctors went on strike to fight for pay restoration, but the reasons for industrial action were not only financial.[3] Reflecting on what can be learnt from covering the strike days, Vicky Barradell, consultant in the care of older people, notes the "huge decline in working conditions for juniors." Robert Fleming, specialist anaesthetist, says that "the level of complexity and the volume of work have both increased."[4] The emotional burden of not being able to provide patients with adequate care also leaves "doctors in a constant state of stress," writes Ratwatte.[2]

Those who aim to reduce attrition rates and increase retention should focus on understanding why staff from ethnic minority communities are leaving the NHS, write Woolf and colleagues.[5] Staff from ethnic minority backgrounds make up 24% of all NHS staff and 42% of doctors, but unequal career progression and racial harassment and discrimination are causing them to leave. Greater flexibility in work and training patterns is another way to improve working conditions and make staff feel supported and valued.[6]

Although many junior doctors talk of leaving the NHS and moving to Australia,[7] Matt Morgan is returning home to the UK.[8] He thinks that the NHS could learn from the Australian healthcare system by making improvements related to pay cycles, flexible working, study leave, and professional development. Moving abroad is not an easy thing to do, so some small changes could persuade people to stay. Ultimately, he writes, it is the pull of home that is making him return: "Life isn't only about things, it is about people and belonging."

John Launer takes hope and inspiration from the people around him when teaching medical students and when he receives good medical care.[9] He reminds us that, although things are bad, "we need to make sure that we're not so disheartened by the bigger picture that we fail to see how many of our colleagues are determined to thrive as much as they can against all odds."

A focus on people and the benefits of continuity of care is one of the lessons from new research on ending the Quality and Outcomes Framework in primary care in Scotland.[10] The research found that withdrawal of financial incentives decreased performance against quality of care indicators. But the authors of a linked editorial urge caution in interpreting the results. The data are complex and raise questions about what we mean by "quality of care," they say.[11] Recent evidence indicates a less technocratic and more holistic approach—including efforts to strengthen electronic health record data for quality improvement—is better for patient outcomes and valued by doctors and patients.[11 12] Doctors in Scotland were found to be more satisfied with work after the removal of the framework—worth considering in a retention crisis.

As the clocks in the UK change this weekend, Chris Baraniuk reports that the health benefits of not switching to daylight saving time are being fiercely debated around the world. Is time running out for daylight saving time, he asks.[13]

More importantly for the NHS, is time running out to resolve the workforce crisis?

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