RCEM CARES

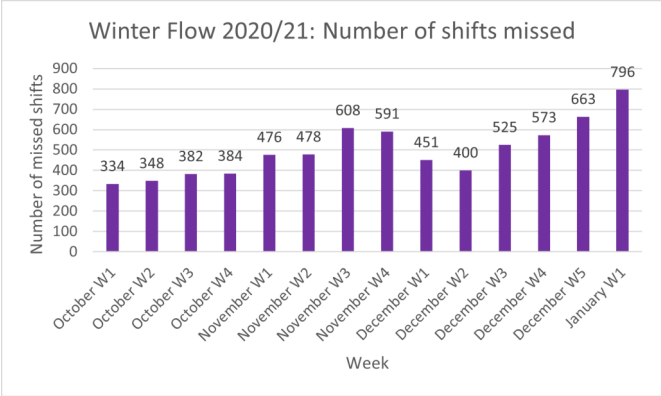
Retention of A&E staff: policy brief

Last year, we launched the RCEM CARES campaign which provides solutions to the pressing issues facing Emergency Departments. The campaign focused on crowding, access, retention, experience, and safety. This briefing focuses on the recruitment and retention of staff working in Emergency Departments.

Insights

- There is an urgent need to plan for the recovery of staff working in Emergency Departments, who have been working beyond their limits during this pandemic.
- Nearly a quarter of doctors suffered from clinically significant trauma symptoms during the peak of the first wave of the pandemic. During the second wave, the number of shifts missed by staff increased by 77%.
- Planning for staff recovery will need to occur within the context of continued pressures placed on Emergency Departments—this must be factored into planning.
- Mental health and wellbeing initiatives provided by Boards must be formalised, scaled up, and fit in with shift work. In the long term, the Emergency Medicine workforce must expand to meet the demands placed upon them.

The Emergency Medicine workforce during the COVID-19 pandemic



The pandemic has introduced significant staffing pressures into a system that was already struggling to cope. Understaffing in Emergency Departments is a problem that existed long before the coronavirus pandemic. As a result of this, Emergency Medicine suffers from the highest levels of burnout out of all the medical specialities.

Doctors have been asked to work extended shifts within rotas that have been affected by sickness and self-isolation, and where existing establishments would not normally support the sort of patterns that may be required.

Staffing and redeployment

Sickness and self-isolation this winter has continued to stress fragile rotas. Our Winter Flow Project reveals that the number of shifts missed by staff increased by 77% from the first week of December to the first week of January. This is in the face of exceptional demand placed on Emergency Departments during the second wave of the pandemic.

Impact on staff wellbeing

There is an urgent need to find work which is sustainable in the long term for those undertaking it. The unprecedented challenges facing acute services as a result of the pandemic has had a considerable psychological impact on staff. The COVID-19 Emergency Response Assessment (CERA) study found nearly half (45%) of emergency medicine doctors, anaesthetics & intensive care doctors reported psychological distress, in far greater excess than the general population. Nearly a quarter (23%) of doctors suffered from clinically significant trauma symptoms at the peak. During the deceleration of the first wave, 10% of doctors suffered trauma symptoms so severe it can be diagnosed as post-traumatic stress disorder.

It is important to consider the long term implications of this. The mental health of our workforce has an impact on our ability to deliver good quality emergency care. Policymakers must address these problems urgently.

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The Royal College of Emergency Medicine

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Sustainability

Many Emergency Medicine doctors were working unsustainable working patterns prior to the pandemic, it is highly likely they will continue to do so afterwards. As pressures from the pandemic ease, there will be no easing of pressures for Emergency Departments and therefore no period of rest and recuperation for our staff.

Action is required immediately to ensure that we protect the mental and psychological health of doctors working in Emergency Departments. In the short term, this requires formalising and scaling up the mental health and wellbeing initiatives provided by Boards to help staff cope with the distressing circumstances of working through the pandemic.

In the long term, our workforce requires additional investment to ensure that the urgent and emergency care system has the resilience required to deal with surges in demand.

Short term solutions

1. NHS Scotland introduced a raft of mental health interventions to support staff during the pandemic. However, the quality and nature of interventions seem to vary across the country. Policymakers must ensure a tailored package of support is introduced for clinicians working in Emergency Medicine that addresses the issues they face. This must be provided uniformly across the UK and fit in with the practicalities of shift working.

Long term solutions

1. Commit to recruiting additional Emergency Medicine staff and addressing shortages in the workforce. Recruitment of Emergency Medicine Consultants should be based on a ratio of one Consultant per 4,000 attendances. At present, that would translate to 70 more Consultants in Scotland.
2. In Scotland, increase the numbers entering Emergency Medicine training to address the deficits in WTE trainees caused by increased flexibility in training in the short term and Consultant shortages in the longer term.
3. Double the number of medical school places per year to meet the long term health needs of the population, as calculated by the Royal College of Physicians.

What you can do to support us

Help us hold the Government to account by putting forward parliamentary questions on this topic.

Please get in touch with Tamara Pinedo, Senior Policy Officer, Royal College of Emergency Medicine: tamara.pinedo@rcem.ac.uk

References

RCEM (2020) The Winter Flow Project. Available here.

RCP (2020) Double or quits: calculating how many more medical students we need. Available here.

Tom Roberts et al (2020) 'Psychological Distress and Trauma in Doctors Providing Frontline Care During the COVID-19 Pandemic in the United Kingdom and Ireland: A Prospective Longitudinal Survey Cohort Study' published in pre-print. Available here.