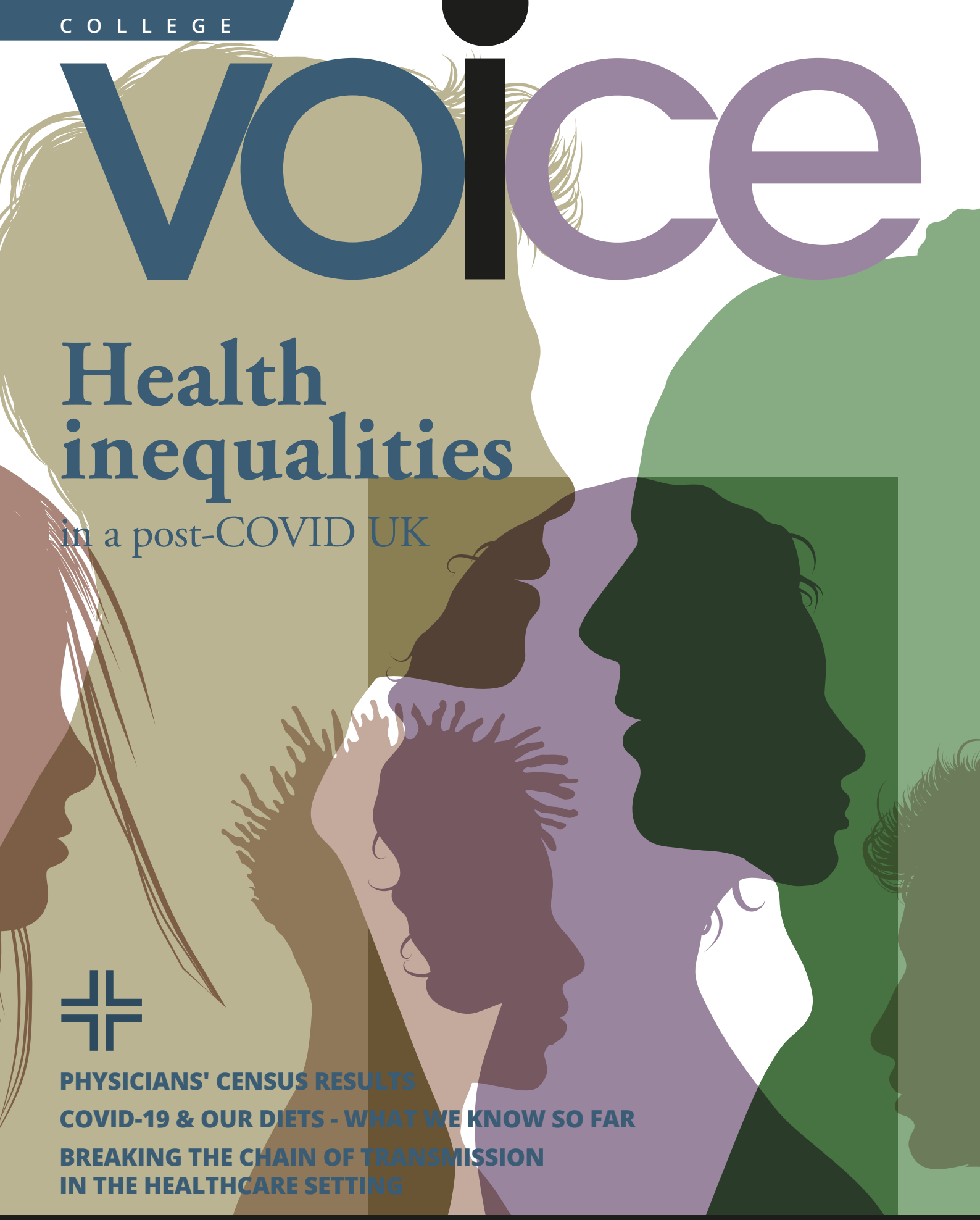
COLLEGE

Voice



Health inequalities

in a post-COVID UK

PHYSICIANS' CENSUS RESULTS

COVID-19 & OUR DIETS - WHAT WE KNOW SO FAR

BREAKING THE CHAIN OF TRANSMISSION IN THE HEALTHCARE SETTING

FOR MEMBERS OF THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW **WINTER 2020-21**

Heritage Events Programme

January - June 2021

DIGITAL EVENTS

Reframed:
conversations about heritage & inclusion

Our new monthly series of digital events reveals our collections in new ways – reframing our heritage to address issues of equality, diversity and inclusion. Featuring the College's Heritage team, and some special guests.

Event Programme

Joseph Lister and women in surgery
Thursday 25 February 2021

David Livingstone - how Scotland presents the white saviour complex
Thursday 25 March 2021

The female body in medical education: representation and consent
Thursday 29 April 2021

Admitting women - College fellowship and gender inequality
Thursday 27 May 2021

Encountering records of mental illness
Thursday 24 June 2021

PODCAST

BODY *of* WORK

Body of Work returns with new episodes! Join our Digital Heritage Officer Kirsty Earley in conversation with some of our favourite collaborators for six new podcast epsiodes.

Episodes

Episode 7 - Charlotte Orr
Thursday 8 April 2021

Episode 8 - Dr Ourania Varsou
Thursday 22 April 2021

Episode 9 - Professor Ian Bone
Thursday 6 May 2021

Episode 10 - Dr Megan Coyer
Thursday 20 May 2021

Episode 11 - Francis Osis
Thursday 3 June 2021

Episode 12 - Sarah Spence
Thursday 17 June 2021

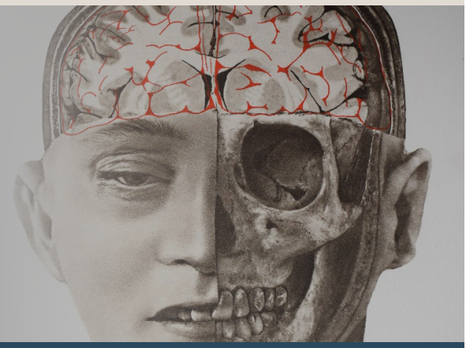
DIGITAL EVENT

The Goodall Symposium

Changing Minds: Neurosurgery and Psychiatry in 1950s and 60s Glasgow

With Dr Iain Smith, Dr Allan Beveridge and Kirsty Earley

Thursday 10 June 2021, 6pm BST



rcp.sg/heritageevents

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

FAITH, HOPE AND KINDNESS

There is a small but growing light at the end of the long dark tunnel. College President Professor Jackie Taylor writes for voice.

For many of us working in healthcare in the UK over the past couple of months, it's sometimes been difficult to see much beyond the end of the day. The sharp increase in the number of hospitalised patients with COVID-19 has been relentless: our health service and teams have been stretched to the limit and at times beyond that. The daily grind of working in an extremely pressurised and stressful environment, coping with significant staff shortages and dealing with distressed patients and carers, has taken a huge toll on staff. Both now and as we emerge from the pandemic we must be prepared for the longer term impact on the wellbeing and health of our colleagues. This will require interventions at an individual and organisational levels and I firmly believe that our College will also have an important part to play. These concerns are in sharp contrast to the wave of relief I felt on receiving my first dose of Pfizer Biontech vaccine in the fortnight before Christmas. As I said at the time, I am particularly fortunate that, as a patient-facing clinician (of a certain age!) I received my vaccination early in the roll out. It was an emotional experience. While usually quite a rational person, I had developed a hugely irrational fear that I might contract COVID-19 before I could be vaccinated. Perhaps that is just a reflection of the chronic, levels of anxiety that we have all been living with and trying to subdue for the past ten months.

We are now in a race to immunise as many people as possible, as quickly as possible. While it will be some weeks before the vaccination programme will impact on hospitalisations there is now a sense of seeing a way through the current wave, to a freer, less restricted life ahead.

As we struggle through until then, while it is increasingly hard to do so, it has never been more important to try to make time to look after your own wellbeing and that of those around you. Which brings me back once more to the topic of kindness- as I have said before, such an under-rated quality. One of our Fellows told me a story of their recent experience when then they were having a particular bad week. Working in a red ward – surrounded by understandably distressed relatives, with only one trainee doctor for support.

One morning she couldn't find a parking space in the hospital, so used a nearby car park which allowed parking for four hours. At 1pm she was inevitably running late and knew that she would get a parking ticket unless she could change out her scrubs to rush outside and renew the ticket. A colleague took the time to ask her why she was so stressed. The colleague then paid for her parking through her mobile phone app. "It was the nicest thing that anyone had done for me all week", she said. We should never underestimate the power of simple, small acts of kindness: stopping to spend a few moments in the corridor (socially distanced) to greet a colleague, a text, a cup of coffee. These acts of kindness benefit those who receive and those who give.

We should be conscious of the need to be kind to ourselves, our colleagues and our patients, and the overwhelmingly positive impact that this will have on our day to day life and mental health. Kindness shouldn't be an "added extra", it should be fundamental to how we live our lives.

The importance of kindness in providing high quality healthcare was underlined recently in a piece of research published by Carnegie UK at the end of last year. The report, "The courage to be kind. Reflecting on the role of kindness in the healthcare response to COVID-19" was based around a series of reflective conversations with five medics working in different parts of NHS Scotland over the middle of 2020, It follows on from the Sturrock Report into bullying in NHS Highland, which highlighted in its recommendations that "kindness is what is needed" to overcome a toxic working atmosphere.

The Carnegie UK report has built on this, highlighting the importance of kindness, and creating space to listen. I agree wholeheartedly. The report concludes:

"This is critical in the sense that if we want to provide the best possible healthcare, we need to look after the wellbeing of those that are providing it. But it is also clear that the ambitions of health and social care renewal can only be realised if they build on, rather than stifle, the vast knowledge and skill that is found across the workforce."

Our College will continue our work to ensure that your voice is heard and that your wellbeing is supported as governments and healthcare providers plan for the future.

The public health crisis we've faced over the past year has been all encompassing. We have a few tough months ahead of us. But as we progress through these dark days, please try to keep faith, have hope, and remember the power of kindness.

voice

EDITION 9

Voice is the magazine of the Royal College of Physicians and Surgeons of Glasgow. If you are interested in contributing to Voice please email media@rcpsg.ac.uk

Produced by the office of the Chief Executive Officer and Corporate Communications and Marketing.

Editors John Fellows, Steven Shanahan, Elaine Mulcahy
Design Kirsty Smith
Print Winter and Simpson Print
Photography Nick Callaghan, Ian Marshall, Chris Watt, Lorraine Hannah, Kirsty Earley

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

Royal College of Physicians and Surgeons of Glasgow
232 - 242 St Vincent Street, Glasgow, G2 5RJ +44 (0) 141 221 6072.
Registered Charity SC000847.

ISSN 2632-0185

PHYSICIANS' CENSUS

Each year our college works in partnership with the Royal College of Physicians of London (RCPL) and the Royal College of Physicians of Edinburgh to produce the Annual Physicians' Census.

The findings of 2019's census were finalised at the end of 2020. This analysis, which was carried out by the RCPL's Medical Workforce Unit on behalf of the three colleges, sets out the key findings.

Our college is grateful for the professionalism and support of the Medical Workforce Unit in compiling the census and this analysis.

KEY FINDINGS

2020 has been dominated by the profound effects on the NHS of the COVID-19 pandemic. As the NHS moves from crisis management to recovery, longer term issues need to be addressed. The 2019 physician census reveals the continuing pressures on the medical workforce and the systems in which we work prior to the pandemic. The number of consultant posts needed continues to significantly outnumber supply.

- Close to half (43%) of advertised consultant posts were unfilled due to a lack of suitable applicants.
- The ratio of consultant physicians to population served varies widely. Regions with fewer consultants have the highest rates of unfilled advertised posts and locum consultants.
- Consultants find their general internal medicine (GIM) work much less satisfying than specialty work.
- Unselected medical take/receiving was undertaken by only 30% of consultants and care of GIM inpatients by 42% of consultants.
- 20% of consultants experienced and 25% witnessed bullying or harassment. This was more common among female consultants.
- Consultants of black, Asian and minority ethnic origin (BAME) were twice as likely to experience discrimination as white consultants. Female consultants were twice as likely to experience discrimination as male consultants.
- Consultants estimate they work 10% more than they are contracted to do, mainly due to their clinical workload.
- Consultants who have retired and returned now constitute 15% of the workforce.

The pressure physicians are under appears to be the main factor behind the negative experiences documented by the 4,668 consultants who contributed to the census. Filling vacant consultant posts, reducing experiences of bullying, harassment and discrimination, addressing excessive workloads and improving consultant experiences of GIM are crucial if we are to improve the working lives of physicians in the UK so that they can care for the population we serve.

NEXT STEPS

Our colleges will continue to:

- Use the census data in our discussions with governments across the UK about the long-term pressures on the NHS and their impact on staff wellbeing.
- Work with the NHS in England to help develop the People Plan that supports its Long Term Plan, making the case for greater flexibility for staff of all ages and career stages.
- Call for medical school places to be doubled to 15,000 per year, publishing a report on the feasibility of such an expansion and how it could help regions with lower numbers of doctors.
- Identify and promote ways of encouraging trainees to work in specialties and locations with the largest recruitment gaps.
- Make the case for the UK to be accessible and welcoming to trainees and doctors from countries outside the UK.

CONSULTANT WORKFORCE

The Medical Workforce Unit (MWU) of the RCP conducts an annual census on behalf of RCP London, the Royal College of Physicians of Edinburgh (RCPE) and the Royal College of Physicians and Surgeons of Glasgow (RCPSG).

The census was sent to 16,053 consultants and 4,668 (29%) responded. Removing consultants no longer working in the UK and adding new consultant appointments gave a total of 16,746 substantive consultant physicians in the UK.

Consultant physicians are not distributed evenly according to the background population. The ratio of full-time equivalent (FTE) substantive consultant to background UK population was 4,345. The highest ratios of FTE consultant to population were in: East Midlands (5,771); North Wales (5,683); East of England (5,332); Kent, Surrey and Sussex (5,311); and the South West (5,022). By far the best ratios in England were in London, eg London South (2,608). Regions with high FTE consultant to population ratios were among those with the highest rates of unsuccessful consultant appointments and the highest proportion of costly locum consultants. An important element of future workforce planning should include interventions to address these disparities.

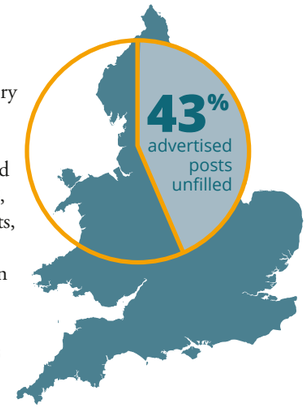
There was a further increase in the number of female consultants, so that the consultant workforce is now 62% men and 38% women. The number of consultants working less than full time (LTFT) was the same as last year at 23%. 42% of women and 11% of men reported working LTFT. LTFT working is common at all ages among women but only starts to become common in men after 55. Despite the large number of consultants working LTFT, only 3.1% were in a job share.

68% of consultants described themselves as of white ethnic origin. The next largest ethnic group was Asian or Asian British (23%). Other ethnic groups were much smaller, with the largest being black or black British (2%). 76% of consultants graduated in the UK, 6% in Europe and 18% outside of Europe.

6% of consultants reported that they considered they had a long-term health condition or were disabled. 48% of those affected said that it impacted their work.

CONSULTANT APPOINTMENTS

As in previous years of the census, very large numbers of advertised consultant posts with an advisory appointments committee in England and Wales were not filled (43%), usually due to a lack of applicants (57%) or suitable applicants (29%). In 2018, we noted a startling 33% reduction in advertised posts. In 2019, there was a modest 5% rise on 2018 in advertised posts, but levels remained low.



In England, the regions with the highest proportion of unsuccessful appointments were Northern (75%), followed by Thames Valley (62%), Kent, Surrey and Sussex (60%), North West (55%) and West Midlands (52%). It was easier to appoint in London – only 29% of appointments were unsuccessful.

Given trainees' prioritisation of geographical location, illustrated by the fact that only 21% of CCT holders reported applying for a consultant post outside their deanery (add ref to class of 2018 report please), it is crucial that the geographical distribution of trainees in the UK better matches the geographical and population demand for consultant physicians.

Consultants reported that the following were most commonly affected by consultant vacancies in their department: 77% adequate work–life balance, 42% audit/QI, 39% elective work, 36% management work, and 34% CPD.

LOCUM CONSULTANTS

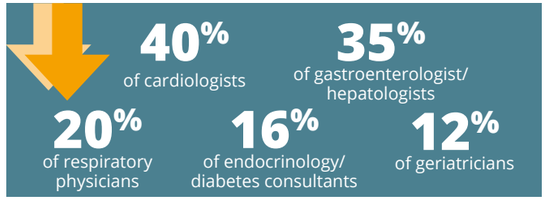
The mean number of substantive consultants in a specialty department was 9.5 and the mean number of locum consultants was 0.8. The specialties with the highest ratio of locum to substantive consultants were stroke medicine, acute medicine, geriatrics, and dermatology. 17% of departments were 10–20% locums; 10% were 20–30% locums; and 4% were 30–40% locums.

UK regions with the highest ratio of FTE consultant per population also had the highest ratios of locum to substantive consultants in a department – East of England 13%, Kent Surrey and Sussex 11.9%, North Wales 11%.

CONSULTANT JOB SATISFACTION

Consultants most commonly reported always (27%) or often (59%) finding their specialty work satisfying. However, consultant physicians again reported finding their GIM work less satisfying, with only 36% often and 35% sometimes finding GIM work satisfying.

There were marked variations between the large specialties who undertake GIM work, in the proportion of consultants reporting that they never or rarely find GIM work satisfying:



TEAMS

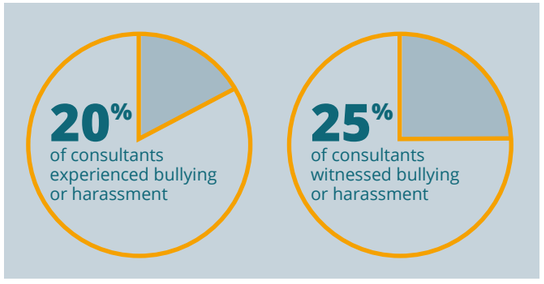
Effective and supportive teams are crucial to physicians' wellbeing. Most consultants (82%) responding clinically supervise trainees. 75% have face-to-face meetings to discuss patients trainees have reviewed in outpatients. 47% have tea or coffee breaks with their trainees, 27% lunch with their trainees and 44% reported socialising with their trainees.

41% of consultants reported that they usually did not get a break for lunch and 32% that this lasted only 0–15 minutes – a further sign of excessive workloads.

BULLYING, HARASSMENT AND DISCRIMINATION

Following reports of bullying and harassment affecting trainees, we asked consultants about their experiences.

20% of consultants reported feeling bullied or harassed in the past year and 25% witnessed a colleague being bullied or harassed – usually other consultants (64%), nursing staff (32%) and specialist registrars (20%). When consultants felt bullied or harassed, those responsible were managers (58%), other consultants (54%), patients (12%) and relatives (14%). Those responsible for witnessed bullying or harassment were also usually managers (50%) or other consultants (57%) and less commonly nursing staff (14%), patients (9%) and relatives (10%).



We also asked about consultants' experiences of discrimination. 11% of consultants reported experiencing discrimination over the past year and 10% witnessing a colleague experiencing discrimination. The most common types of discrimination experienced and witnessed were race (50%), gender (45%) and age (14%). When consultants felt discriminated against, those responsible were other consultants (42%), patients (40%), managers (25%) and relatives (12%). Those felt responsible for witnessed discrimination were patients (52%), other consultants (32%), relatives (25%) and managers (18%).

Ethnicity

BAME consultants reported experiencing bullying and harassment as often as white consultants, but were twice as likely to experience discrimination (17% versus 8%) and 50% more likely to witness discrimination. Overwhelmingly, when

BAME consultants experienced discrimination, this was on the basis of race (76%) and to a lesser extent gender (23%), with those responsible being patients (45%), other consultants (35%) and managers (33%).

Gender

Female consultants reported both experiencing (25%) and witnessing (29%) bullying and harassment more commonly than male consultants (17% and 21% respectively). Female consultants were also more likely to experience (15%) or witness (12%) discrimination than male consultants (8% and 8% respectively). When female consultants experienced discrimination, this was on the basis of gender (59%) and to a lesser extent race (27%), and those responsible were other consultants (48%) and patients (39%) predominantly. When female consultants reported witnessing discrimination, this was on the basis of both race (74%) and gender (38%), with those responsible being patients (55%), other consultants (31%) and relatives (26%).

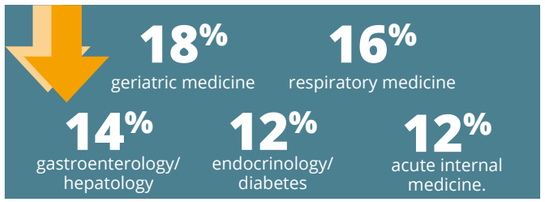
Consultants from black, Asian and minority ethnic (BAME) backgrounds were twice as likely to experience discrimination as white consultants.

GENERAL INTERNAL MEDICINE

The proportion of consultants participating in the acute unselected medical take and looking after GIM inpatients was lower than data from the last two censuses. This continues long-term trends of reduced participation in GIM.

The unselected medical take was undertaken by only 30% of consultant physicians. GIM duties including care of GIM inpatients were undertaken by 42% of consultant physicians.

We estimated the total contribution to GIM duties (including the acute medical take) by medical specialty and this came principally from five large specialties:



JOB PLANNING

A current, agreed job plan is a key contribution to consultant productivity and job satisfaction. 92% of consultants reported having a current job plan and 84% that this had been reviewed and agreed within the last year, as recommended.

It is good practice to undertake job planning in teams but this remains relatively uncommon, with no change since last year. There were significant national variations: 31% in England, 27% in Wales, 19% in Scotland and 8% in Northern Ireland. Team job planning was more common in some specialties – in over 37% of acute physicians, stroke physicians and palliative medicine consultants.

More consultants reported having an annualised contract – 43% in England and 53% in Scotland, but only 24% in Wales and 20% in Northern Ireland.

CONTRACTED AND WORKED PAs

Contracted PAs

Consultant job plans are split into 4-hour work periods called programmed activities (PAs).

The mean number of contracted PAs per consultant was 10.4. On average, 7.3 PAs were spent in Direct Clinical Care (DCC) work, 1.9 in Supporting Professional Activities (SPA) work, 0.6 in academic work and 0.7 in 'other' work.

Worked PAs

The mean number of PAs consultants estimated they worked was 11.4. 7.8 were spent in DCC, 2.0 in SPAs, 0.8 in academic work and 0.9 in 'other' work. As with previous years of the census, consultants worked on average 10% more than they were contracted to do.

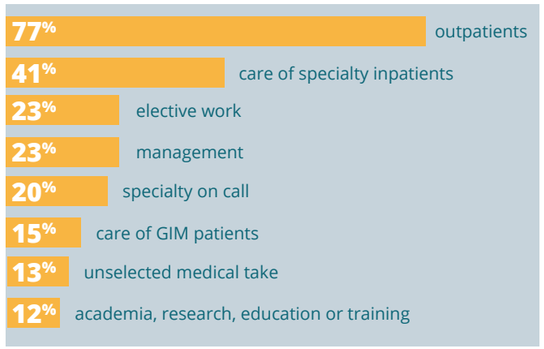
The most common reasons for working unpaid were consultants' clinical workload (75%), additional responsibilities and external duties (50%), personal choice (37%) and covering for a colleague or vacancy (31%).

RETIREMENT PLANS

24% of current consultants will reach 65 in the next 10 years, and 41% will reach 60. The mean age of planned retirement among consultants was 62.5 years. Therefore 35% of current consultants will reach their intended retirement age in the next decade.

Consultants who retired and returned to work comprised 15% of consultants completing the census – a significant increase from 5% last year. This is likely due to a combination of better ascertainment and the effects of the pension tax charge. Specialties varied in the proportion of consultants deciding to retire and return, from 7% in palliative medicine to 27% in clinical neurophysiology. In general, consultants in the smaller sub-specialities without a GIM commitment were more likely to retire and return.

Consultant who retired and returned reported undertaking the following work:



NEWSBITES

ANNUAL GENERAL MEETING

COLLEGE MEMBERSHIP ELECT MIKE MCKIRDY AS PRESIDENT-ELECT

Mike McKirdy has been elected by the membership of the College to serve as President Elect. Mr McKirdy will hold this post for the next 12 months, before succeeding Professor Jackie Taylor as President in December 2021.

Prior to his election Mr McKirdy has served on the College Council since 2005 and while Vice President (Surgical), from 2013 to 2016, established the College's Global Health programme. He currently also holds the role of College Director of Global Health. In that role he has been responsible for the publication of an influential report on the value of volunteering for global health work, and is now Professional Adviser to the Scottish Government Global Citizenship programme.

Mike graduated from the Glasgow University Medical School in 1985 and after surgical training in the west of Scotland, London and Manchester, was appointed a consultant surgeon at the Royal Alexandra Hospital Paisley in 1997. Since then he has led and developed breast cancer services in the Clyde area of the West of Scotland forming a three hospital service, introducing oncoplastic surgery, sentinel node biopsy and screening surgery and a post treatment rehabilitation programme. He sat on the Councils of the Association of Breast Surgery and the Association of Surgeons of Great Britain and Ireland, and is a trained reviewer for the Royal College of Surgeons of England Invited Review Mechanism, having conducted reviews across England, and in Scotland.

Following the announcement of his election, Mr McKirdy said:

"I am honoured to have been elected by our Fellows and Members. I would like to use my time as President Elect to support, and learn from, Professor Jackie Taylor as she continues to be an outstanding President of our College and leader in healthcare."

NEW VICE PRESIDENTS ELECTED

The Royal College of Physicians and Surgeons of Glasgow has elected Professor Andrew Gallagher and Mr John Scott as our new Vice President (Medical) and Vice President (Surgical) respectively.

Andrew Gallagher

Professor Andrew Gallagher is a Consultant Physician and Endocrinologist at Queen Elizabeth University Hospital. He was previously the College's Director of Education for Medicine and has also represented the College at national level on various committees. In 2019, he became an Ordinary Councillor (Physician) for the College.

On becoming Vice President (Medical), Professor Gallagher said:

"I am absolutely delighted to have been elected as Vice President (Medical). The Royal College of Physicians and Surgeons of Glasgow speaks for the profession, with a major role in advocating for its members and a voice which carries weight at Health Board and Governmental Level. We have to be at the forefront of implementing change and to be seen to lead by example."

John Scott

Mr John Scott is a Consultant Plastic and Reconstructive Surgeon at Glasgow Royal Infirmary. He has been involved with postgraduate education and examinations. Mr Scott is currently Chair of the Joint Committee on Intercollegiate Examinations Plastic Surgery Board. He has developed and delivered clinically orientated cadaveric surgery courses at the Clinical Anatomy Skills Centre collaboration between the College and University of Glasgow.

On being elected as Vice President (Surgical), Mr Scott said:

"I am extremely honoured to have been elected as Vice President (Surgical). It will be a privilege to join the College team that has demonstrated such a dynamic and holistic response to this most challenging of years."

Professional and Personal Development

Scholarships and awards

We offer an unrivalled programme of financial scholarships and awards to develop your professional skills and advance your career.

Closing date: April 2021

Ben Walton Scholarship and Development Grant (BWSDG)

The Ben Walton Trust was established in 1966. Mr Mike Walton commemorates his son, Ben Walton, and his year-long fight against oral cancer. The trust was set up to raise awareness of this disease among the general public and health professionals, to fund research and palliative care.

£3,000 maximum per award

UK Dental Undergraduate Award

This award is for UK undergraduate students who demonstrate excellence in either their completed Dental Elective Programme or a completed Clinical Case Report.

£500 maximum per award; maximum of four awarded annually.

TC White Researcher Grant

A grant is awarded to enable a young researcher to develop their research.

£10,000 maximum; one awarded annually

TC White Observership Award

Funding of travel and accommodation costs for a non-UK resident to gain experience at a centre of excellence.

£2,000 per award; two awarded annually

TC White Conference and Presentation Award

This award provides an opportunity for researchers to present their work at a professional conference of their choice.

£1,000 maximum per award; one to two award annually

TC White Travel Grant

Assistance with travel and accommodation costs for attending symposia and gaining experience outside the individual's country of residence.

£2,000 maximum per award; three awarded annually

Volunteering Award

An award to fund travel to undertake volunteering opportunities within the health care sector of developing countries. The period of volunteering should be a minimum of two weeks and candidates should be able to demonstrate a clear and sustainable benefit to the recipient community of their proposed activity.

£2,500 per award; two awarded annually

FOR MORE INFORMATION VISIT
rcp.sg/deawards

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW
DENTAL SURGERY