



Respected Valued Retained

Working together to
improve retention in
anaesthesia

September 2021

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Foreword

Staffing is fast becoming a ‘now or never’ issue for the NHS. There is wide acknowledgement that workforce gaps are at risk of reaching critical levels across many specialties if we do not act now. In the long term this will require investment in training, and we welcome Health Education England’s new commission from the Department of Health and Social Care to work with partners to review long term strategic trends for the health and social care workforce.

However, the implementation of any recommendations from this review and the training of new staff will take many years to generate an increase in capacity. Therefore, in the short to medium term we must do everything we can to support existing NHS staff to stay working as long as possible, in a way that makes them feel valued and cares for their wellbeing.

We know that our members have suffered¹ and continue to suffer high levels of fatigue and burn-out as a result of the pressures of managing COVID-19 patients while still maintaining emergency services and supporting the elective backlog recovery.

At the time of writing this foreword I am aware that the NHS is facing a further surge of COVID-19 patients and that we have ahead of us an extremely challenging winter. We must do what we can now to support and to lift the morale of our workforce and to retain those experienced anaesthetists whose skills can provide much needed leadership and expertise during the pandemic and beyond.

There is no silver bullet when it comes to retention. As you will see from this report, the reasons why anaesthetists leave or stay in work are complex, but there is a great deal of useful and practical guidance available and many examples of good practice in the healthcare sector that we can all learn from.

COVID-19 has shown the NHS to be responsive and flexible in ways that we could have not possibly imagined prior to the pandemic. Improving retention requires this same spirit of adaptability and goodwill from all sides to find ways of working that benefit individuals and teams alike.



Dr Fiona Donald
President, Royal College of Anaesthetists

Introduction

The future beyond COVID-19 presents a unique opportunity to build a stronger and more resilient healthcare services. Anaesthesia has a huge role to play in the recovery of the NHS and in realising the ambitions of the [Long Term Plan](#), [Build Back Better](#) and the devolved nations' equivalents..

However, our latest census² warns that the anaesthetic workforce has not been growing fast enough to keep up with the predicted increase in service demand, even before the pandemic, and that around 1,400 anaesthetists are required to fill current workforce gaps. **This equates to one million surgical procedures having to be delayed every year unless anaesthetic workforce numbers are increased to meet patient demand.**

The backlog of planned operations, as a result of COVID-19, places even greater pressure on our workforce. The Royal College of Surgeons of England is already reporting that lack of anaesthetic cover is one of the greatest limiting factors to bringing down the waiting lists.³

An ageing anaesthetic workforce

The Census also points to an ageing of the anaesthetic workforce. More Consultants are now working beyond the age of 60 years, up from 5% in 2015 to 7% in 2020. The 50 plus age group is now 39% of the workforce, compared with 31% in 2007.

As we get older, there is a decline in physiological and cognitive abilities brought on by the ageing process. Anaesthesia is a highly technical job, requiring good hand-eye co-ordination, eye-sight and hearing. It also requires the ability to stay alert over prolonged periods, have rapid access to large quantities of technical knowledge and the ability to function in a highly stressful environment.

One aspect of clinical practice which is particularly challenging for the ageing anaesthetist is the requirement to be on-call. Quality and duration of sleep worsen with age. Being on-call further disrupts sleep, even when not called out, and there is a decrease in the capacity to adapt to shift work with increasing age. In older workers cognitive performance may be more impaired during night work but they may be less aware of their degree of impairment,⁴ which could have an impact on patient safety.

There is of course variation in the ageing process of individuals, with some requiring considerable adjustments and others requiring fewer. In other words a one size fits all approach to adjusting clinical practice for older anaesthetists will never be right if an employer wants to retain and make the most of what senior clinicians can offer.

About this report

In February 2021 the RCoA launched [Anaesthesia – fit for the future](#), our UK-wide influencing campaign through which, over the next three years, we will set out a vision for 'team anaesthesia' and define the support it needs to deliver the best possible patient care in the aftermath of COVID-19 and beyond.

As well as advocating for finding a long-term solution to addressing gaps in the anaesthetic workforce, we are also keen to understand, through the work of the campaign, what anaesthetic departments and managers can do to support mid-career anaesthetists and anaesthetists approaching retirement, so that they can continue to make a meaningful contribution at a time when the NHS is facing unprecedented staffing pressures.

This report aims to use the findings gathered from a membership survey and a rapid evidence review about the factors affecting retention in anaesthesia to make recommendations which employees, employers, anaesthetic departments, Government and NHS leaders can use to shape the local policies required to make a long-term career in anaesthesia fulfilling and sustainable. We were also keen to understand the impact that COVID-19 has had on career intentions.

Executive summary

The report, which contains survey data from anaesthetists in training to retired anaesthetists, paints a concerning picture of a workplace culture which does not always facilitate career progression and flexible working, leading valuable and experienced staff to leave often out of frustration with unsustainable workloads and lack of the adjustments required to keep them in work.

Work-life balance and the need for flexibility (or lack of) emerge as two key factors affecting career decisions in anaesthesia. The report also finds that conversations between staff and managers about career progression and retirement to support succession planning in departments do not happen consistently, leading to cliff-edge situations where too little time is left to offer flexibilities required for those who would like to continue to contribute. This is further compounded by perverse pension taxation incentives which essentially encourage doctors to retire, rather than continue to work.

The findings also tell us that decisions about flexibilities cannot be taken in isolation and that tailored solutions need to be discussed across teams to ensure that everyone can benefit from the same flexible approach thus fostering a culture of support and collaboration between those who require adjustments and those who require fewer, if any.

It's also important for individuals to recognise any changes in cognitive and physical abilities and for staff to be able to have honest conversations with managers about any adjustments that might be required without fear of repercussion on their careers.

The issue of chronic excessive workload is of particular concern and the report makes recommendations for Government and NHS leaders to address this urgently. In the long term this can only be resolved by investing in the expansion of the anaesthetic workforce to fill existing gaps and to ensure it can meet the demands for anaesthetic services driven by population needs. In the short term by ensuring all targets for reducing the waiting lists allow time for staff to recuperate from the effects of the pandemic.

Key findings

Career intentions

1 in 4 (25%) Consultants and 1 in 5 (20%) SAS Anaesthetists planned to leave the NHS within five years.

- Around one third of the anaesthetic workforce may be working less than full-time within five years.
- Around one third of respondents said that COVID-19 made them less inclined to stay working in the NHS.

Why do anaesthetists retire or leave early?

Anaesthetists who had retired, or recently returned after retiring, said that the main reasons that they left were:

- not feeling valued or well supported, including relationships with colleagues and managers
- wanting to pursue leisure interests and spend time with family
- concerns about taxes or pensions
- bureaucracy and leadership issues
- improving mental wellbeing, reducing stress or burnout
- could not sustain workload or being on-call
- lack of flexibility, reduced hours, breaks or leave
- lack of autonomy and respect.

What would influence anaesthetists to stay longer?

Anaesthetists of different grades said that similar things would encourage them to stay working in the NHS for longer or return after retiring:

- being able to work flexibly and less than full-time to have better work-life balance
- reduced or no on-call work
- contract flexibility
- being able to adjust clinical practice or the environment to account for physical changes with age
- having supportive colleagues and managers that are respectful and appreciative
- advice about pay, pension and taxation issues.

The need for flexibility and adjustments

We asked Consultants and SAS Anaesthetists if they thought that they would be able to carry on with their current workload and job plan as they got older:

- 61% of Consultants and SAS Anaesthetists thought their workload was sustainable with some adjustments
- 30% of Consultants and SAS Anaesthetists said their workload was not at all sustainable as they got older.

Methodology

We worked with the [Evidence Centre](#) to gather evidence and research around the factors affecting retention in anaesthesia and specifically commissioned them to:

- conduct a rapid evidence review of research published in the past 20 years about factors affecting retention in anaesthesia and other relevant healthcare professions; practical solutions that encourage anaesthetists to stay in work
- support the design and analysis of a survey to the College's Membership Engagement Panel to understand what would make a career in anaesthesia sustainable and attractive for them, their intention to stay, leave or retire, and the impact of COVID-19 on those intentions.

The rapid evidence review⁵ compiled themes from 188 studies about retaining anaesthetists, surgeons and other NHS professionals. The published literature did not signpost us to simple solutions, but it gave us a good idea of the 'make or break' issues that influence people's decisions and helped us identify the levels across which the key factors affecting retention in anaesthesia can be mapped against:

- **individual-level factors** such as mental wellbeing and burnout; physical issues associated with ageing; the extent to which professionals felt valued and satisfied with their work; and family commitments and other priorities
- **role-related factors** such as workload and working requirements, including working on-call; plus perceived autonomy in the role
- **organisational/team-related factors** such as organisational climate; leadership; communication; team morale; and supportive relationships
- **system-level factors** such as perceived bureaucracy; issues related to income and pensions; and concerns about litigation or risks.

Our rapid review highlights that, although there are many opinions, there is very little real evidence about practical things that will encourage anaesthetists to stay working in the NHS. This is a significant gap in knowledge, and one that we wanted to fill by seeking feedback from our members about their plans to stay in the NHS and the things that would encourage them to keep working for longer.

815 anaesthetists members of the RCoA Membership Engagement Panel from across the UK responded to the survey in June 2021, a response rate of 20%. We surveyed across all grades, from Anaesthetists in Training and Trust grade doctors to anaesthetists who have retired or retired and returned.

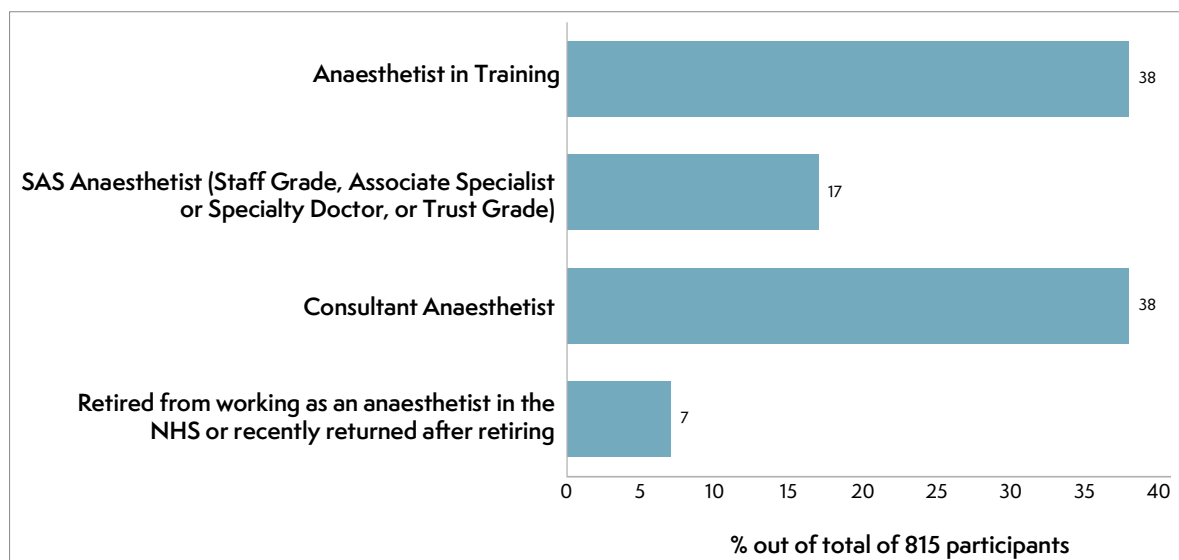
The majority of responses were from Consultant Anaesthetists (38%) and Anaesthetists in Training (38%). In surveying Anaesthetists in Training we were particularly interested to understand what matters to the anaesthetists of tomorrow when thinking about their career and what would encourage them to stay in anaesthesia for the rest of their working lives.

Career and retirement intentions

Through our survey we wanted to understand intentions to stay, leave, reduce working hours and retire across all grades of anaesthetic practice and we divided respondents into four groups:

- Anaesthetists in Training (including Staff Grade, Associate Specialist or Specialty Doctor, or Trust Grade Anaesthetists planning on returning to training within two years)
- SAS, Staff Grade, Associate Specialist or Specialty Doctor, or Trust Grade not planning to return to training within two years
- Consultant Anaesthetists
- retired from working as an anaesthetist in the NHS or recently returned after retiring.

Figure 1 Breakdown of respondents by grade



Anaesthetists in Training (including Staff Grade, Associate Specialist or Specialty Doctor, or Trust Grade Anaesthetists planning on returning to training within two years)

Only around half of Anaesthetists in Training said they planned to work in the NHS for the rest of their career.

About 1 in 4 Anaesthetists in Training planned to leave the NHS within five years, either to work in another country, in private practice or to leave entirely:

- 54% said that they planned to work in the NHS for the rest of their career
- 18% planned to work in anaesthesia in another country permanently after completing their training
- 5% planned to leave the NHS and work only in private practice within five years of completing training
- 6% planned to leave the NHS entirely within the next five years
- 30% said they were considering working on a less than full-time basis after they complete their training.

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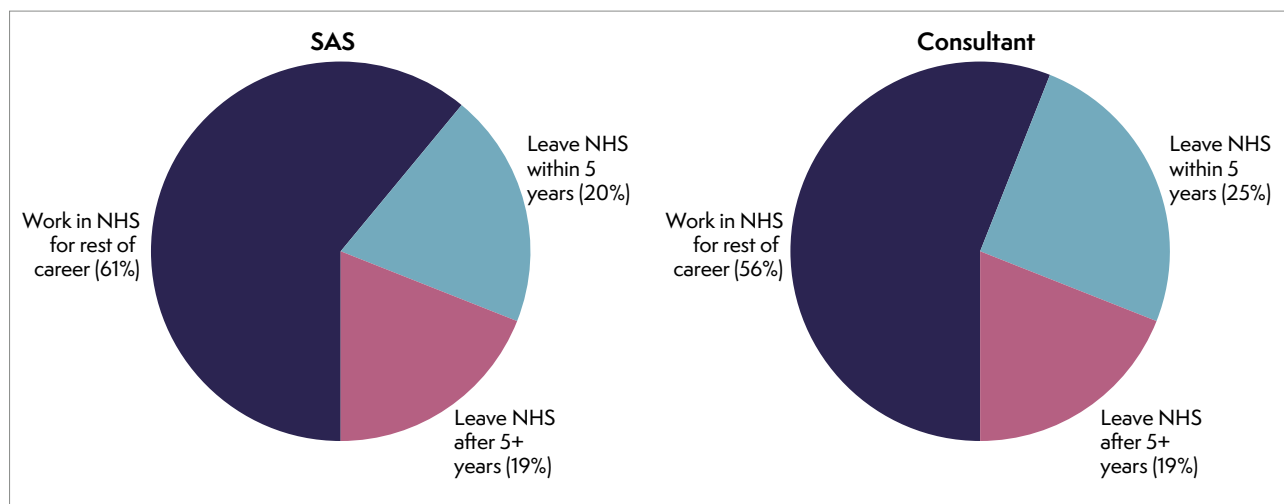
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Consultant Anaesthetists and SAS, Staff Grade, Associate Specialist or Specialty Doctor, or Trust grade not planning to return to training within two years

We asked similar questions of Consultant Anaesthetists and Staff Grade, Associate Specialist or Specialty Doctor, or Trust Grade Anaesthetists (SAS) who said they did not plan to return to training within two years.

Around 6 in 10 SAS Anaesthetists and Consultant Anaesthetists said they planned to work in the NHS for the rest of their career and 4 in 10 did not (see Table 2). **1 in 4 Consultants and 1 in 5 SAS Anaesthetists planned to leave the NHS within five years** (see Figure 4).

Figure 2 Intentions of SAS Anaesthetists and Consultant Anaesthetists



About 1 in 10 SAS Anaesthetists and Consultant Anaesthetists were currently working less than full-time and at least 2 in 10 were considering working less than full-time within the next five years. If this was extrapolated more widely, it would mean that **around one third of the workforce may wish to work less than full-time within five years**.

Retired from working as an anaesthetist in the NHS or recently returned after retiring

58 anaesthetists who had retired or who had retired and returned to work recently provided feedback. Of these:

- over one third did not want to return to working as an anaesthetist (38%)
- 14% had returned to working as an anaesthetist during the COVID-19 pandemic. Some did not plan to stay on (9%) and some would consider continuing after the pandemic ended (5%)
- 22% said they had successfully applied to return to work on a less than full-time basis and 9% said that they would consider returning to work on a less than full-time basis in future
- 2% had been unsuccessful in applying to return to work on a less than full-time basis. They said that this was due to lack of flexibility from managers over job plans and too much administrative bureaucracy.

These findings paint a concerning picture about retaining enough people to meet the demands on the service, with 1 in 4 surveyed anaesthetists currently in employment across all grades intending to leave the NHS within the next five years. They also highlight that the goodwill demonstrated by retired anaesthetists who returned during the height of COVID-19 is unlikely to last beyond the pandemic unless the option of retiring and returning is made easier and normalised as a flexibility offered by departments.

The impact of COVID-19 on morale and wellbeing

Around 3 in 10 people responding to the survey said that the COVID-19 pandemic had made them less inclined to stay working in anaesthesia in the NHS.

Figure 3 Impact of COVID-19 on intention to stay working in the NHS

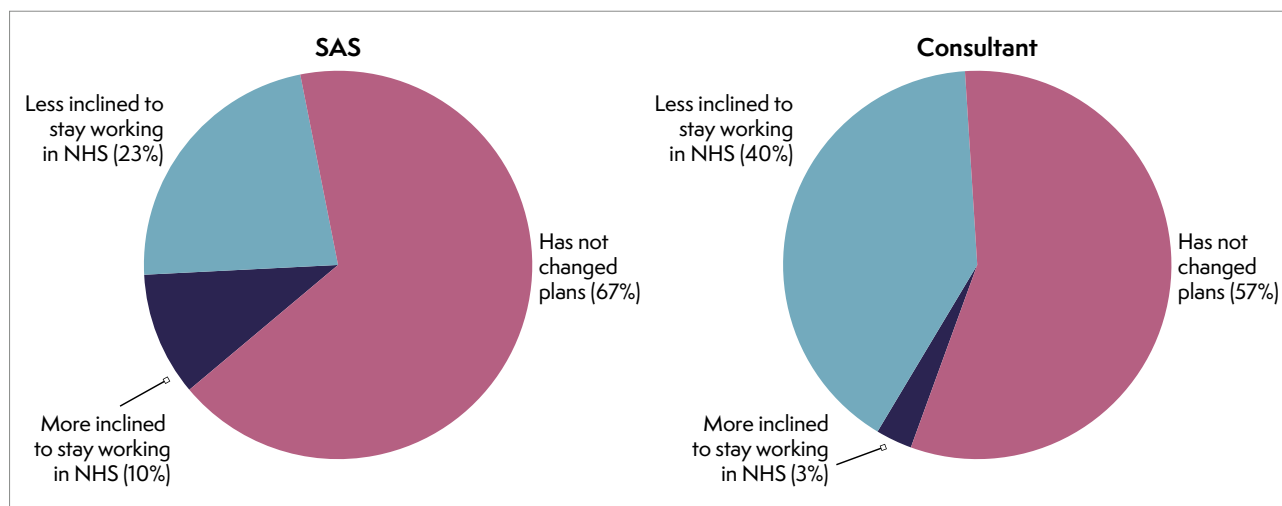


Table 1 Extent to which COVID-19 pandemic changed retention intentions

Impact of COVID-19	% Anaesthetist in Training	% SAS Anaesthetists	% Consultant Anaesthetists
Has not changed plans to stay in NHS	52	67	57
More inclined to stay working in NHS	9	10	3
Less inclined to stay working in NHS	39	23	40

In total, around 6% of people surveyed said that they were more likely to stay working within the NHS as a result of COVID-19. This was usually due to:

- a supportive team working environment during COVID-19
- increased recognition from peers
- feeling they had been able to make an important difference to people’s lives
- feeling that it would be inappropriate to leave the NHS at a time of significant need.

SAS ANAESTHETIST

‘The team experience working during the current pandemic was inspiring from a group/ team perspective.’

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Of the 3 in 10 who said that COVID-19 had made them less inclined to stay in the NHS, the main reasons were, in order of how commonly they were mentioned:

- feeling underappreciated or as though they were working in a hostile environment
- feeling unsupported
- feeling overworked and burnt out emotionally and physically
- feeling underpaid
- feeling isolated from family and friends
- difficult work experiences and trauma at work, including covering intensive care units
- feeling that training opportunities had been poor, curriculum changes were not well managed or that they had not been able to keep up with training requirements due to job pressures (amongst those in training).

The most common theme, no matter what type of role respondents held, was feeling unappreciated. In some instances, this was mentioned in the context of pay, but it also related to a lack of recognition of the work being done and perceived public and political views.

Anaesthetists also spoke repeatedly about poor working conditions in the NHS, including perceived unrealistic expectations or lack of flexibility about rotas, lack of work-life balance and limited support for stress and trauma.

SAS ANAESTHETIST

'The COVID-19 pandemic and the demands of working in the NHS through this have led me to reconsider what I feel is most important in life. I have been aware for some time that the government do not value NHS workers and the pandemic has shown that the public have little concern as well. My family and my own health must be my priorities and I feel certain that with ongoing worsening of pay and conditions, there will soon be a point at which working in the NHS is excessively detrimental without adequate recompense.'

CONSULTANT ANAESTHETIST

'The COVID-19 pandemic has highlighted how poorly funded and supported the NHS already is.'

CONSULTANT ANAESTHETIST

'We are exhausted and unappreciated by our Trust.'

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The COVID-19 pandemic has exacerbated the issue of chronic excessive workload for NHS staff, identified by the Health and Social Care Committee's report on workforce burnout and resilience in the NHS and social care as the 'no. 1 key predictor of staff stress and staff intention to quit'.⁶ Staff working in anaesthetic departments have been particularly affected by burnout given their role in acute care and redeployment to intensive care to look after the sickest COVID-19 patients. Our Winter Snap poll in February 2021 revealed that 34% of our members surveyed felt their mental health was poor due to the pandemic, with many telling us that they were suffering with PTSD and feeling completely burnt out. We are aware that NHS staff now have available a number of resources to support their wellbeing, however we believe that a reduction in workload through an increase in capacity is the only real solution to improve the morale and wellbeing of a stretched workforce. Given that boosting workforce numbers will take years, it is imperative that NHS staff are given the time they need to recover ahead of the next surge and that their physical and mental health is seen as equally important as ambitious targets for reducing the waiting lists.



Recommendation 1 (system level)

Government and NHS Leaders should safeguard the mental and physical wellbeing of NHS staff by setting realistic targets for reducing the waiting lists which allow burnt out staff to recuperate from the effects of the pandemic and enable them to access the resources and time off they need.



Recommendation 2 (system level)

Government should urgently invest in the expansion of the anaesthetic workforce and support an amendment to the Health and Care Bill from MPs which places a stronger duty on the Secretary of State for Health and Social Care to commission regular workforce projections and to act on them.



Recommendation 3 (individual)

Individuals should take their annual leave to have time to look after themselves and recuperate and should make use of available resources, including time off, to support their wellbeing.



Recommendation 4 (organisational)

Managers at all levels, including senior, should show compassionate leadership and foster a culture where staff are enabled and encouraged to seek help and the time off they require to improve their wellbeing.

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Factors affecting retention in anaesthesia

Our survey indicates that anaesthetists across all grades said similar things in terms of what would make a long-term career in anaesthesia sustainable and attractive.

Figure 4 Most mentioned words by Anaesthetists in Training when asked to describe a sustainable and attractive career in anaesthesia



Figure 5 Most mentioned words by SAS Anaesthetists when asked to describe a sustainable and attractive career in anaesthesia



Figure 6 Most mentioned words by Consultant Anaesthetists when asked to describe a sustainable and attractive career in anaesthesia



It is clear from the word clouds that flexibility, feeling valued and work-life balance are themes that are very important to all generations of anaesthetists.

It is important to note, however, that increased flexibility for one individual can cause detriment to other staff. A collaborative approach which includes managers and all team members reaching solutions together that work for the whole team will avoid resentment and foster a culture of co-operation, support and respect.

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There were some differences in the types of interventions that would encourage each cohort to stay in work for as long as possible.

Consultants would like to work less than full-time (LTFT) when approaching retirement.

CONSULTANT ANAESTHETIST

'Managers need to be positive and supportive for LTFT working. I am retiring early (55) because of their inflexibility.

We are a short staffed department so they would not let me work LTFT or indeed retire and return on an annualised LTFT contract. I am thus going freelance; they will be even more short staffed.'

SAS ANAESTHETIST

A lot of trusts are not keen on supporting doctors in their pursuit of CESR, even though most doctors understand that priority is for trainees, yet a plan must be clearly communicated between the trusts and their CESR aspirers.'

SAS Anaesthetists feel that they do not have enough support for career progression and to gain a Certificate of Eligibility for Specialist Registration (CESR).

While the pursuit of the CESR may not be appropriate in all cases, there should be opportunities for SAS and Trust grade doctors to discuss career progression, for example through new SAS and Specialist Grade contracts.

Consultants wish for more autonomy, reduced on-call and pension reform. The ability to be able to come off the on-call rota is also an important factor for SAS doctors. However, our Census reveals that SAS Anaesthetists are treated less favourably than Consultant Anaesthetists in this respect, with 34% of departments having a policy for senior Consultants to come off the on-call rota compared with only 7% having a policy for senior SAS doctors. We have also found that SAS Anaesthetists have to wait until the age of 60 years to come off on-call, five years later on average than their Consultant colleagues.

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Table 2 Things that would encourage anaesthetists to stay or return to the NHS

	% Anaesthetist in Training	% SAS Anaesthetists	% Consultant Anaesthetists	% Retired
Being able to work flexibly or work less than full-time/work-life balance	73	61	69	65
Option to come off on-call rota/less on-call work	26	67	83	67
Flexibility with contracts and support to stay in work	–	76	64	–
Ability to adjust clinical practice/environment to account for physical changes	–	73	78	15
Support from my department and managers if I need to adapt working practices/ positive culture	39	67	66	–
Advice about pension and taxation issues or Increased pay/pension	8	62	67	20
Opportunities for training, support with revalidation if reducing clinical hours and support with CESR process	16	58	47	44
Regular discussions with managers from age of 50 about preparing for retirement	–	46	40	–
Portfolio careers/ability to do projects and teaching as well as clinical work	22	42	38	42
Wellbeing and support networks/occupation health	–	46	26	15
Reduced mandatory training	–	–	–	55
Reduced administrative bureaucracy/GMC relicensing	–	–	–	49
Guidance or support about how to return	–	–	–	24
Feeling like I am making a difference and am valued	33	–	–	–

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The interventions and factors affecting retention mentioned in this report are not an exhaustive list of all that is available to improve retention. What is clear however is that there should be a degree of homogeneity of policies on retention across providers to avoid situations where working for certain employers becomes more desirable than working for others. Systems should aim for all anaesthetic departments to be equally attractive places to work.



Recommendation 5 (organisational)

Managers should consider and support requests for flexible working and LTFT working to improve the work-life balance of staff and have clear policies about flexibilities and retirement options available to staff.



Recommendation 6 (individual)

Individuals requesting flexible working and adjustments should be mindful of the impact of these requests on other team members and should be open to discussing options and solutions with managers and colleagues which work for the whole team.



Recommendation 7 (individual)

SAS and Trust Grade Anaesthetists should proactively use appraisals and yearly reviews of job plans to discuss career progression and agree Personal Development Plans with their appraisers and employers.



Recommendation 8 (organisational)

Anaesthetic departments should actively support the professional development of SAS and Trust Grade Anaesthetists, using appraisals and yearly reviews of job plans to discuss opportunities for career progression available to them, for example the new specialist grade contracts or the Certificate of Eligibility for Specialist Registration.



Recommendation 9 (organisational)

Policies for dropping on-call should be equitable for all non-training grade doctors, with due consideration of the intensity of resident on-call requirements.

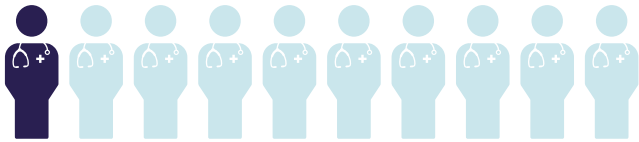


Recommendation 10 (systems)

NHS Leaders should standardise retention policies across providers, and these should be aimed at encouraging staff to stay in work as long and as healthily as possible and at making all NHS employers equally competitive and attractive places to work.

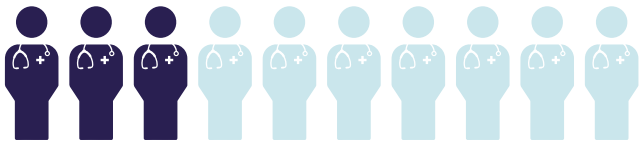
Planning for retirement

The survey highlighted the pressure and intense workloads that anaesthetists are currently experiencing and the need to adjust job plans as they advance in their careers to compensate for possible changes in physical and cognitive abilities.



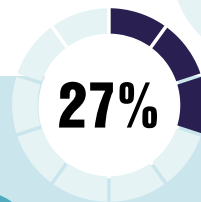
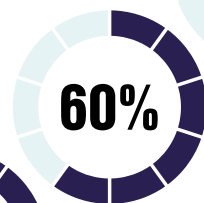
Only about 1 in 10 **SAS Anaesthetists** (9%) said that they expected to be able to carry on with their current workload or job plan with no adjustments as they got older.

6 in 10 thought their workload was sustainable with some adjustments (61%).



3 in 10 said their workload was not at all sustainable as they got older (30%).

The proportions were the same for **Consultant Anaesthetists**. About 1 in 10 thought that they would be able to carry on with their current workload and job plan as they got older with no adjustments (13%), 6 in 10 said their workload was sustainable with some adjustments (60%) and 3 in 10 thought their workload was not at all sustainable as they got older (27%).



However, only about **2 in 10 Consultants** (21%) and **1 in 10 SAS Anaesthetists** (8%) said that their department had discussed potential adjustments to job plans with themselves or colleagues approaching retirement.



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Half of Consultants (51%) and SAS Anaesthetists (55%) said that they would feel comfortable having regular tests for things such as sight and hearing after the age of 55 to assess the need for aids to help them work safely. Others acknowledged that the potential decline in cognitive ability and coordination needed to also be monitored.

Some expressed concern, however, that such assessments could be used as a way to remove them from their posts rather than to provide support.

CONSULTANT ANAESTHETIST

'It depends whether they are tests with support or tests in judgement. [.....] I suspect they would be used against people rather than as a means of supporting them.'

CONSULTANT ANAESTHETIST

'My fear would be that these would be used as leverage to force people out of roles or jobs altogether.'

These findings point to a worrying lack of consistency in how honest and open conversations around retirement between staff and managers currently take place. Recent guidance by the British Medical Association (BMA) on working in the peri-retirement period⁷ recommends that such conversations need to happen early in a consultant's career to avoid the risk of senior doctors leaving the profession before they have even had an opportunity to discuss adjustments and agreeing a plan to support them to stay in work.

In addition the NHS People Plan states that:

'Employers should ensure that staff who are mid-career (aged around 40 years) and those approaching retirement (aged 55 years and over) have a career conversation with their line manager, HR and occupational health.'⁸

Such conversations should also be informed by regular analyses of the age profile of the workforce in anaesthetic departments to quantify the expected rate of retirements over five and ten years. Clinical Directors and Managers can then initiate timely conversations with relevant staff allowing adequate time to discuss flexibilities and adjustments to keep them in work as long as possible. This would also encourage succession planning strategies to avoid cliff-edge situations brought on by staff shortages.

As previously discussed, the requirement for working on-call or overnight can be particularly taxing for the ageing anaesthetist with potential adverse outcomes for patient safety. However, the Equality Act 2010 aimed at preventing discrimination on the grounds of age, amongst other things, can raise barriers to honest conversations between staff and Clinical Directors and Managers about coming off on-call, because of the implications for reduced earnings.

Given the potential impact on patient safety, Government and NHS Leaders should offer flexibilities for NHS employers in the application of the Act so that such conversations can take place without fear of employers being subject to grievances or complaints.

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Recommendation 11 (individual)

Individuals should recognise and be honest about physiological changes that might affect their ability to sustain current job plans and should seek help early.



Recommendation 12 (organisational)

Clinical Directors and Managers should regularly and proactively look at the age profile of their anaesthetic workforce to quantify and identify staff approaching retirement and initiate early conversations about retirement plans with these individuals.



Recommendation 13 (organisational)

Employers should allow changes to working environments and job plans to support employees' changing physical needs, with support from occupational health services if required.



Recommendation 14 (systems)

Government and NHS Leaders should review how legislation to prevent discrimination on the grounds of age (The Equality Act 2010) applies to NHS employers, so that managers can have conversations around retirement and coming off on-call/overnight rotas without fear of employees raising formal grievances and to facilitate succession planning and retention strategies in departments.

Useful resources

NHS Employers: [Improving staff retention – A guide for employers](#)

NHS Employers: [Flexible working enablers](#)

NHS Employers: [Retirement flexibilities poster](#)

BMA: [Working in the peri-retirement period: possible changes to working practices](#)

Retiring and returning in anaesthesia

The Department of Health and Social Care and NHS leaders are understandably keen to capitalise on the success of the return to work initiatives which were put in place during the pandemic to allow retired doctors to return to practice and support the NHS during the crisis. Retiring and returning is also one of the flexibilities offered by many anaesthetic departments to senior staff who want to continue to contribute, but want to scale back and reduce commitments.

We asked retired anaesthetists to tell us about their intentions to return to practice and what impact COVID-19 has had on those intentions. **Of those who returned during the pandemic, only 5% would consider continuing and almost 40% are not willing to return to the NHS regardless of COVID-19.** Just over 20% were successful in applying to return to work on a less than full-time basis.

Respected, valued, retained

Working together to improve retention in anaesthesia

4 in 10 anaesthetists who had retired said that not feeling valued or supported was a factor in their decision to leave the NHS.

Anaesthetists who had retired or recently returned after retiring said that the main reasons that they left were:

- not feeling valued or well supported, including relationships with colleagues and managers (42%)
- wanting to pursue leisure interests and spend time with family (36%)
- concerns about taxes or pensions (36%)
- bureaucracy and leadership issues (35%)
- improving mental wellbeing, reducing stress or burnout (25%)
- could not sustain workload or being on-call (25%)
- lack of flexibility, reduced hours, breaks or leave (19%)
- lack of autonomy and respect (16%).

Similarly to Consultants and SAS Anaesthetists, retired anaesthetists also feel that being valued more and having more flexibility would encourage them to stay in the NHS longer.

RETIRED ANAESTHETIST

*'Support flexible working
in older professionals.
Treat senior doctors
with respect!'*

The findings also highlighted some barriers for retired anaesthetists who want to return to work, especially around the administrative bureaucracy around returning, for example having to redo mandatory training and lack of support in meeting GMC's revalidation requirements.

Concerns about pensions and taxes are also an important factor in senior anaesthetists retiring early. Our latest Census told us that 1,133 Consultants (14% of all Consultants – range 4% in London to 19.4% in Scotland) reduced their programmed activities as a result of the pension tax changes.²

There is no doubt, however from the responses that retired anaesthetists who are willing to return have a genuine desire to contribute their expertise mainly through clinical practice or through education and mentoring activities or a combination of both. There are also many out of theatre roles to which returning anaesthetists can contribute, such as perioperative care, preoperative assessment and pain rounds.

RETIRED ANAESTHETIST

*'Start to value and respect
the clinical acumen,
experience, teaching
roles and mentoring skills
that we contribute to a
department'*

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Recommendation 15 (individual)

Retired anaesthetists wishing to return should show flexibility and negotiate job plans that work for them, but also benefit the department and colleagues.



Recommendation 16 (organisational)

Managers and employers should foster a culture of respect towards senior anaesthetists and encourage a collaborative and team-based approach to flexible working.



Recommendation 17 (system)

NHS employers and regulators should strive to remove barriers to retire and return, simplifying the administrative burden and issuing guidance at national level to support the safe return of retired doctors to practice.



Recommendation 18 (system)

NHS leaders and government should strive to remove perverse pension taxation incentives which essentially encourage doctors to retire, rather than continue to work.

Case study

A retired anaesthetist's contrasting experiences of retiring and returning

'I have had very contrasting experiences of retiring and returning with two different employers.

My decision to retire in early 2016 was based on my having reached my nominated pension age of 60 in December 2015, but I was keen to work part-time and continue to contribute. I was offered a one-year part-time contract and I assumed that this would be renewable as our department had plenty of capacity and I was quite versatile in many areas of anaesthesia competency and willing to be flexible.

On the approach of the anniversary of my contract I was summoned to a meeting where I was informed that my contract would not be renewed. I tried to challenge this through the Trust's grievance process but to no avail.

So ended my NHS career after 35 years of loyal service.



In March 2020 I completed the NHS return to work COVID-19 paperwork. My offer to help out in my previous ICU was ignored. However, in a serendipitous turn of events, a colleague at another ICU asked me if I could help them out.

I'm still working in that critical care unit though no longer full-time.

Returning to critical care work was a cathartic experience. I work with an amazing team of enthusiastic colleagues and our COVID-19 experience and response is a testament to what can be achieved in a healthy work environment where all opinions and 'ages' are respected.

My personal experience is unlikely to be unique. I have serious concerns surrounding the emergence of negativity and even hostility towards 'senior' Consultants. The negative attitude towards 'retire and return' is as much an issue from within anaesthesia departments as it is with HR departments.'

Summary of recommendations for improving retention of staff in anaesthesia

<p>What individuals can do</p> 	<ul style="list-style-type: none">■ Individuals should make use of available resources and take annual leave and time they need to look after themselves and recuperate.■ Individuals requesting flexible working and adjustments should be mindful of the impact of these requests on other team members and should be open to discussing options and solutions with managers and colleagues which work for the whole team.■ Individuals should recognise and be honest about physiological changes that might affect their ability to sustain current job plans and should seek help early.■ SAS and Trust Grade Anaesthetists should proactively use appraisals and yearly reviews of job plans to discuss career progression and agree Personal Development Plans with their appraisers and employers.■ Retired anaesthetists wishing to return should show flexibility and negotiate job plans that work for them, but also benefit the department and colleagues.
<p>What managers and teams can do</p> 	<ul style="list-style-type: none">■ Managers at all levels, including senior, should show compassionate leadership and foster a culture where staff are enabled and encouraged to seek help and the time off they require to improve their wellbeing.■ Managers should consider and support requests for flexible working and LTFT working to improve the work-life balance of staff and have clear policies about flexibilities and retirement options available to staff.■ Anaesthetic departments should actively support the professional development of SAS and Trust Grade Anaesthetists, using appraisals and yearly reviews of job plans to discuss opportunities for career progression available to them, for example the new specialist grade contracts or the Certificate of Eligibility for Specialist Registration.■ Policies for dropping on-call should be equitable for all non-training grade doctors, with due consideration of the intensity of resident on-call requirements.■ Employers should offer regular and tailored conversations about retirement and career plans as part of yearly reviews of job plans, including training for managers to have these conversations.■ Employers should allow changes to working environments and job plans to support employees' changing physical needs, with support from occupational health services if required.■ Clinical Directors and Managers should regularly and proactively look at the age profile of their anaesthetic workforce to quantify and identify staff approaching retirement and initiate early conversations about retirement plans with these individuals.■ Managers and employers should foster a culture of respect towards senior anaesthetists and encourage a collaborative and team-based approach to flexible working.

Respected, valued, retained

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What systems can do



- Government and NHS Leaders should safeguard the mental and physical wellbeing of NHS staff by setting realistic targets for reducing the waiting lists which allow burnt out staff to recuperate from the effects of the pandemic and enable them to access the resources and time off they need.
- Government should urgently invest in the expansion of the anaesthetic workforce and support an amendment to the Health and Care Bill from MPs which places a stronger duty on the Secretary of State for Health and Social Care to commission regular workforce projections and to act on them.
- NHS Leaders should standardise retention policies across providers, and these should be aimed at encouraging staff to stay in work as long and as healthily as possible and at making all NHS employers equally competitive and attractive places to work.
- Government and NHS Leaders should review how legislation to prevent discrimination on the grounds of age (The Equality Act 2010) applies to NHS employers, so that managers can have conversations around retirement and coming off on-call/overnight rotas without fear of employees raising formal grievances and to facilitate succession planning and retention strategies in departments.
- NHS employers and regulators should strive to remove barriers to retire and return, simplifying the administrative burden and issuing guidance at national level to support the safe return of retired doctors to practice.
- NHS leaders and government should strive to remove perverse pension taxation incentives which essentially encourage doctors to retire, rather than continue to work.

Conclusion

Anaesthesia is not alone in facing workforce challenges, but unlike many other specialties there is not usually any potential for cross-cover from doctors in other specialties. Furthermore, the increasing numbers of older people with multiple comorbidities needing care, complex new surgical procedures, additional roles in perioperative medicine and management, and more weekend and evening work continue to drive the demand for anaesthetic services.

While we wait for a long-term solution from government to addressing workforce shortages in the NHS, it is critical that employers, HR departments and anaesthetic departments work with staff of all grades to find mutually satisfactory ways to keep them in work as long as possible.

In some cases, this will require a shift in culture and a bit of planning, but as the above case study demonstrates, the pandemic has shown that flexibility is possible and that ways of doing things differently can be introduced rapidly with minimal effort by forward thinking anaesthetic and HR departments, bringing huge benefits to employers and employees alike, and ultimately patients.

References

- 1 [Findings from COVID-19 Winter Snap Poll](#). RCoA, 2021.
- 2 [Medical Workforce Census Report 2020](#). RCoA, 2020.
- 3 [We need more anaesthetists to tackle the backlog in elective surgery](#). RCoA Blog by Professor Neil Mortensen, President, Royal College of Surgeons of England. RCoA, 2021.
- 4 [Age and the anaesthetist](#). *Anaesthesia News Special Issue*. AAGBI, 2016.
- 5 [What influences whether anaesthetists stay in the NHS](#). RCoA/Evidence Centre. *Rapid Research Review*, 2021.
- 6 [Workforce burnout and resilience in the NHS and social care – Committees](#). UK Parliament, 2021.
- 7 [Working in the peri-retirement period: possible changes to working practices](#). BMA, 2021.
- 8 [We are the NHS – People Plan 2020–2021, action for us all](#). NHSE, 2020.



Royal College of Anaesthetists

Anaesthesia – fit for the future is our UK-wide influencing campaign through which we'll set out a vision for 'team anaesthesia' and define the support it needs to deliver the best possible patient care beyond COVID-19.

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