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Session : June 2024 term

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Introduction:

This report provides an extensive position analysis for doctors practicing within the NHS and focuses on the critical issues surrounding the supply of nurses, both internally and externally. Maintaining enough human resources, especially nurses, is an important concern for the National Health Service (NHS) in the United Kingdom. It is essential to comprehend these challenges to develop strategies that can improve workforce planning, recruiting, and retention. The quality of patient care has been affected, the existing staff is overworked, and the healthcare system is in distress due to this shortfall. To solve these problems, it's critical to comprehend the variables affecting the availability of nurses both internally and externally and to put into place effective strategies to guarantee a long-term workforce. As the main source of medical treatment and services to people across the United Kingdom, doctors are integral to the National Health Service (NHS). To meet the growing need for health care human resources, the NHS must retain enough doctors, which raises significant challenges.

The study addresses elements that impact both internal and external supply of nurses, including methods of recruitment and economic factors, as well as demographics of the workforce, rate of turnover, and training initiatives. The analysis for doctors focuses on the demographics of the workforce, the workload, working conditions, along with external factors like immigration laws and prevailing economic situations.

Predicting the Internal & External Supply of Human workforce that focuses on Shortage of Nurses:

Key Issues to Consider Estimating the Internal Supply of Human Resources: Shortage of Nurses

The nurses that are currently employed by the NHS are commonly referred to as the internal supply. HR departments must examine a range of employee indicators to be able to estimate this, including:

Internal Supply of Human Resources Issues:

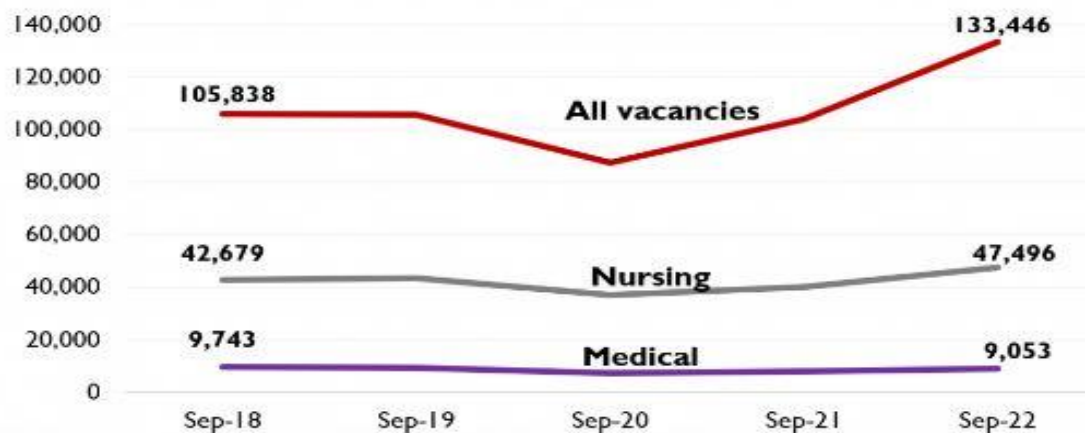
An Aging Nursing Workforce:

A significant percentage of the nursing workforce at present is becoming nearer to retirement. The Royal College of Nursing estimates that about one out of every three nurses in the National Health Service (NHS) are 50 years of age or older. This indicates a surge of retirements that, if not properly anticipated, might worsen the current shortages.

The Nursing and Midwifery Council's 2023 statistics indicate that, among UK Registered Nurses (RNs), the 41–55 age group (285,199 registered professionals) is the second-largest age demographic. Meanwhile, the number of nurses 56 years of age or older, including nurse practitioners at NHS retirement age, has risen to 167,002 (Nursing and Midwifery Council, 2024).

High Turnover Rate:

Chart 1: Medical, nursing and overall NHS vacancies, September 2018 to September 2022



(NHS Digital, '[NHS vacancy statistics England April 2015–June 2022 experimental statistics](#)', 1 September 2022)

(Source: Eren Waitzman, 2023)

Shortages are the consequence of high turnover rates. A range of factors, including burnout, work dissatisfaction and a lack of support, cause nurses to leave the field or transition to other occupations. Retaining current employees requires making modifications to working conditions, offering opportunities for professional advancement, and improving job satisfaction.

Nearly 43,000 individuals between the ages of 21 and 50 departed the Nursing and Midwifery Council (NMC) register between 2018 and 2022, according to the investigation. Additionally, it shows that the number of nurses quitting the National Medical Center register increased by 3% in 2022 and by 9% in 2020–21 compared to the previous year (Royal College of Nursing, 2023).

Lack of Long-term Planning:

A "boom-and-bust" perspective to funding and a lack of strategic planning for employee's levels have been two of the key causes of the shortages in nursing and the NHS overall. Most existing models employ the simple and relatively imprecise "stock-and-flow" method of workforce modeling, which involves forecasting future staff numbers from present staff numbers using joiner and leaver rate data. One of the main causes of the absence of a coordinated labor strategy is the lack of precise, trustworthy, and transparent supply and demand for labor estimates. This is partially caused by a shortage of capability and capacity at the local and national levels, which becomes worse by system architectural reorganizations (Nihar Shembavnekar, 2021)

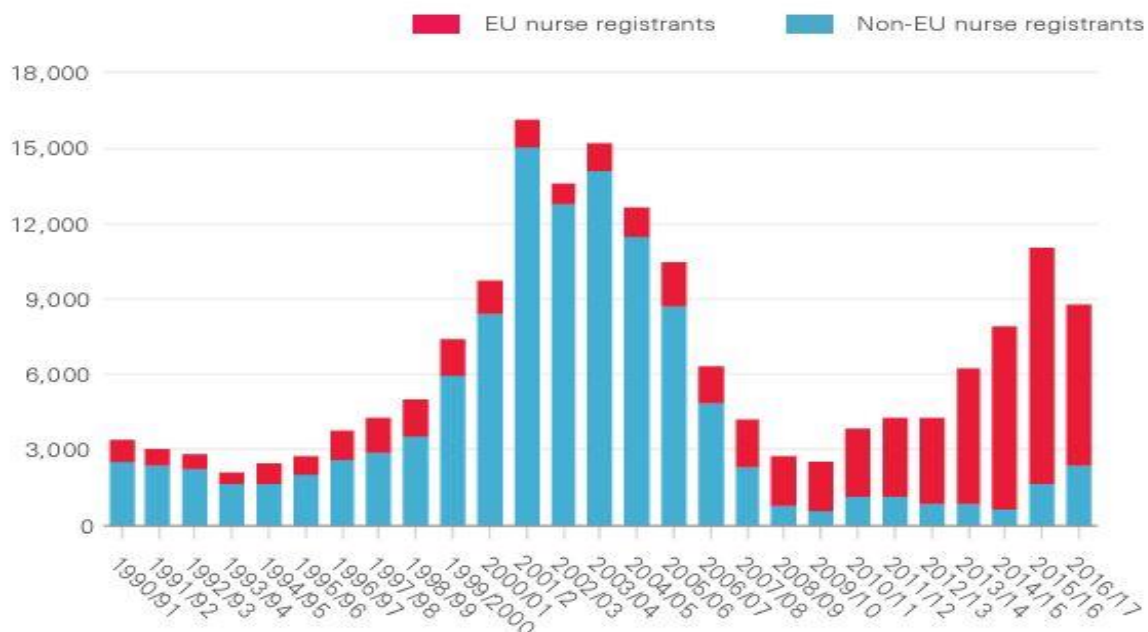
Limited Sources for Training & Development Programs:

Strong paths to learning are required for ensuring a consistent internal nursing supply. This involves improving nursing programs' capacity and making sure that courses meet the demands in modern healthcare settings. The NHS and educational institutions can work collaboratively to address these requirements. The requirement to recruit and train new nurses is always growing. This is because the healthcare sector is facing increasing demands, such as caring for the aging baby boomer population, and there is a need to fill the gap left by nurses giving up the field for retirement, burnout, or dissatisfaction with their current position (Royal College of Nursing, 2023).

External Supply of Human Resources Issues:

High Reliance on International Staff and Brexit:

Figure 14: Number of EU and non-EU nurse registrations, 1990/91–2016/17



Source: Data obtained from Nursing and Midwifery Council.

(Source: Butchan et al., 2017)

In past decades, the NHS has depended on recruiting nurses from other countries to cover the shortage of employees. However, there are barriers to foreign hiring, including immigration laws, ethical concerns about the shortage of healthcare resources elsewhere, and international competition. The UK has an extended tradition of actively recruiting medical professionals from other nations and serving as a supply of licensed practitioners for other, mostly wealthy, countries. The House of Commons projected in a report released in April 2017 that over 60,000 individuals from EU non-UK countries were employed by the NHS in England, and a further 90,000 were working in social services for adults. This was equivalent to 7% of nurses from the NHS and 9.2% of doctors (these percentages increased in London) (Butchan et al., 2017).

Figure 15: New EU nurse registrations, January 2016–April 2017



Source: Data obtained from Nursing and Midwifery Council.

(Source: Butchan et al., 2017)

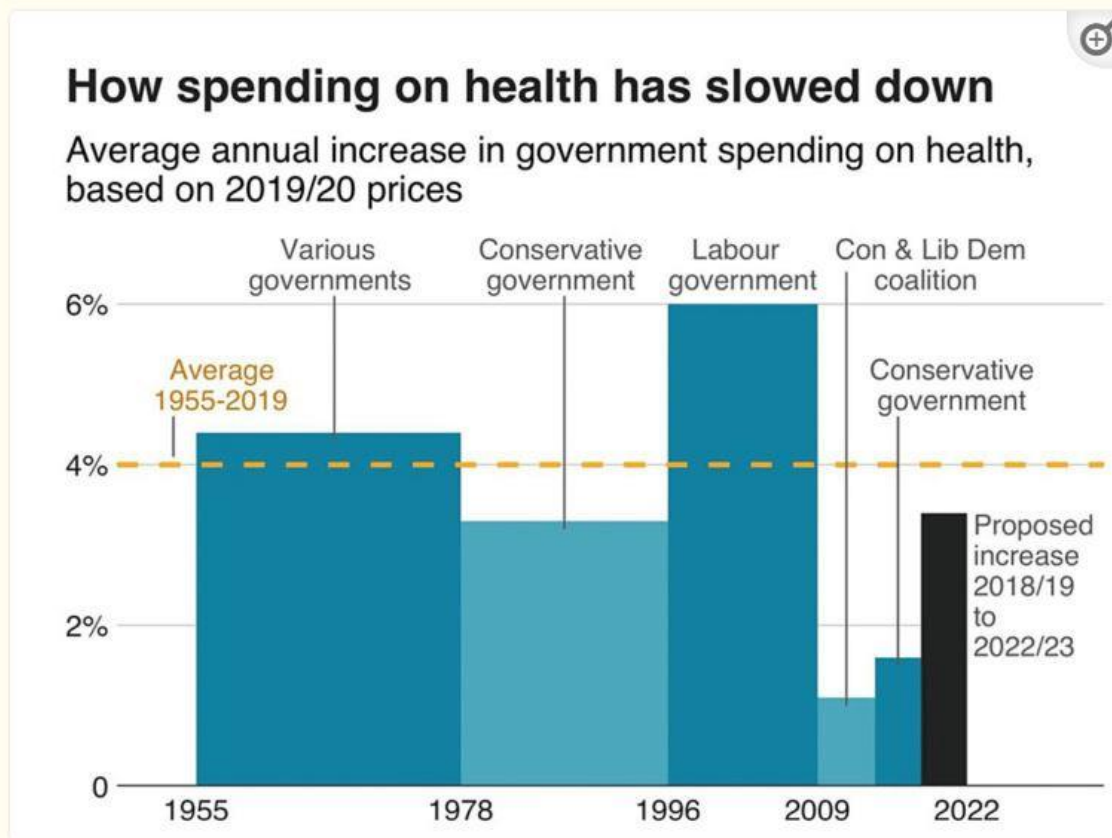
The inflow of healthcare professionals from EU nations, which was once a major source of healthcare personnel, has been impacted by the UK's exit from the EU. After Brexit, immigration laws will change, requiring adjustments to recruitment methods.

The UK's decision to exit the EU in June 2016 has put this comparatively substantial level of dependence on foreign labor into a sharp relief. This caused concerns about the UK's long-term attraction as a place for EU nationals to work and the retention rates of those who are already employed by the NHS. It also corresponded with the implementation of increased language requirements for foreign-trained nurses. The overall effect was stunning. Since summer of 2016, there has been a noticeable decline in the number of new registrants, as evidenced by the NMC's monthly data. Similarly, twice as many EU-national nurses—3,500—left the NHS in 2016 as did in 2014 (Butchan et al., 2017).

Low Funding and Budget Preferences:

For the NHS to support programs associated with recruitment and retention, there must be adequate funding. The capacity to handle workforce needs may be severely limited by budget cuts or insufficient funds. NHS spending climbed by 4% annually on average until the 2008 financial crisis, at which point it fell to 1.5%, far less than the average yearly spending. Despite the government's plans to raise spending to 3.4% for the 2019–20 budget year, the spending is still significantly lower than the typical yearly spending of the National Health Service (NHS) due to growing inflation and the pandemic.

Figure 1



The NHS spending summary

National Health Services (NHS) [3]

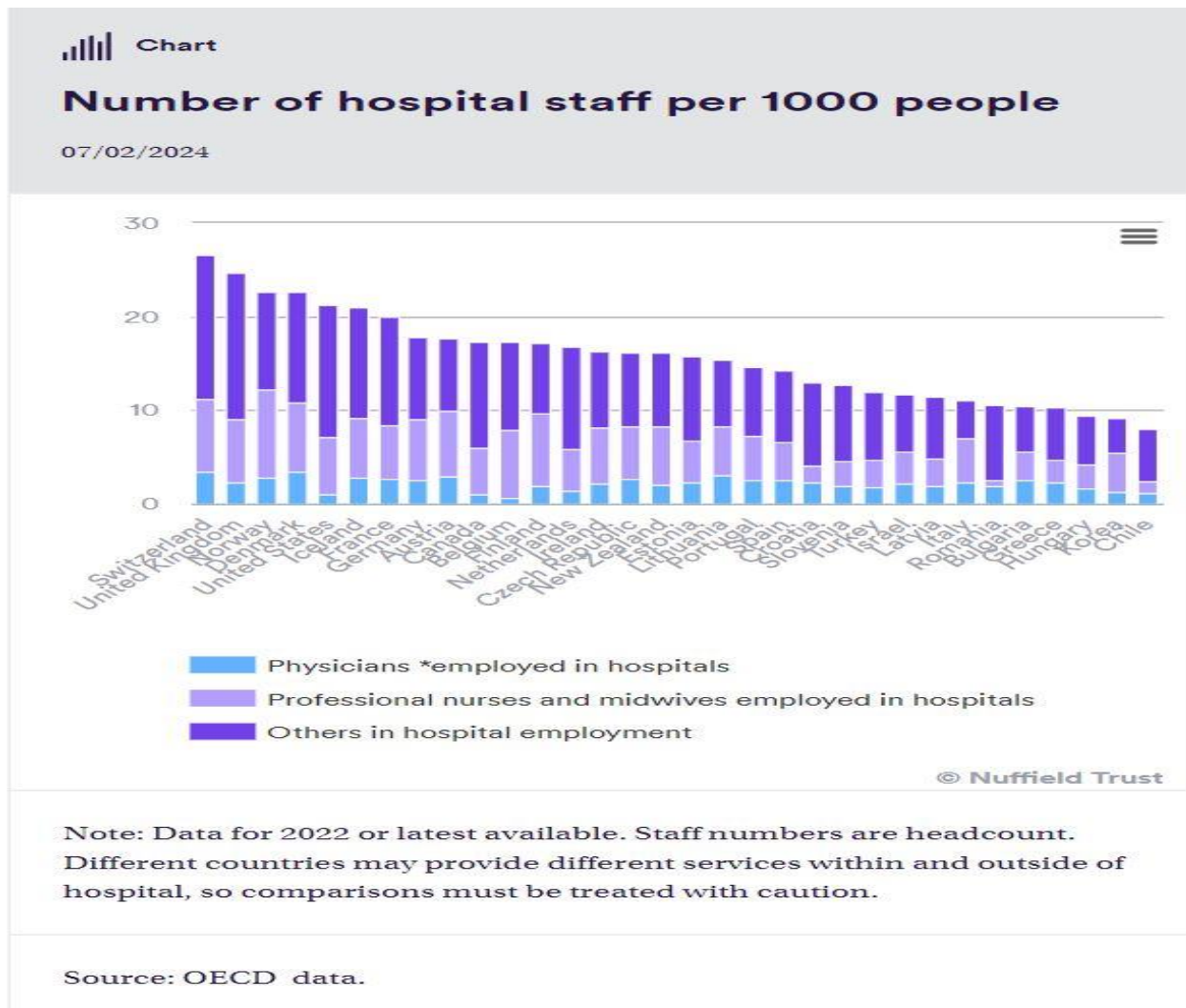
Permission obtained from the authors

(Source: Khan, 2023)

Competition With Other Nations:

It is important to exercise caution when making comparisons with other nations because there may be variations in data, service design, geography, and other factors. Although it might seem that the UK employs relatively few people in important groups when compared to other advanced economies, countries have a variety of skill mix, with the UK (especially in England) hiring more support personnel per capita than other nations. Our international comparison report goes into

further detail about how we evaluate globally. It shows that, in comparison to other high-income nations, the NHS has higher bed occupancy rates, less key staff members, and a lower rate of capital investment. These factors suggest that the NHS may take longer than other health systems to recover from COVID-19 (Rolewicz et al., 2024),



(Source: Rolewicz et al., 2024)

Conducting Position Analysis for NHS doctors:

In the NHS, doctors are essential contributors, offering crucial health services in a range of specialties. On the other hand, the hiring, retention, and overall health of its medical workforce offer serious issues for the NHS. This position analysis evaluates the current state of play for doctors in the National Health Service (NHS), taking into account variables including external influences, advancement in career, working conditions, and workforce demographics.

Position Analysis:

As a general practitioner (GP), you will treat patients in the community on an ongoing basis. Whether a patient sees you in the office, at home, or in another location like a care facility, you

are typically their first point of contact. You must employ a comprehensive approach when diagnosing illness and suggesting an approach to treatment, considering social, emotional, and physical elements. Referring patients to hospital clinics or other healthcare providers for additional evaluation or treatment will be a part of your job description. Additionally, you can manage specialized clinics for individuals with ailments, like asthma (AGCAS Editors, 2023).

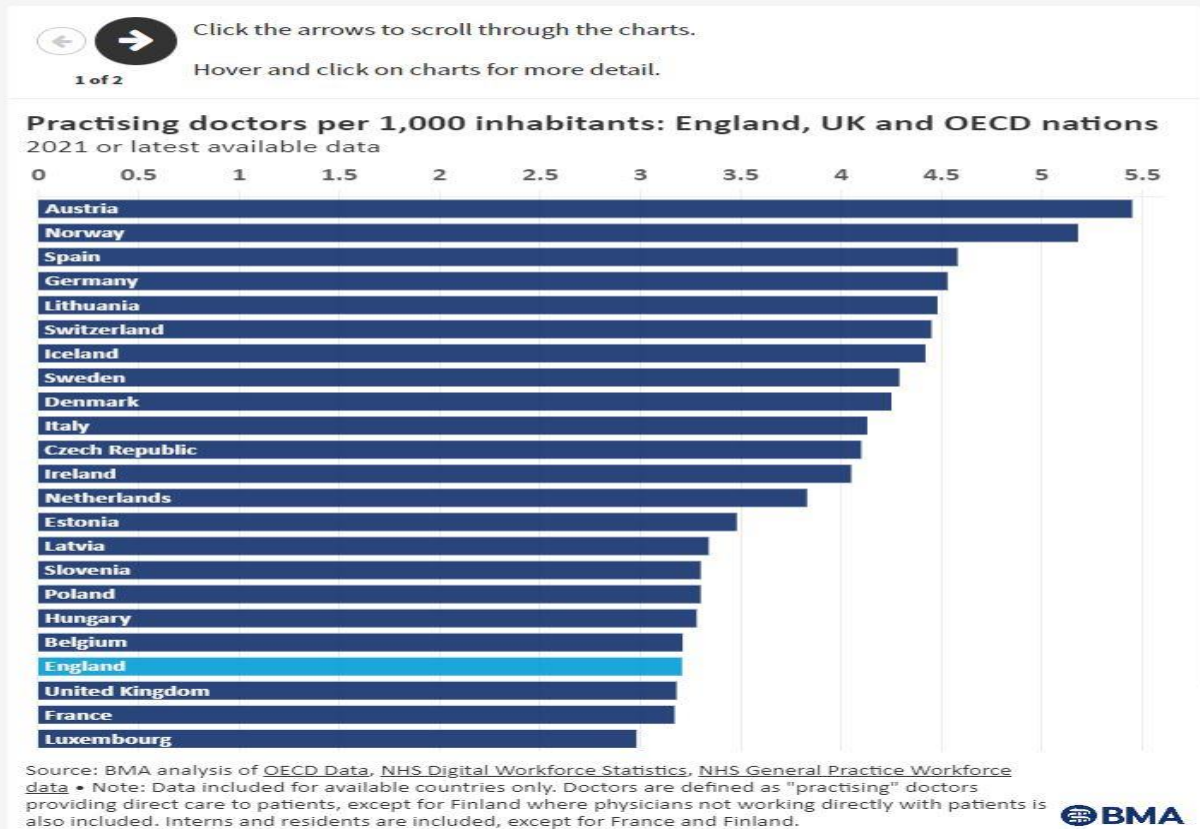
Responsibilities:

- While treating a patient's medical or health issue, consult their medical history and proceed with proper diagnosis, examination, treatment, and referral.
- Maintain impartiality and confidentiality.
- Connect with hospital and community medical staff
- Promote health education in collaboration with other medical specialists
- Plan medical screenings and preventative treatments for specific patients.
- Provide specialized clinics for particular diseases or populations, such as diabetes, smoking' cessation, and expectant mothers.
- Meet the government's goals for particular treatments, like childhood vaccinations
- Talk about the creation of innovative medicines with sales representatives.

Shortage of Doctors:

The staff of healthcare is its most valuable resource. The National Health Service (NHS) is currently facing a persistent workers issue that can be attributed to years of inadequate funding for employee training, poor workforce planning, and a lack of accountability from the government (The BMA, 2024).

England has a shortage of doctors



(Source: The BMA Report, 2024)

England has a relatively low percentage of doctors in comparison to its population when compared with other countries. England has hardly 2.9 doctors per 1,000 people, compared to 3.7 in other OECD EU nations. In contrast, Germany has 4.3. Almost 50,000 additional full-time equivalent doctors are required in England in order to catch up to the current OECD EU average of 3.7 doctors per 1,000 inhabitants

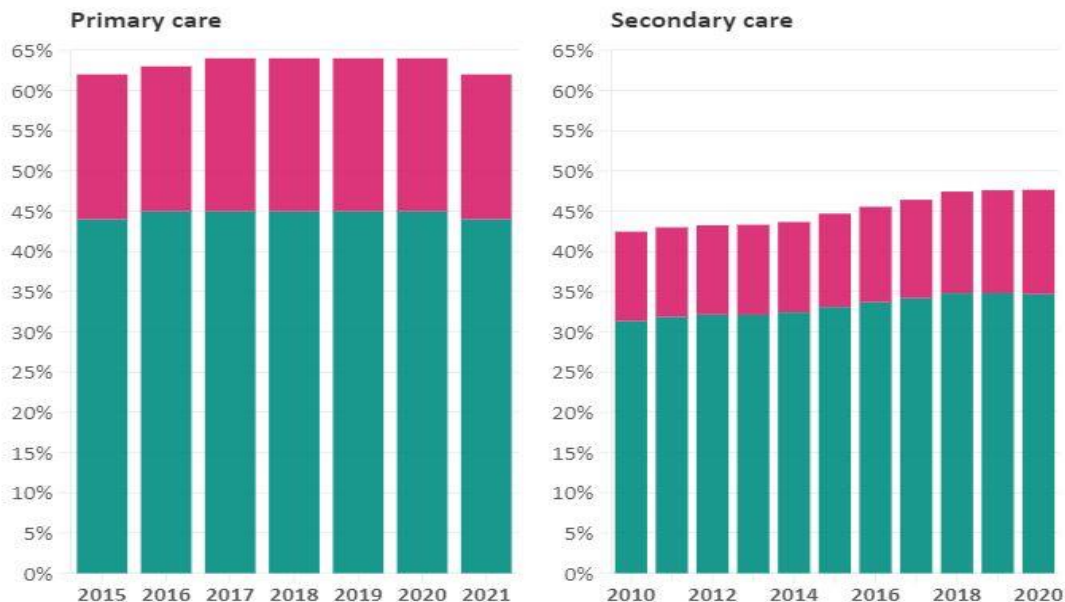
Medical Workforce is Ageing:

Similar to the overall population, the workforce is aging. In the next between one and ten years, 13% of secondary care doctors and 18% of general practitioners will reach the minimum retirement age. This might result in the retirement of more than 25,000 doctors alone (The BMA,

2024).

The medical workforce is ageing

Proportion of doctors **over 45** and **over 55** in England (headcount)



Source: BMA analysis of [NHS Workforce Statistics, Equality and diversity in NHS Trusts and CCGs](#) December 2020, [NHS Digital General Practice Workforce Statistics](#)



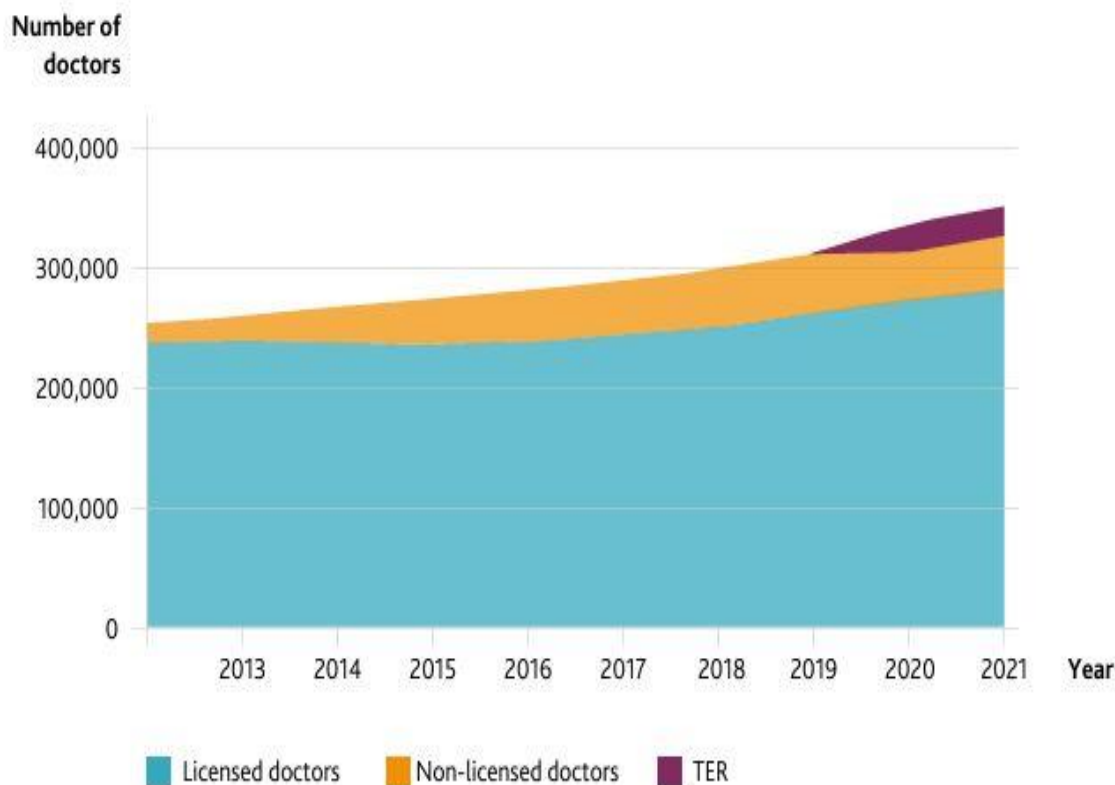
Like the general population, the workforce is ageing. 13% of secondary care doctors and 18% of GPs will be reaching minimum retirement age in the next one to 10 years. This could mean a loss of over 25,000 doctors through retirement alone.

(Source: The BMA Report, 2024)

Furthermore, over the previous 13 years, the number of doctors leaving the NHS early has more than tripled. Early signs point to the possibility that this will increase even more due to the stress of working in the NHS during a pandemic. Intend on retiring early' was agreed upon by 43% of respondents to a September 2021 BMA survey, while plan to work less hours after the pandemic' was agreed upon by 50% of respondents. According to the GMC, "retirement" was the leading reason given by 40% of UK doctors with a primary medical qualification (PMQ) for quitting UK practice between May 2021 and May 2022 (The BMA Report).

Number of Licensed Doctors is Growing:

Figure 1: Licensed, non-licensed, and temporary emergency registration (TER)* doctors, 2012 to 2021



* Temporary emergency registration (TER) relates to doctors granted registration under our emergency powers during the pandemic. This group is described further in Box 1 of the report.

(Source: General Medical Council, 2022)

The figure illustrates the growth in the headcount of doctors. The number of licensed physicians increased from 242,642 to 283,663 (17% increase) between 2017 and 2021. They concentrate on the number of doctors with licenses, even though figure also displays doctors who are registered but do not possess a license (non-licensed). Licensed physicians represent the medical professionals who may be able to add to the clinical workforce in the UK since they are permitted to practice medicine in the country. The workforce is not fully represented by our data in terms of full-time equivalents. A significant number of international medical graduates (IMGs) from outside the United Kingdom and the European Economic Area (EEA) are entering the workforce, which is fueling the expansion of licensed physicians (General Medical Council, 2022).

Media Influence:

Policy decisions and public perceptions can be influenced by media coverage of healthcare issues. Public knowledge and support can be increased by interacting with the media to present factual information and emphasize the beneficial contributions made by doctors.

According to a general practitioner poll, up to 37% of GPs are very likely to leave front-line general practice in the next five years. Qualitative research studies indicate that the government, NHS, and media do not appear to appreciate general practice-based health care, which may be one of the causes of this. This influences not just the doctors' morale but also the views of the general public. According to a recent poll conducted by the Royal College of General Practitioners, medical students felt that the current political situation, media, and internet and television news presented general practice negatively, which is consistent with earlier studies. The media frequently presents an underfunded specialty in crisis and engages in "constant GP bashing," but the authors were unable to locate any prior comprehensive studies that supported this portrayal (Barry & Greenhalgh, 2019).

NHS Funding:

Sufficient money is essential for promoting the hiring, retaining, and professional growth of doctors. To solve staffing issues, government policies that place a high priority on workforce planning and health care spending are crucial.

Then there's the money, which is the inevitable issue. Although pay is not a major factor in choosing this career path, things have changed. For the past ten years, the majority of NHS employees have seen a decrease in actual pay. Junior doctors typically start out at £29,000 and work their way up to £58,000 in eight years. However, what's occasionally overlooked is the debt they graduate with. These days, tuition costs are £9,000 annually for a period of five or six years, and student loans must be repaid with 9% of income over £27,000. Therefore, a young physician won't begin to make a profit until they are in their 30s or 40s, by which time many will have begun children and will also need to deal with the expense of daycare and rising property taxes (The Guardian, 2023).

Conclusion:

A complex environment driven by workforce demographics, working conditions, chances for career growth, and external influences is revealed by the position analysis of doctors employed by the National Health Service (NHS). Overcoming obstacles like workload, burnout, and hiring demands for a multipronged strategy that includes individual initiatives, organizational reforms, and government assistance. Through enhancing working conditions, facilitating career advancement, and cultivating a happy work atmosphere, the NHS can guarantee a medical workforce that is both sustainable and successful in providing patients with high-quality care.

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