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## Why NHS Trusts would benefit from long-term strategies over locum 'quick fixes'



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It's no secret that the NHS is under-staffed and under-funded. It's hard to read the news without coming across a report on the doctor-shortage, its impact on patient care and the growing cost of agency locums. Indeed, according to a recent [analysis](#) from the King's Fund, Nuffield Trust and [Health](#) Foundation, the gap between available staff and actual demand across the NHS could reach 350,000 by 2030. When presented with statistics like this, the need for reform that drives a more sustainable approach to resourcing across the NHS becomes more critical. The fact is, continued reliance on expensive agency locums is not going to provide the result that is needed.

So how can hiring managers shift the thinking around department resources to reduce this shortfall in the future and focus on long term, not locum?

### **A focus overseas**

One of the crucial points to make is that, for many of these highly-skilled doctor vacancies, there simply isn't the trained headcount in the UK to meet the demand. However, the picture is different across the globe. There's a rich pool of overseas talent that can be tapped into, often consisting of individuals who are actively seeking the chance to transfer their skills across borders. Of course, while bringing overseas doctors into the UK to fill demand may sound simple on paper, it is not always seen as an easy task. For many Trusts, there are obvious concerns that crop up, from the need to on-board these individuals and ensure they are up-to-speed with NHS practices, to ensuring the relocation process goes smoothly for employer and employee alike. However, there are ways to remove much of these concerns, including collaborating with international training providers and institutions, and evolving induction processes to address the challenges that overseas doctors might face. When we consider that the majority of these individuals go on to further their careers in the NHS, taking an international approach to doctor shortages should certainly be high up the list of solutions.

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In order to take a truly strategic approach, the issue of the number of home-grown doctors also needs to be addressed. According to [research](#) from the General Medical Council, the number of junior doctors in training in the UK isn't increasing in line with the growing rate of the population, so while there might be a marginal uptick in medical graduates, the skills shortage will still widen.

Much of this can be addressed by countering the widespread publicity about the pressures faced by existing doctors. By highlighting the attractiveness of the profession and encouraging more school-leavers to choose this career, government and Trusts can make the NHS more attractive to potential recruits. Demonstrating that clear and focused action has been taken to address any concerns of current juniors and supporting them through the likes of mentoring and the offer of flexibility and time off to study, can go a long way in making this happen.

Solving the NHS doctor shortage isn't an overnight solution - the fact that agency locums haven't 'fixed' the health services' problems is testament to the fact that a long-term solution is needed. Shifting mindsets to a more sustainable approach where global resources are factored in to the equation and sustainable talent pools are developed is, in my experience, the best way forward.

Published on : Wed, 16 Jan 2019