RCEM Wales

Wales' Emergency Medicine Workforce Census 2023

Acknowledgments

January 2023

This report was written on behalf of the National Board of Wales by Tamara Pinedo, Senior Policy Officer.

The Royal College of Emergency Medicine would like to thank all individuals who contributed to this report. A special thanks must go to the Welsh National Board for their support throughout this project.

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Contents

List of Abbreviations

ACCS	Acute Care Common Stem
ACP	Advanced Clinical Practitioner
ANP	Advanced Nurse Practitioner
CCT	Certificate of Completion of Training
CESR	Certificate of Eligibility for Specialist Registration
CT1-3	Core Training
DCC	Direct Clinical Care
ED	Emergency Department
EPA	Extra Programmed Activities
EM	Emergency Medicine
ENP	Emergency Nurse Practitioner
FY1-2	Foundation Year
GP	General Practitioner
HEIW	Health Education and Improvement Wales
ICM	Intensive Care Medicine
LTFT	Less than full time
MIU	Minor Injury Units
PA	Programmed Activities
RCEM	Royal College of Emergency Medicine
ST1-7	Specialty Training
UEC	Urgent and Emergency Care
WTE	Whole-Time Equivalent

Foreword

A resilient emergency care system is the bedrock of a well-functioning National Health Service (NHS). Welsh Emergency Departments (EDs) have faced enormous pressures over the past few years, coupled with the demographic challenges of a growing and ageing society, Welsh EDs are now extremely overcrowded.

Emergency care performance in Wales ranks third in the UK and in recent months, performance against the four-hour standard has hit record lows with unprecedented numbers of patients waiting eight and 12 hours in EDs from their time of arrival. In the face of these pressures, the Emergency Medicine workforce have worked extremely hard to provide life-saving emergency care to their patients.

This census of the workforce in Wales allowed us to survey every single major ED across the nation. This in-depth analysis of the state of our workforce is a snapshot of the multi-professional nature of the specialty of Emergency Medicine, providing us with an insight into the working patterns of our clinicians and allowing us to forecast the future workforce needs of EDs in Wales.

We know the Emergency Medicine workforce suffers from the unique pressures of running a service that is open to patients 24 hours a day, seven days a week. EDs in Wales face significant challenges recruiting and retaining ED staff. Welsh EDs have been understaffed for some time now resulting in particularly high levels of burnout, more so than any other specialty. As a result, more clinicians are rapidly choosing to leave Emergency Medicine. Due to the intensity of the working environment, staff are increasingly choosing to work less than full time. As illustrated in this vital report, working less than full time creates a sustainable career but also generates additional workforce pressures – an urgent policy problem that must be tackled swiftly by the Welsh Government.

Policymakers, Welsh Government, HEIW, politicians and senior leaders within NHS Wales must read this important piece of work and act on its findings. RCEM Wales will work with you to build resilience into our NHS and ensure our EDs are able to provide safe, high quality and effective care to all during their time of need.

Dr Suresh Pillai
Vice President of the Royal College of Emergency Medicine (Wales)

Summary of Findings

There are 101 Emergency Medicine CCT/ CESR Consultants working in Wales, 33% of which are female and 67% are male.

In total, they deliver 739 DCC's per week which equates to 105.6 WTE equivalent Consultants. This means that there is one WTE Consultant per 7784 annual attendances, considerably less than the RCEM recommended figure of 1:4000.

69% of Consultants are aged between 35 and 44.

There are 131 Emergency Medicine Specialty and Associate Specialist Doctors, and 127 Allied Health Professionals in Wales.

At the time of collection there were 52 trainees in the ST1-6 programme as well as 95 non-Emergency Medicine trainees working in EDs across Wales.

There were 16 vacant funded Consultant posts and 5 vacant career grade posts.

Respondents reported that there are 19 Consultants planning to retire in the next six years – a fifth of the Consultant workforce. Additionally, eight non-Consultant senior decision makers are planning to retire.

Consultants work on average one weekend every 6.2 weekends, while junior doctors work weekends much more frequently, with a ratio of one weekend worked every three weekends.

There are two departments where Consultants do night shifts as part of their job plan. Junior doctors in training do the most night shifts with an average of 52 per year.

There were 90 gaps in the Consultant rota, 33 in the middle grade rota and eight in the junior rota. Inability to recruit was the primary reason for rota gaps.

Most departments had to cover gaps in their rota at least or more frequently than once a week. Most departments answered that there has been an increase in the number of rota gaps in the last year.

The total number of night shifts covered by Consultants as locums in the past year was 417, however two departments accounted for the entirety of this number.

Additionally, there were 28 career grade locums in post.

In Wales, there is a planned expansion of 27 Consultants in the next two years.

When asked for future staffing needs, departments across Wales reported needing an increase of 75% Consultants, 120% increase in the ACP/ANP/PA workforce, 44% increase in the ENP workforce, 30% increase in the Higher Specialist Trainees/ Non-Consultant Senior Decision Maker and a 50% increase in Junior Doctors in the next two year.

Background

Attendances and admissions can help us to examine the nature of the demands placed on the UEC system. Over the last 12 years, attendances to EDs in Wales have increased year-on-year. From 2010/11 to 2019/20 attendances increased by 6%. As expected, there was a decline in attendances during the acute phase of the pandemic, however demand is now back up to pre-pandemic levels. Since the start of the pandemic, the percentage of people being admitted, transferred, or discharged within four hours at major EDs in Wales has deteriorated by roughly 15 percentage points. In recent months, the four-hour standard has been as low as 55%, despite the target being 95%. The four-hour standard target has not been met by major EDs in Wales since 2010. Furthermore, the numbers of patients waiting eight and 12 hours in EDs from their time of arrival has rapidly increased in recent years. On average, 9,906 patients waited 12 hours or more from their time of arrival during the first six months of 2022. This is unacceptable, and there is now a growing body of evidence to show that patients are harmed when their admission is delayed.

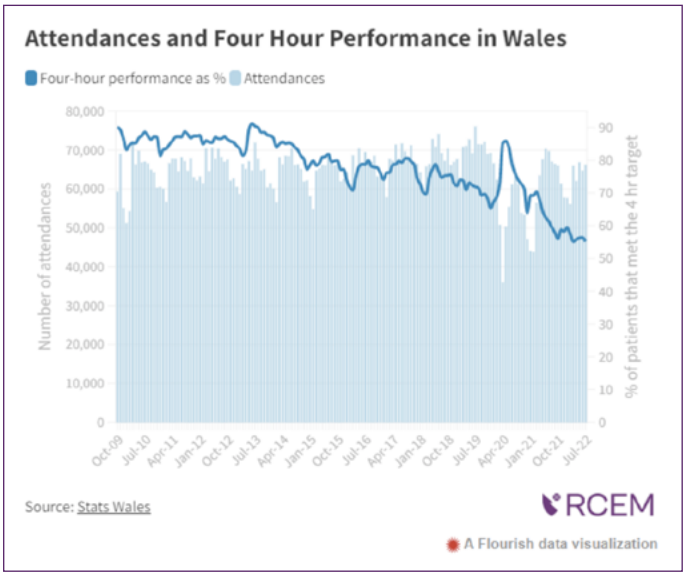

Figure 1.

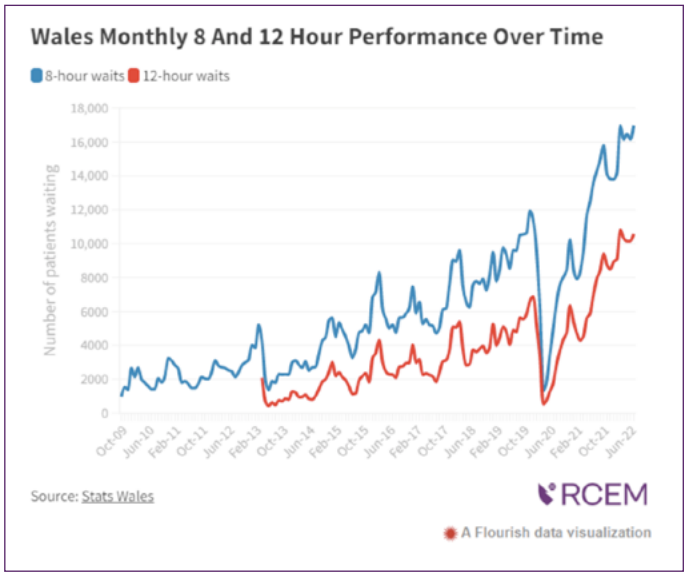

Figure 2.

We know that staff working in EDs want nothing more than to provide safe, timely, and effective care to their patients.[1] Dealing with the consequences of crowding can significantly increase the risk of adverse events, errors, complaints, and litigation – all of which come with associated negative effects on staff.[2]

To better understand the nature of these operational pressures on Emergency Medicine staff, the Royal College of Emergency Medicine carried out a census of EDs in Wales on behalf of the National Board for Wales. This census is the first of its kind in Wales within Emergency Medicine. It seeks to understand staffing numbers and the true extent of the workforce pressures present in EDs across the country. In doing so, the College can influence effectively with the knowledge of exactly which provisions must be made to secure a robust and sufficient workforce for the future.

1. https://rcem.ac.uk/wp-content/uploads/2021/10/Retain_Recruit_Recover.pdf
2. https://rcem.ac.uk/wp-content/uploads/2021/11/RCEM_Why_Emergency_Department_Crowding_Matters.pdf

The specialty of Emergency Medicine suffers from burnout more so than any other specialty, resulting in high attrition rates and many staff choosing to work less than full time. We have documented elsewhere the impact that operational pressures have had on staff working in EDs. Although the numbers of clinicians working in EDs[3] in Wales have increased over the years, they have still not kept up with the pace of the consistent rise in demand placed on EDs.

The Welsh population is growing and ageing. Over one fifth of the population in Wales were aged 65 and over in 2021.[4] Demographic projections reveal that by 2038, a quarter of the Welsh population will be over 65. The population aged over 75 in Wales is also projected to increase from 9.3% of the population in 2018 to 13.7% in 2038.[5] Prior to the pandemic, life expectancy improvements had stalled in Wales.[6] A recent report from Public Health Wales found that the gap in life expectancy between those living in the least and most deprived areas of Wales is increasing.[7] This means there are more people living longer with more complex conditions than ever before.

Additionally, there are a number of geographical challenges in Wales including the challenge of providing timely, effective and cohesive healthcare services to people living in rural locations. These issues have a knock-on impact on providing emergency healthcare to the Welsh population. Demographic, geographical and population challenges must also be taken into account when assessing the future healthcare workforce needs of the Welsh population.

3. https://rcem.ac.uk/wp-content/uploads/2021/10/Retain_Recruit_Recover.pdf
4. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration
5. https://gov.wales/age-friendly-wales-our-strategy-ageing-society-html
6. https://publichealthwales.shinyapps.io/PHWO_HealthExpectanciesWales_2022/
7. https://phw.nhs.wales/news/inequalities-in-life-expectancy-on-the-increase-in-wales/

Methodology

The data collected throughout the undertaking of this census coincided with the COVID-19 pandemic. This has inevitably affected both the collection and analysis process. While the number of staff in post may not have been significantly impacted, the quantity and type of demand that EDs saw during this time varied greatly.

The census was created using SurveyMonkey and consisted of 64 questions. The questions that participants were presented with varied depending on each participant's personal questioning route. In 2021, a PDF version of the census with all 64 questions was then sent out to all ED Clinical Leads ahead of the census going live. This was to ensure that respondents had acquired and collated the necessary information and data to complete the census and to encourage accurate answers rather than estimations.

Respondents were asked to complete the survey as per their departments staffing position in the summer of 2021. Clinical leads were sent an initial email, attached with the PDF, explaining the purpose of the census and what the information would be used for.

After two weeks another email was sent out to the leads with a hyperlink to the live census. Over the following months, reminder emails were sent on a regular basis to encourage participation. We received responses from all 12 major EDs in Wales.

Consultant Workforce

Headcount vs WTE

The census revealed that in 2021/22 there were 101 Emergency Medicine CCT/CESR Consultants working in EDs across Wales, including six Paediatric Subspecialty CCT holders. Departments ranged from having zero Consultants to 21 with the average being eight. Additionally, eight Consultants also worked in other departments. We know that job plans can vary greatly with some staff opting to work less than full time (LTFT) and some working more than the standard job plan. In general, job plans consist of 10 programmed activities (PAs) per week, with each PA equating to 3.75 hours of work. A proportion of PAs are dedicated to direct clinical care (DCC) which refers to "work directly relating to the prevention, diagnosis or treatment of illness".[8] This is primarily undertaken when a Consultant is working on the shop floor or on call. Following guidelines set out by Local Health Boards in Wales, a whole-time equivalent (WTE) Consultant delivers around seven DCCs per week which is equal to 26.25 hours of work.

To deduce the number of WTE Emergency Medicine Consultants working in Wales, we asked the Clinical Leads the total number of DCCs delivered by Emergency Medicine Consultants in their department per week, which came to 739 sessions across Wales. Dividing this figure by seven (the sessions delivered by a WTE Consultant in Wales) comes to 105.6 WTE EM Consultants. Interestingly, this figure is higher than the headcount number – a stark and important find that suggests EM Consultants in Wales are delivering sessions beyond the standard job plan. It is likely that this is occurring due to the immense pressure EDs are under and a bid from staff to keep the service afloat in the face of understaffing.

RCEM recommends that safe recruitment of Emergency Medicine Consultants should be based on one WTE Consultant for every 4000 annual ED attendances. When analysing the responses to the census, it was clear that there was substantial variation in the Consultant:attendance ratio between departments. For example, the minimum ratio was one WTE Consultant to 4988 attendances while the maximum stood at one:13,290 attendances - both of course, are over the recommended ratio and are deemed unsafe. Nationally, there was one WTE Consultant for every 6801 annual attendances. However, it is important to note that the attendance figures provided in response to the census capture the decrease in footfall experienced during the pandemic. In fact, the annual attendances for the period given was 13% below pre-pandemic levels. This must be taken into consideration when interpreting the Consultant:attendance ratios as they are likely to be shy of the current situation. Calculating the ratio using the attendances of 2019/20 gives us a clearer indication of the true state of affairs; this shows that there would have been to one Consultant of every 7784 annual attendances, almost double the recommendation.

8. The Consultant Contract and Job Planning for Emergency Medicine Consultants, BMA

Gender

The 101 Consultants in Wales comprise 64 males and 37 females. This is a significant disparity, and represents the imbalance present in leadership roles within Emergency Medicine in Wales with only 36.7% of Consultants identifying as female.

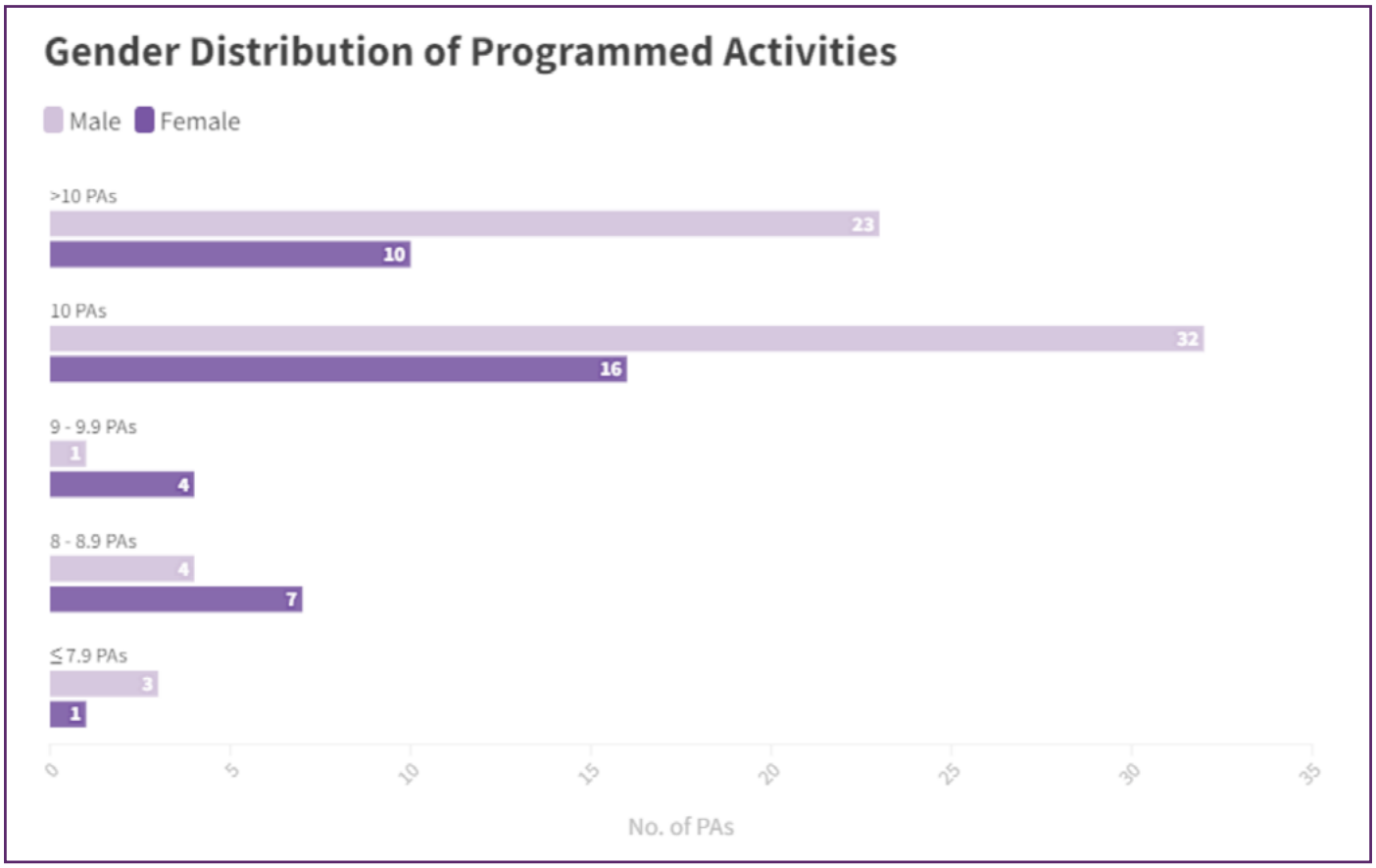

Figure 3.

For the whole-time equivalent of 10 PAs and above – the most common type of workplan – the graph above demonstrates that the distribution of males and females mimics the overall gender balance with 67% of this group made up by men. In contrast, women are disproportionately represented in the cohort working less than 10 PAs, making up 60% of this group. The disparity in participation rate when analysed through the lens of gender can most likely be explained by caring responsibilities that are generally undertaken by women. Given the changing landscape of Emergency Medicine and the increasing numbers of women in the workforce, this trend is likely to continue to grow. More widely, there is a growing desire for flexible working to maintain a sustainable work-life balance.

Age

The majority (69%) of the Emergency Medicine Consultant workforce in Wales are between the ages of 35-49, with very few (5%) working beyond the pension age of 60. The concentration of Consultants within the range of 35-49 reflects the increase in training places and workforce expansion that has occurred over the years. It is common for Consultants to change their working patterns and reduce their hours after the age of 55. The result is an overall change in the whole-time equivalent figure for Wales. As and when the bulk of the workforce move into this bracket, we can anticipate a change in the whole-time equivalent Consultant figure - this must be considered when planning for the future workforce.

Age	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Percentage	3%	20%	22%	27%	14%	9%	3%	2%	0%

Table 1. Age Distribution of EM CCT-Holding Consultants

Daily Departmental Presence of Emergency Medicine CCT-Holding Consultants

The minimum weekday Consultant presence that a department reported was eight hours. In contrast, the maximum presence was 16 hours, reported by two departments. For weekends, the same two departments had a Consultant presence of 16 hours. One department declared having no Consultant presence for the weekends.

As pressures mount, the demand placed on the EDs, the complexity of case mix and the challenges that accompany crowding, all mandate the presence of a Senior Decision Maker. Best practice recommended by RCEM suggests that there should be Emergency Medicine Consultant presence for at least 16 hours a day (08:00–00:00) in all medium and large systems.[9] The table below shows that departments across Wales, do not, or rather, cannot, abide by this guidance.

	Average	Standard Deviation
Weekday (hours)	12.4	2.7
Weekend (hours	10.3	4.9

Table 2. Average Consultant Presence in Major Departments

9. https://rcem.ac.uk/wp-content/uploads/2021/11/RCEM_Consultant_Workforce_Document_Feb_2019.pdf

Presence on the shop floor and on call

We asked departments about their Consultant shop floor and On Call presence throughout the day on both weekdays and weekends. We found that Consultant presence was most concentrated between 08:00 – 16:00 on weekdays. The least amount of Consultant presence fell between 00:00 to 08:00 on both weekdays and weekends. Three departments did not have Emergency Medicine CCT-holding Consultant availability overnight, although this may be mitigated by other models of care.

	Monday – Friday			Saturday – Sunday		
	8:00 – 16:00	16:00 – 00:00	00:00 – 8:00	8:00 – 16:00	16:00 – 00:00	00:00 – 8:00
Total	24	14	9	13	13	9
Average	2	1.2	0.8	1	1	0.8

Table 3. Number of Consultants Present on the Shop Floor/On Call on Weekdays and Weekends

Emergency Medicine Specialty and Associate Specialist (EMSAS) Doctors and Allied Health Professionals (AHP)

There are 131 Emergency Medicine Specialty and Associate Specialist Doctors and 127 Allied Health Professionals. The Emergency Nurse Practitioner (ENP) makes up the majority of the AHP cohort.

Trainees in Wales

There were 70 trainees working in EDs in Wales as of June 2020. These are divided into several trainee sub-categories, including Emergency Medicine specialty trainee grades, Advanced Nurse and Clinical Practitioners trainees, and ENP trainees. The census showed that there were 52 trainees working in the ED on the ST1-ST6 trainee programme, which is the most common route taken to become an Emergency Medicine Consultant. The figures below show that the intake of trainees each year is fairly consistent, with the anomaly of four ST2 trainees. This is due to the majority of trainees in this year working outside of the ED gaining allied specialty competencies.

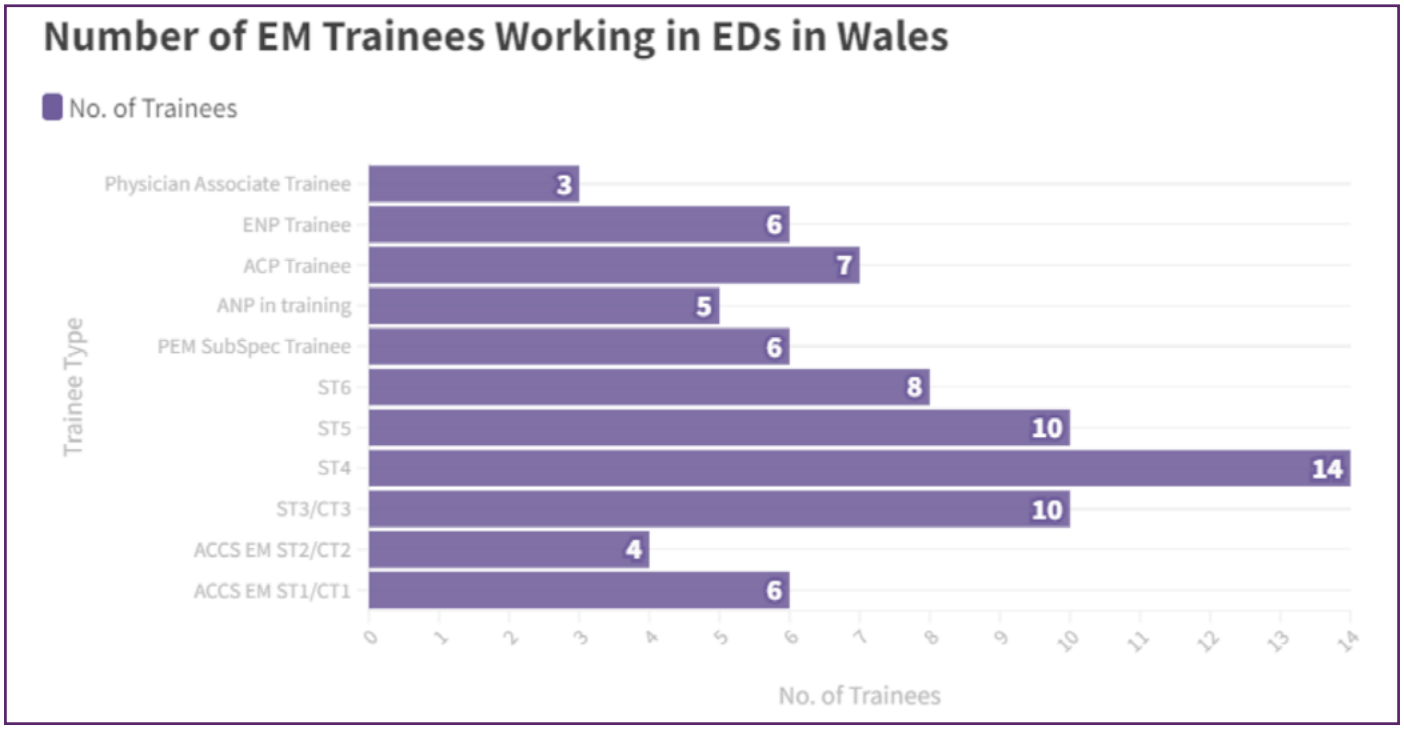

Figure 4. Number of EM Trainees Working in EDs in Wales

It is expected that not all trainees will complete the programme as it is common for trainees to drop out of the training programme, yet this is more likely to happen between ST1-3 than ST4-6. This means that out of the current ST1-ST6 trainee cohort of not all 52 trainees will go on to become Consultants. This must be factored in when planning the future workforce. Additionally, trainees are increasingly choosing to work LTFT in a bid to achieve more sustainable careers.

Non-Emergency Medicine trainees in Wales

FY1	14
FY2	45
CT/ST1	28
CT/ST2	4
CT/ST3	4
>ST3	0

Table 4. Number of Non-EM Trainees Working in EDs in Wales

At the time of responding, there were 95 non-Emergency Medicine trainees working in EDs across Wales. At any one point in time, there are doctors in training from other specialties working in the ED gaining competencies and experience, contributing to workforce as detailed below. Whilst these figures change frequently, the significance of this number is that these doctors need Consultant supervision both from a clinical and training perspective.

Workforce Gaps

There were 16 unfilled funded Emergency Medicine Consultant posts in Wales with a range of reasons given. The most common answer was recruitment issues, meaning departments were struggling to fill funded posts. This is concerning as there is no telling how long these workforce gaps will exist. As such, departments are forced to adjust accordingly to cover the gaps, relying on the already stretched staff to do so or employing locums. Even the more temporary and predictable rota gaps such as maternity leave pose their own issues. Those returning from maternity leave are likely to drop down to working less than full time resulting in fewer whole time equivalent Consultants. Additionally, there were five unfilled Staff Grade posts.

In fact, a key finding throughout the census was the inability to recruit in Wales, with issues most acutely experiences in North Wales. This was explained by EDs struggling to attract trainees to work and stay in their department. Trainees often want to work in a tertiary unit, and there are only a few in Wales. Trainees understandably prefer to work in a place they know well, near family and friends, and that tends to be in the South of Wales. Additionally, if departments do manage to recruit trainees, they often don’t stay, so the Consultant posts get left unfilled.

Reasons for unfilled post	Number of responses
Maternity leave	4
Military deployment	1
Recruitment issues	8
Left the specialty	2
Other	1
Total	16

Table 5. Reasons for Unfilled Posts

There are 5 unfilled Specialty Grade doctor posts. Career Grade doctors typically fill a Senior Decision Maker role, so gaps in this workforce show that departments are facing a lack of senior decision makers.

Planned Retirement

At the time of undertaking the census there were 19 EM Consultants planning to retire in the next six years amongst the EM Consultant workforce, equal to almost a fifth of the Emergency Medicine Consultant workforce in Wales. Additionally, eight non-Consultant senior decision makers are expected to retire in the next six years. Replacing this group is more difficult as there is no predictable succession pathway for Career Grade staff and therefore no guarantee that this staff group will continue to be replaced. Furthermore, expected growth in demand over the next six years needs to be considered when calculating the workforce needed to replace this group.

We collated whether departments had agreed guidance for a change in on call or working pattern as a Consultant approaches retirement. The most common answer given was ‘No’, with only three departments having an agreed policy on this matter. There should be agreed guidance in every department to ensure the sustainability of Consultant careers in Emergency Medicine. RCEM recommends a discontinuation of late shifts, night shifts and on-calls from age 55.

Yes	3
No	5
Other	2
Skip	2

Table 6. Departments answers to whether they had agreed guidance for a change in on call or working pattern as a Consultant approaches retirement

Weekend Frequency

The frequency that staff work on weekends varies greatly between staff groups. Emergency Medicine Consultants work an average weekend frequency of one in every 6.2 weekends (1:6), ranging from the least frequent, one in every eight weekends (1:8), to the most frequent, one in every four (1:4).

All other staff groups work weekends more frequently: Non-Training Senior Decision Makers and Training Grade Senior Decision Makers work an average weekend frequency of one in every 3.8 (1:3.8) and 3.4 (1:3.4) weekends respectively, and Junior Rotas an average of one in every almost three weekends (1:2.8). This shows that junior staff work more than double the weekend frequency compared to the Consultant workforce. There is also considerably less variation in the frequency of weekends worked by less senior staff groups.

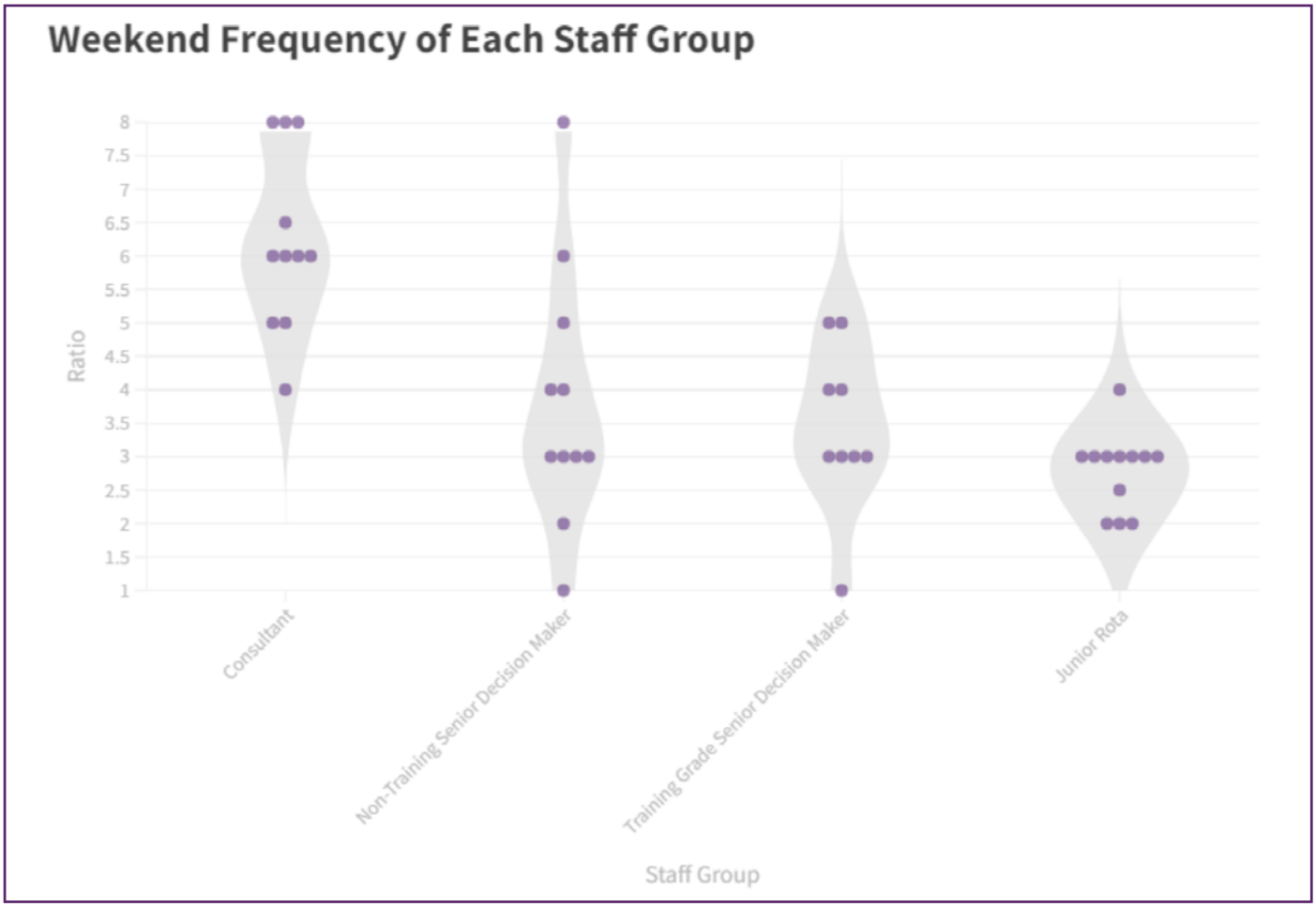

Figure 5. Weekend Frequency of Each Staff Group

On Call Frequency

The average on-call frequency from all respondents from Emergency Medicine Consultants in Wales was one in every six and a half days (1:6.5). There is a significant variation in this with frequencies ranging from just over once a week (1:1.2) to once every 12 weeks (1:12).

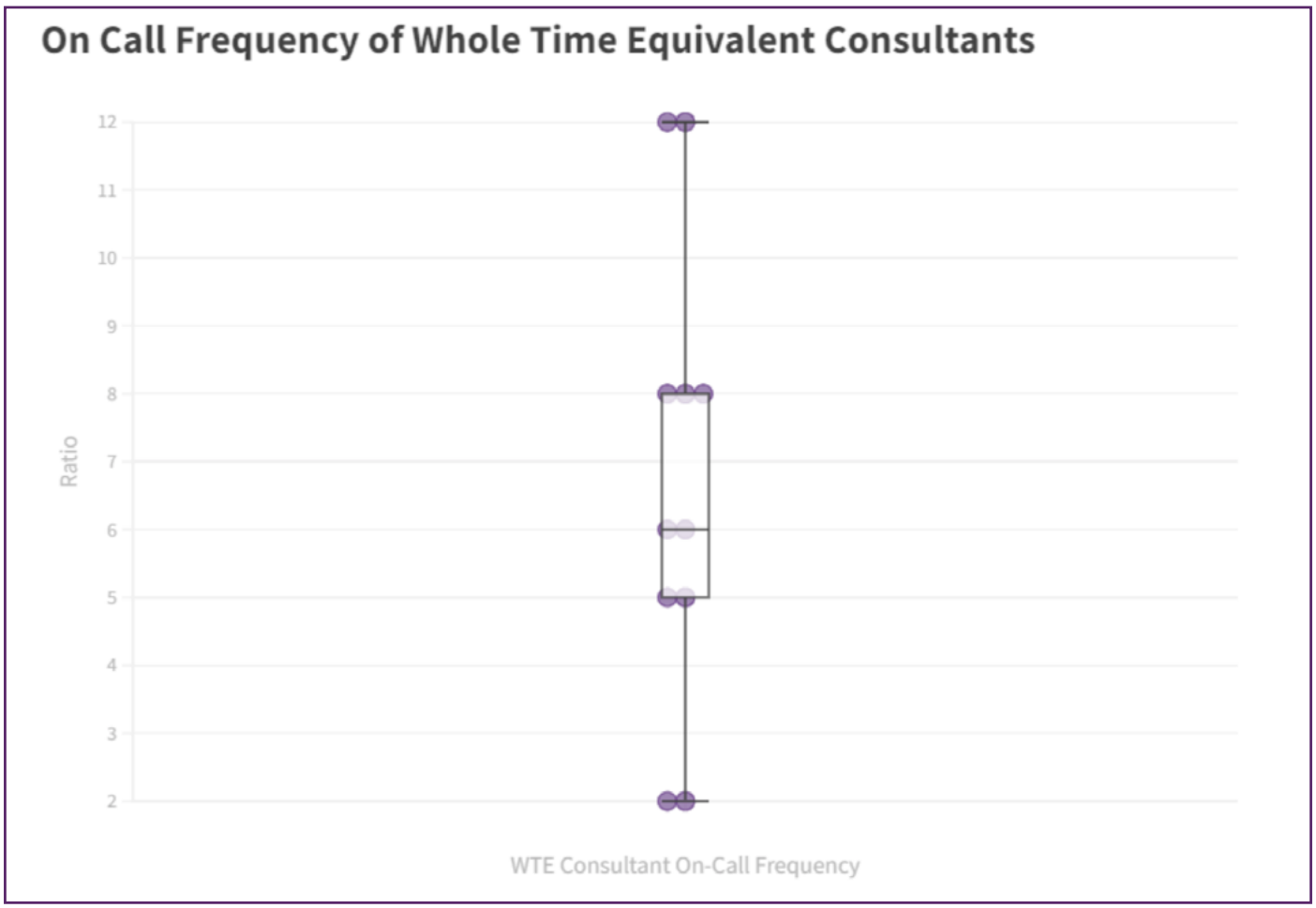

Figure 6. On-Call Frequency of Whole Time Equivalent Consultants

Night Shifts

There was a total number of 34 night shifts delivered by the whole Consultant group as part of their job plan. However, this was only distributed across two departments; in one department 52 night shifts were delivered by Consultants (one a week), and in the other department 365 were delivered (every day). All other 10 departments do not have Consultants delivering night shifts, but one department notes that Consultants do have to occasionally cover uncovered night shifts if they are unable to find a middle grade doctor.

The graph below delineates the number of night shifts expected to be carried out by the various staff groups in the ED per year, with Junior Doctors in training working night shifts the most frequently, on average. It is clear there is great variation not only between staff groups, but also between departments.

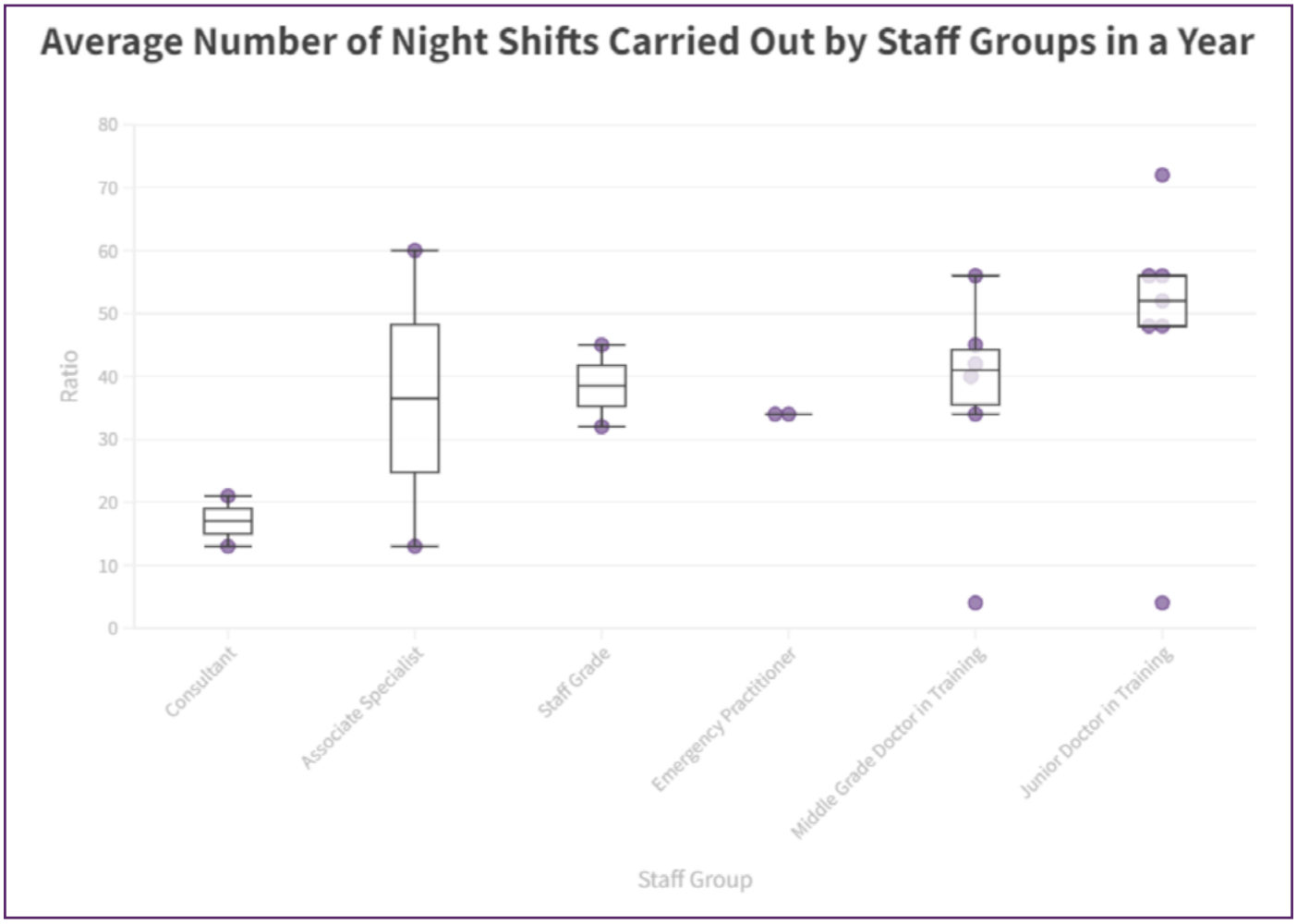

Figure 7. Average Number of Night Shifts Expected to be Carried Out by Staff Groups in a Year

Consultant Remuneration for Night Shifts

There was no agreed, consistent Consultant remuneration for working night shifts in Wales. Two departments responded that Consultants are remunerated such that one PA is the equivalent of two hours of work while another department responded that their remuneration was 1.3 hours of work.

RCEM recommends that Consultants should be remunerated two hours per PA from 00:00-08:00. This is currently the norm in England and while it is not yet common for Consultants to deliver night shifts in Wales, it is becoming increasingly more so. For this working pattern to be sustainable and not have a detrimental consequence such as burnout and decreased staffing levels, it is important that night shifts are acknowledged to be very different from evening shifts in their remuneration.

Rota Gaps

The total number of rota gaps among all staff groups was 131 across Wales. Most significantly, the largest Consultant rota gap in a single department was 72, accounting for more than half of all Consultant rota gaps in Wales. The largest gap for one department amongst the Middle Grade group was 11 and for the Junior group this was two.

Multiple departments reported that the inability to recruit was the primary reason for rota gaps. Other answers included that staff had resigned to pursue locum work instead, long term sick leave and gaps in training were responsible for rota gaps. The department that recorded most rota gaps reported that this was a result of changes to job planning to reduce on-call and weekend commitment and part-time working.

Consultants	90
Middle Grade	33
Junior	8

Table 7. Number of Rota Gaps

We asked departments how frequently rota gaps were covered in the last year. The most common answer for both Senior Decision Maker/ Middle Grade and Junior Rotas was ‘several times a week.’ Five departments reported covering gaps in either Senior Decision Maker/ Middle Grade or Junior Rotas at least once a week. This frequency represents the extent of staff shortages. Amongst the Senior Decision Maker/Middle Grade rotas, these figures also highlight the effect of the considerable Career Grade unfilled posts, delineated previously.

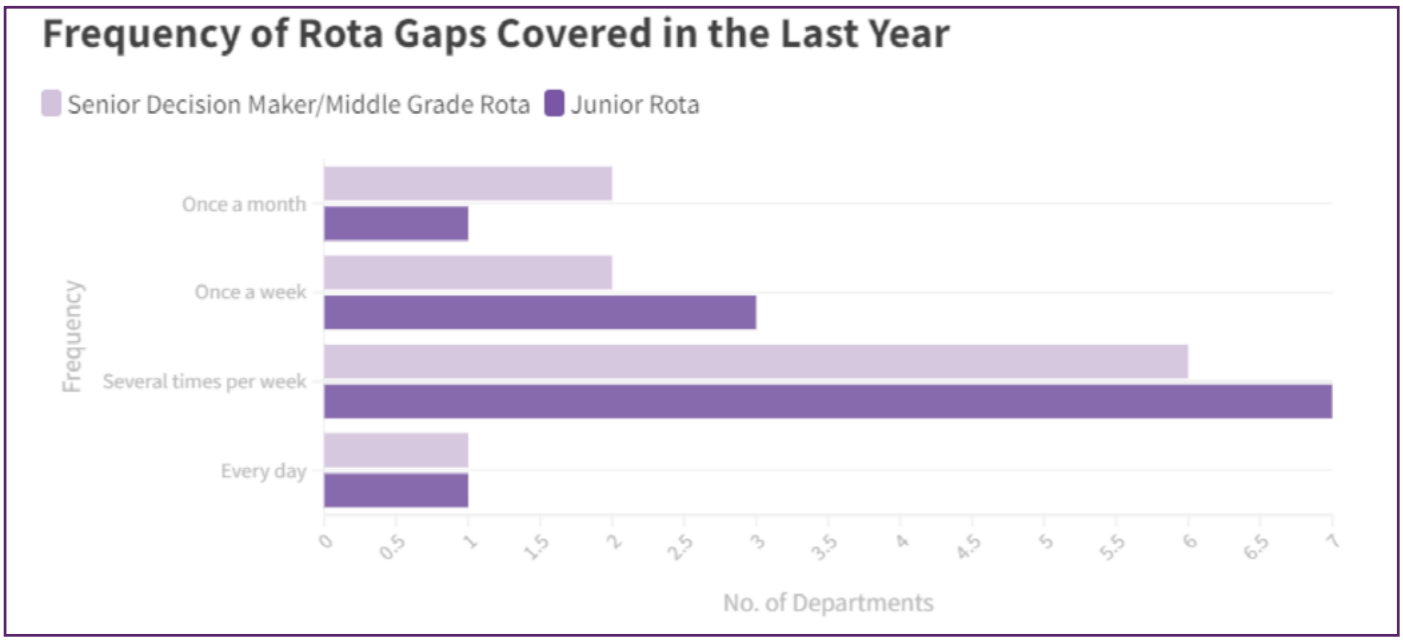

Figure 8. Frequency of Rota Gaps Covered in the Last Year

Contrastingly, the graph below demonstrates how often overnight or weekend gaps are left without cover. In addition to frequent rota gaps being revealed within the census, it was predominantly the Senior Decision Maker/Middle Grade rota gaps that were left uncovered.

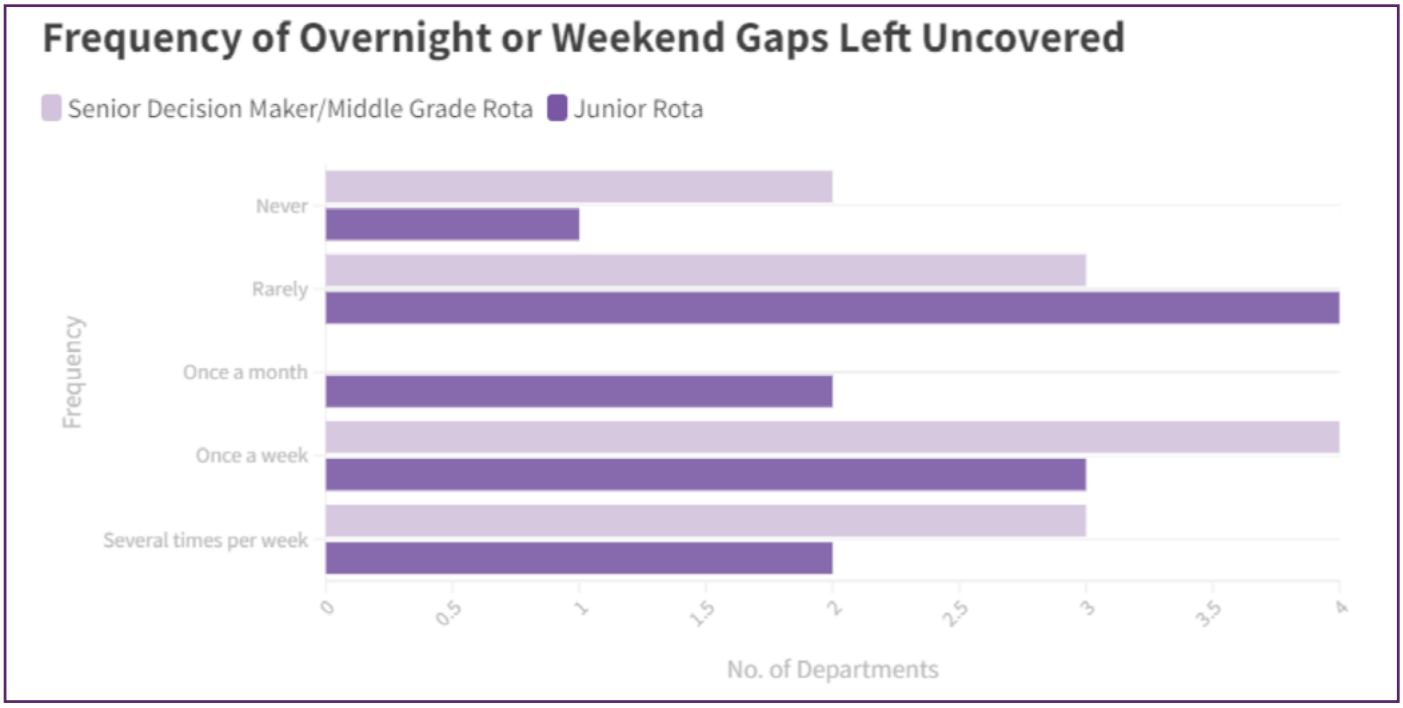

Figure 9 Frequency of Overnight or Weekend Gaps Left Uncovered

The graph below shows whether there has been any change in rota gaps in the last 12 months. More departments answered that there had been changes in rota gaps compared to those who reported that the number of rota gaps remained ‘about the same’, however, an equal number of departments (seven) reported there had been ‘fewer gaps’ as those who reported ‘more gaps’. These inconsistencies between departments demonstrate the issues associated with the unpredictable nature of rota gaps, making it extremely difficult to plan for, manage and cover rota gaps, providing insight into why so many rota gaps are left uncovered. Workforce gaps have been a consistent issue in Emergency Medicine and the use of locums has become a commonplace means of plugging capacity; this data corroborates the continued strain the workforce has been under as result of rota gaps.

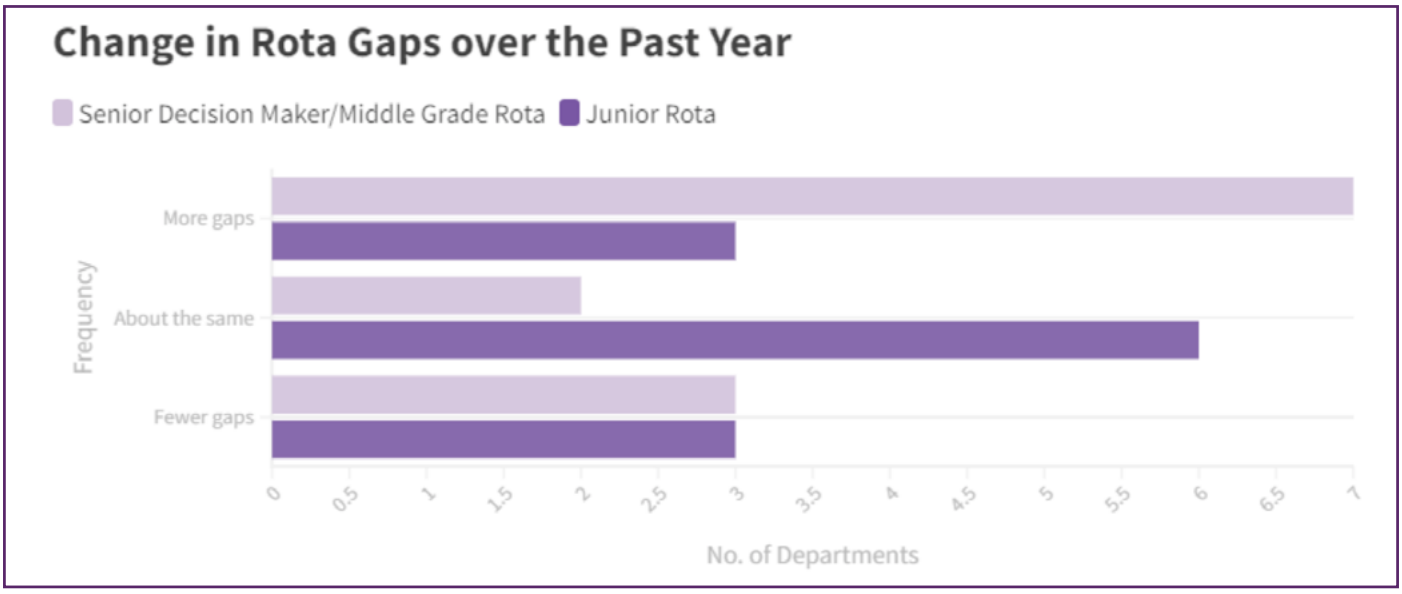

Figure 10. Change in Rota Gaps over the Past Year

Pensions

We asked departments whether Consultants in their ED had reduced their Programmed Activities due to pension consideration/penalties. Seven departments answered no, two departments responded ‘other’ or ‘I don’t know’, while only one department responded that this was the case. Explanations given included that some staff had made arrangements to pay the penalty via scheme pays, one stated that a member of staff had stopped paying for added years and another was considering an alternative.

Following this we collated the number of major departments across Wales where Consultants had declined locum work due to pension considerations/penalties. One third of EDs confirmed that Consultants had declined locum work for this reason. Additionally, seven out of twelve responded that this was not the case, and one responded, ‘I don’t know’.

Locums

The total number of night shifts covered by Consultants as locums in Wales in the last year was 417; however, two departments accounted for the entirety of this number, with 52- and 365-night shifts respectively. Yet, despite one department stating that their figure was 0, they detailed how Consultants did sometimes cover uncovered night shifts if they were unable to find a Middle Grade doctor, but this was not part of their job plan. These figures demonstrate the vast disparities across departments and, in some cases, a lack of Middle Grade/Senior Decision Maker workforce. Additionally, locums are employed across parts of the Emergency Medicine workforce, during the time of writing, there were 28 Career Grade locums in post.

When asked why locums were being used to fill permanent posts, inability to recruit was a key theme. One department explained that it is the structure of the recruitment process that creates difficulties. They elaborated that the process is far too lengthy, and it is largely overseas graduates who are interviewed, yet few come to post. This department stated that although it is only small it covers a substantial part of Mid Wales, and their rural location makes it difficult to recruit. Other reasons given for this ranged from career breaks due to Covid-19 shielding measures and maternity leave, to locum Consultants undertaking CESR as part of a program of career development and succession planning. Recruit is a recurring theme throughout the report that should not be overlooked. The expansion of posts is only meaningful if there are suitable individuals to recruit into those posts.

We then asked departments which type of locums were being used to cover gaps in Senior Decision Maker and Middle Grade overnight and weekend rotas. All major departments stated that they utilise at least one type of locum. Furthermore, nine departments had used all three. Both external locums and Consultant locums covering a more junior gap are costly options for the ED, as both of these roles come at a higher rate. Therefore, this use of locums represents an excess cost which would be saved if there were no rota gaps.

Type of Locum	Number of departments
Internal Locum	11
External Locum	9
Consultant Locum (covering more junior rota gap)	6

Table 8. Type of Locum Covering Gaps in Senior Decision Maker and Middle Grade Overnight and Weekend Rotas

Workforce Planning

The findings of the census have quantified what we already knew to be true: there are dangerous levels of workforce shortages across EDs in Wales. Furthermore, as performance deteriorates and the job becomes ever more unsustainable, we anticipate retention issues to continue. It is vital that forecasting is done now for future needs to ensure that workforce provisions are in place to meet the growing complexity of demand. The future of emergency care and the specialty is reliant on the future of the workforce.

Long-term

Over the next two years, departments reported that there is a planned expansion of 27 additional Emergency Medicine Consultants, although there is no certainty that these posts will be successfully filled as there are a lack of viable candidates in Wales. Of those that did plan to expand their Emergency Medicine Consultant workforce, the maximum expansion in a single department was seven Consultants.

Looking further to the future, we asked departments to share their ideal staffing numbers for each staff group by the year 2027. The table below shows the current figure for each staffing group and the ideal number.

Staff Group	Current	Ideal by 2027
Consultant	101	178
Higher Specialist Trainee/Non-Consultant Senior Decision Maker	163	209
Junior Doctor (Non-senior decision maker grade)	20	30
ACP/ANP/PA	36	79
ENP	92	132

Table 9. Ideal staffing in EDs by 2027 as set out by Clinical Leads

The total number of Consultants that departments would like to see by 2027 was 178, an increase of more than 75% compared to the current Consultant headcount of 101. Current trainee numbers are not substantial enough to reach this aspirational target following the training cycle, especially after taking into account those planning to retire, and those who did not report plans to, but may leave the specialty or reduce their hours due to workforce pressures and/or pension issues.

While the aspirational growth in the non-Consultant senior decision maker group is not proportionally as large as the Consultant or junior gap, it poses a less straightforward issue as this is a role that is frequently covered by locums, and in many cases, by Consultant locums covering a more junior gap and there is a shortfall of suitable candidates to fill these roles. Moving forward, fulfilling this aspiration gap will certainly be a challenge as the career pathway is not as straightforward or easy to forecast as the Consultant workforce. Attention must be paid to this crucial staff group to ensure that departments are staffed safely.

Across all departments, the total number of ACP, ANP, and PA staff needed to achieve desired staffing levels by 2027 was 79, more than double the current figure. These are growing staff groups in the Emergency Medicine workforce and the reported ideal figure demonstrates their importance. Discussions around workforce planning can often be very binary, focusing on Trainees and Consultants, despite the Emergency Medicine workforce being made up of a range of staff groups and skills.

As reported above, there are 19 Consultants planning to retire by 2027, alongside a planned expansion of 27 Consultants. For the aspirational Consultant staffing number to be achieved, and taking into consideration these fluctuations in workforce, there would still need to be an additional 69 Consultants to reach ideal staffing numbers. It is important to note that 16 of those additional Consultants would in fact be filling currently unfilled but funded posts.

If this is then compared to the maximum number of 52 trainees expected to gain their CCT and be eligible to take up a Consultant role, it becomes apparent that the input of trainees is simply not sufficient to produce the output of Consultants needed to safely staff departments. Furthermore, this figure only represents headcount, and it also does not account for changes in demand which will further stretch the projected numbers.

While the growth in demand has not been stable over the years, it has increased an average of 1% year on year. By 2027 we can anticipate attendances to major EDs to reach 900,000 annually. As previously stated, RCEM recommends that safe recruitment of Emergency Medicine Consultants should be based on one WTE Consultant for every 4000 annual ED attendances. While each department will vary in terms of staff group and skill mix, this standard should be followed when workforce planning to ensure that, at the very least, there are sufficient senior decision makers to ensure patient safety and minimise risk.

By following this standard, we can therefore predict that by 2027, Wales will need 225 Emergency Medicine Consultants to safely staff EDs. This is significantly more than what departments reported as their ideal staffing for 2027. In fact, to achieve safe staffing by RCEM standards, there would need to be an expansion of 11 EM training places, maintained at least for the next six years. Given the persistent inability to recruit and a broad sense of disillusionment due to consistent staff shortages, it is likely that clinical leads were moderate in their reporting of ideal staffing for the future. There is simply not the belief that these additional staff would be granted and therefore their responses reflect what they feel would be plausible rather than what they actually need to safely staff their departments. Unfortunately, existing staff have become far too accustomed to doing too much with too little.

While we have quantified the growth in demand above, this does not show how the type of demand will change. In theory, if demand were to remain stable, but the type of demand became increasingly complex, this would come with its own unique challenges for the workforce and the emergency care system as a whole. It is vital that forecasting is done now for future needs to ensure that workforce provisions are in place to meet the growing complexity of demand. The future of the specialty and patient safety is reliant on the future of its workforce.

Wales' Emergency Medicine Workforce Census 2023