



Royal College of  
Obstetricians &  
Gynaecologists

# RCOG Workforce Report 2022

## Executive Summary

February 2022



# Foreword

During my many years working at the RCOG, be it committee member, committee chair, Council member, Vice President and now as President, the issue of our workforce has rightfully been a live and vital issue. Examples of our previous major publications in this area include 'Labour Ward Solutions' (2010), 'Providing Quality Care for Women' (2016) and the two O&G Workforce Reports (2017 & 2018).

This latest report comes at a critical juncture for our profession. Our specialty has suffered at least a decade of underfunding and as a consequence the workforce has become spread too thin, waiting lists have grown, and yet we are very much in the spotlight if things go wrong. However, whilst these challenges are real and never more keenly felt, as President elect I felt the narrative needed to change, to one of recognising the strengths we all have, the huge options a career in this amazing specialty offers and that the role of our College is to of course recognise the issues, but importantly, to offer comprehensive yet contemporary solutions.

The pandemic has been a game changer in so many ways. It has crystallised the issues and shown without question just how pressured we all are and that change must happen. There are positive signs that the message is getting through. In the last 12 months we have secured meaningful investment into our workforce from the UK Government and expect to receive more as we continue to produce the compelling case of need.

The team who led this report are obstetricians and gynaecologists and experts in this area. I am grateful to them and all the other contributors to the report. It is a gripping read, carrying an important 'state of the nation' call to arms, whilst offering pragmatic solutions everyone working so hard for this great specialty can adopt.



A handwritten signature in black ink that reads "Eddie Morris". The signature is written in a cursive, flowing style with a long horizontal line underneath.

**Dr Eddie Morris RCOG**

President, Royal College of Obstetricians and Gynaecologists

## Foreword

Having a motivated, well-trained and adequately staffed workforce underpins all we do in our profession to provide the best quality care we can for women, patients and families.

The challenges our workforce has dealt with in the past two years are unprecedented and whilst the pandemic is easing the challenges will remain as we maintain services and endeavour to recover. Our previous report in 2018 highlighted significant issues around inadequate numbers of staff to deliver the service. This report does not pretend to have all the answers but does look firmly to the future and what we can achieve.

The report has been a year in the making with contributions from women, our patients, doctors, midwives, managers, physicians associates, and many more. We started our working group by exploring what our values are and how they underpin all that we wanted to achieve for our workforce. These are reflected in the golden threads that run throughout the report.

I make no apology for the length of this offering. It is a report to be dipped into, to look to for advice, to emulate the best practice examples it contains.

I want to thank all those people who contributed, who have worked voluntarily in their own time to make this report what I hope you will agree is a very useful resource. Your contributions are hugely appreciated.

The working group was chaired by Jenny Barber and ably supported by Sophie Wienand-Barnett, both workforce fellows at the College, funded by Health Education England, (and both trainees on appointment). They also co-authored the report with contributions from their many colleagues. To look forward, we must as a College harness the skills of those people who are the future. I want to thank them for their brilliant work as well as Shona Flannigan (RCOG Workforce Manager) and the workforce team at the RCOG for their unerring support.



A handwritten signature in black ink that reads "Jo Mountfield".

**Dr Jo Mountfield**

Vice President for Workforce and Professionalism

# Executive Summary

Since the last RCOG workforce report in 2018, the O&G profession has faced many challenges. Although the birth rate is falling nationally, there are rising levels of clinical complexity, budget cuts and staffing shortages of doctors, midwives, nurses and other allied professionals. Whilst demand for services in some areas is declining, there are increased requirements in other areas due to demographic shifts, an aging population and rising levels of obesity. All of this has been magnified and compounded by the Covid-19 pandemic which has required health professionals to work differently and adapt services to continue to provide care to women.

Such challenging times require the profession more than ever to understand its values and develop a shared vision of how O&G services should be. With this in mind, the RCOG / HEE Workforce Working Group initially started by identifying three key values:

## 1. Person-centred care

- Prioritising the needs of women in how services are planned, organised and delivered.
- Recognising the holistic needs of women, including how these needs can be met by the whole multi-professional team.
- Actively seeking the views of women and working in partnership with them to develop and improve services.

## 2. Valuing diversity

- Recognising that O&G services are delivered to a diverse range of people and therefore should be tailored according to demographic, geographic and cultural variables.
- Acknowledging the diversity of roles and individuals within the medical O&G workforce and the need to facilitate flexible working to promote job satisfaction and workforce retention.
- Optimising collaborative working across the much wider multi-professional team within which O&G sits.

## 3. Promoting learning

- Creating opportunities for mentorship and learning at all career stages and across the multi-professional team.
- Facilitating organisational learning from all aspects of work, including adverse events.
- Recognising the role that women and families have in contributing to education for healthcare professionals.

These values formed the 'golden threads' of the report and run through all of the chapters. They have formed a focus for our discussions, the cases that have been chosen to highlight best practice and our recommendations.

This report is written collaboratively, between clinicians and women's representatives, for clinicians. It is aimed at all O&G healthcare professionals rather than just workforce planners and those in senior leadership roles. Throughout the report, there are 'best practice' examples from around the UK where units and individuals have put values-based leadership into practice to implement and sustain positive change. It is hoped that these case studies can guide and inspire others within their own units.

The report focuses on five key workforce themes; workforce planning, building learning and supportive cultures in O&G, flexible working, remote and rural working and multi-professional team working.

## **Workforce planning**

Workforce planning is a complex process of getting the right people with the right skills in the right place at the right time in order to provide person-centred care. Population demographics and requirements differ across the UK and therefore there is regional variation over which services are required to ensure equity of care. For workforce planning to be successful, training opportunities and the skillset of the workforce must be driven by current and predicted patient need. This chapter looks at the impact of advanced and subspecialist training and the current mismatch between the uptake of certain training modules and posts compared to predicted national and regional population requirements.

Whilst there is often focus on consultants and trainees, the pivotal role that specialty, specialist and locally employed doctors play in delivering O&G services is often poorly understood. The chapter explores how the profession can better support this diverse group of doctors. This includes professional development opportunities and career progression, including development of supported paths to Certificate of Eligibility for Specialist Registration (CESR) or enhanced access into specialty training. The benefits and challenges of the Medical Training Initiative (MTI) scheme are also discussed.

Attrition remains a challenge throughout the O&G workforce. The loss of doctors at all career stages has a significant impact on service delivery and the remaining workforce. Although trainee attrition from O&G has almost halved during the last three years, there continue to be significant gaps in rotas due to slowing rates of progression of trainees, less-than-full-time (LTFT) working and out of programme (OOP) experiences. These factors need to be considered and incorporated into workforce planning.

## **Building supportive and learning cultures in O&G**

Creating supportive and learning cultures in O&G requires doctors to feel valued as well as having opportunities for personal and professional development. Meeting the physical and psychological needs of healthcare professionals improves patient safety and experience, fosters compassion, improves staff satisfaction and retention and promotes diversity and inclusion.

Psychological safety is key to patient safety, effective team working and reducing burnout. The chapter explores how psychological safety can be created within O&G units.

Just Culture and Restorative Justice are key concepts in building supportive governance processes and learning organisations. Compassionate leadership and a systems-based, multi-disciplinary approach, which prioritises listening and focuses on strengths, underpin how to best respond to adverse events.

Protected teaching time for O&G doctors at all career stages along with opportunities to access support and reflect together as a team, are recognised as important factors in creating learning organisations and fostering empathy between team members.

Throughout this chapter, the importance of listening to women and their families is acknowledged as being fundamental to providing person-centred care. This includes involving women and their families in all aspects of care from co-production of services, training of the multi-professional team and investigations following adverse events.

## **Flexible working**

Flexible working includes those who work Less Than Full Time (LTFT) but there are a wide range of other ways in which individuals and teams can work flexibly. Opportunities to adopt flexible working are recognised as an important means to reducing burnout and attrition and in turn to protecting diversity amongst the O&G workforce.

The chapter explores various ways in which flexible working can be approached to ensure continuity of person-centred care and to promote team working. Types of flexible working are considered, including compressed hours, buddy systems, job-sharing, job-splitting and flexi-PAs. The chapter looks at the individual, team and organisational benefits and challenges of adopting team job planning, both for consultants as well as trainees, SAS doctors and locally employed doctors. This chapter includes a summary of the LTFT and Out of Programme (OOP) options for trainees and exploration of the differences between career breaks and sabbaticals and options for flexible working approaching retirement.

## **Remote and rural working**

Providing O&G services in remote and rural areas brings both advantages and disadvantages to the women receiving care and the workforce. However, remote and rural units face a number of challenges. These include staff shortages, financial constraints and difficulties maintaining a breadth of services, patient choice and providing out-of-hours services. Centralisation of services is not without its pitfalls and is not always in the best interests of women living in either rural or urban areas. In particular, centralisation of services can heighten health inequalities by limiting access to emergency medical care in rural areas, particularly amongst more socially deprived populations.



In order to sustain remote and rural services, a multi-faceted approach is required. This includes engaging with women to listen to their views and work in partnership with them towards finding solutions. Innovative approaches are required to recruit and retain healthcare professionals, to think differently about how the wider multi-professional team works together to deliver services, and to embed regular individual and organisational learning.

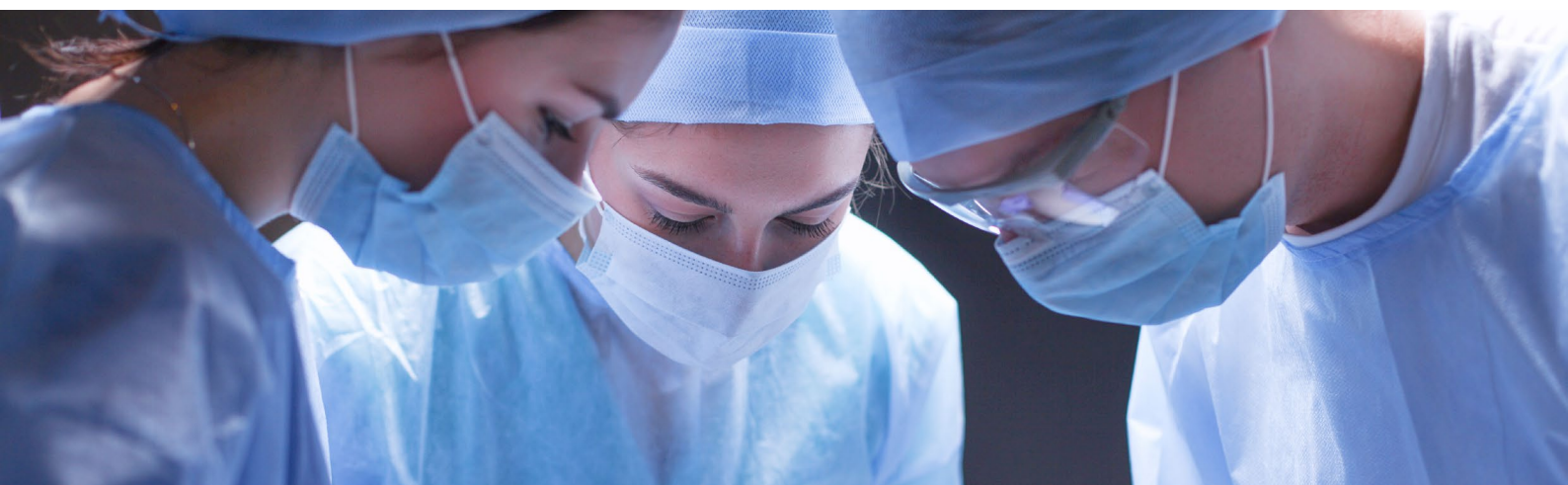
The chapter addresses these challenges by sharing best practice examples of how to overcome barriers in providing safe and deliverable person-centred care for women living in remote and rural locations around the UK. Solutions include units promoting the benefits of rural working, providing practical support, flexible working, regular opportunities for all doctors to learn and acquire new skills and creating a friendly, supportive culture.

## **Multi-professional team working**

This chapter looks at how best O&G healthcare professionals can deliver person-centred care through effective team working. It recognises the diversity of the O&G multi-professional team and how awareness of this is key to understanding patient journeys and women's overall experience of care.

The key elements of effective team working, and how complementary skills and experience can be brought together to provide solutions to complex problems and deliver person-centred care, are explored. The importance of compassionate leadership is highlighted along with the need to think beyond traditional professional boundaries and hierarchies to more inclusive ways of working where team members feel listened to and valued. This in turn enables services to be designed and developed around the needs of women rather than being driven by cost savings and professional boundaries. Teams can work collaboratively and think more openly about who is best placed to meet women's needs.

It is acknowledged that for multi-professional teams to work well together there is a need for them to train together, be supported by governance systems which look to improve systems rather than blame individuals, and for there to be continuous methods of feedback. Co-production of services with women is strongly encouraged and should be more widely implemented. Throughout the chapter, there are case studies from units across the UK where multi-professional working has improved care.



Find out more at [rcog.org.uk/workforce](https://www.rcog.org.uk/workforce)

 @RCObsGyn

 @rcobsgyn

 @RCObsGyn



Royal College of  
Obstetricians &  
Gynaecologists