

Medical staffing workforce review

Occupational psychology report

September 2022

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About

NHS Employers is the employers' organisation for the NHS in England. We support workforce leaders and represent employers and systems to develop a sustainable workforce and be the best employers they can be. NHS Employers is part of the NHS Confederation.

Between January and May 2022, a research project was conducted examining key workforce issues experienced by the NHS medical staffing profession. Key themes were identified through research which would impact future medical staffing workforce capability, wellbeing, progression and retention.

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Foreword

Over the years, NHS Employers has engaged with NHS organisations and heard feedback around the ongoing challenges faced by their medical staffing departments and the medical staffing community.

In this report, we explore these challenges further and generate evidence that provides additional insight on the importance of organising resources effectively and efficiently, in ways that can bring mutual benefits to organisations and medical staffing colleagues, and support with the planning and delivery of high-quality patient care.

NHS Employers commissioned and supported Professional Psychology Limited, to research and to gain insight into the key challenges faced by the medical staffing workforce and departments, and to raise the profile of their work and important contribution.

This report also makes some crucial points on the importance of, enhancing career development opportunities, streamlining ways of working, sharing expertise and knowledge regionally and nationally, and the need for better interaction and collaborative ways of working with key national stakeholders.

The report has been developed based on principles, that we believe, can be used to provide the framework for systems to begin discussions on how to work in a more collaborative way, and to support the need to make changes that will create new and more effective ways of working, meeting the needs of the service and staff.

We are grateful to Professional Psychology Limited, supported by the NHS Employers' medical pay and workforce team, for their research and development of the medical staffing overview report.



Paul Wallace

Director of Employment Relations
& Reward, NHS Employers



This report has been published in partnership with third party organisation, Professional Psychology Limited.

Key findings

The medical staffing profession provides an operational HR service to the medical and dental workforce for NHS organisations. They work closely with many internal and external stakeholders to ensure all necessary steps are completed for medical and dental staff, prior to, and during their time with the trust. This involves elements such as contracts, pay, rota generation and workforce provision. The medical staffing professional generally sits within the HR function of NHS organisations.

The results indicate there are some issues regarding job satisfaction and highlighted a range of possible reasons for this, including limited visibility and understanding about what medical staffing is, a sense of isolation from HR and a lack of resilience in small medical staffing teams creating an increased workload. Participants also reported a lack of development and career progression opportunities, which impacts retention. Results also suggest that there are benefits to working within medical staffing such as, autonomy, variation of tasks and a sense of purpose. This report provides a series of opportunities to address key issues and further develop the profession.

Our survey highlighted



The higher the band,
the greater the
satisfaction

44% of rota
coordinators

expressed a greater
dissatisfaction in
their roles



The enjoyable
elements of work

51% enjoy
working

alongside a good,
supportive team



42% felt
they

were making a
valuable contribution



Training and
development

58% indicated there
was
no real dedicated
time for training



23% said they
never
had any time at all for
training and development



Reasons for lack
of training and
development:

50% said this was
due to
workload pressures



40% of this was due
to time
constraints and
tight deadlines



Themes identified following the research

The five key themes that have been established from this research are:

Identity of the role

- Evidence suggests medical staffing lacks identity and visibility.
- Lack of recognition of their unique contribution to NHS trusts.

Internal and external support

- Team support is key to successful delivery.
- Regional networking is positive and used as a source of support.
- The specialist skills required to complete tasks in medical staffing can create a barrier to collaboration with other HR colleagues.

Retention factors

- Great to have a variety of work however, heavy workloads along with tight deadlines was cited as a concern and a contributing factor to retention.
- Colleagues in earlier years of their career often leave within the first two years, with lack of training and development and career growth opportunities cited as a key factor.

Developing into the role

- Participants would welcome access to further training, not only for when they first start in the role but as continuous professional development.
- Lack of clear career pathways resulted in people either moving out of medical staffing to gain a higher banded role or waiting for a long period to take over from other colleagues.

Relationship with external stakeholders

- Organisations with strong stakeholder communication benefitted from this, particularly with the rotational element of the job.
- Where there was little or no communication with the wider stakeholders, concerns were raised regarding communication methods, in relation to national policy change to the medical and dental contract. Other elements included lack of clarity in relation to changes about medical and dental workforce and training rotational information.

Introduction

Aims of the research

In the NHS, the medical staffing profession typically consists of roles such as, heads of medical staffing and workforce, medical staffing managers, medical workforce lead, medical workforce advisor, rota coordinator, and revalidation and appraisal officer. Typical pay bands in human resources (HR) and organisational development (OD) roles, range from three to eight. However, the research indicated that some of the medical staffing/workforce roles in similar pay bands, when compared to the [national HR and OD profiles](https://www.nhsemployers.org/sites/default/files/2021-06/human-resources-profiles.pdf)¹, were significantly different. Medical staffing/workforce roles required specific knowledge and experience, and this was described as a niche skill set.

The objective of this report is to review the structures, roles and functions of medical staffing departments and individuals across England. Medical staff and their teams play an integral role in the implementation of policies, to ensure systems and processes are in place for the smooth running of services for the medical and dental workforce in the NHS.

¹ NHS Employers, (2021), National Profiles for Human Resources, online, <https://www.nhsemployers.org/sites/default/files/2021-06/human-resources-profiles.pdf>.

The aim of the medical staffing research was to outline key themes in order to:

- raise the profile of medical personnel
- highlight any challenges met by teams
- share expertise and knowledge
- explore how teams can be better supported in their daily roles
- support with improving and streamlining existing processes
- support with the drive to make any national and local improvements
- encourage internal and external stakeholder engagement.

This report summarises the findings from a survey and a series of focus groups and presents emerging themes from the research and observations for future.

Method

Survey

Quantitative and qualitative analysis was conducted. Initial research including a survey with questions linked to the role was used to develop the key focus group questions.

The survey was distributed to medical staffing personnel, their managers and HR directors, in all NHS trusts in England. It collected 554 responses. Of the respondents, 34 were HR or deputy HR directors and the remaining participants worked within the medical staffing function across a range of grades.

Focus groups

Questions were developed based on the key findings from the survey. Medical staffing personnel were invited to attend focus groups.

Thirteen focus groups were conducted, with around four to six people in each group. Participants were a mix of medical staffing personnel and their managers. A focus group guide was used to ensure standardised questions were asked, and principles of research methods specific to focus groups was applied.

Appendix A contains a list of questions which were used during the focus groups. There were designed to elicit further information relating to medical staffing participants' experience, including their decision to apply and stay in the role, opportunities for support and training, regional and organisational information, and future opportunities. Focus groups were facilitated by experienced organisational psychologists with support from representatives from NHS Employers.

Survey results

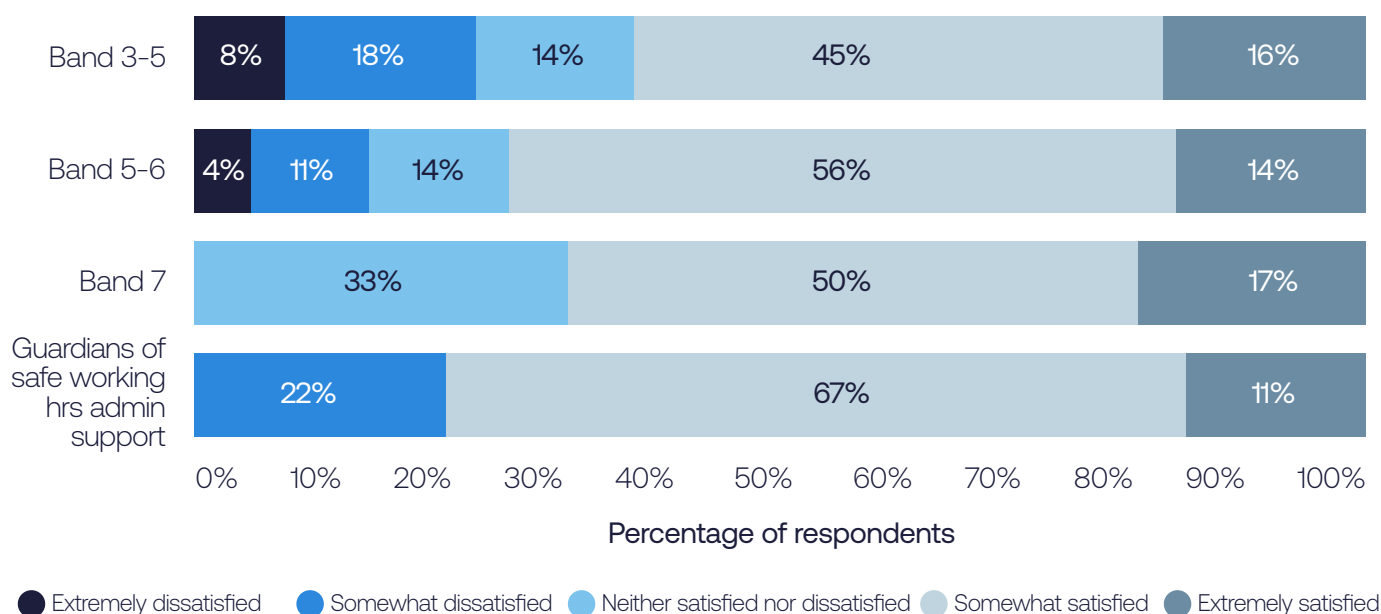
Job satisfaction

The results from the survey suggest that a small majority of the respondents are either satisfied (42 per cent) or extremely satisfied (13 per cent) with their current role (55 per cent). This indicates a high proportion of respondents were neither satisfied nor dissatisfied, somewhat dissatisfied, or extremely dissatisfied (45 per cent). However, this varies across bands and roles.

Graph 1 summarises the variation in satisfaction by job grade, the higher the band the greater the satisfaction. With regards the impact of job role, rota coordinators have much higher levels of dissatisfaction (44 per cent) when compared to other roles. Those in management positions stated autonomy in the role and pay, as reasons for enjoying the role.

Graph 1: summary of job satisfaction by role

Count of How satisfied you are with your role?

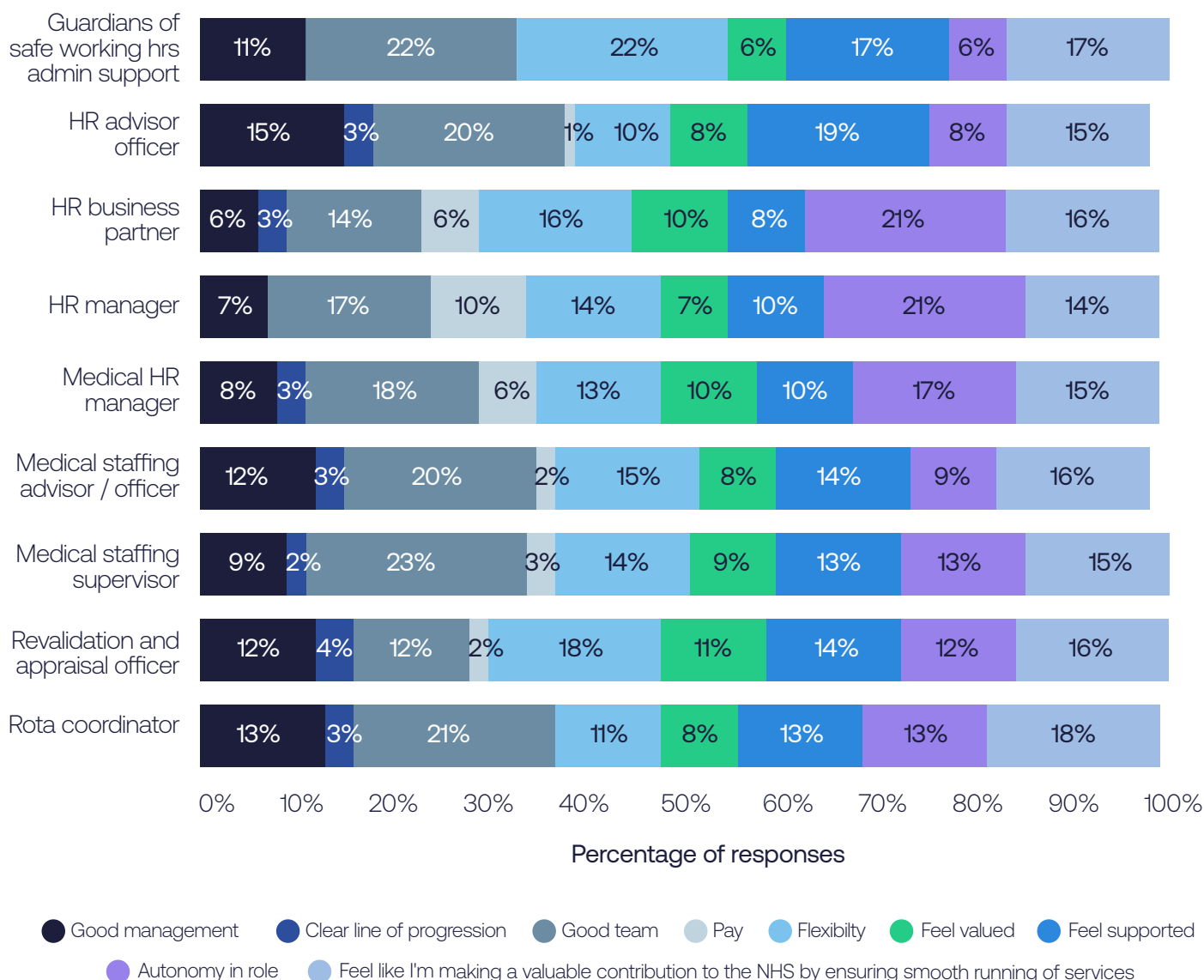


What the workforce values

The most enjoyable elements of the work were working alongside a good team (51 per cent) and making a valuable contribution (42 per cent). There are challenges associated with the role, workload pressures were identified as the primary concern (70 per cent) and capacity constraints (51 per cent). Graph 2 summarises the key factors which respondents value by job role.

Graph 2: summary of what respondents valued in their role

What do you enjoy about the role?

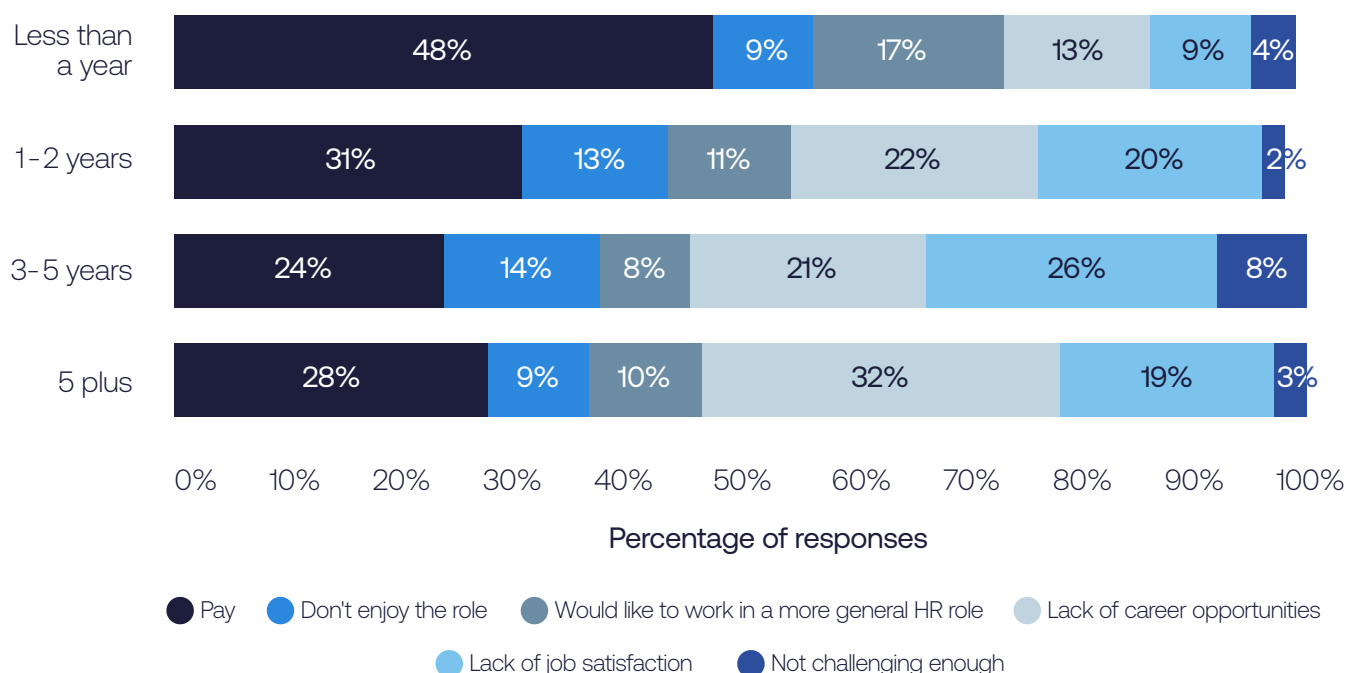


Retention

Regarding tenure and retention, the majority of respondents see the job as being a long-term position. However, those with less than two years' service cited, lack of career opportunities, as a barrier to retention.

Graph 3 shows the barriers to retention by tenure. Pay is a concern for all respondents, but this is magnified in respondents with lower tenure. Factors such as lack of career opportunities and job satisfaction have a greater effect the longer the participants stay in the role.

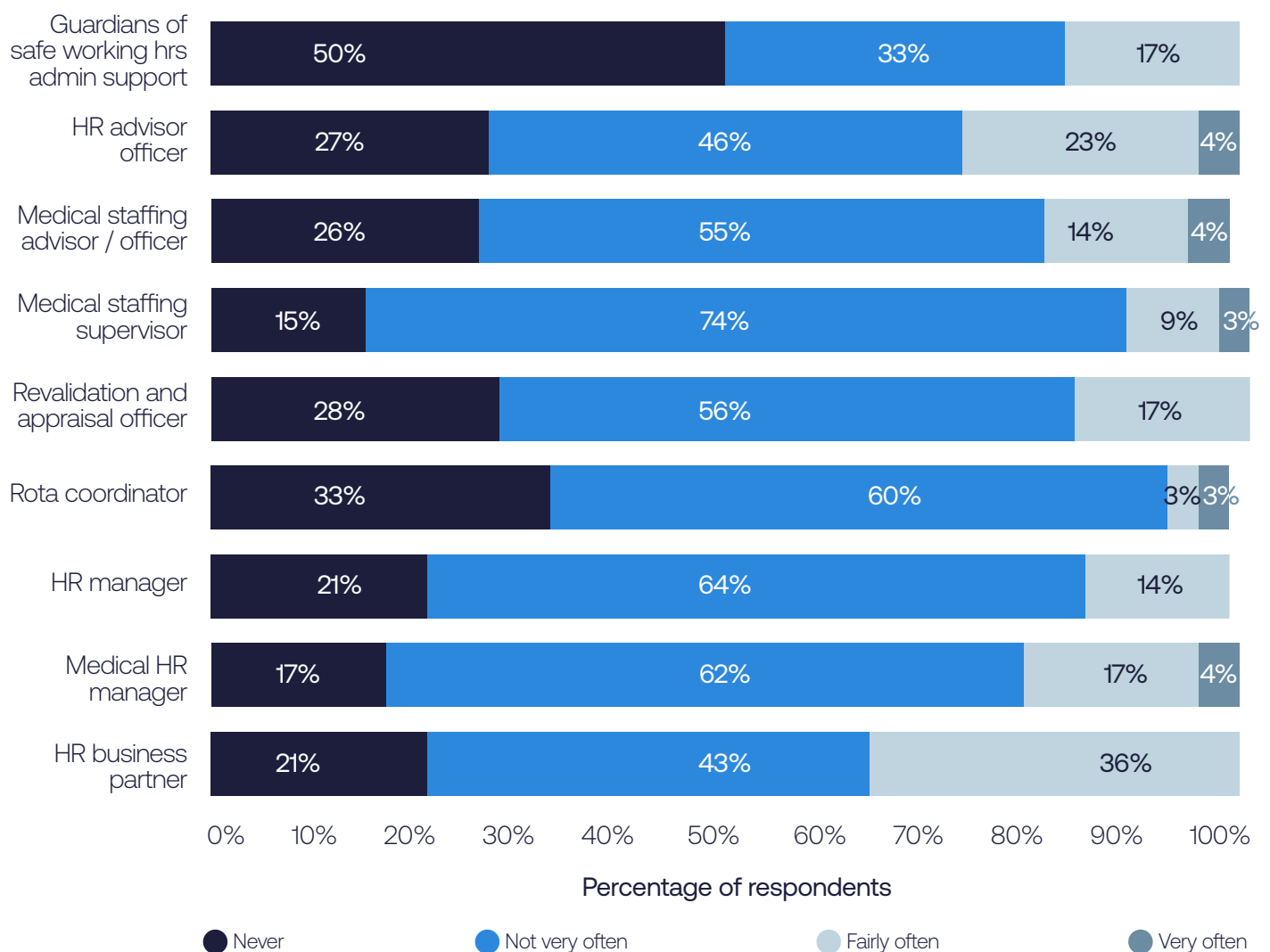
Graph 3: summary of results for why participants would leave their role by tenure



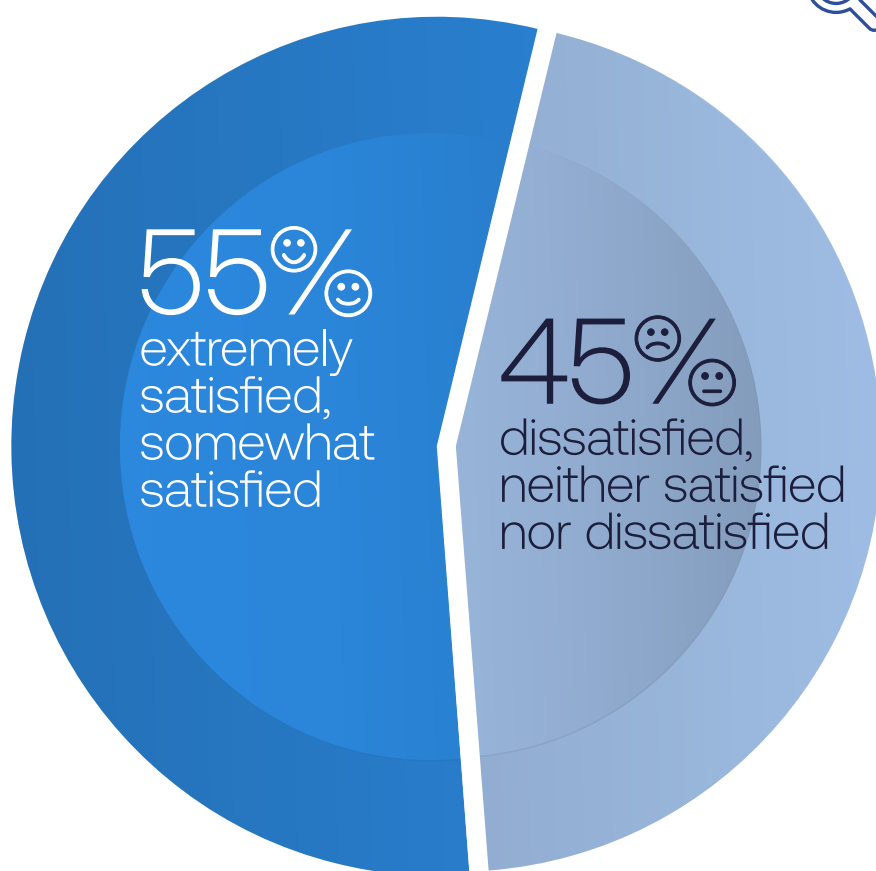
Training and development

The results suggest that training and development is not something role holders engage in frequently. Very high proportions of respondents indicated that they were not dedicating time to their training and development (58 per cent – not very often, 23 per cent – never). Challenges that stopped participants from carrying out training and development, according to the survey results, are predominantly work pressures (50 per cent of all respondents cited this), followed by time constraints (40 per cent of all respondents cited this). Lack of awareness of training was only mentioned by 15 per cent of respondents, and 71 per cent feel that the amount of time they are given for training and development is not sufficient to keep up with knowledge for the role.

Graph 4: summary of results for how often participants dedicate time to their training and development



Survey results summary



Key factors which contribute to lack of satisfaction, according to the results, were workload pressures and capacity constraints.

In addition, training and development is not something role holders engage in often, the main barrier, according to the survey results being work pressures and time constraints. Lack of training opportunities are impacting participants' ability to keep up with knowledge of the role. Although most respondents saw the job as being a long-term position, those with less than two years' service cited lack of career progression as a barrier to retention.

Finally, participants from higher banded roles tended to be more satisfied. These elements formed the basis of the focus group questions, to further understand these issues in greater depth.

Focus groups themes

Superordinate theme

Sub theme

Identity of the role

Connecting with the title of 'medical staffing'.
Lack of awareness.
Improving visibility.
The connection with HR.

Internal and external support

Regional networks.
Support within team.

Retention factors

Connecting with the role.
Diversity of the job.
Management of the workload.

Developing into the role

Application of HR knowledge.
Relevance of training opportunities.
Being proactive in your role.
Growth opportunities.

Relationship with external stakeholders

Communication.

Identity of the role

Connecting with the title 'medical staffing'

Findings include the observation that medical staffing encompasses a multitude of functions, and as a result there is some ambiguity regarding what the work involves from those outside the profession.

"It would be helpful to have more exposure and opportunity."

Lack of awareness

Participants agreed that there is limited understanding about the job role from both internal and external colleagues and stakeholders.

"We... sit in this bizarre grey area between an admin function and a very specialist role... the impression I get is that the trust doesn't really know what it is that we do."

Visibility

Participants discussed the desire to be more visible to promote understanding of what the role involves.

“We have no voice.”

“We are often forgotten about.”

“We... keep getting moved around because nobody really understands what our job role is.”

The connection with HR

There was perceived to be an unclear line between the functions associated with the role of medical staffing and the functions associated with generalist HR. For some trusts there was clear segregation of the two disciplines, but for others there was more of a blend.

Identity of the role

Summary and opportunities

Medical staffing is a workforce specialism, but evidence suggests it lacks identity and visibility. This creates inconsistent positioning of medical staffing roles within HR structures and diminished recognition of their unique contribution to NHS trusts.

Create greater awareness of the unique contribution made by medical staffing colleagues at trust and external stakeholder level, through a communications campaign.

While specialist knowledge is necessary to carry out most of the tasks within medical staffing, there is a need for greater resilience within smaller teams, therefore medical staffing colleagues also require close association with HR/OD colleagues to create potential for cross working.

Recognise medical staffing as a specialism with HR/OD with accompanying standards regarding professional development.

Internal and external support

Regional networks

This theme stems from participant comments about support they have received through connections developed across regional networks. Participants were able to share their lived experience across regional networks and this helped their understanding of new responsibilities. There were some positive examples of how regional networks are developed and maintained, for example using WhatsApp groups. Participants were willing to share their experiences and knowledge with others up to a point, whilst preserving some of their own practices.

“There is a really big network... there are daily emails of people helping and supporting each other through problems.”

Support within teams

It was found that medical staffing professionals often work in smaller teams where they would need to rely on each other for support and guidance. Working with colleagues outside medical staffing teams was seen as less helpful as it took a long time to train them. Participants reported examples of enjoying collaborative relationships with senior stakeholders, which helped them in their role. Roles such as head of medical workforce, provided a clear hierarchy which was seen favourably. Participants also described a lack of formal support both on a practical level and at a strategic level, especially for managers.

“I am very supported; I have regular one to ones with the associate head of HR and... the medical director.”

“There is no formal support for medical staffing managers.”

“We seem to grow our own medical staffing teams.”

Internal and external support

Summary and opportunities

Regional networks are used as a source of support, advice and guidance. There were good examples of successful communication such as regular emails and WhatsApp groups. Team support was reported as being a strong component of successful delivery within medical staffing, however, the specialist skills required to complete tasks creates a barrier to collaboration with other HR colleagues

Continue to nurture regional networks through provision of networking events and communication platforms.

Regional networks are seen as a key source of learning. Therefore, there is an opportunity to further formalise these links as a method to cascade knowledge and information from NHS England, Health Education England (HEE) and NHS Employers.

Frequent engagement with key stakeholders both within HR/OD and clinical teams promote satisfaction of medical staffing colleagues.

Look for ways to promote collaboration with HR colleagues more, to reduce the burden on medical staffing personnel. Identify task-based activity which could be shared with non medical staffing HR/OD colleagues to provide greater support to medical staffing teams when required and vice versa.

Retention factors

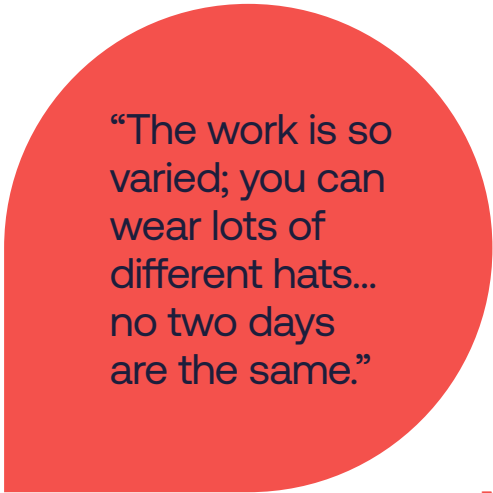
Connecting with the role

It was found that participants view medical staffing roles as something you either develop a strong connection with and stay in long term or roles that you would leave within a short-time period. There appear to be reasons to both stay and leave, depending on the individual. There are benefits to the deep level of knowledge and retention for the long term, however there are also disadvantages such as lack of diverse thinking.

“Medical staffing is a bit like Marmite.”

Diversity of the job

The amount of variety in day-to-day activities was found across the data to be a retention factor, especially in comparison to other HR/OD roles at the same bands.



“The work is so varied; you can wear lots of different hats... no two days are the same.”

Management of the workload

The workload was found to be challenging for participants to manage. This led to difficulties with regards increased pressure and impacts wellbeing.



“We are passionate about giving a good service.”

Retention factors

Summary and opportunities

It appears that people typically either leave within the first two years or stay for the long term. Participants reported enjoying the variety of the work. However, the heavy workload caused by the small team structure of medical staffing, and the inability to delegate to other colleagues from across HR/OD, due to the requirement for specialist knowledge, were cited as areas of concern.

Loss of employees in the short term suggests a lack of awareness about what the job will entail at the application stage. An automated 'try before you buy' quiz or access to 'day in the life' video content would support individuals in making the decision to join.

Regular check-ins with new staff would be advisable to understand barriers and opportunities with regards to retention.

The variety of work is a strength of working within medical staffing, this should be seen as something to promote in recruitment campaigns.

Developing into the role

Application of HR knowledge

This sub-theme stemmed from participants' experiences in applying previous experience of HR into their medical staffing teams. The data suggests diversity of viewpoints regarding whether prior HR knowledge or qualifications such as CIPD had relevance in their roles. Key advantages of participating in professional HR qualifications were the ability to support with the wider HR agenda, to collaborate and receive assistance from those outside medical staffing, and the professional knowledge support when managing some of the more complex aspects of the role such as contract terms and conditions. More junior colleagues felt the application of CIPD qualifications were less relevant.

"We need to be a part of the wider team and develop the skills of the wider team to help with medical HR... there is an operational side with a lot of complexity and some lower grades and maybe even senior members struggle with the complexity."

Relevance of training opportunities

A lack of clear training opportunities was identified, and what did exist was not considered to be fit for purpose. A gap was identified in the provision of training for new and existing staff impacting their ability to do the job. Data also suggests that participants tend to go to their professional networks to develop understanding rather than being formally educated, reducing the consistency of how policy and processes are applied locally. Externally delivered training courses currently on offer tended to be seen as out of date.

"[I] hit the ground running after a weeks' intensive shadowing. No training has been offered."

"Training materials were really out of date."

"The basics are missing."

"[I] would love to see TCS training."

Being proactive in your role

It was found that participants needed to be proactive when looking for training and developmental opportunities, as these are not readily provided by the trusts.

“A lot of training is required for integration of roles.”

“It’s very much up to you to make that step and sign up [for training].”

Growth opportunities

This sub-theme referred to the progression medical staffing employees have available to them. It was found that structures were inconsistent across NHS trusts, and this meant there was often not a clear career path for staff to develop.

“Medical staffing is a niche service, [you] need to accept you may develop staff for them to move on. Younger staff will want to progress during their career.”

“[I] don’t see any progression opportunities, until my colleague leaves or retires.”

“It can be to your detriment that you are specialised as the trust doesn’t want you to progress as they’ll lose that expertise. You hit a bar where you can’t get any further.”

Developing into the role

Summary and opportunities

Participants described how they would like access to further training, not only for when they first start in the role but also to develop. It was found that there is a lack of clear career pathways, with people either moving out of medical staffing to gain a higher banded role or waiting for a long period to take over from other colleagues.

There is a clear opportunity to conduct a training needs analysis with the objective of providing consistent, agile, and relevant national training for medical staffing employees. Regional networks provide a potential mode of delivery for some aspects, while more technical approaches could be delivered via a modular approach. The affiliation with a professional body was seen as an advantage, and therefore there is potential to link training to a professional accreditation. This has a dual benefit of enhancing skills whilst also recognising the specialist nature of the work.

Career pathways within trusts and Integrated Care Systems (ICS) should be developed, with clear progression opportunities. This could form part of a professional accreditation.

Consideration should be paid to potential future medical staffing team structure. There is growing trend for 'portfolio' careers, enabling staff to develop in areas of personal interest whilst still contributing to the organisation. The current slower hierarchical progression route does not allow for this flexibility and may not appeal to Millennials and Generation Alpha.

Relationship with external stakeholders

This theme referred primarily to the relationship between medical staffing teams and their local HEE office, as this has direct implications on the workload of staff. Some participants gave examples of successful relationships and the benefits these give.

Impacts of less frequent communication has direct impacts on tasks delivered by medical staffing teams such as rota development, notification to medical staff, and determining pay, which require up to date information about new starters. Participants discussed difficulties making contact with their local HEE offices, for example, where a single email address was provided, and no clear escalation process was in place, leading to significant delays in managing issues.

“We have a regional employer forum meeting that is helpful for us to have those discussions.”

Relationship with external stakeholders

Summary and opportunities

Participants identified the benefits of strong communication with HEE offices. This is to allow for them to gather key information to facilitate the development of rotas, for example.

Strengthen relationships between medical staffing teams and HEE colleagues for optimal efficiency.

Provide a range of contacts within the HEE office to ensure swift resolution of issues.

Conclusion

This research has provided key insights into the experience of medical staffing teams, how they can be better recognised and supported to ensure the delivery of this vital service is sustained for the long term.

The survey highlighted that a significant proportion of people who work in medical staffing are experiencing a lack of job satisfaction. The results suggested that this is caused by workload pressures, capacity constraints, lack of training and career progression opportunities. During the focus groups these results were echoed in greater depth, revealing a range of opportunities for local employers, NHS Employers, including other national stakeholders to work collaboratively. These are summarised below.

The THREAD Model

The data shows a mixed picture and provides the basis for opportunities for various actions which would impact recruitment, organisational and role design, training, retention and employee wellbeing. The NHS HR/OD offering is undergoing a period of transformation and Medical Staffing teams are no different. The 'THREAD' model describes actions to transform the profession for the future and also describes the key opportunities which exist based on the research findings.

Task share

Skills mix HR teams to ensure resilience of small, stretched medical staffing teams. 'Task sharing' or 'task shifting' refer to the practice of broadening the skills of HR teams to include medical staffing tasks in order to broaden skills, awareness and provide cover as needed.

Help

Promote channels for communication and collaboration across the system to aid knowledge sharing amongst the medical staffing community. Build on existing networks to ensure medical staffing teams can easily reach out to colleagues to resolve issues and increase efficiency.

Recruit and retain

Highlight the benefits of working in medical staffing as well as giving real life insight to increase possibility of retention at the recruitment stage. Initiate a communications strategy including case studies and media content to promote careers in medical staffing, and to give an authentic view about what the job entails to enhance retention.

Educate

Lack of training was repeatedly cited by participants. Conduct a 'training needs analysis', to understand the key offerings required and provide a national training programme for medical staffing teams.

Appreciate

Recognise the specialist skills medical staffing teams hold; consider formalising through professional accreditation. This could be via HR routes of further training such as CIPD.

Develop

Provide career pathways to allow for growth and development of individuals and to sustain the profession for the future. Medical staffing teams tend to be small, giving little opportunity for movement. Consider alternative routes such as secondments to prevent stagnation.

Appendix A:

Focus group questions

Thinking about the current role

If there was no previous experience, we asked:

Could you tell me about your current role?

How long have you been in it?

What factors would you consider to be important when applying for a role?

What attracted you to the position?

Did you have any previous experience of working in a similar role before with the NHS or another organisation?

What were important considerations you made when applying for your current role?

If they had a previous role we asked:

When you reflect on that position what kept you in that role?

What considerations did you have for leaving that role?

What do you feel is something that keeps from looking for other positions?

How would you reflect on managing your current workload?

What support is available to you in your role?

Regional and organisational information:

Did you move to the region for the position?

If so, what about the region influenced your decision?

Have you sought out any training opportunities?

What support has been available to you to pursue these opportunities?

What would be important things to consider if moving to a different region for a job?

Thinking to the future

Training opportunities

Since you've started what opportunities for training have there been?

Have you been able to take part in any of these opportunities?

What opportunities, if provided, would interest you?

What training opportunities have you had in previous jobs?

What developmental opportunities would you support you in your role?

What would you like to get out of your current role?

Where do you see your career developing?



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